

# **POLK COUNTY**

**Rosalie Oaks WTF  
Rosalie Oaks WWTF  
Village WTF  
Village WWTF**

Docket No. 100330-WS

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

Florida

**Volume 5  
Book 2  
Set 12 of 17**

**Part 2 of 2**

**Containing:**  
Permits  
Monthly Operating Reports  
Discharge Monitoring Reports  
Sample Results  
Correspondence

**Aqua Utilities Florida, Inc.**

DOCUMENT NUMBER-DATE

**07299 SEP-19**

FPSC-COMMISSION CLERK

PATRICK

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



See Pages 4 for Instructions.

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

May, 2008

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

PWS Name:	Rosalie Oaks			PWS Identification Number:	3531546
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	91			Total Population Served at End of Month:	192
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Steve Fuller			Contact Person's Title:	Sn. Facilities Operator
Contact Person's Mailing Address:	415 West Daughtery Rd.		City:	Lakeland	State: Florida Zip Code: 33810
Contact Person's Telephone Number:	813-267-2074			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	slfuller@aquaamerica.com				

**Water Treatment Plant Information**

Plant Name:	Rosalie Oaks			Plant Telephone Number:	863-858-2504
Plant Address:	Rosalie Oaks Blvd			City:	Lake Wales State: Florida Zip Code: 33853
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s) / Shift(s) Worked</b>	
<b>Lead/Chief Operator:</b>	Dennis Muldoon	C	5980	Days 1st Shift	
<b>Other Operators:</b>	Jerry Hahn	C	14331		
	Steve Fuller	B	7519	Days 1st Shift	

**II. Certification by Lead/Chief Operator**

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

Steve Fuller 6-8-08  
Signature and Date

Steve Fuller  
Printed or Typed Name

B 7519  
License Number



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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24.0	9,000											
2	X	24.0	9,000		1.7								1.4	
3		24.0	12,667											
4		24.0	12,667											
5	X	24.0	12,667		1.5								1.1	
6		24.0	15,500											
7	X	24.0	15,500		1.3								1.0	
8		24.0	9,500											
9	X	24.0	9,500		1.3								1.1	
10		24.0	10,000											
11		24.0	10,000											
12	X	24.0	10,000		1.3								1.0	
13		24.0	12,500											
14	X	24.0	12,500		1.0								0.8	
15		24.0	11,000											
16	X	24.0	11,000		1.1								0.8	
17		24.0	9,667											
18		24.0	9,667											
19	X	24.0	9,667		1.3								1.0	
20		24.0	8,000											
21	X	24.0	8,000		1.3								1.1	
22		24.0	17,000											
23	X	24.0	17,000		1.2								1.0	
24		24.0	9,667											
25		24.0	9,667											
26	X	24.0	9,667		1.1								0.9	
27		24.0	7,500											
28	X	24.0	7,500		1.1								0.9	
29		24.0	12,500											
30	X	24.0	12,500		1.1								0.8	
31		24.0												
Total			331,000											
Average			10,677											
Maximum			17,000											

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

PATRICK

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



See Pages 4 for Instructions.

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

June, 2008

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

PWS Name:	Rosalie Oaks			PWS Identification Number:	3531546
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	91			Total Population Served at End of Month:	192
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Steve Fuller			Contact Person's Title:	Sn. Facilities Operator
Contact Person's Mailing Address:	415 West Daughtery Rd		City:	Lakeland	State: Florida Zip Code: 33810
Contact Person's Telephone Number:	813-267-2074			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	sfuller@aquaaamerica.com				

**Water Treatment Plant Information**

Plant Name:	Rosalie Oaks		Plant Telephone Number:	863-858-2504
Plant Address:	Rosalie Oaks Blvd		City:	Lake Wales State: Florida Zip Code: 33853
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100,000

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:	Dennis Muldoon	C	5980	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	
	Steve Fuller	B	7519	Days 1st Shift

**II. Certification by Lead/Chief Operator**

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

Steve Fuller 7-10-08  
Signature and Date

Steve Fuller  
Printed or Typed Name

B 7519  
License Number

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

PWS Identification Number 3531546 Plant Name Rosalie Oaks

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg- min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>			Minimum UV Dose Required, mW- sec/cm <sup>2</sup>
		24.0	11,500											
2	X	24.0	11,500		1.7								1.4	
3		24.0	6,500											
4		24.0	6,500											
5	X	24.0	6,500		1.5								1.1	
6		24.0	6,500											
7	X	24.0	7,667		1.3								1.0	
8		24.0	7,667											
9	X	24.0	7,667		1.3								1.1	
10		24.0	7,000											
11		24.0	7,000											
12	X	24.0	7,500		1.3								1.0	
13		24.0	7,500											
14	X	24.0	8,000		1.0								0.8	
15		24.0	8,000											
16	X	24.0	8,000		1.1								0.8	
17		24.0	8,000											
18		24.0	8,000											
19	X	24.0	8,500		1.3								1.0	
20		24.0	8,500											
21	X	24.0	7,000		1.3								1.1	
22		24.0	7,000											
23	X	24.0	7,000		1.2								1.0	
24		24.0	8,000											
25		24.0	8,000											
26	X	24.0	8,000		1.1								0.9	
27		24.0	8,000											
28	X	24.0	9,000		1.1								0.9	
29		24.0	9,000											
30	X	24.0	9,000		1.1								0.8	
31		24.0												
Total			238,000											
Average			7,677											
Maximum			11,500											

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

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



See Pages 4 for Instructions.

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

July, 2008

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

PWS Name: Rosalie Oaks		PWS Identification Number: 3531546	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 97		Total Population Served at End of Month: 205	
PWS Owner: Aqua Utilities Florida			
Contact Person: Steve Fuller	Contact Person's Title: Sn. Facilities Operator		
Contact Person's Mailing Address: 415 West Daughtery Rd.	City: Lakeland	State: Florida	Zip Code: 33809
Contact Person's Telephone Number: 813-267-2074	Contact Person's Fax Number: 863-853-4937		
Contact Person's E-Mail Address: slfuller@aquaamerica.com			

### Water Treatment Plant Information

[illegible]

## 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.

Steve + all 8-6-08

Signature and Date

Steve Fuller

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

B-7519

License Number



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

PWS Identification Number	3531546	Plant Name	Rosalie Oaks
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## III. Daily Data for the Month/Year of: July, 2008

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
		24.0	9,500												
	X	24.0	9,500		1.3								1.0		
3		24.0	11,000												
4	X	24.0	11,000		1.6								1.1		
5		24.0	9,667												
6		24.0	9,667												
7	X	24.0	9,667		1.6								0.9		
8		24.0	9,000												
9	X	24.0	9,000		1.1								0.7		
10		24.0	8,000												
11	X	24.0	8,000		1.0								0.5		
12		24.0	8,667												
13		24.0	8,667												
14	X	24.0	8,667		0.8								0.5		
15		24.0	10,500												
16	X	24.0	10,500		1.0								0.6		
17		24.0	10,000												
18	X	24.0	10,000		1.0								0.5		
19		24.0	8,667												
20		24.0	8,667												
21	X	24.0	8,667		0.8								0.5		
22		24.0	8,000												
23	X	24.0	8,000		0.8								0.4		
24		24.0	11,500												
25	X	24.0	11,500		0.8								0.4		
26		24.0	9,333												
27		24.0	9,333												
28	X	24.0	9,333		0.8								0.3		
29		24.0	8,500												
30	X	24.0	8,500		1.6								1.3		
31		24.0	8,000												
Total			289,000												
Average			9,323												
Maximum			11,500												

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

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



**See Pages 4 for Instructions.**

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

August, 2008

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

Public Water System (PWS) Information				
PWS Name:	Rosalie Oaks			PWS Identification Number: 3531546
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month:	97			Total Population Served at End of Month: 205
PWS Owner:	Aqua Utilities Florida			
Contact Person:	Steve Fuller			Contact Person's Title: Sn. Facilities Operator
Contact Person's Mailing Address:	415 West Daughtery Rd.	City: Lakeland	State: Florida	Zip Code: 33809
Contact Person's Telephone Number:	813-267-2074			Contact Person's Fax Number: 863-853-4937
Contact Person's E-Mail Address:	sifuller@aquaaamerica.com			

### Water Treatment Plant Information

[illegible]

## 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.

Steve Felt 9-10-08  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519

---

License Number

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
	X	24.0	18,000		1.0							0.6		
		24.0	5,667											
3		24.0	5,667											
4	X	24.0	5,667		1.2							0.6		
5		24.0	5,000											
6	X	24.0	5,000		1.3							0.8		
7		24.0	4,500											
8	X	24.0	4,500		1.2							0.8		
9		24.0	5,000											
10		24.0	5,000											
11	X	24.0	5,000		1.0							0.4		
12		24.0	5,000											
13	X	24.0	5,000		1.5							0.7		
14		24.0	4,500											
15	X	24.0	4,500		1.7							0.8		
16		24.0	4,667											
17		24.0	4,667											
18	X	24.0	4,667		2.0							1.0		
19		24.0	4,000											
20	X	24.0	4,000		1.8							0.8		
		24.0	4,000											
22	X	24.0	4,000		2.0							1.1		
23		24.0	12,333											
24		24.0	12,333											
25	X	24.0	12,333		1.6							1.0		
26		24.0	5,000											
27	X	24.0	5,000		2.2							1.4		
28		24.0	12,500											
29	X	24.0	12,500		1.4							0.9		
30		24.0	6,000											
31		24.0	6,000											
Total			202,000											
Average			6,516											
Maximum			18,000											

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

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



See Pages 4 for Instructions.

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

September, 2008

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

PWS Name: Rosalie Oaks		PWS Identification Number: 3531546	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 97		Total Population Served at End of Month: 205	
PWS Owner: Aqua Utilities Florida			
Contact Person: Steve Fuller		Contact Person's Title: Sn. Facilities Operator	
Contact Person's Mailing Address: 415 West Daughtery Rd.		City: Lakeland	State: Florida
Contact Person's Telephone Number: 813-267-2074		Zip Code: 33809	
Contact Person's E-Mail Address: slfuller@aquaaamerica.com		Contact Person's Fax Number: 863-853-4937	

### Water Treatment Plant Information

[illegible]

## 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.

I true + will 10-8-08

Signature and Date

Steve Fuller

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

B-7519

License Number



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

PWS Identification Number 3531546 Plant Name Rosalie Oaks

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>		
	X	24.0	9,000		1.0								0.6	
2		24.0	7,000											
3	X	24.0	7,000		1.1								0.6	
4		24.0	6,500											
5	X	24.0	6,500		1.1								0.7	
6		24.0	6,667											
7		24.0	6,667											
8	X	24.0	6,667		1.0								0.7	
9		24.0	4,500											
10	X	24.0	4,500		1.1								0.7	
11		24.0	5,500											
12	X	24.0	5,500		1.0								0.7	
13		24.0	5,667											
14		24.0	5,667											
15	X	24.0	5,667		1.3								0.9	
16		24.0	4,500											
17	X	24.0	4,500		1.0								0.8	
18		24.0	7,500											
19	X	24.0	7,500		1.0								0.8	
20		24.0	6,000											
21		24.0	6,000											
22	X	24.0	6,000		1.0								0.8	
23		24.0	4,500											
24	X	24.0	4,500		1.1								0.8	
25		24.0	6,000											
26	X	24.0	6,000		1.2								0.7	
27		24.0	6,333											
28		24.0	6,333											
29	X	24.0	6,333		1.1								0.7	
30		24.0	6,000											
Total			181,000											
Average			6,033											
Maximum			9,000											

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

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



**See Pages 4 for Instructions.**

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

October, 2008

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

PWS Name:		Rosalie Oaks		PWS Identification Number:		3531546	
PWS Type:		<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:				97		Total Population Served at End of Month:	
						205	
PWS Owner:		Aqua Utilities Florida					
Contact Person:		Steve Fuller			Contact Person's Title:		Sn. Facilities Operator
Contact Person's Mailing Address:		415 West Daughtery Rd.		City: Lakeland		State: Florida	Zip Code: 33809
Contact Person's Telephone Number:		813-267-2074			Contact Person's Fax Number:		863-853-4937
Contact Person's E-Mail Address:		sfuller@aquaamerica.com					

### 13. Water Treatment Plant Information

[illegible]

## 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.

Steve + all 11-7-08

Steve Fuller  
Printed or Typed Name

B-7519  
License Number

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

PW Identification Number	3531546	Plant Name	Rosalie Oaks
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## III. Daily Data for the Month/Year of: October, 2008

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
	X	24.0	7,000		1.3								0.9	
2		24.0	5,000											
3	X	24.0	5,000		1.0								0.7	
4		24.0	5,333											
5		24.0	5,333											
6	X	24.0	5,333		0.8								0.5	
7		24.0	5,500											
8	X	24.0	5,500		2.2								1.6	
9		24.0	5,500											
10	X	24.0	5,500		1.5								1.4	
11		24.0	7,000											
12		24.0	7,000											
13	X	24.0	7,000		1.4								1.0	
14		24.0	4,000											
15	X	24.0	4,000		1.1								1.1	
16		24.0	5,500											
17	X	24.0	5,500		1.5								1.0	
18		24.0	6,333											
19		24.0	6,333											
20	X	24.0	6,333		1.5								0.9	
21		24.0	5,500											
22	X	24.0	5,500		1.6								1.1	
23		24.0	5,500											
24	X	24.0	5,500		1.4								1.0	
25		24.0	6,000											
26		24.0	6,000											
27	X	24.0	6,000		0.5								0.5	
28		24.0	5,000											
29	X	24.0	5,000		0.4								0.3	
30		24.0	5,500											
31	X	24.0	5,500		1.3								1.1	
Total			175,000											
Average			5,645											
Maximum			7,000											

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

PATRICK

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



See Pages 4 for Instructions.

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

November, 2008

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

PWS Name:	Rosalie Oaks			PWS Identification Number:	3531546
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	97			Total Population Served at End of Month:	205
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Steve Fuller			Contact Person's Title:	Sn. Facilities Operator
Contact Person's Mailing Address:	415 West Daughtery Rd.	City:	Lakeland	State:	Florida
Contact Person's Telephone Number:	813-267-2074			Contact Person's Fax Number:	863-853-4937
Contact Person's E-Mail Address:	sfuller@aquaaamerica.com				

**Water Treatment Plant Information**

Plant Name:	Rosalie Oaks			Plant Telephone Number:	863-858-2504
Plant Address:	Camp Mack Rd. & Rosalie Oaks Blvd.			City:	Lake Wales
				State:	Florida
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
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:	Steve Fuller	B	7519	Days 1st Shift	
Other Operators:	Daniel Sherwood	C	8570	Days 1st Shift	

**II. Certification by Lead/Chief Operator**

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

Steve Fuller 12-15-08  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number



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

PWS Identification Number	3531546	Plant Name	Rosalie Oaks
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## III. Daily Data for the Month/Year of: November, 2008

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>		
1		24.0	6,000											
2		24.0	6,000											
3	X	24.0	6,000		1.4								1.2	
4		24.0	5,500											
5	X	24.0	5,500		1.8								1.3	
6		24.0	6,000											
7	X	24.0	6,000		1.6								1.1	
8		24.0	7,000											
9		24.0	7,000											
10	X	24.0	7,000		1.5								1.2	
11		24.0	5,000											
12	X	24.0	5,000		1.4								1.0	
13		24.0	5,500											
14	X	24.0	5,500		1.5								1.3	
15		24.0	6,333											
16		24.0	6,333											
17	X	24.0	6,333		1.6								1.4	
18		24.0	6,000											
19	X	24.0	6,000		1.5								1.2	
20		24.0	5,500											
21	X	24.0	5,500		1.4								1.0	
22		24.0	5,333											
23		24.0	5,333											
24	X	24.0	5,333		1.3								1.1	
25		24.0	7,000											
26	X	24.0	7,000		1.8								0.8	
27		24.0	4,000											
28	X	24.0	4,000		1.6								0.9	
29		24.0	8,000											
30		24.0	8,000											
Total			179,000											
Average			5,967											
Maximum			8,000											

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

# PAIRICK 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:** December, 2008

## A. Public Water System (PWS) Information

PWS Name:	Rosalie Oaks			PWS Identification Number:	3531546		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	97			Total Population Served at End of Month:	205		
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Steve Fuller			Contact Person's Title:	Sn. Facilities Operator		
Contact Person's Mailing Address:	415 West Daughtery Rd.			City:	Lakeland	State:	Florida
Contact Person's Telephone Number:	813-267-2074			Zip Code:	33809		
Contact Person's E-Mail Address:	sfuller@aquaamerica.com						

## Water Treatment Plant Information

Plant Name:	Rosalie Oaks			Plant Telephone Number:	863-858-2504		
Plant Address:	Camp Mack Rd. & Rosalie Oaks Blvd.			City:	Lake Wales	State:	Florida
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000						
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:	Steve Fuller	B	7519	Days 1st Shift			
Other Operators:	Dan Sherwood	C	8570	Days 1st Shift			

## II. Certification by Lead/Chief Operator

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

Steve Fuller 1-7-09  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number

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

PWS Identification Number 3531546 Plant Name Rosalie Oaks

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>		
	X	24.0	9,000		1.8								1.1	
		24.0	6,000											
3	X	24.0	6,000		1.6								1.2	
4		24.0	12,000											
5	X	24.0	12,000		1.8								1.4	
6		24.0	16,667											
7		24.0	16,667											
8	X	24.0	16,667		1.6								1.2	
9		24.0	16,500											
10	X	24.0	16,500		1.5								1.1	
11		24.0	4,000											
12	X	24.0	4,000		2.2								1.6	
13		24.0	25,333											
14		24.0	25,333											
15	X	24.0	25,333		1.8								1.5	
16		24.0	12,000											
17	X	24.0	12,000		1.6								1.4	
18		24.0	5,500											
19	X	24.0	5,500		1.5								1.2	
20		24.0	6,667											
		24.0	6,667											
22	X	24.0	6,667		1.4								1.1	
23		24.0	6,000											
24	X	24.0	6,000		1.5								1.2	
25		24.0	8,000											
26	X	24.0	8,000		1.4								1.1	
27		24.0	8,000											
28		24.0	8,000											
29	X	24.0	8,000		1.9								1.2	
30		24.0	8,000											
31	X	24.0	8,000		1.8								1.2	
Total			335,000											
Average			10,806											
Maximum			25,333											

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

Office

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



See Pages 4 for Instructions.

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

January, 2009

## A. Public Water System (PWS) Information

PWS Name:	Rosalie Oaks			PWS Identification Number	3531546
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	97			Total Population Served at End of Month	205
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Steve Fuller			Contact Person's Title:	Sr. Facilities Operator
Contact Person's Mailing Address:	415 West Daughtery Rd.			City:	Lakeland
				State:	Florida
				Zip Code:	33809
Contact Person's Telephone Number:	813-267-2074			Contact Person's Fax Number:	863-853-4937
Contact Person's E-Mail Address:	sifuller@aquaamerica.com				

## B. Water Treatment Plant Information

Plant Name:	Rosalie Oaks			Plant Telephone Number:	863-858-2504
Plant Address:	Camp Mack Rd. & Rosalie Oaks Blvd.			City:	Lake Wales
				State:	Florida
				Zip Code:	33898
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
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:	Steve Fuller	B	7519	Days 1st Shift	
Other Operators:	Dan Sherwood	C	8570	Days 1st Shift	

## II. Certification by Lead/Chief Operator

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

Steve Fuller 2-4-09  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number



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

PWS Identification Number 3531546				Plant Name Rosalie Oaks										
<b>III. Daily Data for the Month/Year of:</b> January, 2009														
Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):														
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²			Minimum UV Dose Required, mW-sec/cm²
1		24.0	8,000											
2	X	24.0	8,000		1.6								1.4	
3		24.0	7,333											
4		24.0	7,333											
5	X	24.0	7,333		1.5								1.3	
6		24.0	7,000											
7	X	24.0	7,000		1.4								1.2	
8		24.0	7,500											
9	X	24.0	7,500		1.6								1.4	
10		24.0	9,333											
11		24.0	9,333											
12	X	24.0	9,333		1.5								1.4	
13		24.0	7,000											
14	X	24.0	7,000		1.3								1.2	
15		24.0	7,000											
16	X	24.0	7,000		1.1								1.0	
17		24.0	8,667											
18		24.0	8,667											
19	X	24.0	8,667		1.0								0.8	
20		24.0	10,500											
21	X	24.0	10,500		1.6								0.9	
22		24.0	8,000											
23	X	24.0	8,000		1.5								1.1	
24		24.0	16,000											
25		24.0	16,000											
26	X	24.0	16,000		1.3								1.1	
27		24.0	7,500											
28	X	24.0	7,500		1.4								1.1	
29		24.0	7,500											
30	X	24.0	7,500		1.5								1.0	
31		24.0	10,000											
Total			274,000											
Average			8,839											
Maximum			16,000											

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

<b>I. General Information for the Month/Year of:</b>	February, 2009	
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PWS Name:	Rosalie Oaks				PWS Identification Number:	3531546	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	97				Total Population Served at End of Month:	205	
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Steve Fuller				Contact Person's Title:	Sn. Facilities Operator	
Contact Person's Mailing Address:	415 West Daughtery Rd.			City:	Lakeland	State:	Florida
Contact Person's Telephone Number:	813-267-2074				Contact Person's Fax Number:	863-853-4937	
Contact Person's E-Mail Address:	slfuller@aquaaamerica.com						

[illegible]

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

B-7519  
License Number

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

PWS Identification Number:		3531546		Plant Name:		Rosalie Oaks					
<b>III. Daily Data for the Month/Year of:</b>				February, 2009							
Means of Achieving Four-Log Virus Inactivation/Removal:											
<input checked="" type="checkbox"/> Free Chlorine		<input type="checkbox"/> Chlorine Dioxide		<input type="checkbox"/> Ozone		<input type="checkbox"/> Combined Chlorine (Chloramines)					
<input type="checkbox"/> Ultraviolet Radiation		<input type="checkbox"/> Other (Describe):									
Type of Disinfectant Residual Maintained in Distribution System:											
<input checked="" type="checkbox"/> Free Chlorine		<input type="checkbox"/> Combined Chlorine (Chloramines)		<input type="checkbox"/> Chlorine Dioxide							
CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*											
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations				UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable		
1		24.0	4,500								
2	X	24.0	4,500		1.5						1.1
3		24.0	7,000								
4	X	24.0	7,000		1.3						1.1
5		24.0	7,500								
6	X	24.0	7,500		1.5						1.1
7		24.0	7,333								
8		24.0	7,333								
9	X	24.0	7,333		1.4						1.0
10		24.0	7,000								
11	X	24.0	7,000		1.5						1.1
12		24.0	7,500								
13	X	24.0	7,500		1.4						1.1
14		24.0	8,667								
15		24.0	8,667								
16	X	24.0	8,667		1.3						1.0
17		24.0	7,000								
18	X	24.0	7,000		1.2						1.0
19		24.0	7,500								
20	X	24.0	7,500		1.4						1.1
21		24.0	6,667								
22		24.0	6,667								
23	X	24.0	6,667		1.2						1.0
24		24.0	7,500								
25	X	24.0	7,500		1.4						1.2
26		24.0	5,500								
27	X	24.0	5,500		1.3						1.1
28		24.0	7,000								
29		24.0									
30		24.0									
31		24.0									
Total			197,000								
Average			6,355								
Maximum			8,667								

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

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



See Pages 4 for Instructions.

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

## A. Public Water System (PWS) Information

PWS Name:	Rosalie Oaks			PWS Identification Number:	3531546
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	97			Total Population Served at End of Month:	205
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Steve Fuller			Contact Person's Title:	Sr. Facilities Operator
Contact Person's Mailing Address:	415 West Daughtery Rd.		City:	Lakeland	State: Florida Zip Code: 33809
Contact Person's Telephone Number:	813-267-2074			Contact Person's Fax Number:	863-853-4937
Contact Person's E-Mail Address:	sfuller@aquaamerica.com				

## B. Water Treatment Plant Information

Plant Name:	Rosalie Oaks			Plant Telephone Number:	863-858-2504
Plant Address:	Camp Mack Rd. & Rosalie Oaks Blvd.			City:	Lake Wales State: Florida Zip Code: 33898
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
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:	Steve Fuller	B	7519	Days 1st Shift	
Other Operators:	Dan Sherwood	C	8570	Days 1st Shift	

## II. Certification by Lead/Chief Operator

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

Steve Fuller 4-2-09

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number



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

PWS Identification Number:		3531546		Plant Name:		Rosalie Oaks							
III. Daily Data for the Month/Year of:				March, 2009									
Means of Achieving Four-Log Virus Inactivation/Removal:				<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)									
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):													
Type of Disinfectant Residual Maintained in Distribution System:				<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide									
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C if Applicable	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>		
1		24.0	6,500										
2	X	24.0	6,500		1.4							1.2	
3		24.0	6,000										
4	X	24.0	6,000		1.3							1.1	
5		24.0	7,000										
6	X	24.0	7,000		1.4							1.1	
7		24.0	6,333										
8		24.0	6,333										
9	X	24.0	6,333		1.5							1.3	
10		24.0	6,500										
11	X	24.0	6,500		0.9							1.0	
12		24.0	6,500										
13	X	24.0	6,500		0.5							0.3	
14		24.0	7,333										
15		24.0	7,333										
16	X	24.0	7,333		0.8							0.6	
17		24.0	6,000										
18	X	24.0	6,000		0.6							0.5	
19		24.0	5,500										
20	X	24.0	5,500		1.0							0.8	
21		24.0	7,000										
22		24.0	7,000										
23	X	24.0	7,000		1.4							1.0	
24		24.0	6,000										
25	X	24.0	6,000		0.5							0.4	
26		24.0	7,000										
27	X	24.0	7,000		1.3							0.8	
28		24.0	6,333										
29		24.0	6,333										
30	X	24.0	6,333		1.4							0.9	
31		24.0	5,000										
Total			200,000										
Average			6,452										
Maximum			7,333										

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

DEP Form 62-555.900(3)  
Effective August 28, 2003

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

April 2009

PWS Name:	Rosalie Oaks			PWS Identification Number:	3531546		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	97			Total Population Served at End of Month:	205		
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Steve Fuller			Contact Person's Title:	Sr. Facilities Operator		
Contact Person's Mailing Address:	415 West Daughtery Rd.			City:	Lakeland	State:	Florida
						Zip Code:	33809
Contact Person's Telephone Number:	813-267-2074			Contact Person's Fax Number:	863-853-4937		
Contact Person's E-Mail Address:	sfuller@aquaamerica.com						

[illegible]

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

Steve Fuller 5-6-09

Steve Fuller  
Printed or Typed Name

B-7519  
License Number

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

## III. Daily Data for the Month/Year of: April, 2009

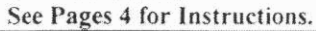
Means of Achieving Four-Log Virus Inactivation/Removal: ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24.0	7,000		1.1								0.8		
2		24.0	6,000												
3	X	24.0	6,000		1.2								0.9		
4		24.0	6,000												
5		24.0	6,000												
6	X	24.0	6,000		1.0								0.8		
7		24.0	5,500												
8	X	24.0	5,500		1.1								0.9		
9		24.0	6,500												
10	X	24.0	6,500		1.3								1.0		
11		24.0	6,333												
12		24.0	6,333												
13	X	24.0	6,333		1.0								0.8		
14		24.0	5,500												
15	X	24.0	5,500		1.5								1.0		
16		24.0	4,500												
17	X	24.0	4,500		1.4								1.0		
18		24.0	6,333												
19		24.0	6,333												
20	X	24.0	6,333		1.5								1.1		
21		24.0	5,500												
22	X	24.0	5,500		1.4								1.0		
23		24.0	4,500												
24	X	24.0	4,500		1.0								0.6		
25		24.0	6,667												
26		24.0	6,667												
27	X	24.0	6,667		0.5								0.3		
28		24.0	4,000												
29	X	24.0	4,000		0.8								0.3		
30	X	24.0	4,000		0.6								0.3		
31		24.0													
Total			171,000												
Average			5,516												
Maximum			7,000												

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



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

### Water Treatment Plant Information

Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000
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[illegible]

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

B-7519  
License Number



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

PWS Identification Number	3531546	Plant Name	Rosalie Oaks
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## III. Daily Data for the Month/Year of: May, 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
	X	24.0	5,000		2.0								0.9	
		24.0	4,667											
3		24.0	4,667											
4	X	24.0	4,667		1.8								1.0	
5		24.0	5,500											
6	X	24.0	5,500		1.6								0.8	
7		24.0	5,500											
8	X	24.0	5,500		1.5								0.6	
9		24.0	4,667											
10		24.0	4,667											
11	X	24.0	4,667		1.4								0.8	
12		24.0	4,000											
13	X	24.0	4,000		2.0								1.4	
14		24.0	5,000											
15	X	24.0	5,000		1.8								1.3	
16		24.0	4,333											
17		24.0	4,333											
18	X	24.0	4,333		1.8								1.4	
19		24.0	3,500											
20	X	24.0	3,500		1.6								1.2	
		24.0	4,000											
22	X	24.0	4,000		1.4								1.0	
23		24.0	4,667											
24		24.0	4,667											
25	X	24.0	4,667		1.3								1.0	
26		24.0	4,500											
27	X	24.0	4,500		1.4								1.0	
28		24.0	3,500											
29	X	24.0	3,500		1.5								1.0	
30		24.0	8,500											
31		24.0	8,500											
Total			148,000											
Average			4,774											
Maximum			8,500											

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

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



**See Pages 4 for Instructions.**

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

June. 2009

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

PWS Name:	Rosalie Oaks			PWS Identification Number	3531546				
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive					
Number of Service Connections at End of Month:	97			Total Population Served at End of Month:	205				
PWS Owner:	Aqua Utilities Florida								
Contact Person:	Steve Fuller			Contact Person's Title:	Sn. Facilities Operator				
Contact Person's Mailing Address:	415 West Daughtery Rd.			City:	Lakeland	State:	Florida	Zip Code:	33809
Contact Person's Telephone Number:	813-267-2074			Contact Person's Fax Number:	863-853-4937				
Contact Person's E-Mail Address:	sfuller@aquaaamerica.com								

### Water Treatment Plant Information

[illegible]

## 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.

L. T. F. Allen 7-9-09  
Signature and Date

Steve Fuller

---

Printed or Typed Name

B-7519  
License Number

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

III. Daily Data for the Month/Year of: June, 2009

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L.	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>		
	X	24.0	8,000		1.4								1.0	
		24.0	3,500											
3	X	24.0	3,500		1.5								1.0	
4		24.0	3,500											
5	X	24.0	3,500		1.4								1.0	
6		24.0	3,667											
7		24.0	3,667											
8	X	24.0	3,667		1.8								1.4	
9		24.0	3,500											
10	X	24.0	3,500		2.2								1.6	
11		24.0	4,500											
12	X	24.0	4,500		2.0								1.8	
13		24.0	4,667											
14		24.0	4,667											
15	X	24.0	4,667		1.9								1.7	
16		24.0	4,000											
17	X	24.0	4,000		2.1								1.8	
18		24.0	4,000											
19	X	24.0	4,000		1.8								1.6	
20		24.0	4,333											
		24.0	4,333											
22	X	24.0	4,333		2.0								1.6	
23		24.0	3,000											
24	X	24.0	3,000		2.1								1.8	
25		24.0	2,500											
26	X	24.0	2,500		1.8								1.6	
27		24.0	4,000											
28		24.0	4,000											
29	X	24.0	4,000		1.8								1.5	
30		24.0	5,000											
31		24.0												
Total			120,000											
Average			3,871											
Maximum			8,000											

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

PATRICK

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

July, 2009

PWS Name:	Rosalie Oaks			PWS Identification Number:	3531546		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	97			Total Population Served at End of Month:	205		
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Steve Fuller			Contact Person's Title:	Sn. Facilities Operator		
Contact Person's Mailing Address:	415 West Daughtery Rd.			City:	Lakeland	State:	Florida
				Zip Code:	33809		
Contact Person's Telephone Number:	813-267-2074			Contact Person's Fax Number:	863-853-4937		
Contact Person's E-Mail Address:	slfuller@aquaamerica.com						

[illegible]

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

Steve + wife 8-4-09  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number



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

PWS Identification Number	3531546	Plant Name	Rosalie Oaks
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**III. Daily Data for the Month/Year of:** July, 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L.	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
	X	24.0	3,000		1.8								1.4		
2		24.0	4,000												
3	X	24.0	4,000		1.6								1.4		
4		24.0	4,333												
5		24.0	4,333												
6	X	24.0	4,333		1.8								1.6		
7		24.0	3,500												
8	X	24.0	3,500		1.6								1.4		
9		24.0	4,000												
10	X	24.0	4,000		1.8								1.4		
11		24.0	4,667												
12		24.0	4,667												
13	X	24.0	4,667		1.6								1.3		
14		24.0	4,000												
15	X	24.0	4,000		1.8								1.6		
16		24.0	3,500												
17	X	24.0	3,500		1.6								1.4		
18		24.0	3,667												
19		24.0	3,667												
20	X	24.0	3,667		1.8								1.4		
21		24.0	4,000												
22	X	24.0	4,000		2.1								1.6		
23		24.0	3,000												
24	X	24.0	3,000		2.1								1.6		
25		24.0	4,333												
26		24.0	4,333												
27	X	24.0	4,333		2.0								1.6		
28		24.0	3,500												
29	X	24.0	3,500		2.1								1.6		
30		24.0	3,500												
31	X	24.0	3,500		2.0								1.4		
Total			120,000												
Average			3,871												
Maximum			4,667												

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

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



See Pages 4 for Instructions.

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

## A. Public Water System (PWS) Information

PWS Name:	Rosalie Oaks			PWS Identification Number:	3531546
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	97			Total Population Served at End of Month:	205
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Steve Fuller			Contact Person's Title:	Sr. Facilities Operator
Contact Person's Mailing Address:	415 West Daughtery Rd.		City:	Lakeland	State: Florida Zip Code: 33809
Contact Person's Telephone Number:	813-267-2074			Contact Person's Fax Number:	863-853-4937
Contact Person's E-Mail Address:	sfuller@aquaamerica.com				

## B. Water Treatment Plant Information

Plant Name:	Rosalie Oaks			Plant Telephone Number:	863-858-2504
Plant Address:	Camp Mack Rd. & Rosalie Oaks Blvd.			City:	Lake Wales State: Florida Zip Code: 33898
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
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:	Steve Fuller	B	7519	Days 1st Shift	
Other Operators:	Dan Sherwood	C	8570	Days 1st Shift	

## II. Certification by Lead/Chief Operator

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

Steve Fuller 9-3-09  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

## III. Daily Data for the Month/Year of: August, 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Da the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions. Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg- min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW- sec/cm²		
1		24.0	4,000											
2		24.0	4,000											
3	X	24.0	4,000		1.9								1.6	
4		24.0	3,000											
5	X	24.0	3,000		1.8								1.4	
6		24.0	3,500											
7	X	24.0	3,500		1.9								1.4	
8		24.0	4,333											
9		24.0	4,333											
10	X	24.0	4,333		1.8								1.2	
11		24.0	3,500											
12	X	24.0	3,500		1.6								1.0	
13		24.0	3,500											
14	X	24.0	3,500		1.8								1.4	
15		24.0	3,667											
16		24.0	3,667											
17	X	24.0	3,667		1.6								1.2	
18		24.0	3,500											
19	X	24.0	3,500		1.8								1.4	
20		24.0	3,000											
21	X	24.0	3,000		1.6								1.1	
22		24.0	5,333											
23		24.0	5,333											
24	X	24.0	5,333		1.8								1.0	
25		24.0	3,500											
26	X	24.0	3,500		1.6								1.0	
27		24.0	3,000											
28	X	24.0	3,000		1.4								1.0	
29		24.0	4,000											
30		24.0	4,000											
31	X	24.0	4,000		1.6								1.0	
Total			117,000											
Average			3,774											
Maximum			5,333											

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



PATRICK

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



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** September, 2009**A. Public Water System (PWS) Information**

PWS Name:	Rosalie Oaks			PWS Identification Number:	3531546
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	97			Total Population Served at End of Month:	205
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Steve Fuller			Contact Person's Title:	Sn. Facilities Operator
Contact Person's Mailing Address:	415 West Daughtery Rd.		City:	Lakeland	State: Florida Zip Code: 33809
Contact Person's Telephone Number:	813-267-2074			Contact Person's Fax Number:	863-853-4937
Contact Person's E-Mail Address:	sifuller@aquaamerica.com				

**B. Water Treatment Plant Information**

Plant Name:	Rosalie Oaks			Plant Telephone Number:	863-858-2504
Plant Address:	Camp Mack Rd. & Rosalie Oaks Blvd.			City:	Lake Wales State: Florida Zip Code: 33898
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s) / Shift(s) Worked</b>	
Lead/Chief Operator:	Steve Fuller	B	7519	Days 1st Shift	
Other Operators:	Dan Sherwood	C	8570	Days 1st Shift	

**II. Certification by Lead/Chief Operator**

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

Steve Fuller 10-5-09

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number



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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

## III. Daily Data for the Month/Year of: September, 2009

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1		24.0	3,000												
2	X	24.0	3,000		1.8								1.2		
3		24.0	3,000												
4	X	24.0	3,000		1.6								1.0		
5		24.0	5,000												
6		24.0	5,000												
7	X	24.0	5,000		0.5								0.3		
8	X	24.0	3,000		0.5								0.3		
9	X	24.0	3,000		0.7								0.4		
10	X	24.0	2,000		1.2								0.6		
11	X	24.0	4,000		0.6								0.4		
12		24.0	3,000												
13		24.0	3,000												
14	X	24.0	3,000		1.0								0.4		
15		24.0	2,500												
16	X	24.0	2,500		0.8								0.4		
17		24.0	4,000												
18	X	24.0	4,000		1.0								0.6		
19		24.0	4,000												
20		24.0	4,000												
21	X	24.0	4,000		1.4								0.8		
22		24.0	3,500												
23	X	24.0	3,500		1.2								0.6		
24		24.0	2,500												
25	X	24.0	2,500		1.0								0.5		
26		24.0	3,333												
27		24.0	3,333												
28	X	24.0	3,333		1.4								1.0		
29		24.0	3,000												
30	X	24.0	3,000		1.1								0.5		
31		24.0													
Total			101,000												
Average			3,258												
Maximum			5,000												

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

PATRICK

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



See Pages 4 for Instructions.

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

October, 2009

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

PWS Name:	Rosalie Oaks			PWS Identification Number:	3531546
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	97			Total Population Served at End of Month:	205
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Steve Fuller			Contact Person's Title:	Sn. Facilities Operator
Contact Person's Mailing Address:	415 West Daughtery Rd.		City:	Lakeland	State: Florida Zip Code 33809
Contact Person's Telephone Number:	813-267-2074			Contact Person's Fax Number:	863-853-4937
Contact Person's E-Mail Address:	sfuller@aquaamerica.com				

**B. Water Treatment Plant Information**

Plant Name:	Rosalie Oaks			Plant Telephone Number:	863-858-2504
Plant Address:	Camp Mack Rd. & Rosalie Oaks Blvd.			City:	Lake Wales State: Florida Zip Code 33898
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s) / Shift(s) Worked</b>	
Lead/Chief Operator:	Steve Fuller	B	7519	Days 1st Shift	
Other Operators:	Dan Sherwood	C	8570	Days 1st Shift	

**II. Certification by Lead/Chief Operator**

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

Steve Fuller 11-5-09

Signature and Date

Steve Fuller

Printed or Typed Name

B-7519

License Number

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

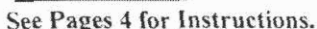
## III. Daily Data for the Month/Year of: October, 2009

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

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24.0	3,500											
2	X	24.0	3,500		1.0								0.5	
3		24.0	4,333											
4		24.0	4,333											
5	X	24.0	4,333		1.8								1.0	
6		24.0	3,500											
7	X	24.0	3,500		2.0								1.4	
8		24.0	5,000											
9	X	24.0	5,000		2.1								1.2	
10		24.0	3,667											
11		24.0	3,667											
12	X	24.0	3,667		2.0								1.1	
13		24.0	3,500											
14	X	24.0	3,500		1.8								1.0	
15		24.0	3,500											
16	X	24.0	3,500		2.0								1.1	
17		24.0	3,667											
18		24.0	3,667											
19	X	24.0	3,667		1.8								1.0	
20		24.0	5,500											
21	X	24.0	5,500		2.0								1.1	
22		24.0	5,000											
23	X	24.0	5,000		1.8								1.0	
24		24.0	4,667											
25		24.0	4,667											
26	X	24.0	4,667		2.0								1.0	
27		24.0	4,000											
28	X	24.0	4,000		2.1								1.2	
29		24.0	5,000											
30	X	24.0	5,000		2.0								1.4	
31		24.0	6,000											
Total			132,000											
Average			4,258											
Maximum			6,000											

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



## November, 2009

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

PWS Name: Rosalie Oaks		PWS Identification Number: 3531546	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 97		Total Population Served at End of Month: 205	
PWS Owner: Aqua Utilities Florida			
Contact Person: Steve Fuller		Contact Person's Title: Sn. Facilities Operator	
Contact Person's Mailing Address:	415 West Daughtery Rd.	City: Lakeland	State: Florida
Contact Person's Telephone Number:	813-267-2074	Contact Person's Fax Number:	863-853-4937
Contact Person's E-Mail Address:	sfuller@aquaaamerica.com		

### B. Water Treatment Plant Information

[illegible]

## 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.

Steve Hall 12-9-09  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number



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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

III. Daily Data for the Month/Year of: November, 2009

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg- min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW- sec/cm <sup>2</sup>		
1		24.0	7,500											
2	X	24.0	7,500		1.8								1.0	
3		24.0	6,000											
4	X	24.0	6,000		2.0								1.0	
5		24.0	8,000											
6	X	24.0	8,000		2.2								1.0	
7		24.0	6,667											
8		24.0	6,667											
9	X	24.0	6,667		2.1								1.4	
10		24.0	5,000											
11	X	24.0	5,000		1.8								1.0	
12		24.0	5,500											
13	X	24.0	5,500		2.0								1.1	
14		24.0	5,333											
15		24.0	5,333											
16	X	24.0	5,333		1.8								1.0	
17		24.0	4,500											
18	X	24.0	4,500		1.6								1.0	
19		24.0	6,000											
20	X	24.0	6,000		1.5								1.0	
21		24.0	6,000											
22		24.0	6,000											
23	X	24.0	6,000		1.8								1.1	
24		24.0	6,000											
25	X	24.0	6,000		2.0								1.1	
26		24.0	4,500											
27	X	24.0	4,500		1.8								1.0	
28		24.0	5,000											
29		24.0	5,000											
30	X	24.0	5,000		1.6								1.0	
31		24.0												
Total			175,000											
Average			5,833											
Maximum			8,000											

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

PATRICK

## 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:** December, 2009**A. Public Water System (PWS) Information**

PWS Name:	Rosalie Oaks			PWS Identification Number	3531546
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	97			Total Population Served at End of Month:	205
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Steve Fuller			Contact Person's Title:	Sn. Facilities Operator
Contact Person's Mailing Address:	415 West Daughtery Rd.	City:	Lakeland	State:	Florida
Contact Person's Telephone Number:	813-267-2074			Contact Person's Fax Number:	863-853-4937
Contact Person's E-Mail Address:	sfuller@aquaaamerica.com				

**B. Water Treatment Plant Information**

Plant Name:	Rosalie Oaks			Plant Telephone Number:	863-858-2504
Plant Address:	Camp Mack Rd. & Rosalie Oaks Blvd.			City:	Lake Wales
				State:	Florida
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s) / Shift(s) Worked</b>	
Lead/Chief Operator:	Steve Fuller	B	7519	Days 1st Shift	
Other Operators:	Dan Sherwood	C	8570	Days 1st Shift	

**II. Certification by Lead/Chief Operator**

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

Steve Fuller 1-5-10  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

III. Daily Data for the Month/Year of: December, 2009

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

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24.0	5,500												
2	X	24.0	5,500		1.6								1.0		
3		24.0	11,000												
4	X	24.0	11,000		1.8								1.1		
5		24.0	4,667												
6		24.0	4,667												
7	X	24.0	4,667		1.8								1.1		
8		24.0	11,000											BWN Hydro Tank inspection	
9	X	24.0	3,000		2.2								1.4		
10		24.0	6,000												
11	X	24.0	6,000		2.2								1.8	BWN Lifted	
12		24.0	5,667												
13		24.0	5,667												
14	X	24.0	5,667		2.2								1.6		
15		24.0	5,000												
16	X	24.0	5,000		2.1								1.6		
17		24.0	5,000												
18	X	24.0	5,000		2.0								1.5		
19		24.0	5,000												
20		24.0	5,000												
21	X	24.0	5,000		1.8								1.4		
22		24.0	6,000												
23	X	24.0	6,000		1.6								1.3		
24		24.0	6,000												
25	X	24.0	6,000		2.0								1.8		
26		24.0	6,667												
27		24.0	6,667												
28	X	24.0	6,667		2.1								1.6		
29		24.0	7,000												
30	X	24.0	7,000		1.8								1.5		
31		24.0	5,000		1.6								1.0		
Total			188,000												
Average			6,065												
Maximum			11,000												

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



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



See Pages 4 for Instructions.

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

## A. Public Water System (PWS) Information

PWS Name:	Rosalie Oaks			PWS Identification Number:	3531546
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	97			Total Population Served at End of Month:	205
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Steve Fuller			Contact Person's Title:	Sn. Facilities Operator
Contact Person's Mailing Address:	415 West Daugherty Rd.		City:	Lakeland	State: Florida Zip Code: 33809
Contact Person's Telephone Number:	813-267-2074			Contact Person's Fax Number:	863-853-4937
Contact Person's E-Mail Address:	sfuller@aquaamerica.com				

## B. Water Treatment Plant Information

Plant Name:	Rosalie Oaks			Plant Telephone Number:	863-858-2504
Plant Address:	Camp Mack Rd. & Rosalie Oaks Blvd.			City:	Lake Wales State: Florida Zip Code: 33898
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s) / Shift(s) Worked</b>	
Lead/Chief Operator:	Steve Fuller	B	7519	Days 1st Shift	
Other Operators:	Dan Sherwood	C	8570	Days 1st Shift	

## II. Certification by Lead/Chief Operator

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

Steve Fuller 2-4-10  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number



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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm³		
1	X	24.0	10,000		1.8								1.0	
2		24.0	7,667											
3		24.0	7,667											
4	X	24.0	7,667		1.6								1.0	
5		24.0	6,500											
6	X	24.0	6,500		1.5								1.0	
7		24.0	8,000											
8	X	24.0	8,000		1.8								1.2	
9		24.0	8,000											
10		24.0	8,000											
11	X	24.0	8,000		1.6								1.1	
12		24.0	15,500											
13	X	24.0	15,500		1.4								1.0	
14		24.0	6,000											
15	X	24.0	6,000		0.8								0.6	
16		24.0	6,667											
17		24.0	6,667											
18	X	24.0	6,667		1.2								0.8	
19		24.0	6,000											
20	X	24.0	6,000		2.1								1.1	
21		24.0	6,500											
22	X	24.0	6,500		2.0								1.2	
23		24.0	6,667											
24		24.0	6,667											
25	X	24.0	6,667		1.8								1.0	
26		24.0	7,500											
27	X	24.0	7,500		0.6								0.5	
28	X	24.0	6,000		0.8								0.6	
29	X	24.0	7,000		1.6								0.8	
30		24.0	5,500											
31		24.0	5,500											
Total			233,000											
Average			7,516											
Maximum			15,500											

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

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



See Pages 4 for Instructions.

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

## A. Public Water System (PWS) Information

PWS Name:	Rosalie Oaks			PWS Identification Number:	3531546
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	97			Total Population Served at End of Month:	205
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Steve Fuller			Contact Person's Title:	Sr. Facilities Operator
Contact Person's Mailing Address:	415 West Daughtery Rd.		City:	Lakeland	State: Florida Zip Code 33809
Contact Person's Telephone Number:	813-267-2074			Contact Person's Fax Number:	863-853-4937
Contact Person's E-Mail Address:	sifuller@aquaaamerica.com				

## B. Water Treatment Plant Information

Plant Name:	Rosalie Oaks			Plant Telephone Number:	863-858-2504
Plant Address:	Camp Mack Rd. & Rosalie Oaks Blvd.			City:	Lake Wales State: Florida Zip Code: 33898
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s) / Shift(s) Worked</b>	
Lead/Chief Operator:	Steve Fuller	B	7519	Days 1st Shift	
Other Operators:	Dan Sherwood	C	8570	Days 1st Shift	

## II. Certification by Lead/Chief Operator

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

Steve Fuller 3-10-10  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	23,000		1.4								1.0	
2		24.0	8,000											
3	X	24.0	8,000		1.5								1.1	
4		24.0	8,000											
5	X	24.0	8,000		1.6								1.0	
6		24.0	8,000											
7		24.0	8,000											
8	X	24.0	8,000		1.5								1.0	
9		24.0	10,000											
10	X	24.0	10,000		2.2								1.4	
11		24.0	4,500											
12	X	24.0	4,500		1.8								1.3	
13		24.0	7,333											
14		24.0	7,333											
15	X	24.0	7,333		1.6								1.2	
16		24.0	7,000											
17	X	24.0	7,000		1.4								0.8	
18		24.0	7,000											
19	X	24.0	7,000		1.4								1.0	
20		24.0	7,667											
21		24.0	7,667											
22	X	24.0	7,667		1.5								1.0	
23		24.0	7,000											
24	X	24.0	7,000		1.5								1.1	
25		24.0	7,500											
26	X	24.0	7,500		2.4								2.0	
27	X	24.0	15,000		2.2								2.0	
28		24.0	7,000											
29		24.0												
30		24.0												
31		24.0												
Total			232,000											
Average			7,484											
Maximum			23,000											

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



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



See Pages 4 for Instructions.

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

## A. Public Water System (PWS) Information

PWS Name:	Rosalie Oaks			PWS Identification Number:	3531546
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	97			Total Population Served at End of Month:	205
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Steve Fuller			Contact Person's Title:	Sr. Facilities Operator
Contact Person's Mailing Address:	415 West Daughtery Rd.			City:	Lakeland
				State:	Florida
Contact Person's Telephone Number:	813-267-2074			Zip Code:	33809
Contact Person's E-Mail Address:	sfuller@aquaamerica.com			Contact Person's Fax Number:	863-853-4937

## B. Water Treatment Plant Information

Plant Name:	Rosalie Oaks			Plant Telephone Number:	863-858-2504
Plant Address:	Camp Mack Rd. & Rosalie Oaks Blvd.			City:	Lake Wales
				State:	Florida
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s) / Shift(s) Worked</b>	
Lead/Chief Operator:	Steve Fuller	B	7519	Days 1st Shift	
Other Operators:	Dan Sherwood	C	8570	Days 1st Shift	

## II. Certification by Lead/Chief Operator

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

Steve Fuller 4-9-10  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number



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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>		
1	X	24.0	12,000		1.1								0.8	
2		24.0	7,000											
3	X	24.0	7,000		1.2								0.9	
4		24.0	7,000											
5	X	24.0	7,000		1.3								1.0	
6		24.0	7,000											
7		24.0	7,000											
8	X	24.0	7,000		1.5								1.0	
9		24.0	7,500											
10	X	24.0	7,500		1.3								1.0	
11		24.0	6,500											
12	X	24.0	6,500		1.5								1.0	
13		24.0	7,333											
14		24.0	7,333											
15	X	24.0	7,333		1.8								1.2	
16		24.0	9,500											
17	X	24.0	9,500		1.6								1.2	
18		24.0	9,000											
19	X	24.0	9,000		1.5								1.0	
20		24.0	7,667											
21		24.0	7,667											
22	X	24.0	7,667		0.8								0.6	
23		24.0	7,500											
24	X	24.0	7,500		1.2								0.8	
25		24.0	6,500											
26	X	24.0	6,500		1.4								1.0	
27		24.0	7,000											
28		24.0	7,000											
29	X	24.0	7,000		1.6								1.0	
30		24.0	7,000											
31	X	24.0	7,000		1.5								1.0	
Total			234,000											
Average			7,548											
Maximum			12,000											

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

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



See Pages 4 for Instructions.

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

## A. Public Water System (PWS) Information

PWS Name:	Rosalie Oaks			PWS Identification Number:	3531546
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	97			Total Population Served at End of Month:	205
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Steve Fuller			Contact Person's Title:	Sn Facilities Operator
Contact Person's Mailing Address:	415 West Daughtery Rd.	City:	Lakeland	State:	Florida
Contact Person's Telephone Number:	813-267-2074	Contact Person's Fax Number:	863-853-4937		
Contact Person's E-Mail Address:	sfuller@aquaamerica.com				

## B. Water Treatment Plant Information

Plant Name:	Rosalie Oaks			Plant Telephone Number:	863-858-2504
Plant Address:	Camp Mack Rd. & Rosalie Oaks Blvd.			City:	Lake Wales
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s) / Shift(s) Worked</b>	
Lead/Chief Operator:	Steve Fuller	B	7519	Days 1st Shift	
Other Operators:	Dan Sherwood	C	8570	Days 1st Shift	

## II. Certification by Lead/Chief Operator

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

Steve Fuller 5-9-10  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number

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

PWS Identification Number: 3531546 Plant Name: Rosalie Oaks

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>		
1		24.0	8,500											
2	X	24.0	8,500		1.4								1.0	
3		24.0	9,000											
4		24.0	9,000											
5	X	24.0	9,000		1.6								1.1	
6		24.0	9,000											
7	X	24.0	9,000		0.8								0.5	
8		24.0	6,500											
9	X	24.0	6,500		1.0								0.8	
10		24.0	7,000											
11		24.0	7,000											
12	X	24.0	7,000		1.4								1.0	
13		24.0	7,500											
14	X	24.0	7,500		1.5								1.0	
15		24.0	8,000											
16	X	24.0	8,000		1.4								1.0	
17		24.0	6,333											
18		24.0	6,333											
19	X	24.0	6,333		1.5								1.0	
20		24.0	6,000											
21	X	24.0	6,000		1.2								0.8	
22		24.0	7,000											
23	X	24.0	7,000		1.4								1.0	
24		24.0	6,000											
25		24.0	6,000											
26	X	24.0	6,000		1.5								1.0	
27		24.0	5,000											
28	X	24.0	5,000		1.4								1.0	
29		24.0	4,500											
30	X	24.0	4,500		1.4								1.0	
31		24.0												
Total			209,000											
Average			6,742											
Maximum			9,000											

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

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

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

System Name: Rosalie Oaks PWS I.D.#: 

3	5	3	1	5	4	6
---	---	---	---	---	---	---

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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

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

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

Sample Number: T0913508001 Location Code (if known) : \_\_\_\_\_

Sample Date: 08/31/2009 Sample Time: 11:00

AM
----

 PM (circle one)

Sample Location (be specific): POE

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: 8.18

**Sample Type (Check Only One)**

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

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

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

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

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

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

Sampler's Name: \_\_\_\_\_

Sampler's Phone #: \_\_\_\_\_ 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 complete and correct.

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



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

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

ATTACH CURRENT DOH ANALYTE SHEET \*

Lab Name: Advanced Environmental Laboratories, Inc Florida Certification #: E84589  
Address: 9610 Princess Palm Avenue Certification Expiration Date: 06/30/2010  
Tampa, FL 33619 Phone #: (813)630-9616

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

Date Sample(s) Received: 09/01/2009

PWS ID (From Page 1): 3531546

Sample Number (From Page 1): T0913508001

Lab Assigned Report Number or Job ID: T0913508001

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

Inorganics

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

Synthetic Organics

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

Volatile Organics

- ☒ All 21  
☐ Partial

Radionuclides

- ☒ Single Sample  
☐ Qtrly Composite\*\*

Disinfection Byproducts

- ☐ Trihalomethanes  
☐ Haloacetic Acids  
☐ Bromate  
☐ Chlorite

Secondaries

- ☒ All 14  
☐ Partial

Were any analyses subcontracted? ☒ Yes ☐ No

If yes, please provide DOH certification numbers: E82574, E82001, E83033

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB \*

**CERTIFICATION**

I, Tammie Heslin,

(Print Name)

Project Manager

(Print Title)

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

Signature: [Signature] Date: 09/29/2009

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

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

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

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

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

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

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

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

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

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

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

## INORGANIC CONTAMINANTS

62-550.310(1)

Report Number / Job ID: T0913508001

PWS ID (From Page 1): 3531546

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	Nitrate	10	mg/L	0.13	I	SM 4500NO3-F	0.039	09/02/2009	09:24	E84589
1041	Nitrite	1	mg/L	0.022	U	SM 4500NO3-F	0.022	09/02/2009	09:24	E84589
1005	Arsenic	0.010	mg/L	0.00012	I	EPA 200.8	0.00012	09/15/2009	20:56	E82574
1010	Barium	2	mg/L	0.02		EPA 200.8	0.00027	09/13/2009	22:01	E82574
1015	Cadmium	0.005	mg/L	0.00020	U	EPA 200.8	0.00020	09/13/2009	22:01	E82574
1020	Chromium	0.1	mg/L	0.00050	U	EPA 200.7	0.00050	09/15/2009	10:54	E82574
1024	Cyanide	0.2	mg/L	0.0017	I	SM 4500-CN-E	0.00097	09/08/2009	14:49	E84589
1025	Fluoride	4.0	mg/L	0.075	I	EPA 300.0	0.055	09/02/2009	17:13	E84589
1030	Lead	0.015	mg/L	0.0025		EPA 200.8	0.000037	09/13/2009	22:01	E82574
1035	Mercury	0.002	mg/L	0.000014	U	EPA 245.1	0.000014	09/10/2009	14:53	E82574
1036	Nickel	0.1	mg/L	0.0011	U	EPA 200.7	0.0011	09/15/2009	10:54	E82574
1045	Selenium	0.05	mg/L	0.00063	U	EPA 200.8	0.00063	09/13/2009	22:01	E82574
1052	Sodium	160	mg/L	4		EPA 200.7	0.026	09/15/2009	10:54	E82574
1074	Antimony	0.006	mg/L	0.000091	U	EPA 200.8	0.000091	09/13/2009	22:01	E82574
1075	Beryllium	0.004	mg/L	0.00013	U	EPA 200.7	0.00013	09/15/2009	10:54	E82574
1085	Thallium	0.002	mg/L	0.000026	U	EPA 200.8	0.000026	09/13/2009	22:01	E82574

Reporting Format 62-550.730  
Effective January 1995 Revised January 2004

Page 3 of 7

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.

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

## SECONDARY CONTAMINANTS

62-550.320

Report Number / Job ID: T0913508001

PWS ID (From Page 1): 3531546

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L	0.061	U	EPA 200.7	0.061	09/15/2009	10:54	E82574
1017	Chloride	250	mg/L	4.9	I	EPA 300.0	2.3	09/02/2009	17:13	E84589
1022	Copper	1	mg/L	0.0096		EPA 200.8	0.000085	09/13/2009	22:01	E82574
1025	Fluoride	2.0	mg/L	0.075	I	EPA 300.0	0.055	09/02/2009	17:13	E84589
1028	Iron	0.3	mg/L	0.038	U	EPA 200.7	0.038	09/15/2009	10:54	E82574
1032	Manganese	0.05	mg/L	0.0076		EPA 200.8	0.000073	09/13/2009	22:01	E82574
1050	Silver	0.1	mg/L	0.000086	U	EPA 200.8	0.000086	09/13/2009	22:01	E82574
1055	Sulfate	250	mg/L	2.1	U	EPA 300.0	2.1	09/02/2009	17:13	E84589
1095	Zinc	5	mg/L	0.018		EPA 200.8	0.00041	09/15/2009	20:56	E82574
1905	Color	15	Color Units	4.5	I	SM 2120B	3.2	09/02/2009	10:36	E84589
1920	Odor	3	TON@40°C	1		SM 2150B	1.0	09/01/2009	10:15	E84589
1925	pH	6.5 - 8.5	pH unit	8.18		EPA 150.1		09/02/2009	15:15	E84589
1930	Total Dissolved Solids	500	mg/L	110		EPA 160.1	10	09/04/2009	08:31	E84589

Reporting Format 62-550.730

Effective January 1995, Revised January 2004

Page 4 of 7

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, Q, T, Z, ? or \* are unacceptable for compliance with 62-550. Results qualified with a J, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

**RADIONUCLIDES**  
 62-550.310(6)

Report Number / Job T0913508001

PWS ID (From Page 1): 3531546

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4006	Combined Uranium (U-234, U-235, & U-238)	30	ug/L	0.031	U	EPA 200.8	0.031	0.031		09/13/2009	22:01	E82574

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

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

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

\*\*\*\*\* Reserved



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

**VOLATILE ORGANICS**

62-550.310(4)(a)

Report Number / Job ID: T0913508001

PWS ID (From Page 1): 3531546

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Certification #
2378	1,2,4-Trichlorobenzene	70	ug/L	0.22	U	EPA 524.2	0.22	0.5	09/06/2009	06:26	E82574
2380	cis-1,2-Dichloroethylene	70	ug/L	0.12	U	EPA 524.2	0.12	0.5	09/06/2009	06:26	E82574
2955	Xylenes (total)	10,000	ug/L	0.37	U	EPA 524.2	0.37	0.5	09/06/2009	06:26	E82574
2964	Methylene Chloride	5	ug/L	0.32	U	EPA 524.2	0.32	0.5	09/06/2009	06:26	E82574
2968	o-Dichlorobenzene	600	ug/L	0.15	U	EPA 524.2	0.15	0.5	09/06/2009	06:26	E82574
2969	para-Dichlorobenzene	75	ug/L	0.26	U	EPA 524.2	0.26	0.5	09/06/2009	06:26	E82574
2976	Vinyl Chloride	1	ug/L	0.46	I	EPA 524.2	0.20	0.5	09/06/2009	06:26	E82574
2977	1,1-Dichloroethylene	7	ug/L	0.17	U	EPA 524.2	0.17	0.5	09/06/2009	06:26	E82574
2979	trans-1,2-Dichloroethylene	100	ug/L	0.27	U	EPA 524.2	0.27	0.5	09/06/2009	06:26	E82574
2980	1,2-Dichloroethane	3	ug/L	0.18	U	EPA 524.2	0.18	0.5	09/06/2009	06:26	E82574
2981	1,1,1-Trichloroethane	200	ug/L	0.20	U	EPA 524.2	0.20	0.5	09/06/2009	06:26	E82574
2982	Carbon tetrachloride	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	09/06/2009	06:26	E82574
2983	1,2-Dichloropropane	5	ug/L	0.21	U	EPA 524.2	0.21	0.5	09/06/2009	06:26	E82574
2984	Trichloroethylene	3	ug/L	0.14	U	EPA 524.2	0.14	0.5	09/06/2009	06:26	E82574
2985	1,1,2-Trichloroethane	5	ug/L	0.28	U	EPA 524.2	0.28	0.5	09/06/2009	06:26	E82574
2987	Tetrachloroethylene	3	ug/L	0.24	U	EPA 524.2	0.24	0.5	09/06/2009	06:26	E82574
2989	Chlorobenzene	100	ug/L	0.19	U	EPA 524.2	0.19	0.5	09/06/2009	06:26	E82574
2990	Benzene	1	ug/L	0.17	U	EPA 524.2	0.17	0.5	09/06/2009	06:26	E82574
2991	Toluene	1,000	ug/L	0.21	U	EPA 524.2	0.21	0.5	09/06/2009	06:26	E82574
2992	Ethylbenzene	700	ug/L	0.13	U	EPA 524.2	0.13	0.5	09/06/2009	06:26	E82574
2996	Styrene	100	ug/L	0.11	U	EPA 524.2	0.11	0.5	09/06/2009	06:26	E82574

Reporting Format 62-550.730

Effective January 1995. Revised January 2004

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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.

# Florida Department of Environmental Protection

## Safe Drinking Water Program Laboratory Reporting Format

SYNTHETIC ORGANICS  
62-550.310(4)(b)

Report Number / Job ID: T0913508001

PWS ID (From Page 1): 3531546

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifie	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Certification
2005	Endrin	2	ug/L	0.0016	U	EPA 508	0.0016	0.01	09/05/2009	09/07/2009	18:16	E82574
2010	gamma-BHC (Lindane)	0.2	ug/L	0.0033	U	EPA 508	0.0033	0.02	09/05/2009	09/07/2009	18:16	E82574
2015	Methoxychlor	40	ug/L	0.011	U	EPA 508	0.011	0.1	09/05/2009	09/07/2009	18:16	E82574
2020	Toxaphene	3	ug/L	0.091	U	EPA 508	0.091	1	09/05/2009	09/07/2009	18:16	E82574
2031	Dalapon	200	ug/L	1.0	U	EPA 515.3	1.0	1	09/03/2009	09/05/2009	15:05	E82574
2032	Diquat	20	ug/L	7.6	U	EPA 549.2	7.6	0.4	09/03/2009	09/08/2009	11:36	E82574
2033	Endothall	100	ug/L	2.8	U	EPA 548.1	2.8	9	09/02/2009	09/04/2009	10:20	E82574
2034	Glyphosate	700	ug/L	6.5	U	EPA 547	6.5	6	09/03/2009	09/03/2009	15:25	E82574
2035	Di(2-ethylhexyl)adipate	400	ug/L	0.95	U	EPA 525.2	0.95	0.6	09/08/2009	09/08/2009	19:10	E82574
2036	Oxamyl (Vydate)	200	ug/L	0.57	U	EPA 531.1	0.57	2	09/04/2009	09/04/2009	21:46	E82574
2037	Simazine	4	ug/L	0.19	U	EPA 525.2	0.19	0.07	09/08/2009	09/08/2009	19:10	E82574
2039	bis(2-Ethylhexyl) phthalate	6	ug/L	1.5	U	EPA 525.2	1.5	0.6	09/08/2009	09/08/2009	19:10	E82574
2040	Picloram	500	ug/L	0.23	U	EPA 515.3	0.23	0.1	09/03/2009	09/05/2009	15:05	E82574
2041	Dinoseb	7	ug/L	0.86	U	EPA 515.3	0.86	0.2	09/03/2009	09/05/2009	15:05	E82574
2042	Hexachlorocyclopentadiene	50	ug/L	0.014	U	EPA 508	0.014	0.1	09/05/2009	09/07/2009	18:16	E82574
2046	Carbofuran	40	ug/L	0.28	U	EPA 531.1	0.28	0.9	09/04/2009	09/04/2009	21:46	E82574
2050	Atrazine	3	ug/L	0.16	U	EPA 525.2	0.16	0.1	09/08/2009	09/08/2009	19:10	E82574
2051	Alachlor	2	ug/L	0.26	U	EPA 525.2	0.26	0.2	09/08/2009	09/08/2009	19:10	E82574
2065	Heptachlor	0.4	ug/L	0.0063	U	EPA 508	0.0063	0.04	09/05/2009	09/07/2009	18:16	E82574
2067	Heptachlor Epoxide	0.2	ug/L	0.0031	U	EPA 508	0.0031	0.02	09/05/2009	09/07/2009	18:16	E82574
2105	2,4-D	70	ug/L	1.5	U	EPA 515.3	1.5	0.1	09/03/2009	09/05/2009	15:05	E82574
2110	2,4,5-TP (Silvex)	50	ug/L	0.32	U	EPA 515.3	0.32	0.2	09/03/2009	09/05/2009	15:05	E82574
2274	Hexachlorobenzene	1	ug/L	0.0058	U	EPA 508	0.0058	0.1	09/05/2009	09/07/2009	18:16	E82574
2306	Benzo(a)pyrene	0.2	ug/L	0.096	U	EPA 525.2	0.096	0.02	09/08/2009	09/08/2009	19:10	E82574
2326	Pentachlorophenol	1	ug/L	0.069	U	EPA 515.3	0.069	0.04	09/03/2009	09/05/2009	15:05	E82574
2383	Polychlorinated biphenyls(PCB)	0.5	ug/L	0.11	U	EPA 508	0.11	0.1	09/05/2009	09/07/2009	18:16	E82574
2931	Dibromochloropropane	0.2	ug/L	0.0082	U	EPA 504.1	0.0082	0.02	09/03/2009	09/03/2009	21:00	E82574
2946	Ethylene Dibromide (EDB)	0.02	ug/L	0.0091	U	EPA 504.1	0.0091	0.01	09/03/2009	09/03/2009	21:00	E82574
2959	Chlordane	2	ug/L	0.048	U	EPA 508	0.048	0.2	09/05/2009	09/07/2009	18:16	E82574

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

Reporting Format 62-550.730

Effective January 1995. Revised January 2004

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

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

**SECONDARY CONTAMINANTS**  
62-550.320

Report Number / Job ID: T0913508001

PWS ID (From Page 1): 3531546

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1002	Aluminum	0.2	mg/L							E
1017	Chloride	250	mg/L							E
1022	Copper	1	mg/L							E
1025	Fluoride	2.0	mg/L							E
1028	Iron	0.3	mg/L							E
1032	Manganese	0.05	mg/L							E
1050	Silver	0.1	mg/L							E
1055	Sulfate	250	mg/L							E
1095	Zinc	5	mg/L							E
1905	Color	15	CU							E
1920	Odor	3	TON							E
1925	pH (field pH from page 1)	6.5 - 8.5								E
1930	Total Dissolved Solids	500	mg/L							E
2905	Foaming Agents	0.5	mg/L	0.075	I	EPA 425.1	0.05	09/02/09	09:45	E82001

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

**RADIONUCLIDES**  
62-550.310(6)

Report Number / Job ID: T0913508001

PWS ID (From Page 1): 3531546

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4000	Gross Alpha (Excl Uranium)	15**	pCi/L					3				E
4002	Gross Alpha (Incl Uranium)	***	pCi/L	0.8		EPA 900.0	0.8	1	0.7	09/15/09	07:03	E83033
4006	Combined Uranium (U-234, U-235, & U-238)	****	pCi/L					*****				E
		30	µg/L					1				E
4020	Radium-226	5	pCi/L	0.2		EPA 903.1	0.2	1	0.2	09/17/09	14:52	E83033
4030	Radium-228			0.9	U	EPA Ra-05	0.9	1	0.5	09/16/09	14:23	E83033

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

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

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

\*\*\*\*\* Reserved



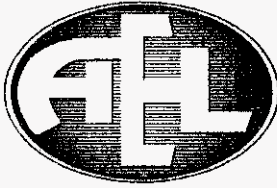
# DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

☐ 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574

☐ 6815 SW Archer Road • Gainesville, FL 32608 • 352-377-2349 • Fax 352-395-6639 • E82001

☐ 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589

☐ 528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076



**Advanced  
Environmental Laboratories, Inc.**

Relinquish By: [Signature] Date: 2/4/22 Time: 0900  
Received By: [Signature] Date: 2/4/22 Time: 0900  
Report Number: 1102377 Sub-Contract Lab ID: \_\_\_\_\_

## Analysis Requested: (please check all that apply)

☒ Standard Coliform Test ☐ HPC ☐ Other: \_\_\_\_\_

System Name: ROSALIE OAKS  
System Address: ROS OAKS BLVD + CAMP MACK RD  
System or Owner's Phone #: 863-858-2504  
Collector: DAN SHERWOOD

PWS I.D. 3 5 3 1 5 4 6  
City: LAKE WALES  
Fax #: 863-853-4937  
Collector's Phone #: 813-376-3202

## Type of Supply: (check only one)

☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System  
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other \_\_\_\_\_

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

## To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Collection Date	Collection Time	Sample Type <sup>1</sup>	Dis-infect Res'd (mg/L)	pH
1	WELL	4/21/20	1130	R	0.8	
2	LOT #10	1	1140	D	0.9	
3	LOT #34	1	1145	D	0.7	

## Average of disinfectant residuals for routine and repeat samples

(complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: \_\_\_\_\_  
Person performing analysis is: (please check one of below)  
☒ A certified operator (# C8570) ☐ Employed by a certified lab  
☐ Supervised by a cert operator (# \_\_\_\_\_) ☐ Employed by DEP or DOH

## Name and Mailing Address of Person to Receive Report

STEVE FULLER  
415 W. DAUGHTERY RD  
LAKE LAND, FL 33809

## To be completed by lab

Total Coliform Analysis Method: <u>SM9222B</u>				
Fecal or E. coli Analysis Method: _____				
Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier <sup>2</sup>	Lab Sample Number
	A			101
	A			102
	P			103

<sup>2</sup>Defined in Florida Administrative Code Rule 62-160, Table 1

All tests are performed in accordance with NELAC standards.

Date PWS Notified by lab of positive results: \_\_\_\_\_  
Date State Notified by lab of positive results: \_\_\_\_\_  
Lab Signature: [Signature]  
Date signed: 4/25/20 Time: 1300  
Title: Analyst

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

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

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

Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B

Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count [62-550.730 Reporting Format]

Effective 01/95, Revised 11/09/07



Charlie Crist  
Governor

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General

May 27, 2010

C/ROSALIE OAKS  
PWS: Id. No. 3531546

RECEIVED

JUN - 7 2010

Aqua Utilities  
Florida Inc.

AQUA SOURCE INC.  
6960 PROFESSIONAL PKWY E STE #400.  
SARASOTA, FL 34240

Dear Water System Owner:

A sanitary survey of your system conducted on May 25, 2010 indicates the following deficiencies in reference to the public drinking water requirements listed in *Chapter 62 Florida Administrative Code*.

Second notice:

The bacteriological sampling plan in our files, dated 2/11/2004 (see attached) does not correspond to the sampling location currently used. Chapter 62-550.518 requires all public water systems to have a written sampling plan that addresses location, timing, frequency, and rotation. Sampling locations must be specific and representative of water throughout the distribution system. Please submit new sampling plan.

**Reminder:** please submit a copy of the hydropneumatic tank inspection done on 12/8/09 to our office.

Please take the necessary steps to correct these deficiencies within thirty (30) days of the date of this notice, unless otherwise specified and **notify the Department in writing**. If the deficiencies cannot be corrected within the thirty (30) day period, a written schedule stating when the deficiencies will be corrected must be submitted to this office within the thirty (30) day time frame. Failure to comply will result in referral to the enforcement section for further action and the possible imposition of a fine.

If you have any questions, please contact me at (863) 519-8330 ext. 12148.

Sincerely,

Daniela Sloan  
Environmental Specialist II

Xc: Dan Sherwood, Aqua Utilities

---

POLK COUNTY HEALTH DEPARTMENT

OFFICE OF THE DIRECTOR

Daniel O. Haight, MD, FACP  
Director

1290 Golfview Avenue, 4<sup>th</sup> Floor, Bartow, FL 33830-6740  
Phone (863) 519-7900 FAX (863) 534-0293

[www.mypolkchd.org](http://www.mypolkchd.org)

Lynne M. Saddler, MD, MPH  
Assistant Director

**Bacteriological Sampling Plan**

Rosalie Oaks  
PWS Number 3531546

RECEIVED  
FEB 11 2004  
ENVIRONMENTAL  
ENGINEERING

Purpose: The purpose of this bacteriological sampling plan is to identify specific bacteriological sample locations which are representative of the water quality throughout the distribution system, as well as ensuring compliance with Florida Administrative Code (FAC) 62-550.

Sampling Requirement: The Rosalie Oaks Water Facility is currently required to collect one (1) bacteriological sample per well per month and two (2) distribution samples per month.

Sampling Location: All distribution samples will be drawn from hose bibs located outside homes. Alternate sites will be used if, for any reason, a normally scheduled site cannot be used.

**Sample Site Rotation and Frequency**

January, April, July, October

Well #1  
Lot 1  
Lot 59

February, May, August, November

Well #1  
Lot 5  
Lot 65

March, June, September, December

Well #1  
Lot 10  
Lot 70

(\*) Lot 15 -- Alternate  
(\*) Lot 75 - Alternate

RECEIVED  
FEB 04 2004

Department of Environmental Protection  
SOUTHWEST DISTRICT  
BY \_\_\_\_\_

(R)



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

T: 352.787.0980  
F: 352.787.6333  
[www.aquautilitiesflorida.com](http://www.aquautilitiesflorida.com)

July 7, 2010

Daniela Sloan  
Polk County Health Department  
1290 Golfview Ave. 4<sup>th</sup> Floor  
Bartow, FL 33830-6740

**RE: Reply to Sanitary Survey  
Rosalie Oaks MHP  
PWS ID No. 3531546  
Polk County**

Dear Ms. Sloan:

This letter is in response to your inspection of the facility referenced above on May 25, 2010.

1. Attached is the updated bacteriological sampling plan for your review.

Also attached is a copy of the hydropneumatic tank inspection.

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

Sincerely,

Patrick A. Farris  
Environmental Compliance Specialist  
Aqua Utilities Florida, Inc.

Enclosure: Bacteriological Sampling Plan  
Hydropneumatic Tank Inspection





**Rosalie Oaks WTP**

**PWS ID # 3531546**

**Drinking Water System**

**Bacteriological Sampling Plan**

**Routine Bacteriological Monitoring:**

- Bacteriological Monitoring samples taken within the Rosalie Oaks distribution system are representative of water throughout the entire distribution system.
- The Rosalie Oaks system is a community public water system which serves a population less than 3,300. Two distribution samples will be taken every month (Rule 62-550.518(2)).
- The sampling locations and the annual rotation schedule are listed in the table below. The locations are depicted on the attached map.

Bacteriological Monitoring Sample Locations		
Sample Location Number	Exact Address	Sampling Schedule
1	Lot 10	January, April, July, October
2	Lot 34	January, April, July, October
3	Lot 55	February, May, August, November
4	WWTF Tap	February, May, August, November
5	Lot 3	March, June, September, December
6	Lot 60	March, June, September, December

- All production wells shall be sampled monthly on the same day as distribution samples. Free chlorine residual is to be measured at each sampling point before sampling. All bacteriological samples shall be analyzed by a certified lab using the Colilert test (SM9223B) within 24 hours.
- During collection of the Bacteriological Monitoring samples, the remote sampling tap is to be measured for a free chlorine residual on each day that operator attendance is required.
- In addition to the designated distribution samples, Aqua Utilities Florida may elect to perform additional bacteriological monitoring within the distribution system to confirm the reliability of the water quality.

**Water Main Break/Malfunction:**

- In the event of a water main break or other system malfunction, after repairs/replacements are made the operator must take two consecutive days of passing bacteriological samples prior to placing the area of repair back into normal service.

**Distribution Sample Failure:**

- In the event of a single distribution failure, within 24 hours of discovery, the operator must take a repeat at the location that failed, as well as one upstream within 5 service connections and one downstream within 5 service connections for a total of 3 repeat samples. The operator must take a minimum of 5 routine samples the following month. If raw water samples were not taken on the same day as the distribution samples, the operator must collect one raw water sample from each well and point of entry.
- In the event of more than one distribution failure, within 24 hours of discovery, the operator must take a repeat at the location that failed, as well as one upstream within 5 service connections and one downstream within 5 service connections for a total of 3 repeat samples. The operator must take a minimum of 5 routine samples the following month. In addition, the operator must collect the same number of raw water samples as there were of failed distribution samples and one sample from the point of entry. (i.e. if 2 distribution failed, then the operator must have 2 raw samples from each well; if raw samples were obtained the same day as the initial routine samples, then only one additional raw sample from each well is needed)

United States  
Environmental Protection  
Agency

Office of Water  
(4606)

EPA 816-F-01-035  
November 2001  
[www.epa.gov/safewater](http://www.epa.gov/safewater)



## Total Coliform Rule: A Quick Reference Guide

### Overview of the Rule

Title	Total Coliform Rule (TCR) 54 FR 27544-27568, June 29, 1989, Vol. 54, No. 124 <sup>1</sup>
Purpose	Improve public health protection by reducing fecal pathogens to minimal levels through control of total coliform bacteria, including fecal coliforms and <i>Escherichia coli</i> ( <i>E. coli</i> ).
General Description	Establishes a maximum contaminant level (MCL) based on the presence or absence of total coliforms, modifies monitoring requirements including testing for fecal coliforms or <i>E. coli</i> , requires use of a sample siting plan, and also requires sanitary surveys for systems collecting fewer than five samples per month.
Utilities Covered	The TCR applies to all public water systems.

### Public Health Benefits

Implementation of the TCR has resulted in . . .	<ul style="list-style-type: none"> <li>Reduction in risk of illness from disease causing organisms associated with sewage or animal wastes. Disease symptoms may include diarrhea, cramps, nausea, and possibly jaundice, and associated headaches and fatigue.</li> </ul>
---	--

### What are the Major Provisions?

#### ROUTINE Sampling Requirements

- Total coliform samples must be collected at sites which are representative of water quality throughout the distribution system according to a written sample siting plan subject to state review and revision.
- Samples must be collected at regular time intervals throughout the month except groundwater systems serving 4,900 persons or fewer may collect them on the same day.
- Monthly sampling requirements are based on population served (see table on next page for the minimum sampling frequency).
- A reduced monitoring frequency may be available for systems serving 1,000 persons or fewer and using only ground water if a sanitary survey within the past 5 years shows the system is free of sanitary defects (the frequency may be no less than 1 sample/quarter for community and 1 sample/year for non-community systems).
- Each total coliform-positive routine sample must be tested for the presence of fecal coliforms or *E. coli*.
- If any routine sample is total coliform-positive, repeat samples are required.

#### REPEAT Sampling Requirements

- Within 24 hours of learning of a total coliform-positive ROUTINE sample result, at least 3 REPEAT samples must be collected and analyzed for total coliforms:
  - One REPEAT sample must be collected from the same tap as the original sample.
  - One REPEAT sample must be collected within five service connections upstream.
  - One REPEAT sample must be collected within five service connections downstream.
  - Systems that collect 1 ROUTINE sample per month or fewer must collect a 4th REPEAT sample.
- If any REPEAT sample is total coliform-positive:
  - The system must analyze that total coliform-positive culture for fecal coliforms or *E. coli*.
  - The system must collect another set of REPEAT samples, as before, unless the MCL has been violated and the system has notified the state.

#### Additional ROUTINE Sample Requirements

- A positive ROUTINE or REPEAT total coliform result requires a minimum of five ROUTINE samples be collected the following month the system provides water to the public unless waived by the state.

<sup>1</sup> The June 1989 Rule was revised as follows: Corrections and Technical Amendments, 6/19/90 and Partial Stay of Certain Provisions (Variance Criteria) 56 FR 15558-15557, Vol 56, No 10.

Note: The TCR is currently undergoing the 6 year review process and may be subject to change.





Public Water System ROUTINE Monitoring Frequencies					
Population	Minimum Samples/ Month	Population	Minimum Samples/ Month	Population	Minimum Samples/ Month
25-1,000*	1	21,501-25,000	25	450,001-600,000	210
1,001-2,500	2	25,001-33,000	30	600,001-780,000	240
2,501-3,300	3	33,001-41,000	40	780,001-970,000	270
3,301-4,100	4	41,001-50,000	50	970,001-1,230,000	300
4,101-4,900	5	50,001-59,000	60	1,230,001-1,520,000	330
4,901-5,800	6	59,001-70,000	70	1,520,001-1,850,000	360
5,801-6,700	7	70,001-83,000	80	1,850,001-2,270,000	390
6,701-7,600	8	83,001-96,000	90	2,270,001-3,020,000	420
7,601-8,500	9	96,001-130,000	100	3,020,001-3,960,000	450
8,501-12,900	10	130,001-220,000	120	≥ 3,960,001	480
12,901-17,200	15	220,001-320,000	150		
17,201-21,500	20	320,001-450,000	180		

\*Includes PWSs which have at least 15 service connections, but serve <25 people.

### What are the Other Provisions?

Systems collecting fewer than 5 ROUTINE samples per month . . .	Must have a sanitary survey every 5 years (or every 10 years if it is a non-community water system using protected and disinfected ground water).**
Systems using surface water or ground water under the direct influence of surface water (GWUDI) and meeting filtration avoidance criteria . . .	Must collect and have analyzed one coliform sample each day the turbidity of the source water exceeds 1 NTU. This sample must be collected from a tap near the first service connection.

\*\* As per the IESWTR, states must conduct sanitary surveys for community surface water and GWUDI systems in this category every 3 years (unless reduced by the state based on outstanding performance).

### How is Compliance Determined?

- ▶ Compliance is based on the presence or absence of total coliforms.
- ▶ Compliance is determined each calendar month the system serves water to the public (or each calendar month that sampling occurs for systems on reduced monitoring).
- ▶ The results of ROUTINE and REPEAT samples are used to calculate compliance.

### A Monthly MCL Violation is Triggered if:

A system collecting fewer than 40 samples per month . . .	Has greater than 1 ROUTINE/REPEAT sample per month which is total coliform-positive.
A system collecting at least 40 samples per month . . .	Has greater than 5.0 percent of the ROUTINE/REPEAT samples in a month total coliform-positive.

### An Acute MCL Violation is Triggered if:

Any public water system . . .	Has any fecal coliform- or <i>E. coli</i> -positive REPEAT sample <u>or</u> has a fecal coliform- or <i>E. coli</i> -positive ROUTINE sample followed by a total coliform-positive REPEAT sample.
-------------------------------	---

### What are the Public Notification and Reporting Requirements?

For a Monthly MCL Violation	<ul style="list-style-type: none"> <li>▶ The violation must be reported to the state no later than the end of the next business day after the system learns of the violation.</li> <li>▶ The public must be notified within 14 days.<sup>2</sup></li> </ul>
For an Acute MCL Violation	<ul style="list-style-type: none"> <li>▶ The violation must be reported to the state no later than the end of the next business day after the system learns of the violation.</li> <li>▶ The public must be notified within 72 hours.<sup>2</sup></li> </ul>
Systems with ROUTINE or REPEAT samples that are fecal coliform- or <i>E. coli</i> -positive . . .	Must notify the state by the end of the day they are notified of the result or by the end of the next business day if the state office is already closed.

#### For additional information on the TCR

Call the Safe Drinking Water Hotline at 1-800-426-4791; visit the EPA web site at [www.epa.gov/safewater/mbdp/mbdp.html](http://www.epa.gov/safewater/mbdp/mbdp.html); or contact your state drinking water representative.

<sup>2</sup> The revised Public Notification Rule will extend the period allowed for public notice of monthly violations to 30 days and shorten the period for acute violations to 24 hours. These revisions are effective for all systems by May 6, 2002 and are detailed in 40 CFR Subpart Q.



## Ground Water Rule Triggered and Representative Monitoring: A Quick Reference Guide

### Overview of the Rule

Title	Ground Water Rule (GWR) 71 FR 65574, November 8, 2006, Vol. 71, No. 216 Correction 71 FR 67427, November 21, 2006, Vol. 71, No. 224
Purpose	Reduce the risk of illness caused by microbial contamination in public ground water systems (GWSs).
General Description	The GWR establishes a risk-targeted approach to identify GWSs susceptible to fecal contamination and requires corrective action to correct significant deficiencies and source water fecal contamination in all public GWSs.
Utilities Covered	The GWR applies to all public water systems (PWSs) that use ground water, including consecutive systems, except that it does not apply to PWSs that combine all of their ground water with surface water or with ground water under the direct influence of surface water prior to treatment.

### Purpose of Triggered Source Water Monitoring

- ▶ The purpose of triggered source water monitoring is to evaluate whether the presence of total coliform in the distribution system is due to fecal contamination in the ground water source.
- ▶ This type of source water monitoring is triggered by routine total coliform monitoring required by the Total Coliform Rule (TCR) (40 CFR 141.21).
  - Since TCR monitoring is conducted regularly, triggered source water monitoring can occur at any time and thus provides an ongoing evaluation of ground water sources.

### Triggered Source Water Monitoring Requirements

#### Systems Required to Conduct Triggered Source Water Monitoring

GWSs are subject to triggered source water monitoring if they:	<ul style="list-style-type: none"> <li>● Do not provide, and conduct compliance monitoring for, at least 4-log treatment of viruses (through inactivation and/or removal).                             <ul style="list-style-type: none"> <li>■ This includes systems that decide to discontinue 4-log treatment.</li> </ul> </li> <li>● Do not purchase 100% of their water (and therefore have a source at which to sample).</li> </ul>
--	---

#### Situations Leading to Triggered Source Water Monitoring

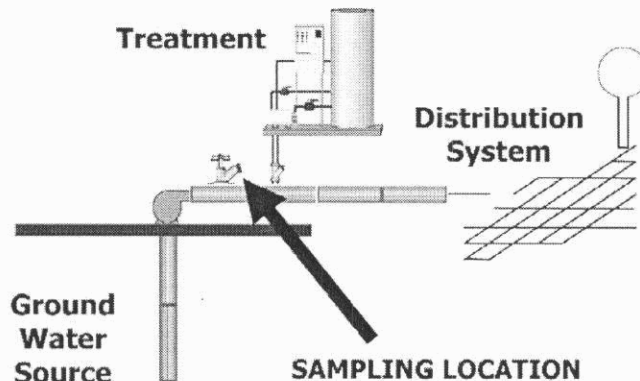
GWSs must conduct triggered source water monitoring when:	<ul style="list-style-type: none"> <li>▶ The system is notified of a total coliform-positive sample collected in compliance with the TCR unless:                             <ul style="list-style-type: none"> <li>■ The total coliform sample is invalidated by the State.</li> <li>■ The State allows an exception to the GWR triggered source water monitoring requirements.</li> </ul> </li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>▶ The system is a wholesale system and is notified by one of its consecutive systems that the consecutive system had a total coliform-positive sample during TCR monitoring.</li> </ul>
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### Collecting and Analyzing Triggered Source Water Monitoring Samples

When triggered source water monitoring is required, GWSs must:	<ul style="list-style-type: none"> <li>▶ Collect at least one ground water source sample from each source in use at the time the total coliform-positive sample was collected.                             <ul style="list-style-type: none"> <li>■ Samples must be collected within 24 hours of being notified of the total coliform-positive sample (unless the 24-hour limit is extended by the State).</li> <li>■ Sample must be taken before treatment or at a State-approved location after treatment (see the diagram on the next page).</li> </ul> </li> <li>▶ Ensure all samples are analyzed for the presence of a fecal indicator (e.g., <i>E. coli</i>, enterococci, or coliphage) using an approved GWR method.</li> <li>▶ If a fecal indicator-positive source sample is invalidated by the State, the GWS must collect another source water sample within 24 hours of being notified by the State of the sample invalidation using an approved method. See the "Analytical Methods Approved for the Ground Water Rule" at <a href="http://www.epa.gov/safewater/methods/analyticalmethods.html">http://www.epa.gov/safewater/methods/analyticalmethods.html</a>.</li> </ul>
--	--



- The diagram below represents an appropriate sampling location for triggered source water monitoring. GWSs should have a sample tap at each source that enables triggered source water monitoring.



#### Additional Sampling

- If the initial triggered source water sample is fecal indicator-positive, and the State does not require corrective action in response, GWSs must conduct additional source water monitoring.
- GWSs must collect five additional source water samples (from the source(s) that contained the original fecal indicator-positive samples) within 24 hours of being notified of the fecal indicator-positive sample.
  - The additional samples must be tested for a fecal indicator using an approved GWR method.
- If any one of the five additional samples is fecal indicator-positive, the system must take corrective action.
- If any additional sample is found to be fecal indicator-positive but is subsequently invalidated by the State, the GWS must resample for the same fecal indicator within 24 hours of being notified of the invalidation.

Note: If the GWS is a wholesale system, it must notify all consecutive systems served by a source of any fecal indicator-positive samples from that source within 24 hours of being notified of the sample result.

#### Sampling at Representative Sources and Triggered Source Water Monitoring Plans

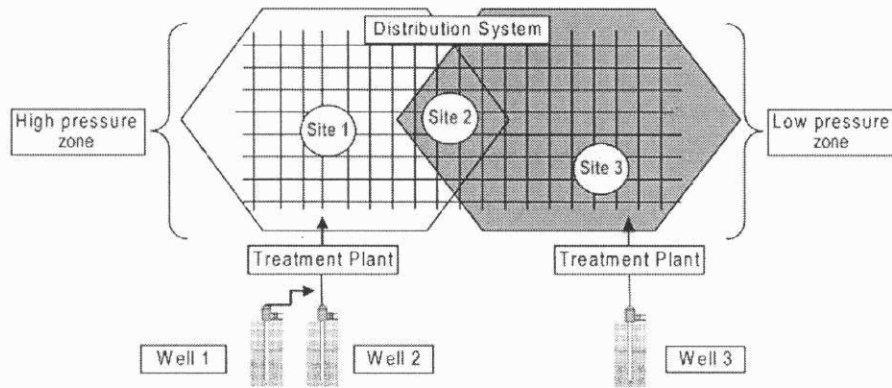
##### Representative Source Sampling

- If a GWS has multiple sources, the State may allow the GWS to conduct representative source sampling.
- Representative source water sampling allows systems to collect samples from the sources that represent (serve) the TCR monitoring site rather than from all sources. These representative ground water sources must be approved by the State.
- Systems must still:
- Sample within 24 hours of total coliform-positive sample.
  - Analyze using an approved GWR method.

##### Triggered Source Water Monitoring Plan

- If the State allows representative site sampling, the State may require the GWS to submit a triggered source water monitoring plan for approval before the GWS starts conducting representative source sampling.
- A triggered source water monitoring plan may include:
    - A map of the water system (including location of ground water sources, location of pressure zones, and location of storage facilities),
    - A written explanation of how the GWS knows which source feeds which section of the distribution system, and
    - Seasonal or intermittent ground water sources and when they are used.
  - Regardless of whether or not the State requires a plan to be submitted, all representative source sampling locations must be approved by the State.

- The diagram below provides an example of a system schematic that could be used to determine representative sources and develop a triggered source water monitoring plan, based on where in the distribution system the total coliform-positive sample is found. If approved by the State, the system could sample sources 1 and 2 after a total coliform-positive at Site 1 since Site 1 is in the zone served by those sources. A total coliform-positive at Site 2 would require source sampling from all sources since this area is served by all sources.



#### Variations in Requirements Based on System Size

##### GWSs Serving Fewer than 1,000 Persons

- GWSs that serve fewer than 1,000 persons may be able to meet TCR repeat monitoring requirements and GWR triggered source water monitoring requirements together if the State allows:
  - Repeat TCR monitoring at the source AND
  - *E. coli* to be used as a fecal indicator under the GWR.
- If the State allows this situation, then the GWS can use a TCR repeat sample collected at the source to meet the triggered source water monitoring requirement of the GWR. The fourth TCR repeat sample is collected at the source. Upstream and downstream samples and a sample at the TCR site are still needed to meet TCR requirements.
- Labs must use an approved GWR method to test for *E. coli*.

Note: If the TCR repeat sample collected at the source is TCR-positive but *E. coli* is not found, the GWR does not require further action but the system is in violation of the TCR MCL.

##### Consecutive Systems and Wholesale Systems

Consecutive Systems	<ul style="list-style-type: none"> <li>► Consecutive systems that purchase 100% of their water (and therefore do not have a source from which to sample) must:                             <ul style="list-style-type: none"> <li>■ Notify their wholesale system within 24 hours of receiving notice of a total coliform-positive sample taken under the TCR.</li> <li>■ Upon hearing from the wholesale system of a fecal indicator-positive source water sample (either initial triggered samples or additional samples), notify the public within 24 hours.</li> </ul> </li> <li>► Consecutive systems that purchase only some of their water must:                             <ul style="list-style-type: none"> <li>■ Notify their wholesale system within 24 hours of receiving notice of a total coliform-positive sample taken under the TCR.</li> <li>■ Collect GWR triggered source water monitoring samples and additional samples as required.</li> <li>■ Upon receipt of notification from the laboratory about a fecal indicator-positive source water sample at the system's source(s) take corrective action, if required, and notify the public within 24 hours.</li> <li>■ Upon receipt of notification from the wholesale system of a fecal indicator-positive sample (either initial triggered samples or additional samples) at the wholesale system's source(s), notify the public within 24 hours.</li> </ul> </li> </ul>
Wholesale Systems	<ul style="list-style-type: none"> <li>► Wholesale systems that are notified by a consecutive system of a total coliform-positive sample must:                             <ul style="list-style-type: none"> <li>■ Within 24 hours of being notified, collect at least one ground water source sample from each source in use (unless representative sampling is allowed) when the total coliform-positive sample was collected.</li> <li>■ Notify the public and ALL consecutive systems served by the source within 24 hours of learning that a source water sample is fecal-indicator positive.</li> </ul> </li> </ul>



#### Invalidation of Fecal Indicator-Positive Samples

- ▶ The State can invalidate a fecal indicator-positive triggered source water sample if:
  - The system provides the State with written notice from the laboratory that improper sample analysis occurred or
  - The State determines there is substantial evidence that the sample does not reflect source water quality.
    - The State must document in writing there is substantial evidence that the fecal indicator-positive ground water source sample is not related to source water quality.
- ▶ If any sample is found to be fecal indicator-positive and is subsequently invalidated by the State, the GWS must resample for the same indicator within 24 hours of being notified of the invalidation.

#### Exceptions to the Triggered Source Water Monitoring Requirements

##### Extension of the 24-hour collection limit

- The State may extend the 24-hour limit for collecting source water samples on a case-by-case basis if the State determines the system cannot collect the ground water source water sample within 24 hours due to circumstances beyond its control.
- ▶ In the case of an extension, the State must specify how much time the system has to collect the sample.

##### Total Coliform-Positive Sample Is The Result of Distribution System Conditions

- ▶ A GWS is not required to conduct triggered source water monitoring under one of the following circumstances:
  - The State determines and documents in writing that the total coliform-positive TCR sample is caused by a distribution system deficiency.
  - The GWS determines the total coliform-positive TCR sample was collected at a location that meets State criteria for distribution conditions that will cause total coliform-positive samples and notifies the State within 30 days.

#### Notification Requirements

If a GWS receives notice of a fecal indicator-positive source water sample collected under the GWR, the system must:	<ul style="list-style-type: none"> <li>▶ Consult with the State within 24 hours.</li> <li>▶ Notify the public within 24 hours.               <ul style="list-style-type: none"> <li>■ Tier 1 Public Notification.</li> </ul> </li> <li>▶ If the system is a community GWS, they must provide Special Notice of the fecal indicator-positive sample in their CCR.</li> </ul>
If a GWS fails to conduct required triggered or additional monitoring, the system must:	<ul style="list-style-type: none"> <li>▶ Notify the public within 12 months.               <ul style="list-style-type: none"> <li>■ Tier 3 Public Notification.</li> </ul> </li> <li>▶ Community GWSs may be able to use their CCR.</li> </ul>
Wholesale and consecutive systems are subject to:	<ul style="list-style-type: none"> <li>▶ The same notification requirements outlined above, in addition to the requirements to notify the wholesale or consecutive systems.</li> </ul>

#### Critical Deadlines for Triggered Source Water Monitoring for Drinking Water Systems

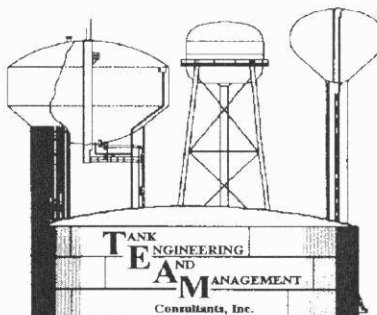
November 30, 2009	New ground water sources put in place after this date must conduct triggered source water monitoring if the GWS does not provide 4-log virus treatment and conduct compliance monitoring and the GWS is notified that a sample collected for the TCR is total coliform-positive.
December 1, 2009	GWSs must conduct triggered source water monitoring if the GWS does not provide 4-log virus treatment and conduct compliance monitoring and the GWS is notified that a sample collected for the TCR is total coliform-positive.

# **HYDROPNEUMATIC TANK INSPECTION REPORT**

**ROSALIE OAKS  
LAKE WALES, FLORIDA**

**5,000-GALLON HYDROPNEUMATIC  
HORIZONTAL WATER TANK  
8'-0" DIAMETER X 12'-0" LONG**

**DECEMBER 2009**

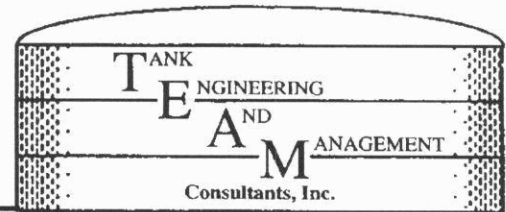


**RECEIVED**

**JAN 29 2010**

**Aqua Utilities  
Florida Inc.**

4000 STATE ROAD 60 EAST  
MULBERRY, FLORIDA 33860-0889  
(863) 354-9010 • (863) 648-4988 FAX



# **HYDROPNEUMATIC TANK INSPECTION REPORT**

**DECEMBER 2009**

**ROSALIE OAKS  
LAKE WALES, FLORIDA**

**5,000-GALLON HYDROPNEUMATIC  
HORIZONTAL TANK  
8'-0" DIAMETER x 12'-0" LONG**

**PREPARED FOR:**

**AQUA UTILITIES FLORIDA**

**PREPARED BY:**

**TANK ENGINEERING AND MANAGEMENT CONSULTANTS, INC.**

**P.O. Box 889**

**Mulberry, Florida 33860**

**Phone (863) 354-9010**

**Fax (863) 648-4988**

**By:**

**Jeff W. Kitchen**

**Vice President**

**API Certification No. 22467**

**Reviewed By:**

**Robert A. Herz, P.E.**

**P.E. No. 33147**

**P.O. Box 889 • Mulberry, Florida 33860-0889 • (863) 354-9010 • Fax (863) 648-4988**

**www.tankteam.com**

**CONCLUSIONS:**

The tank is in poor overall structural condition and should be repaired by a certified ASME repair shop or replaced. Based on the measured remaining thickness, the engineering evaluation for the entire tank requires the maximum working pressure be limited to 22.08 psi. The pressure relief valves should be checked and maintained at 22 psi or lower.

**RECOMMENDATIONS:**

1. **It is recommended that the tank be replaced.**
2. **If the tank is to remain in service, the pressure relief valves should be tested and maintained at 22 psi or lower.**
3. **If the tank is to remain in service, the interior should be abrasive blast cleaned and recoated with an NSF-approved interior coating system for potable water. Typical coating systems are detailed in AWWA D102.**

We appreciate the opportunity of performing this inspection. If you should have any questions, please give us a call.

Sincerely,  
*Tank Engineering and Management Consultants, Inc.*



RE: Inspection Report  
5,000-Gallon Hydropneumatic Tank  
Aqua Utilities Florida  
TEAM Project No. 09-0961

On December 8, 2009, Jeff W. Kitchen of *Tank Engineering and Management Consultants, Inc.*, performed a condition assessment inspection on the above referenced water tank. The tank was emptied and an internal and external inspection was performed. The purpose of this inspection was to assess the tank condition as required by Florida Department of Environmental Protection (FDEP) Rule 62-555, F.A.C.

### **EXECUTIVE SUMMARY**

The tank shell appears to be in poor structural condition. Ultrasonic Thickness Measurements (UTM's) taken on the shell indicate it was likely constructed of 1/4"-thick steel. The minimum thickness of the overall shell at the time of inspection was 0.102". The heads appear to be in good structural condition. UTM's taken on the formed heads indicate they were likely constructed of 3/8"-thick steel. The minimum head thickness is 0.351". The exterior coating system is in fair overall condition. There is no interior coating system in this tank. With the severe amount of metal loss in the shell, it is recommended that this tank be replaced.

### **INSPECTION METHODOLOGY AND PROCEDURES**

The inspection was performed in accordance with American Water Works Association (AWWA) Manual M42, App. "C", "Inspecting and Repairing Steel Water Tanks, Standpipes, Reservoirs, and Elevated Tanks for Water Storage" and American Society of Mechanical Engineers (ASME) design standards. Where no AWWA or ASME Standards were available, American Petroleum Institute (API) standards for tank construction, inspection and repair were utilized. Also, Tank Engineering And Management Consultants' written inspection procedures were followed.

#### **DEFINITIONS:**

Throughout this report, certain subjective terms will be used to describe the condition of various items. These terms are typically meant to imply the following definitions:

Good – Currently in nearly new condition. Minor defects may be present, but do not present a hindrance to the operation of the item.

Fair – Slightly less-than ideal condition. This item has not failed, but is in a state of degradation that will likely result in failure in the near future.

Poor – The item has failed, or is near failure.

## FIELD INSPECTION

- **Inspection Personnel**

Jeff W. Kitchen, Certified API-653 Inspector No. 22467, of TEAM Consultants.

- **Inspection Procedures and Equipment**

The inspection procedures included:

1. Tank layout and physical measurements.
2. Visual inspection of the Heads, Shell, and Accessories.
3. A visual inspection of the site and the tank exterior surface was performed, checking for: leaks, shell distortions, signs of settlement, corrosion, and condition of the concrete cradles, coatings, accessories, and appurtenances.
4. Ultrasonic Thickness Measurements (UTMs) were taken on the shell and heads. UTMs were taken with an Olympus MG2-XT, ultrasonic test instrument operating on a transmit/receive transducer, using the "pulse echo" technique with "coating eliminator" software. The instrument calibration was verified before and after the testing was performed.
5. Color photographs are taken of the tank exterior and of all essential structures, appurtenances and deficiencies.

## ENGINEERING ANALYSIS

The field inspection notes were reviewed by a Florida Licensed Professional Engineer. The tank structure was analyzed in accordance with ASME Section VIII. The coatings were analyzed in accordance with National Association of Corrosion Engineers (NACE) standards.

## TANK INFORMATION:

MANUFACTURER: Unknown  
YEAR BUILT: Unknown  
DIAMETER: 8'-0"  
SHELL LENGTH: 12'-0"  
HEAD TYPE: Torospherical  
JOINT DESIGN: Entire tank is butt-welded  
SADDLES: (2) Steel saddles  
MANWAY: (1) 12" x 16" Oval, pressure-type

### INSPECTION RESULTS:

The site and cradles supporting the tank were found to be in good condition. This tank rests on two steel saddles. The saddles are not sealed from moisture intrusion. The tank exterior surfaces between the shell and the saddles could not be inspected. Corrosion may be present in these areas.

The exterior metal has no pitting or visible metal loss. The interior has severe corrosion and metal loss.

UTM's were taken over the entire tank. The minimum thickness of the shell was found to be 0.102". The minimum thickness of the heads was found to be 0.351".

The exterior coating is in fair condition. There is no interior coating in this tank.

### ENGINEERING ANALYSIS:

There is no nameplate or ASME code stamp on this tank. Therefore, this is not a "code stamp" tank. The allowable pressure calculations are based on ASME Section VIII. Since the design weld joint efficiency is unknown, the lowest efficiency factor in the ASME code is used.

Heads:  
p = pressure (psi)  
E = joint efficiency (100%) (1-piece head)  
L = diameter (96")  
t = minimum thickness (0.351")  
S = allowable Stress (15,000 psi)

$$p = \frac{SEt}{0.885L + 0.1t} = \frac{(15,000)(1)(0.351)}{84.96 + 0.1(0.351)} = 61.94 \text{ psi}$$

Shell:  
p = pressure (psi)  
E = joint efficiency (70%) (butt-welded joint)  
t = minimum shell thickness (0.102")  
S = allowable Stress (15,000 psi)  
R = tank Radius (48")

$$p = \frac{SEt}{R + 0.6t} = \frac{(15,000)(.70)(0.102)}{48 + (0.6)(0.102)} = 22.08 \text{ psi}$$

*ASME offers a calculation for circumferential and for longitudinal stresses in the shell. The code requires using the lesser pressure of the two calculations. The above calculation is the circumferential calculation, which was less than the longitudinal calculation in this instance. The shell is butt welded, but the level of radiographic testing is unknown. Therefore, the ASME minimum joint efficiency must be used, which is 70%.*

In this case the shell is the limiting factor for maximum pressure. This information indicates a maximum working pressure of 22.08 psi.

### **CONCLUSIONS:**

The tank is in poor overall structural condition and should be repaired by a certified ASME repair shop or replaced. Based on the measured remaining thickness, the engineering evaluation for the entire tank requires the maximum working pressure be limited to 22.08 psi. The pressure relief valves should be checked and maintained at 22 psi or lower.

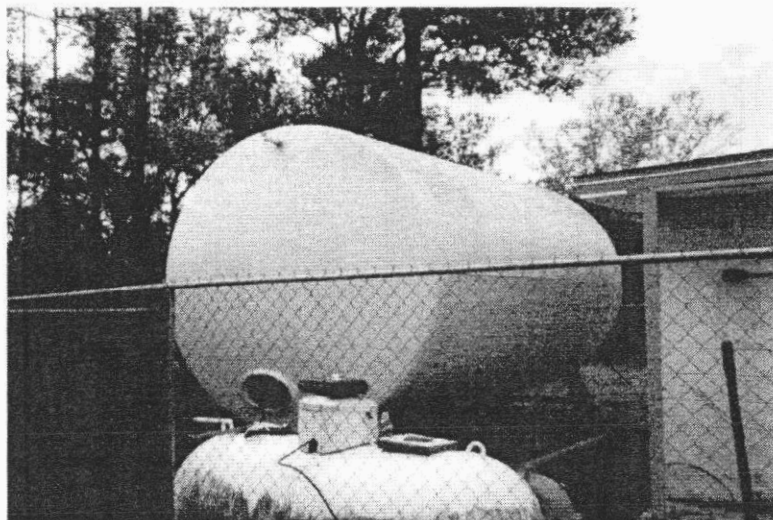
### **RECOMMENDATIONS:**

- 1. It is recommended that the tank be replaced.**
- 2. If the tank is to remain in service, the pressure relief valves should be tested and maintained at 22 psi or lower.**
- 3. If the tank is to remain in service, the interior should be abrasive blast cleaned and recoated with an NSF-approved interior coating system for potable water. Typical coating systems are detailed in AWWA D102.**

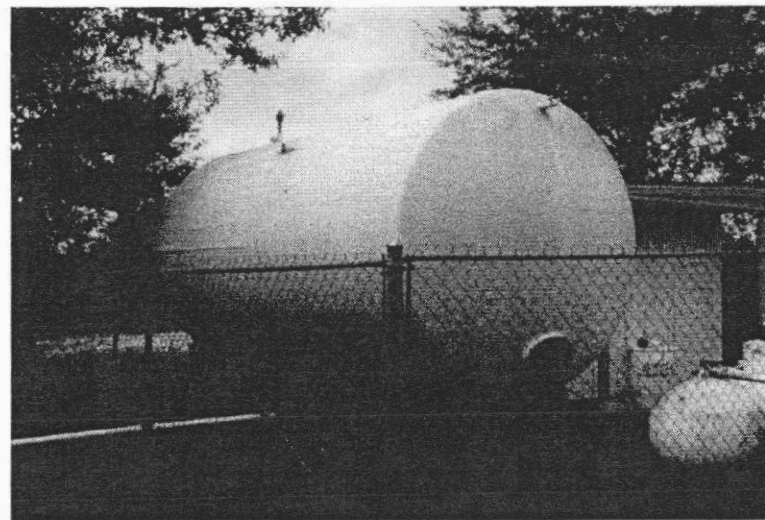
We appreciate the opportunity of performing this inspection. If you should have any questions, please give us a call.

Sincerely,  
*Tank Engineering and Management Consultants, Inc.*

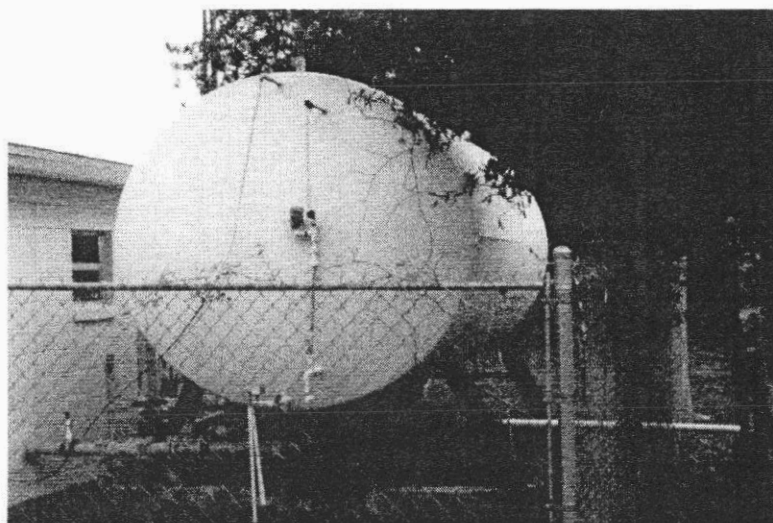




1. Tank Overall.



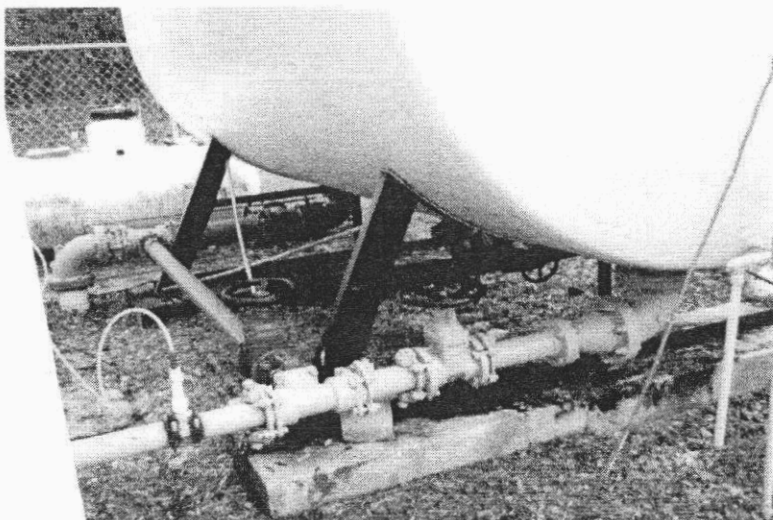
2. Tank Head and Manway.



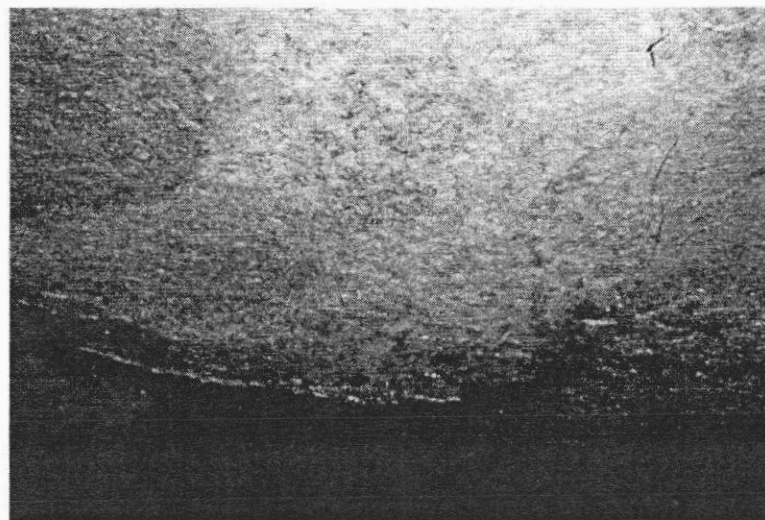
3. Tank Head and Nozzles.



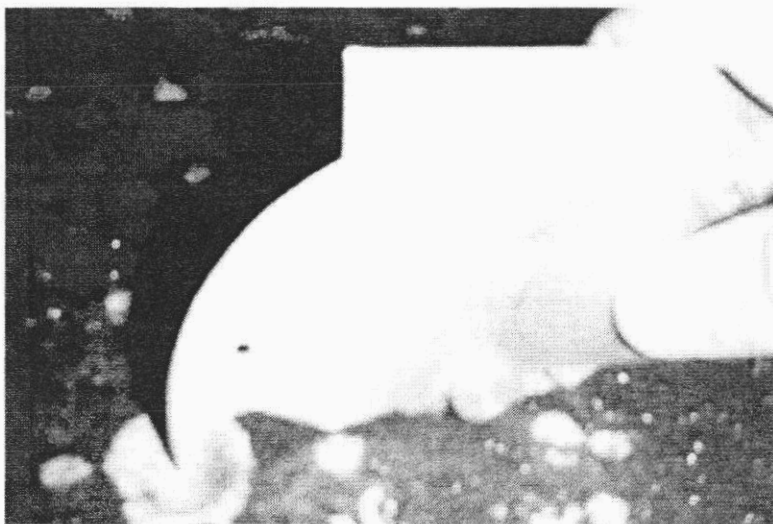
4. Tank Top.



5. Tank Saddle.



6. Tank Interior Top with Severe Metal Loss.



7. Tank Interior Pit at 3/16"

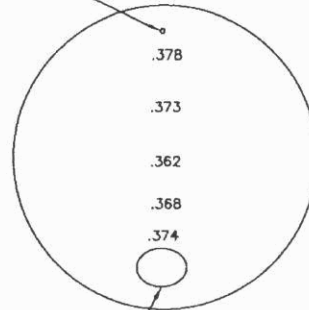


8. Tank Interior Pit at 5/32"

1-1/2" THRD CPLG

12"x16" MANWAY

EAST HEAD

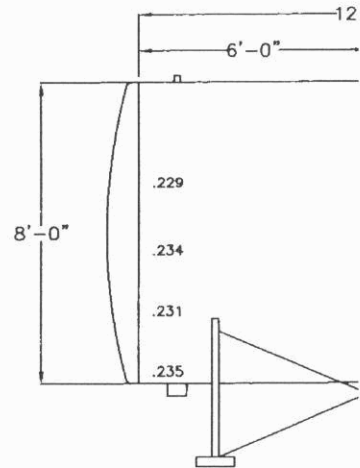
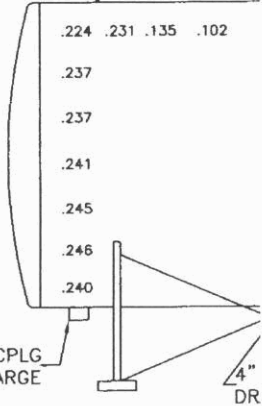


3/4" THRD CI

6" THRD CPLG DISCHARGE

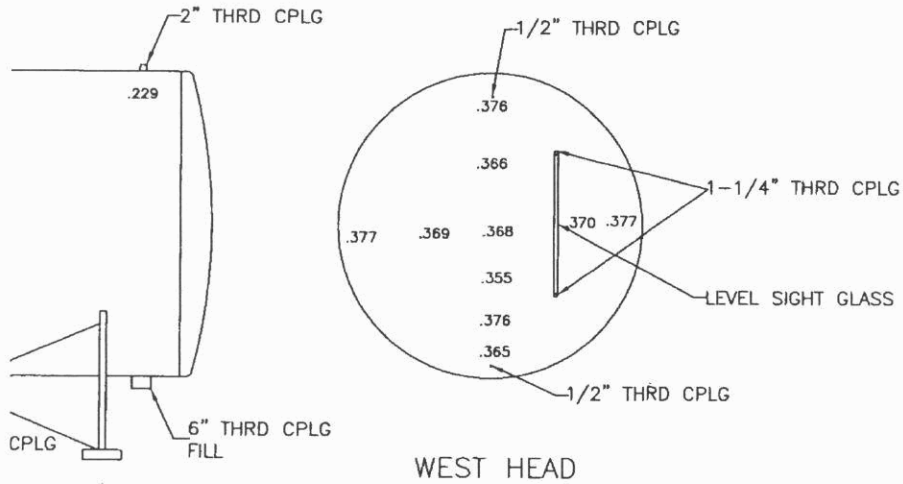
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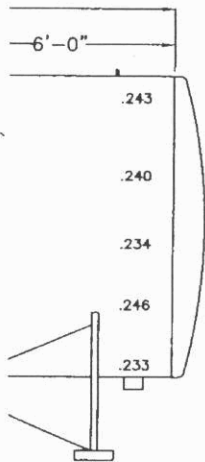


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APPROVED BY:	RAH	
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00 SR 60 E.  
y, Florida 36880  
-9010 • FAX (863) 648-4988

HYDROPNEUMATIC TANK INSPECTION  
AQUA UTILITIES FLORIDA  
ROSALIE OAKS

ARCHIVE FILE  
09-0961

PROJECT NO.  
09-0961

DRAWING NO.  
1 OF 1





Jeb Bush  
Governor

# Department of Environmental Protection

Southwest District  
3804 Coconut Palm Drive  
Tampa, Florida 33619

Colleen M. Castille  
Secretary

## STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

**PERMITTEE:**

Aqua Utilities Florida, Incorporated

**PERMIT NUMBER:**

FLA011045

**PA FILE NUMBER:**

FLA011045-004-DW3P

**ISSUANCE DATE:**

March 9, 2005

**EXPIRATION DATE:**

March 8, 2010

**RESPONSIBLE AUTHORITY:**

Glenn Labrecque  
President  
1343 Northeast 17<sup>th</sup> Road  
Ocala, FL 34470

(352) 369-4881

**FACILITY:**

Rosalie Oaks WWTP  
Camp Mack Road & Silver Oaks Drive  
Lake Wales, FL 33853  
Polk County  
Latitude: 27° 56' 06" N    Longitude: 81° 25' 58" W

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

**TREATMENT FACILITIES:**

An existing 0.015 mgd three month average daily flow (3MADF) Type III extended aeration domestic wastewater treatment facility consisting of: three aeration basins having a total volume 15,000 gallons, two clarifiers of 12,400 gallons with 128 square feet of total surface area, one chlorine contact chamber of 4,600 gallons, and seven digesters of 35,000 gallons. This facility is operated to provide secondary treatment with sodium hypochlorite used for basic disinfection.

*"More Protection, Less Process"*

PA File No. FLA011045-004-DW3P

*Printed on recycled paper.*

FACILITY: Rosalie Oaks WWTP  
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA011045

**REUSE:**

Land Application: An existing 0.015 MGD Annual Average Daily Flow (AADF) permitted capacity Part IV rapid infiltration basin (RIB) system (R-001). R-001 consists of two RIBs of 33,000 square feet of bottom surface area. R-001 is located approximately at latitude 27° 56' 06" N, longitude 81° 25' 58" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 16 of this permit.

# **I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS**

## **A. Reuse and Land Application Systems**

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

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow	MGD	Maximum	0.015	Report	-	-	5 Days/Week	Meter	FLW-01	See Cond.I.A.3
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	-	60.0	Monthly	Grab	EFA-01	
Solids, Total Suspended	MG/L	Maximum	-	-	-	10.0	Monthly	Grab	EFA-01	
pH	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-01	
Coliform, Fecal	#/100M L	Maximum	See Permit Condition I.A.4				Monthly	Grab	EFA-01	
Total chlorine Residual (For Disinfection)	MG/L	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-01	See Cond.I.A.5
Nitrogen, Nitrate, Total (as N)	MG/L	Maximum	-	-	-	12.0	Monthly	Grab	EFA-01	

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

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

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

**B. Other Limitations and Monitoring and Reporting Requirements**

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

			Limitations				Monitoring Requirements			
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow, Total Plant	MGD	Maximum	.015 3MADF	Report	-	-	5 Days/Week	Elapsed Time Meter	FLW-01	See Cond.I.B.3, 5
Percent Capacity, (3MADF/Permitted Capacity) x 100	%	Maximum	-	Report	-	-	Monthly	Calculated	FLW-01	
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	-	Report	-	-	Annually	Grab	INF-01	See Cond.I.B.4
Solids, Total Suspended	MG/L	Maximum	-	Report	-	-	Annually	Grab	INF-01	See Cond.I.B.4
Residuals	Gallons	Total	-	Report Mo. Total	-	-	Monthly	Calculation	OTH-01	See Cond.II.2.



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

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

3. The three-month average daily flow to the treatment plant shall not exceed 0.015 MGD.
4. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4)]
5. A designated elapsed time meter for each pump and a known pumping rate for each pump shall be utilized to measure flow. The meters and the rate for each pump shall be calibrated at least annually. [62-601.200(17)]
6. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method in accordance with 40 CFR Part 136. Parameters which must be monitored as a result of a ground water discharge (i.e., underground injection or land application system) shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18)]
7. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]
8. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

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

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

Florida Department of Environmental Protection  
 Wastewater Compliance Evaluation Section, Mail Station 3551  
 Twin Towers Office Building  
 2600 Blair Stone Road  
 Tallahassee, Florida 32399-2400

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

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

Southwest District Office  
3804 Coconut Palm Drive  
Tampa, Florida 33619-1352

Phone Number - 813-744-6100

FAX Number - 813-744-8198

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

## II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this Facility is transport to an RMF for further treatment or disposal in a Class I or II solid waste landfill. Transportation of the residuals to an alternative RMF does not require a permit modification, however, use of an alternative RMF requires a copy of the agreement pursuant to Chapter 62-640.880(1)(c) along with a written notification to the Department at least 30 days before transport of the residuals.
2. The permittee shall report the volume of residuals transported. [62-640.650(3)]
3. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5)]
4. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. [62-640.300(5)]
5. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(k)3 & 4]
6. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. [62-640.880(2)(d)]
7. Disposal of screenings and grit from preliminary treatment components of wastewater treatment facilities, solids from sewer line cleaning operations, and solids from lift stations and pump stations shall be in accordance with Chapter 62-701, F.A.C. and may not be processed at a permitted residuals management facility. [62-640.100(6)(k)8 and 62-701.300(1)(a)]
8. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

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

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

9. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department if the storage lasts longer than 30 days. [62-640.300(4)]

### III. GROUND WATER REQUIREMENTS

Section III is not applicable to this facility.

### IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

#### Part IV Rapid Infiltration Basin(s) (R-001)

1. All ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. The zone of discharge for this project shall extend horizontally 100 feet from the application site or to the facility's property line, whichever is less, and vertically to the base of the surficial aquifer. [62-520.200(23)] [62-522.400 and 62-522.410]
2. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518]
3. The annual average hydraulic loading rate to the rapid infiltration basin(s) shall be limited to a maximum of 0.72 inches per day (as applied to the entire bottom area). [62-610.523(3)]
4. Rapid infiltration basins normally shall be loaded for 1-7 days and shall be rested for 5-14 days. Infiltration ponds, basins, or trenches shall be allowed to dry during the resting portion of the cycle. [62-610.523(4)]
5. Rapid infiltration basins shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottoms shall be maintained to be level. [62-610.523(6) and (7)]
6. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.514 and 62-610.414]

7. Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as an abnormal event to the Department's Southwest District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. [62-610.800(9)]

#### V. OPERATION AND MAINTENANCE REQUIREMENTS

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

A Class D or higher operator for 3 nonconsecutive visits/week for a total of 1 ½ hours a week. The lead operator must be a Class D operator, or higher.

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

2. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. Daily checks of the plant shall be performed by the permittee, or supplier, or his representative or agent 5 days per week. On those days when the facility is not staffed by a certified operator, the permittee shall ensure that flow, pH and total residual chlorine (for disinfection) are monitored in accordance with Part I of this permit. [62-699.311(1)]
3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5)]
4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. [62-600.735(1)]
5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
  - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
  - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
  - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
  - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
  - e. A copy of the current permit;
  - f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
  - g. A copy of the facility record drawings;
  - h. Copies of the licenses of the current certified operators; and
  - i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries;

date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350]

## VI. SCHEDULES

Section VI is not applicable to this facility.

## VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

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

## VIII. OTHER SPECIFIC CONDITIONS

1. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal, using Department Forms 62-620.910(1) and (2), no later than one-hundred and eighty days (180) prior to the expiration date of this permit. [62-620.410(5)]
2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-610.850(1)(a) and (2)(a)]
3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8) and 62-640.400(6)]
4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. [62-604.130(3)]
5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550] [62-620.610(20)]
6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
  - a. Which may cause fire or explosion hazards; or
  - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
  - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
  - d. Which result in treatment plant discharges having temperatures above 40°C.

[62-604.130(4)]



7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. [62-610.518(1)] [and 62-600.400(2)(b)]
8. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. [62-701.300(1)(a)]
9. The permittee shall provide adequate notice to the Department of the following:
  - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
  - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

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

[62-620.625(2)]

#### IX. GENERAL CONDITIONS

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

6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6)]
7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8)]
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
  - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
  - b. Have access to and copy any records that shall be kept under the conditions of this permit;
  - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
  - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.[62-620.610(9)]
10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. [62-620.610(10)]
11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. [62-620.610(11)]
12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. [62-620.610(12)]
13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. [62-620.610(13)]

14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. [62-620.610(14)]
15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. [62-620.610(15)]
16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300 and the Department of Environmental Protection Guide to Wastewater Permitting at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2) for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. [62-620.610(16)]
17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
  - a. A description of the anticipated noncompliance;
  - b. The period of the anticipated noncompliance, including dates and times; and
  - c. Steps being taken to prevent future occurrence of the noncompliance.[62-620.610(17)]
18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
  - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10).
  - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
  - c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
  - d. Any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health (DOH) under Chapter 64E-1, F.A.C., where such certification is required by Rule 62-160.300, F.A.C. The laboratory must be certified for any specific method and analyte combination that is used to comply with this permit. For domestic wastewater facilities, the on-site test procedures specified in Rule 62-160.300(4), F.A.C., shall be performed by a laboratory certified test for those parameters or under the direction of an operator certified under Chapter 62-602, F.A.C.
  - e. Field activities including on-site tests and sample collection, whether performed by a laboratory or a certified operator, must follow the applicable procedures described in DEP-SOP-001/01 (January 2002). Alternate field procedures and laboratory methods may be used where they have been approved according to the requirements of Rules 62-160.220, and 62-160.330, F.A.C.[62-620.610(18)]
19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. [62-620.610(19)]

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

[62-620.610(20)]

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

[62-620.610(22)]

23. Upset Provisions

- a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
  - 1. An upset occurred and that the permittee can identify the cause(s) of the upset;
  - 2. The permitted facility was at the time being properly operated;
  - 3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and
  - 4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.
- b. In any enforcement proceeding, the permittee seeking to establish the occurrence of an upset has the burden of proof.



FACILITY: Rosalie Oaks WWTP  
PERMITTEE: Aqua Utilities Florida, Inc.

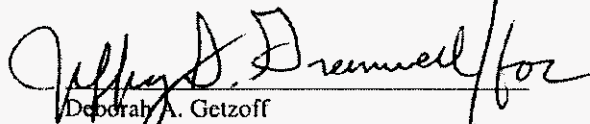
PERMIT NUMBER: FLA011045

- c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Executed in Tampa, Florida.

STATE OF FLORIDA DEPARTMENT OF  
ENVIRONMENTAL PROTECTION

  
Deborah A. Getzoff  
District Director  
Southwest District  
3804 Coconut Palm Drive  
Tampa, FL 33619-1352

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Incorporated  
MAILING ADDRESS: 1343 Northeast 17<sup>th</sup> Road  
Ocala, FL 34470

PERMIT NUMBER FLA011045

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Rosalie Oaks WWTP  
LOCATION: Camp Mack Road & Silver Oaks Drive  
Lake Wales, FL 33853

MONITORING GROUP NUMBER: R-001  
MONITORING GROUP DESC: two percolation, including Influent

COUNTY: Polk

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement							
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.015 (An.Avg.)	MGD				Monthly	Calculated
Flow	Sample Measurement							
PARM Code 50050 I Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)		MG/L	Monthly	Calculated
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)	MG/L	Monthly	Grab

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

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

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Rosalie Oaks WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA011045

MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH										
PARM Code 00400 A Mon.Site No. EFA-01	Sample Measurement									
	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement									
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Calculated
Coliform, Fecal	Sample Measurement									
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement			Report (Mo.Geo.Mean)		800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement									
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement									
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement			12.0 (Max.)			MG/L		Monthly	Grab
Flow	Sample Measurement									
PARM Code 50050 P Mon.Site No. FLW-01	Permit Requirement	0.015 (3-Mo.Avg.)	MGD						Monthly	Calculated
Percent Capacity, (TMADP/Permit Capacity) x 100	Sample Measurement									
PARM Code 00180 P Mon.Site No. OTH-01	Permit Requirement			Report (Mo.Total)			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement			Report			MG/L		Annual Each January	Grab
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement			Report			MG/L		Annual Each January	Grab
Sludge Production, Total	Sample Measurement									
PARM Code 49019 P Mon.Site No. OTH-01	Permit Requirement	Report (Mo.Total)					Gallons		Monthly	Calculated

# **DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011045  
Monitoring Period From: \_\_\_\_\_

Facility: Rosalie Oaks WWTP  
R-001 To: \_\_\_\_\_

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	Sludge Volume, Total (Gallons)
Code	50050	80082	00530	74055	00400	50060	00620	49019
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	OTH-01
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
Total								
Mo. Avg.								

## **PLANT STAFFING:**

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: _____	Certificate No: _____	Name: _____

# INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

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

The DMR consists of three parts--A, B, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data.

When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

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

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

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

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

## PART A -DISCHARGE MONITORING REPORT (DMR)

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

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

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

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

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

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

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

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

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



## SIGNATORY AUTHORITY

I, \_\_\_\_\_, a person defined by Rule 62-620.305(1),  
(Print Name of Principal Executive Officer)

Florida Administrative Code, responsible for the facility known as \_\_\_\_\_  
(Facility Name)

do hereby grant \_\_\_\_\_, the authority  
(Print Name and/or Title of Representative)

to sign the Discharge Monitoring Reports and other operational reports in accordance to  
the certification written below:

*"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."  
[Rule 62-620.305(4), Florida Administrative Code]*

\_\_\_\_\_  
(Signature of Principal Executive Officer)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Representative)

\_\_\_\_\_  
(Date)

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, incorporated  
 MAILING ADDRESS: 1343 Northeast 17th Road  
 Ocala, FL 34470

PERMIT NUMBER: FLA011045  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITOR GROUP NUMBER: R001  
 MONITOR GROUP DESC: 2 Percolation, including Influent  
 NO DISCHARGE FROM SITE:

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP  
 LOCATION: Camp Mack Road & Silver Oaks Drive  
 Lake Wales, FL 33853  
 COUNTY: Polk

MONITORING PERIOD From: 05/01/2008 To: 05/31/2008

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.010			0		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD			Monthly	Calculated
Flow	Sample Measurement	0.006			0		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD			5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		3.0		0		
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement		4.7	4.7	0		
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement		1.8		0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement		2.9	2.9	0		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT

Steve Fuller / Operator III

SIGNATURE OF AUTHORIZED AGENT

TELEPHONE NO.

813-267-2074

YY/MM/DD

08/06/15

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:  
MONTH/YEAR

Rosalie Oaks WWTP  
May-2008

Permit NO.: FLA011045

DISCHARGE POINT NO. R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		6.9	7.4	0		
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S U	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		3		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1	0		
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.0		0		
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		3.7		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement		12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement	0.010			0		
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		65%		0		
PARM Code 001800 P Mon. Site No. OTH-01	Permit Requirement		Report (Mo. Total)		Percent	Monthly	Calculated
BOD <sub>5</sub> Carbonaceous 5 day, 20C	Sample Measurement		MNR		0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement		MNR		0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement				0		
PARM Code 49019 P Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)			Gallons	Monthly	Calculated

# DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 05/01/2008 To: 05/31/2008

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.009					7.0		1.2	
2	0.009					7.0		1.1	
3	0.008								
4	0.008								
5	0.008					7.1		1.2	
6	0.009	4.7		2.9		7.0	1	1.2	3.7
7	0.005					7.1		1.4	
8	0.007					7.1		1.4	
9	0.007					7.1		1.5	
10	0.007								
11	0.007								
12	0.007					7.0		1.0	
13	0.007					6.9		1.0	
14	0.006					6.9		1.0	
15	0.005					7.0		1.1	
16	0.007					7.0		1.2	
17	0.006								
18	0.006								
19	0.006					7.1		1.2	
20	0.007					7.2		1.5	
21	0.007					7.2		1.3	
22	0.002					7.3		1.7	
23	0.005					7.1		1.5	
24	0.007								
25	0.007								
26	0.007					7.0		1.4	
27	0.007					7.1		1.3	
28	0.005					7.0		1.5	
29	0.007					7.1		1.5	
30	0.002					7.1		1.3	
31									

Day shift Operator Class: C Certification No.: 13832 Name: Jerry Hahn  
 Lead Operator Class: B Certification No.: 8937 Name: Steve Fuller

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable ☒ If yes, cumulative days of wet weather discharge \_\_\_\_\_

\* Attach additional sheets if necessary to list all certified operators.

FLA012669-001-DW2P

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, incorporated  
 MAILING ADDRESS: 1343 Northeast 17th Road  
 Ocala, FL 34470

PERMIT NUMBER: FLA011045  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITOR GROUP NUMBER: R001  
 MONITOR GROUP DESC: 2 Percolation, including Influent  
 NO DISCHARGE FROM SITE: ☐

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP  
 LOCATION: Camp Mack Road & Silver Oaks Drive  
 Lake Wales, FL 33853  
 COUNTY: Polk

MONITORING PERIOD From: 06/01/2008 To: 06/30/2008

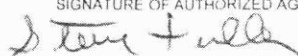
Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.010			0		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD			Monthly	Calculated
Flow	Sample Measurement	0.006			0		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD			5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		3.0		0		
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0	2.0	0		
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		1.9		0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement		2.0	2.0	0		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT

Steve Fuller / Senior Facility Operator

SIGNATURE OF AUTHORIZED AGENT



TELEPHONE NO

813-267-2074

DATE (YY/MM/DD)

08/07/21

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



# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME  
MONTH/YEAR

Rosalie Oaks WWTP  
June-2008

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.0	7.3	()		
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		3		()		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1.0	()		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		0.6		0		
PARM Code 50060 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		1.8		0		
PARM Code 00620 Mon. Site No. EFA-01	Permit Requirement		12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement	0.008245333			0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		55%		0		
PARM Code 001800 Mon. Site No. OTH-01	Permit Requirement		Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
PARM Code 80082 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement				0		
PARM Code 00530 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement				0		
PARM Code 49019 Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)			Gallons	Monthly	Calculated

# DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 06/01/2008 To: 06/30/2008

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S U)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.012								
2	0.012					7.0		1.4	
3	0.005	2.0		2.0		7.1	1	1.3	1.8
4	0.002					7.2		1.3	
5	0.004					7.1		1.3	
6	0.004					7.1		1.2	
7	0.005								
8	0.005								
9	0.005					7.1		1.3	
10	0.005					7.1		1.3	
11	0.005					7.0		1.2	
12	0.007					7.0		1.3	
13	0.004					7.1		1.3	
14	0.004								
15	0.004								
16	0.004					7.2		1.3	
17	0.005					7.1		1.3	
18	0.005					7.1		1.2	
19	0.008					7.1		1.0	
20	0.005					7.2		1.1	
21	0.006								
22	0.006								
23	0.006					7.3		2.2	
24	0.007					7.1		0.6	
25	0.005					7.2		0.7	
26	0.007					7.3		1.4	
27	0.005					7.2		1.6	
28	0.007								
29	0.007								
30	0.007					7.1		1.5	

## PLANT STAFFING

Day Shift Operator	Class	<u>C</u>	Certification No.:	<u>13832</u>	Name:	<u>Jerry Hahn</u>
Evening Shift Operator	Class	<u></u>	Certification No.:	<u></u>	Name:	<u></u>
Night Shift Operator	Class	<u></u>	Certification No.:	<u></u>	Name:	<u></u>
Lead Operator	Class	<u>B</u>	Certification No.:	<u>8937</u>	Name:	<u>Steve Fuller</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable ☒ If yes, cumulative days of wet weather discharge: 7

\* Attach additional sheets if necessary to list all certified operators

FLA012669-001-DW2P

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Incorporated  
 MAILING ADDRESS: 1343 Northeast 17th Road  
 Ocala, FL 34470

PERMIT NUMBER: FLA011045  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITOR GROUP NUMBER: R001  
 MONITOR GROUP DESC: 2 Percolation, including Influent  
 NO DISCHARGE FROM SITE: ☐

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP  
 LOCATION: Camp Mack Raod & Silver Oaks Drive  
 Lake Wales, FL 33853  
 COUNTY: Polk

MONITORING PERIOD From: 07/01/2008 To: 07/31/2008

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.011			0		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD			Monthly	Calculated
Flow	Sample Measurement	0.008			0		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD			5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		3.0		0		
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0	2.0	0		
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		1.9		0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement		2.4	2.4	0		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT

Steve Fuller / Operator III

SIGNATURE OF AUTHORIZED AGENT

*Steve Fuller*

TELEPHONE NO.

813-267-2074

DATE (YY/MM/DD)

08/08/26

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME  
MONTH/YEAR

Rosalie Oaks WWTP  
July-2008

Permit NO. FLA011045

DISCHARGE POINT NO.: R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.0	7.2	0		
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S U	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		3		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.0		0		
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		4.1		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement		12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement	0.005801634			0		
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		45%		0		
PARM Code 001800 P Mon. Site No. OTH-01	Permit Requirement		Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement				0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement				0		
PARM Code 49019 P Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)			Gallons	Monthly	Calculated

# DAILY SAMPLE RESULTS - PART P

PermitNumber: FLA011045

Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 07/01/2008

To: 07/31/2008

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.005					7.2		1.5	
2	0.005					7.0		1.5	
3	0.005					7.0		1.4	
4	0.013					7.1		1.8	
5	0.006								
6	0.006								
7	0.006					7.1		1.6	
8	0.006					7.1		1.0	
9	0.009					7.1		1.1	
10	0.004	2.0		2.4		7.0	1	1.0	4.1
11	0.005					7.0		1.2	
12	0.006								
13	0.006								
14	0.006					7.0		1.9	
15	0.007					7.0		1.8	
16	0.005					7.1		1.7	
17	0.005					7.0		1.7	
18	0.023					7.1		1.6	
19	0.011								
20	0.011								
21	0.011					7.1		1.9	
22	0.005					7.1		1.0	
23	0.013					7.0		1.8	
24	0.012					7.1		1.9	
25	0.010					7.1		2.0	
26	0.010								
27	0.010								
28	0.010					7.1		2.0	
29	0.007					7.0		2.0	
30	0.011					7.2		2.1	
31	0.010					7.1		2.0	

## PLANT STAFFING

Day Shift Operator Class: C Certification No: 13832 Name: Jerry Hahn  
 Evening Shift Operator Class:            Certification No:            Name:             
 Night Shift Operator Class:            Certification No:            Name:             
 Lead Operator Class: B Certification No: 8937 Name: Steve Fuller

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable ☒ If yes, cumulative days of wet weather discharge

\* Attach additional sheets if necessary to list all certified operators.

FLA012669-001-DW2P



PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Incorporated  
 MAILING ADDRESS: 1343 Northeast 17th Road  
 Ocala, FL 34470

PERMIT NUMBER: FLA011045  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITOR GROUP NUMBER: R001  
 MONITOR GROUP DESC: 2 Percolation, including Influent  
 NO DISCHARGE FROM SITE: ☐

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP  
 LOCATION: Camp Mack Raod & Silver Oaks Drive  
 Lake Wales, FL 33853  
 COUNTY: Polk

MONITORING PERIOD From: 08/01/2008 To: 08/31/2008

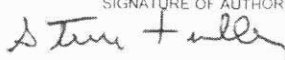
Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.011			0		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD			Monthly	Calculated
Flow	Sample Measurement	0.019			0		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD			5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement	2.9			0		
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement	20.0 (An. Avg.)	mg/L			Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement	2.0	2.0		0		
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement	30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement	1.9			0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement	20.0 (An. Avg.)	mg/L			Monthly	Calculated
Solids, Total Suspended	Sample Measurement	2.0	2.0		0		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement	30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT

Steve Fuller / Operator III

SIGNATURE OF AUTHORIZED AGENT



TELEPHONE NO

813-267-2074

DATE (YY/MM/DD)

08/09/23

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME  
MONTH/YEAR

Rosalie Oaks WWTP  
August-2008

Permit NO. FLA011045

DISCHARGE POINT NO. R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.8		0		
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.) 8.5 (Max.)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		3.3		0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)	#/100mL		Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean) 800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.0		0		
PARM Code 50060 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)	mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		1.9		0		
PARM Code 00620 Mon. Site No. EFA-01	Permit Requirement		12.0 (Max.)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.010881462			0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		73%		0		
PARM Code 001800 Mon. Site No. OTH-01	Permit Requirement		Report (Mo. Total)	Percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
PARM Code 80082 Mon. Site No. INF-01	Permit Requirement		Report	mg/l		Annual Each January	Grab
Solids, Total Suspended	Sample Measurement				0		
PARM Code 00530 Mon. Site No. INF-01	Permit Requirement		Report	mg/l		Annual Each January	Grab
Sludge Production, Total	Sample Measurement				0		
PARM Code 49019 Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)		Gallons		Monthly	Calculated

# DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 08/01/2008 To: 08/31/2008

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.012					7.3		2.2	
2	0.013								
3	0.013								
4	0.013					7.4		2.1	
5	0.010					7.4		1.8	
6	0.013					7.5		1.6	
7	0.012					7.5		1.5	
8	0.008					7.6		1.2	
9	0.009								
10	0.009								
11	0.009					7.5		1.7	
12	0.007					7.5		2.0	
13	0.007					7.5		1.9	
14	0.006	2.0		2.0		7.5	1.0	1.9	1.9
15	0.008					7.5		1.9	
16	0.008								
17	0.008								
18	0.008					7.4		1.8	
19	0.006					7.4		1.8	
20	0.010					7.4		1.7	
21	0.081					7.7		1.0	
22	0.029					7.5		1.0	
23	0.043								
24	0.043								
25	0.043					7.8		1.1	
26	0.029					7.6		2.0	
27	0.029					7.6		2.0	
28	0.029					7.7		1.8	
29	0.019					7.7		1.9	
30	0.022								
31	0.022								

## PLANT STAFFING

Day Shift Operator Class: C Certification No.: 13832 Name: Jerry Hahn  
 Evening Shift Operator Class:            Certification No.:            Name:             
 Night Shift Operator Class:            Certification No.:            Name:             
 Lead Operator Class: B Certification No.: 8937 Name: Steve Fuller

Type of Effluent Disposal or Reclaimed Water Reuse Percolation / Evaporation ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable ☒ If yes, cumulative days of wet weather discharge

\* Attach additional sheets if necessary to list all certified operators.

FLA012669-001-DW2P

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Incorporated  
 MAILING ADDRESS: 1343 Northeast 17th Road  
 Ocala, FL 34470

PERMIT NUMBER: FLA011045  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITOR GROUP NUMBER: R001  
 MONITOR GROUP DESC: 2 Percolation, including Influent  
 NO DISCHARGE FROM SITE: ☐

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP  
 LOCATION: Camp Mack Road & Silver Oaks Drive  
 Lake Wales, FL 33853  
 COUNTY: Polk

MONITORING PERIOD From: 09/01/2008 To: 09/30/2008

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.012			0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD			Monthly	Calculated
Flow	Sample Measurement	0.019			0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD			5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement	2.5			0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement	20.0 (An. Avg.)	mg/L			Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement	2.0	2.0		0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement	30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement	2.1			0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement	20.0 (An. Avg.)	mg/L			Monthly	Calculated
Solids, Total Suspended	Sample Measurement	2.8	2.8		0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement	30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT

SIGNATURE OF AUTHORIZED AGENT

TELEPHONE NO.

DATE (YY/MM/DD)

Steve Fuller / Senior Facility Operator

813-267-2074

08/10/21

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

*Steve Fuller*

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME  
MONTH/YEAR

Rosalie Oaks WWTP  
September-2008

Permit NO. FLA011045

DISCHARGE POINT NO R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.2	7.5			
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		3.3				
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1.0			
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.0				
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		0.64				
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement		12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement	0.015366844					
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly	Calculated
Percent Capacity: (TMADF/Permit Capacity) x 100	Sample Measurement		100%				
PARM Code 001800 P Mon. Site No. OTH-01	Permit Requirement		Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement						
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement						
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement						
PARM Code 49019 P Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)			Gallons	Monthly	Calculated



# DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 09/01/2008 To: 09/30/2008

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect ) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.086					7.5		1.8	
2	0.030					7.5		1.7	
3	0.023					7.4		1.8	
4	0.021					7.5		1.7	
5	0.021					7.3		1.5	
6	0.022								
7	0.022								
8	0.022					7.4		1.5	
9	0.017					7.2		1.8	
10	0.015					7.4		1.6	
11	0.024					7.3		1.7	
12	0.021	2.0		2.8		7.4	1.0	1.7	0.64
13	0.017								
14	0.017								
15	0.017					7.4		1.8	
16	0.016					7.5		2.2	
17	0.016					7.4		1.9	
18	0.012					7.4		2.0	
19	0.015					7.3		1.8	
20	0.013								
21	0.013								
22	0.013					7.3		1.8	
23	0.022					7.3		1.7	
24	0.004					7.2		1.7	
25	0.015					7.4		1.0	
26	0.013					7.2		1.3	
27	0.012								
28	0.012								
29	0.012					7.4		1.0	
30	0.012					7.3		1.1	

## PLANT STAFFING

Day Shift Operator	Class	C	Certification No.	13832	Name	Jerry Hahn
Evening Shift Operator	Class		Certification No.		Name	
Night Shift Operator	Class		Certification No.		Name	
Lead Operator	Class	B	Certification No.	8937	Name	Steve Fuller

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

Limited Wet Weather Discharge Activated: Yes No Not Applicable If yes, cumulative days of wet weather discharge

\* Attach additional sheets if necessary to list all certified operators

FLA012669-001-DW2P

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Incorporated  
 MAILING ADDRESS: 1343 Northeast 17th Road  
 Ocala, FL 34470

PERMIT NUMBER: FLA011045  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITOR GROUP NUMBER: R001  
 MONITOR GROUP DESC: 2 Percolation, including Influent  
 NO DISCHARGE FROM SITE: ☐

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP  
 LOCATION: Camp Mack Raod & Silver Oaks Drive  
 Lake Wales, FL 33853  
 COUNTY: Polk

MONITORING PERIOD From: 10/01/2008 To: 10/31/2008

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.012			0		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD			Monthly	Calculated
Flow	Sample Measurement	0.015			0		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD			5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement	2.46			0		
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement	20.0 (An. Avg.)	mg/L			Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement	2.0	2.0		0		
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement	30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement	2.48			0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement	20.0 (An. Avg.)	mg/L			Monthly	Calculated
Solids, Total Suspended	Sample Measurement	5.8	5.8		0		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement	30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT

Steve Fuller / Operator III

SIGNATURE OF AUTHORIZED AGENT

*Steve Fuller*

TELEPHONE NO

813-267-2074

DATE (YY/MM/DD)

08/11/17

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:  
MONTH/YEAR

Rosalie Oaks WWTP  
October-2008

Permit NO. FLA011045

DISCHARGE POINT NO. R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.2	7.9	0		
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		3.7		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (Ar. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		5.0	5.0	0		
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		0.7		0		
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		7.6		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement		12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement	0.017629935			0		
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		118%		0		
PARM Code 001800 P Mon. Site No. OTH-01	Permit Requirement		Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement				0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement				0		
PARM Code 49019 P Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)			Gallons	Monthly	Calculated

# DAILY SAMPLE RESULTS - PART P

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 10/01/2008 To: 10/31/2008

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect ) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.011					7.2		0.9	
2	0.008					7.3		0.9	
3	0.011					7.3		0.9	
4	0.010								
5	0.010								
6	0.010					7.3		0.9	
7	0.010					7.4		1.6	
8	0.012					7.3		1.1	
9	0.011					7.2		1.4	
10	0.022					7.3		1.2	
11	0.022								
12	0.022								
13	0.022					7.3		0.7	
14	0.019					7.2		0.9	
15	0.017					7.3		0.8	
16	0.017					7.2		1.6	
17	0.015					7.3		1.1	
18	0.016								
19	0.016								
20	0.016					7.3		1.2	
21	0.010	2.0		5.8		7.4	5.0	1.4	7.6
22	0.016					7.3		1.1	
23	0.008					7.5		2.3	
24	0.017					7.4		2.0	
25	0.019								
26	0.019								
27	0.019					7.7		1.0	
28	0.015					7.9		1.2	
29	0.013					7.7		1.1	
30	0.016					7.8		1.0	
31	0.015					7.5		1.0	

## PLANT STAFFING

Day Shift Operator	Class: <u>A</u>	Certification No: <u>4370</u>	Name: <u>Dan Sherwood</u>
Evening Shift Operator	Class: <u></u>	Certification No: <u></u>	Name: <u></u>
Night Shift Operator	Class: <u></u>	Certification No: <u></u>	Name: <u></u>
Lead Operator	Class: <u>B</u>	Certification No: <u>8937</u>	Name: <u>Steve Fuller</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable ☐ If yes, cumulative days of wet weather discharge

\* Attach additional sheets if necessary to list all certified operators.

FLA012669-001-DW2P

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME Aqua Utilities Florida, Incorporated  
 MAILING ADDRESS 1343 Northeast 17th Road  
 Ocala, FL 34470

PERMIT NUMBER: FLA011045  
 LIMIT Final  
 CLASS SIZE N/A  
 MONITOR GROUP NUMBER R001  
 MONITOR GROUP DESC: 2 Percolation, including Influent  
 NO DISCHARGE FROM SITE: ☐

REPORT Monthly  
 GROUP Domestic

FACILITY: Rosalie Oaks WWTP  
 LOCATION: Camp Mack Road & Silver Oaks Drive  
 Lake Wales, FL 33853  
 COUNTY: Polk

MONITORING PERIOD From: 11/01/2008 To: 11/30/2008

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.011			0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD			Monthly	Calculated
Flow	Sample Measurement	0.011			0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD			5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.8		0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement		6.2	6.2	0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		3.2		0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement		11.0	11.0	0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT

Steve Fuller / Senior Facility Operator

SIGNATURE OF AUTHORIZED AGENT

*Steve Fuller*

TELEPHONE NO.

813-267-2074

DATE (YY/MM/DD)

08/12/19

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME  
MONTH/YEAR

Rosalie Oaks WWTP  
November-2008

Permit NO FLA011045

DISCHARGE POINT NO R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.4	7.7	0		
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		3.7		0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.1		0		
PARM Code 50060 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		1.3		0		
PARM Code 00620 Mon. Site No. EFA-01	Permit Requirement		12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement	0.015038489			0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly	Calculated
Percent Capacity (TMADF/Permit Capacity) x 100	Sample Measurement		100%		0		
PARM Code 001800 Mon. Site No. OTH-01	Permit Requirement		Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
PARM Code 80082 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement				0		
PARM Code 00530 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement				0		
PARM Code 49019 Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)			Gallons	Monthly	Calculated



# DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD: 11/01/2008 To: 11/30/2008

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S U )	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect ) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.014								
2	0.014								
3	0.014					7.5		1.1	
4	0.008					7.6		1.6	
5	0.015					7.5		2.2	
6	0.011					7.6		2.7	
7	0.015					7.7		2.2	
8	0.013								
9	0.013								
10	0.013					7.6		2.4	
11	0.008					7.5		3.0	
12	0.011					7.5		2.8	
13	0.007					7.6		2.6	
14	0.017					7.5		3.0	
15	0.011								
16	0.011								
17	0.011					7.5		2.6	
18	0.011	6.2		11.0		7.4	1.0	2.2	1.3
19	0.018					7.5		2.1	
20	0.004					7.5		2.0	
21	0.010					7.4		1.6	
22	0.008								
23	0.008								
24	0.008					7.6		1.6	
25	0.008					7.5		1.8	
26	0.012					7.5		2.2	
27	0.013					7.4		2.0	
28	0.005					7.5		1.8	
29	0.012								
30	0.012								

## PLANT STAFFING

Day Shift Operator	Class	<u>A</u>	Certification No.	<u>4370</u>	Name	<u>Dan Sherwood</u>
Evening Shift Operator	Class	<u></u>	Certification No.	<u></u>	Name	<u></u>
Night Shift Operator	Class	<u></u>	Certification No.	<u></u>	Name	<u></u>
Lead Operator	Class	<u>B</u>	Certification No.	<u>8937</u>	Name	<u>Steve Fuller</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable: ☐ If yes, cumulative days of wet weather discharge:

\* Attach additional sheets if necessary to list all certified operators

FLA012669-001-DW2P

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Incorporated  
 MAILING ADDRESS: 1343 Northeast 17th Road  
 Ocala, FL 34470

PERMIT NUMBER: FLA011045  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITOR GROUP NUMBER: R001  
 MONITOR GROUP DESC: 2 Percolation, including Influent  
 NO DISCHARGE FROM SITE: ☐

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP  
 LOCATION: Camp Mack Road & Silver Oaks Drive  
 Lake Wales, FL 33853  
 COUNTY: Polk

MONITORING PERIOD From: 12/01/2008 To: 12/31/2008

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.011			0		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.015 (An Avg.)	MGD			Monthly	Calculated
Flow	Sample Measurement	0.010			0		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo Avg.)	MGD			5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.8		0		
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.4	2.4	0		
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement		3.3		0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement		2.0	2.0	0		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo Avg.)	60.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT

Steve Fuller / Operator III

SIGNATURE OF AUTHORIZED AGENT

*Steve Fuller*

TELEPHONE NO

813-267-2074

DATE (YY/MM/DD)

09/01/12

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:  
MONTH/YEAR

Rosalie Oaks WWTP  
December-2008

Permit NO FLA011045

DISCHARGE POINT NO R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.4	7.6		( )	
PARM Code 00400 A Mon Site No EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S U	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		3.7			( )	
PARM Code 74055 Y Mon Site No EFA-01	Permit Requirement		200 (Ar. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1.0		( )	
PARM Code 74055 A Mon Site No EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.4			0	
PARM Code 50060 A Mon Site No EFA-01	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		5.4			0	
PARM Code 00620 A Mon Site No EFA-01	Permit Requirement		12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement	0.012066753				0	
PARM Code 50050 P Mon Site No FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		80%			0	
PARM Code 001800 P Mon Site No OTH-01	Permit Requirement		Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					0	
PARM Code 80082 G Mon Site No INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement					0	
PARM Code 00530 G Mon Site No INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement					0	
PARM Code 49019 P Mon Site No OTH-01	Permit Requirement	Report (Mo. Total)			Gallons	Monthly	Calculated

# DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 12/01/2008 To: 12/31/2008

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S U)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.013					7.4		1.6	
2	0.011					7.5		1.5	
3	0.008					7.4		1.6	
4	0.010					7.5		1.8	
5	0.011					7.4		1.9	
6	0.010								
7	0.010								
8	0.010					7.5		1.6	
9	0.011					7.4		1.5	
10	0.011					7.5		1.5	
11	0.005					7.4		1.4	
12	0.011					7.5		1.5	
13	0.008								
14	0.008								
15	0.008					7.5		1.6	
16	0.021	2.4		2.0		7.5	1.0	1.8	5.4
17	0.011					7.4		1.8	
18	0.011					7.5		1.9	
19	0.010					7.4		1.8	
20	0.009								
21	0.009								
22	0.009					7.5		2.2	
23	0.011					7.5		2.1	
24	0.006					7.4		1.8	
25	0.010					7.5		1.6	
26	0.012					7.5		1.8	
27	0.011								
28	0.011								
29	0.011					7.4		2.0	
30	0.008					7.4		2.1	
31	0.011					7.6		2.0	

## PLANT STAFFING

Day Shift Operator Class: A Certification No: 4370 Name: Dan Sherwood  
 Evening Shift Operator Class:            Certification No:            Name:             
 Night Shift Operator Class:            Certification No:            Name:             
 Lead Operator Class: B Certification No: 8937 Name: Steve Fuller

Type of Effluent Disposal or Reclaimed Water Reuse Percolation / Evaporation ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable ☐ If yes, cumulative days of wet weather discharge

\* Attach additional sheets if necessary to list all certified operators.

FLA012669-001-DW2P

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, incorporated  
 MAILING ADDRESS: 1343 Northeast 17th Road  
 Ocala, FL 34470

PERMIT NUMBER: FLA011045  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITOR GROUP NUMBER: R001  
 MONITOR GROUP DESC: 2 Percolation, including Influent  
 NO DISCHARGE FROM SITE: ☐

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP  
 LOCATION: Camp Mack Raod & Silver Oaks Drive  
 Lake Wales, FL 33853  
 COUNTY: Polk

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

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow		Sample Measurement	0.011			0		
PARM Code 50050 Mon. Site No. FLW-01	Y	Permit Requirement	0.015 (An. Avg.)	MGD			Monthly	Calculated
Flow		Sample Measurement	0.010			0		
PARM Code 50050 Mon. Site No. FLW-01	I	Permit Requirement	Report (Mo. Avg.)	MGD			5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C		Sample Measurement		2.8		0		
PARM Code 80082 Mon. Site No. EFA-01	Y	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C		Sample Measurement		2.0	2.0	0		
PARM Code 80082 Mon. Site No. EFA-01	A	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended		Sample Measurement		3.4		0		
PARM Code 00530 Mon. Site No. EFA-01	Y	Permit Requirement		20.0 (An. Avg.)			Monthly	Calculated
Solids, Total Suspended		Sample Measurement		2.0	2.0	0		
PARM Code 00530 Mon. Site No. EFA-01	A	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT	SIGNATURE OF AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller / Operator III	<i>Steve Fuller</i>	813-267-2074	09/02/24

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: **Rosalie Oaks WWTP**  
MONTH/YEAR: **January-2009**

Permit NO.: **FLA011045**

DISCHARGE POINT NO.: **R001**

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.2	7.5	0		
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S U	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		3.7		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.8		0		
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		2.6		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement		12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement	0.010464344			0		
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		66%		0		
PARM Code 001800 P Mon. Site No. OTH-01	Permit Requirement		Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement		120.0		0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement		78.0		0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement				0		
PARM Code 49019 P Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)			Gallons	Monthly	Calculated



# DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

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

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S U )	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.013					7.5		2.5	
2	0.012					7.5		2.5	
3	0.009								
4	0.009								
5	0.009					7.2		2.2	
6	0.008	2.0	120	2.0	78	7.3	1.0	2.4	2.6
7	0.007					7.4		2.2	
8	0.011					7.5		2.1	
9	0.012					7.4		2.0	
10	0.012								
11	0.012								
12	0.012					7.2		1.8	
13	0.010					7.3		2.0	
14	0.007					7.4		1.8	
15	0.008					7.3		2.0	
16	0.008					7.2		2.1	
17	0.011								
18	0.011								
19	0.011					7.3		2.2	
20	0.012					7.4		2.0	
21	0.013					7.3		2.0	
22	0.007					7.4		2.2	
23	0.010					7.4		2.1	
24	0.012								
25	0.012								
26	0.012					7.3		2.0	
27	0.010					7.4		2.1	
28	0.008					7.3		2.1	
29	0.006					7.3		2.1	
30	0.019					7.4		2.0	
31	0.007								

## PLANT STAFFING

Day Shift Operator Class: A Certification No.: 4370 Name: Dan Sherwood  
 Evening Shift Operator Class:            Certification No.:            Name:             
 Night Shift Operator Class:            Certification No.:            Name:             
 Lead Operator Class: B Certification No.: 8937 Name: Steve Fuller

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable ☒ If yes, cumulative days of wet weather discharge           

\* Attach additional sheets if necessary to list all certified operators

FLA012669-001-DW2P

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Incorporated  
 MAILING ADDRESS: 1343 Northeast 17th Road  
 Ocala, FL 34470

PERMIT NUMBER: FLA011045  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITOR GROUP NUMBER: R001  
 MONITOR GROUP DESC: 2 Percolation, including Influent  
 NO DISCHARGE FROM SITE: ☐

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP  
 LOCATION: Camp Mack Road & Silver Oaks Drive  
 Lake Wales, FL 33853  
 COUNTY: Polk

MONITORING PERIOD From: 02/01/2009 To: 02/28/2009

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.012			0		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD			Monthly	Calculated
Flow	Sample Measurement	0.012			0		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD			5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.8		0		
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0	2.0	0		
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		3.8		0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement		5.2	5.2	0		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT

SIGNATURE OF AUTHORIZED AGENT

TELEPHONE NO.

DATE (YY/MM/DD)

Steve Fuller / Operator III

*Steve Fuller*

813-267-2074

09/03/11

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: **Rosalie Oaks WWTP**  
MONTH/YEAR: **February-2009**

Permit NO.: **FLA011045**

DISCHARGE POINT NO.: **R001**

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.2	7.4	0		
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S U	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		3.7		0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.6		0		
PARM Code 50060 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		2.0		0		
PARM Code 00620 Mon. Site No. EFA-01	Permit Requirement		12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement	0.010831714			0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		73%		0		
PARM Code 001800 Mon. Site No. OTH-01	Permit Requirement		Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
PARM Code 80082 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement				0		
PARM Code 00530 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement				0		
PARM Code 49019 Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)			Gallons	Monthly	Calculated

# DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 02/01/2009 To: 02/28/2009

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S U )	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect ) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.015								
2	0.015					7.4		2.0	
3	0.013	2.0		5.2		7.4	1.0	2.1	2.0
4	0.010					7.4		2.0	
5	0.013					7.4		1.9	
6	0.008					7.4		1.8	
7	0.014								
8	0.014								
9	0.014					7.4		1.6	
10	0.008					7.4		1.8	
11	0.008					7.4		1.6	
12	0.007					7.4		2.0	
13	0.011					7.4		1.8	
14	0.018								
15	0.018								
16	0.018					7.3		2.0	
17	0.007					7.4		1.8	
18	0.016					7.4		2.0	
19	0.008					7.4		2.0	
20	0.018					7.4		2.0	
21	0.012								
22	0.012								
23	0.012					7.3		1.9	
24	0.010					7.3		2.0	
25	0.011					7.2		1.8	
26	0.010					7.3		1.7	
27	0.021					7.3		1.8	
28	0.007								
29									
30									
31									

## PLANT STAFFING:

Day Shift Operator	Class: <u>A</u>	Certification No.: <u>4370</u>	Name: <u>Dan Sherwood</u>
Evening Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Night Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable ☐ If yes: cumulative days of wet weather discharge

\* Attach additional sheets if necessary to list all certified operators

FLA012669-001-DW2P

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, incorporated  
 MAILING ADDRESS: 1343 Northeast 17th Road  
 Ocala, FL 34470

PERMIT NUMBER: FLA011045  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITOR GROUP NUMBER: R001  
 MONITOR GROUP DESC: 2 Percolation, including Influent  
 NO DISCHARGE FROM SITE: ☐

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP  
 LOCATION: Camp Mack Raod & Silver Oaks Drive  
 Lake Wales, FL 33853  
 COUNTY: Polk

MONITORING PERIOD From: 03/01/2009 To: 03/31/2009

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.011			0		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD			Monthly	Calculated
Flow	Sample Measurement	0.007			0		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD			5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.7		0		
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.2	2.2	0		
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		4.1		0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement		5.6	5.6	0		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT

SIGNATURE OF AUTHORIZED AGENT

TELEPHONE NO.

DATE (YY/MM/DD)

Steve Fuller / Operator III

*Steve Fuller*

813-267-2074

09/04/20

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:  
MONTH/YEAR

Rosalie Oaks WWTP  
March-2009

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.2	7.5	0		
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S U	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		3.7		0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.5		0		
PARM Code 50060 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		7.3		0		
PARM Code 00620 Mon. Site No. EFA-01	Permit Requirement		12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement	0.009730538			0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly	Calculated
Percent Capacity, (TMADP/Permit Capacity) x 100	Sample Measurement		66%		0		
PARM Code 001800 Mon. Site No. OTH-01	Permit Requirement		Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
PARM Code 80082 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement				0		
PARM Code 00530 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement				0		
PARM Code 49019 Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)			Gallons	Monthly	Calculated



# DAILY SAMPLE RESULTS - PART P

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 03/01/2009 To: 03/31/2009

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S U)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect ) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.010								
2	0.010					7.3		2.0	
3	0.006					7.4		2.1	
4	0.008					7.3		2.1	
5	0.007	2.2		5.6		7.2	1.0	2.2	7.3
6	0.007					7.3		2.2	
7	0.008								
8	0.008								
9	0.008					7.2		2.2	
10	0.005					7.3		2.2	
11	0.009					7.4		2.1	
12	0.007					7.5		1.8	
13	0.007					7.5		1.5	
14	0.007								
15	0.007								
16	0.007					7.4		1.6	
17	0.006					7.5		1.5	
18	0.006					7.4		1.8	
19	0.006					7.5		2.0	
20	0.006					7.4		1.7	
21	0.007								
22	0.007								
23	0.007					7.3		1.9	
24	0.008					7.3		2.0	
25	0.006					7.2		1.8	
26	0.009					7.3		2.0	
27	0.006					7.3		1.6	
28	0.007								
29	0.007								
30	0.007					7.3		1.8	
31	0.006					7.3		1.8	

## PLANT STAFFING

Day Shift Operator	Class: <u>A</u>	Certification No.: <u>4370</u>	Name: <u>Dan Sherwood</u>
Evening Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Night Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable ☐ If yes, cumulative days of wet weather discharge:

\* Attach additional sheets if necessary to list all certified operators.

FLA012669-001-DW2P

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Incorporated  
 MAILING ADDRESS: 1343 Northeast 17th Road  
 Ocala, FL 34470

PERMIT NUMBER: FLA011045  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITOR GROUP NUMBER: R001  
 MONITOR GROUP DESC: 2 Percolation, including Influent  
 NO DISCHARGE FROM SITE: ☐

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP  
 LOCATION: Camp Mack Raod & Silver Oaks Drive  
 Lake Wales, FL 33853  
 COUNTY: Polk

MONITORING PERIOD From: 04/01/2009 To: 04/30/2009

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.011			0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD			Monthly	Calculated
Flow	Sample Measurement	0.006			0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD			5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.8		0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement		3.7	3.7	0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		4.1		0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement		5.8	5.8	0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT

Steve Fuller / Operator III

SIGNATURE OF AUTHORIZED AGENT

TELEPHONE NO

813-267-2074

DATE (YY/MM/DD)

09/05/12

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:  
MONTH/YEAR

Rosalie Oaks WWTP  
April-2009

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.0	7.2	0		
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		3.7		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.4		0		
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		6.0		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement		12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement	0.008190089			0		
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		53%		0		
PARM Code 001800 P Mon. Site No. OTH-01	Permit Requirement		Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement				0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement				0		
PARM Code 49019 P Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)			Gallons	Monthly	Calculated

# DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD: 04/01/2009 To: 04/30/2009

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S U)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.006					7.2		2.1	
2	0.007					7.1		2.0	
3	0.006					7.2		1.9	
4	0.006								
5	0.006								
6	0.006					7.1		2.0	
7	0.005					7.0		2.1	
8	0.006					7.0		2.2	
9	0.005	3.7		5.8		7.1	1.0	2.2	6.0
10	0.006					7.0		2.0	
11	0.005								
12	0.005								
13	0.005					7.1		2.1	
14	0.005					7.1		2.0	
15	0.005					7.0		2.2	
16	0.006					7.1		2.2	
17	0.006					7.0		2.0	
18	0.006								
19	0.006								
20	0.006					7.1		2.0	
21	0.004					7.0		2.1	
22	0.006					7.1		2.1	
23	0.006					7.0		1.8	
24	0.005					7.0		1.6	
25	0.005								
26	0.005								
27	0.005					7.1		1.6	
28	0.005					7.0		1.9	
29	0.005					7.1		1.6	
30	0.006					7.0		1.8	
31									

## PLANT STAFFING:

Day Shift Operator Class: A Certification No.: 4370 Name: Dan Sherwood  
 Evening Shift Operator Class:            Certification No.:            Name:             
 Night Shift Operator Class:            Certification No.:            Name:             
 Lead Operator Class: B Certification No.: 8937 Name: Steve Fuller

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable ☒ If yes, cumulative days of wet weather discharge:           

\* Attach additional sheets if necessary to list all certified operators

FLA012669-001-DW2P

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, incorporated  
 MAILING ADDRESS: 1343 Northeast 17th Road  
 Ocala, FL 34470

PERMIT NUMBER: FLA011045  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITOR GROUP NUMBER: R001  
 MONITOR GROUP DESC: 2 Percolation, including Influent  
 NO DISCHARGE FROM SITE: ☐

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP  
 LOCATION: Camp Mack Raod & Silver Oaks Drive  
 Lake Wales, FL 33853  
 COUNTY: Polk

MONITORING PERIOD From: 05/01/2009 To: 05/31/2009

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.011			0		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD			Monthly	Calculated
Flow	Sample Measurement	0.012			0		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD			5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.5		0		
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0		0		
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max)		Monthly	Grab
Solids, Total Suspended	Sample Measurement		4.3		0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement		4.4		0		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max)		Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT

Steve Fuller / Operator III

SIGNATURE OF AUTHORIZED AGENT

*Steve Fuller*

TELEPHONE NO.

813-267-2074

DATE (YY/MM/DD)

09/06/18

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:  
MONTH/YEAR

Rosalie Oaks WWTP  
May-2009

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.0	7.4	0		
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		1.3		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.2		0		
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		7.9		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement		12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement	0.008388903			0		
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		53%		0		
PARM Code 001800 P Mon. Site No. OTH-01	Permit Requirement		Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement				0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement				0		
PARM Code 49019 P Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)			Gallons	Monthly	Calculated



# DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 05/01/2009 To: 05/31/2009

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S U)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.006					7.3		1.2	
2	0.004								
3	0.004								
4	0.004					7.4		1.5	
5	0.006			4.4		7.3	1.0	1.8	7.9
6	0.007					7.2		1.6	
7	0.006					7.2		1.8	
8	0.006					7.1		1.5	
9	0.002								
10	0.002								
11	0.002					7.2		1.6	
12	0.005					7.0		1.8	
13	0.003					7.1		1.6	
14	0.003	2.0				7.0		1.5	
15	0.003					7.1		1.6	
16	0.003								
17	0.003								
18	0.003					7.0		1.8	
19	0.008					7.0		1.6	
20	0.003					7.2		1.8	
21	0.063					7.1		2.0	
22	0.006					7.0		1.8	
23	0.003								
24	0.003								
25	0.003					7.0		1.6	
26	0.005					7.1		1.8	
27	0.055					7.0		1.6	
28	0.016					7.1		1.5	
29	0.005					7.0		1.6	
30	0.068					7.0		1.8	
31	0.068								

## PLANT STAFFING:

Day Shift Operator Class: A Certification No.: 4370 Name: Dan Sherwood  
 Evening Shift Operator Class:  Certification No.:  Name:   
 Night Shift Operator Class:  Certification No.:  Name:   
 Lead Operator Class: B Certification No.: 8937 Name: Steve Fuller

Type of Effluent Disposal or Reclaimed Water Reuse Percolation / Evaporation ponds

Limited Wet Weather Discharge Activated: ☐ No ☐ Not Applicable ☐ If yes, cumulative days of wet weather discharge

\* Attach additional sheets if necessary to list all certified operators.

FLA012669-001-DW2P

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, Incorporated  
 MAILING ADDRESS: 1343 Northeast 17th Road  
 Ocala, FL 34470

PERMIT NUMBER: FLA011045  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITOR GROUP NUMBER: R001  
 MONITOR GROUP DESC: 2 Percolation, including Influent  
 NO DISCHARGE FROM SITE: ☐

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP  
 LOCATION: Camp Mack Road & Silver Oaks Drive  
 Lake Wales, FL 33853  
 COUNTY: Polk

MONITORING PERIOD From: 06/01/2009 To: 06/30/2009

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.012			0		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD			Monthly	Calculated
Flow	Sample Measurement	0.011			0		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD			5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.5		0		
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0		0		
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		4.3		0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement		2.0		0		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT

Steve Fuller / Operator III

SIGNATURE OF AUTHORIZED AGENT

*Steve Fuller*

TELEPHONE NO.

813-267-2074

DATE (YY/MM/DD)

09/07/24

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:  
MONTH/YEAR

Rosalie Oaks WWTP  
June-2009

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.0	7.3	0		
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		1.3		0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.4		0		
PARM Code 50060 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		3.7		0		
PARM Code 00620 Mon. Site No. EFA-01	Permit Requirement		12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement	0.009556701			0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		66%		0		
PARM Code 001800 Mon. Site No. OTH-01	Permit Requirement		Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
PARM Code 80082 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement				0		
PARM Code 00530 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement				0		
PARM Code 49019 Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)			Gallons	Monthly	Calculated

# DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 06/01/2009 To: 06/30/2009

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.068					7.1		1.8	
2	0.008	2.0		2.0		7.2	1.0	1.5	3.7
3	0.009					7.0		1.9	
4	0.012					7.1		1.8	
5	0.012					7.1		1.1	
6	0.010								
7	0.010								
8	0.010					7.2		1.8	
9	0.157					7.1		2.0	
10	0.035					7.0		2.0	
11	can't read					7.1		1.8	
12	can't read					7.1		1.4	
13	can't read								
14	can't read								
15	can't read					7.2		0.8	
16	can't read					7.1		1.5	
17	can't read					7.2		1.6	
18	can't read					7.3		1.8	
19	can't read					7.2		1.6	
20	can't read								
21	can't read								
22	can't read					7.1		1.8	
23	can't read					7.2		0.6	
24	can't read					7.2		1.4	
25	can't read					7.1		1.6	
26	can't read					7.0		1.8	
27	can't read								
28	can't read								
29	can't read					7.2		1.6	
30	can't read					7.2		1.5	
31									

## PLANT STAFFING:

Day Shift Operator	Class: <u>A</u>	Certification No.: <u>4370</u>	Name: <u>Dan Sherwood</u>
Evening Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Night Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

Limited Wet Weather Discharge Activated: Yes: ☐ No: ☐ Not Applicable: ☐ If yes, cumulative days of wet weather discharge:

\* Attach additional sheets if necessary to list all certified operators

FLA012669-001-DW2P

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, incorporated  
 MAILING ADDRESS: 1343 Northeast 17th Road  
 Ocala, FL 34470

PERMIT NUMBER: FLA011045  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITOR GROUP NUMBER: R001  
 MONITOR GROUP DESC: 2 Percolation, including Influent  
 NO DISCHARGE FROM SITE: ☐

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP  
 LOCATION: Camp Mack Road & Silver Oaks Drive  
 Lake Wales, FL 33853  
 COUNTY: Polk

MONITORING PERIOD From: 07/01/2009 To: 07/31/2009

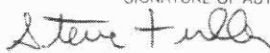
Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.012			0		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD			Monthly	Calculated
Flow	Sample Measurement	0.011			0		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD			5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.5		0		
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0		0		
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		4.3		0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement		2.0		0		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT

Steve Fuller / Operator III

SIGNATURE OF AUTHORIZED AGENT



TELEPHONE NO.

813-267-2074

DATE (YY/MM/DD)

09/08/14

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:  
MONTH/YEAR

Rosalie Oaks WWTP  
July-2009

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.1	7.5	()		
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		1.3		()		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1.0	()		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		0.8		0		
PARM Code 50060 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		1.8		0		
PARM Code 00620 Mon. Site No. EFA-01	Permit Requirement		12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement	0.011333333			0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		73%		0		
PARM Code 001800 Mon. Site No. OTH-01	Permit Requirement		Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
PARM Code 80082 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement				0		
PARM Code 00530 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement				0		
PARM Code 49019 Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)			Gallons	Monthly	Calculated



# DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 07/01/2009 To: 07/31/2009

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	can't read					7.2		1.8	
2	can't read					7.3		1.0	
3	can't read					7.3		1.5	
4	can't read								
5	can't read								
6	can't read					7.3		1.6	
7	can't read	2.0		2.0		7.2	1.0	1.8	1.8
8	can't read					7.3		1.6	
9	can't read					7.3		1.5	
10	can't read					7.2		1.4	
11	can't read								
12	can't read								
13	can't read					7.3		1.2	
14	can't read					7.2		1.4	
15	can't read					7.1		1.6	
16	can't read					7.2		1.5	
17	can't read					7.3		1.4	
18	can't read								
19	can't read								
20	can't read					7.1		1.0	
21	can't read					7.2		1.2	
22	can't read					7.5		0.8	
23	can't read					7.4		1.2	
24	can't read					7.3		1.4	
25	can't read								
26	can't read								
27	can't read					7.3		1.6	
28	can't read					7.2		1.5	
29	can't read					7.4		2.2	
30	can't read					7.3		1.1	
31	can't read					7.4		1.0	

## PLANT STAFFING

Day Shift Operator	Class	A	Certification No.	4370	Name	Dan Sherwood
Evening Shift Operator	Class		Certification No.		Name	
Night Shift Operator	Class		Certification No.		Name	
Lead Operator	Class	B	Certification No.	8937	Name	Steve Fuller

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable: ☒ If yes, cumulative days of wet weather discharge

\* Attach additional sheets if necessary to list all certified operators

FLA012669-001-DW2P

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, incorporated  
 MAILING ADDRESS: 1343 Northeast 17th Road  
 Ocala, FL 34470

PERMIT NUMBER: FLA011045  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITOR GROUP NUMBER: R001  
 MONITOR GROUP DESC: 2 Percolation, including Influent  
 NO DISCHARGE FROM SITE: ☐

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP  
 LOCATION: Camp Mack Road & Silver Oaks Drive  
 Lake Wales, FL 33853  
 COUNTY: Polk

MONITORING PERIOD From: 08/01/2009 To: 08/31/2009

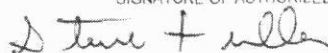
Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.012			0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD			Monthly	Calculated
Flow	Sample Measurement	0.010			0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD			5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.5		0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0		0		
PARM Code 80082 Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.) mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		4.4		0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement		3.2	3.2	0		
PARM Code 00530 Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.) mg/L		Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT

Steve Fuller / Operator III

SIGNATURE OF AUTHORIZED AGENT



TELEPHONE NO.

813-267-2074

DATE (YY/MM/DD)

09/09/25

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Rosalie Oaks WWTP  
MONTH/YEAR: August-2009

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.1	7.5	0		
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S U	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		1.3		0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		0.8		0		
PARM Code 50060 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		1.3		0		
PARM Code 00620 Mon. Site No. EFA-01	Permit Requirement		12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement	0.011			0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		73%		0		
PARM Code 001800 Mon. Site No. OTH-01	Permit Requirement		Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
PARM Code 80082 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement				0		
PARM Code 00530 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement				0		
PARM Code 49019 Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)			Gallons	Monthly	Calculated

# WASTEWATER SAMPLE RESULTS - PART B

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 08/01/2009 To: 08/31/2009

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S U)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	can't read								
2	can't read								
3	can't read					7.4		2.0	
4	can't read	2.0		3.2		7.3	1.0	1.1	1.3
5	can't read					7.3		1.4	
6	can't read					7.4		1.3	
7	can't read					7.4		1.6	
8	can't read								
9	can't read								
10	can't read					7.3		1.8	
11	can't read					7.3		1.0	
12	can't read					7.3		1.8	
13	can't read					7.4		1.6	
14	can't read					7.5		1.8	
15	can't read								
16	can't read								
17	can't read					7.4		1.6	
18	can't read					7.4		0.8	
19	can't read					7.4		2.0	
20	can't read					7.4		0.8	
21	can't read					7.4		0.5	
22	can't read								
23	can't read								
24	can't read					7.3		2.2	
25	can't read					7.4		1.8	
26	can't read					7.3		1.9	
27	can't read					7.2		1.8	
28	can't read					7.3		1.8	
29	can't read								
30	can't read								
31						7.2		1.6	

## PLANT STAFFING:

Day Shift Operator Class: A Certification No.: 4370 Name: Dan Sherwood  
 Evening Shift Operator Class: Certification No.: Name:  
 Night Shift Operator Class: Certification No.: Name:  
 Lead Operator Class: B Certification No.: 8937 Name: Steve Fuller

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable: ☒ If yes, cumulative days of wet weather discharge

\* Attach additional sheets if necessary to list all certified operators.

FLA012669-001-DW2P

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, incorporated  
 MAILING ADDRESS: 1343 Northeast 17th Road  
 Ocala, FL 34470

PERMIT NUMBER: FLA011045  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITOR GROUP NUMBER: R001  
 MONITOR GROUP DESC: 2 Percolation, including Influent  
 NO DISCHARGE FROM SITE: ☐

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP  
 LOCATION: Camp Mack Raod & Silver Oaks Drive  
 Lake Wales, FL 33853  
 COUNTY: Polk

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

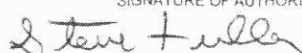
Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.011			0		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD			Monthly	Calculated
Flow	Sample Measurement	0.012			0		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD			5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.5		0		
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0		0		
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		4.4		0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement		3.4	3.4	0		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT

Steve Fuller / Operator III

SIGNATURE OF AUTHORIZED AGENT



TELEPHONE NO.

813-267-2074

DATE (YY/MM/DD)

09/10/18

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Rosalie Oaks WWTP  
MONTH/YEAR: September-2009

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.1	7.5			
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		1.3				
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1.0			
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		0.6				
PARM Code 50060 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		2.7				
PARM Code 00620 Mon. Site No. EFA-01	Permit Requirement		12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement	0.01133333					
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly	Calculated
Percent Capacity (TMADF/Permit Capacity) x 100	Sample Measurement		73%				
PARM Code 001800 Mon. Site No. OTH-01	Permit Requirement		Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement						
PARM Code 80082 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement						
PARM Code 00530 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement						
PARM Code 49019 Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)			Gallons	Monthly	Calculated



# DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

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

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S U)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	can't read					7.2		1.8	
2	can't read					7.4		2.0	
3	can't read			3.4		7.3	1.0	2.2	2.7
4	can't read					7.2		2.0	
5	can't read								
6	can't read								
7	can't read					7.4		2.0	
8	can't read					7.3		0.6	
9	can't read					7.4		1.0	
10	can't read					7.5		1.1	
11	can't read					7.4		1.2	
12	can't read								
13	can't read								
14	can't read					7.4		1.5	
15	can't read					7.4		1.3	
16	can't read					7.3		1.6	
17	can't read					7.2		1.8	
18	can't read					7.3		1.6	
19	can't read								
20	can't read								
21	can't read					7.2		1.8	
22	can't read					7.1		1.6	
23	can't read					7.2		1.8	
24	can't read	2.0				7.3		1.8	
25	can't read					7.2		1.5	
26	can't read								
27	can't read								
28	can't read					7.4		1.8	
29	can't read					7.3		1.6	
30	can't read					7.3		2.0	
31									

## PLANT STAFFING

Day Shift Operator Class: A Certification No.: 4370 Name: Dan Sherwood  
 Evening Shift Operator Class:            Certification No.:            Name:             
 Night Shift Operator Class:            Certification No.:            Name:             
 Lead Operator Class: B Certification No.: 8937 Name: Steve Fuller

Type of Effluent Disposal or Reclaimed Water Reuse Percolation / Evaporation ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable ☐ If yes, cumulative days of wet weather discharge

\* Attach additional sheets if necessary to list all certified operators

FLA012669-001-DW2P

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, incorporated  
 MAILING ADDRESS: 1343 Northeast 17th Road  
 Ocala, FL 34470

PERMIT NUMBER: FLA011045  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITOR GROUP NUMBER: R001  
 MONITOR GROUP DESC: 2 Percolation, including Influent  
 NO DISCHARGE FROM SITE: ☐

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP  
 LOCATION: Camp Mack Road & Silver Oaks Drive  
 Lake Wales, FL 33853  
 COUNTY: Polk

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

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.010			0		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD			Monthly	Calculated
Flow	Sample Measurement	0.010			0		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD			5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.5		0		
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0		0		
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		4.6		0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement		4.4		0		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT

Steve Fuller / Operator III

SIGNATURE OF AUTHORIZED AGENT

*Steve Fuller*

TELEPHONE NO.

813-267-2074

DATE (YY/MM/DD)

09/11/16

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:  
MONTH/YEAR

Rosalie Oaks WWTP  
October-2009

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.0	7.4	0		
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		1.3		0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		200 (Ar. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		0.6		0		
PARM Code 50060 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		3.3		0		
PARM Code 00620 Mon. Site No. EFA-01	Permit Requirement		12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement	0.01066667			0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		73%		0		
PARM Code 001800 Mon. Site No. OTH-01	Permit Requirement		Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
PARM Code 80082 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement				0		
PARM Code 00530 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement				0		
PARM Code 49019 Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)			Gallons	Monthly	Calculated

# **DAILY SAMPLE RESULTS - PART B**

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

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

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S U)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect ) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	can't read	2.0		4.4		7.1	1.0	2.2	3.3
2	can't read					7.2		2.1	
3	can't read								
4	can't read								
5	can't read					7.1		2.0	
6	can't read					7.1		2.0	
7	can't read					7.2		1.6	
8	can't read					7.1		1.5	
9	can't read					7.3		2.2	
10	can't read								
11	can't read								
12	can't read					7.2		2.1	
13	can't read					7.2		2.0	
14	can't read					7.1		2.0	
15	can't read					7.0		2.1	
16	can't read					7.1		2.0	
17	can't read								
18	can't read								
19	can't read					7.2		1.6	
20	can't read					7.4		1.8	
21	can't read					7.2		1.9	
22	can't read					7.2		1.6	
23	can't read					7.2		1.8	
24	can't read								
25	can't read								
26	can't read					7.3		2.0	
27	can't read					7.3		1.8	
28	can't read					7.2		2.0	
29	can't read					7.3		2.2	
30	can't read					7.3		2.1	
31									

**PLANT STAFFING:**

Day Shift Operator	Class: <u>A</u>	Certification No.: <u>4370</u>	Name: <u>Dan Sherwood</u>
Evening Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Night Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable ☐ If yes, cumulative days of wet weather discharge

\* Attach additional sheets if necessary to list all certified operators.

FLA012669-001-DW2P

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, incorporated  
 MAILING ADDRESS: 1343 Northeast 17th Road  
 Ocala, FL 34470

PERMIT NUMBER: FLA011045  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITOR GROUP NUMBER: R001  
 MONITOR GROUP DESC: 2 Percolation, including Influent  
 NO DISCHARGE FROM SITE: ☐

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP  
 LOCATION: Camp Mack Road & Silver Oaks Drive  
 Lake Wales, FL 33853  
 COUNTY: Polk

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

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.010			0		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD			Monthly	Calculated
Flow	Sample Measurement	0.008			0		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD			5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		3.0		0		
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement		12.0	12.0	0		
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		4.5		0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement		4.8	4.8	0		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT

Steve Fuller / Operator III

SIGNATURE OF AUTHORIZED AGENT

*Steve Fuller*

TELEPHONE NO.

813-267-2074

DATE (YY/MM/DD)

09/12/16

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:  
MONTH/YEAR

**Rosalie Oaks WWTP**  
**November-2009**

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.1	7.3	0		
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		1.0		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.5		0		
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		8.2		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement		12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement	0.01			0		
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		66%		0		
PARM Code 001800 P Mon. Site No. OTH-01	Permit Requirement		Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement				0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement				0		
PARM Code 49019 P Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)			Gallons	Monthly	Calculated



# DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

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

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	can't read								
2	can't read					7.3		1.8	
3	can't read					7.3		2.0	
4	can't read					7.2		1.8	
5	can't read			4.8		7.3	1.0	2.1	8.2
6	can't read					7.2		1.8	
7	can't read								
8	can't read								
9	can't read					7.3		1.6	
10	can't read					7.3		2.0	
11	can't read	12.0				7.2		1.0	
12	can't read					7.2		1.8	
13	can't read					7.3		2.1	
14	can't read								
15	can't read								
16	can't read					7.3		2.0	
17	can't read					7.3		1.6	
18	can't read					7.3		1.8	
19	can't read					7.3		1.5	
20	can't read					7.2		1.6	
21	can't read								
22	can't read								
23	can't read					7.1		1.8	
24	can't read					7.2		1.6	
25	can't read					7.3		1.8	
26	can't read					7.3		1.6	
27	can't read					7.2		1.8	
28	can't read								
29	can't read								
30	can't read					7.3		2.0	
31									

## PLANT STAFFING:

Day Shift Operator Class: A Certification No.: 4370 Name: Dan Sherwood  
 Evening Shift Operator Class:            Certification No.:            Name:             
 Night Shift Operator Class:            Certification No.:            Name:             
 Lead Operator Class: B Certification No.: 8937 Name: Steve Fuller

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

Limited Wet Weather Discharge Activated: Yes: ☐ No: ☐ Not Applicable: ☐ If yes, cumulative days of wet weather discharge

\* Attach additional sheets if necessary to list all certified operators.

FLA012669-001-DW2P

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, incorporated  
 MAILING ADDRESS: 1343 Northeast 17th Road  
 Ocala, FL 34470

PERMIT NUMBER: FLA011045  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITOR GROUP NUMBER: R001  
 MONITOR GROUP DESC: 2 Percolation, including Influent  
 NO DISCHARGE FROM SITE: ☐

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP  
 LOCATION: Camp Mack Road & Silver Oaks Drive  
 Lake Wales, FL 33853  
 COUNTY: Polk

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

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.010			0		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD			Monthly	Calculated
Flow	Sample Measurement	0.011			0		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD			5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		3.0		0		
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0	2.0	0		
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		3.7		0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement		2.0	2.0	0		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT

Steve Fuller / Operator III

SIGNATURE OF AUTHORIZED AGENT

*Steve Fuller*

TELEPHONE NO.

813-267-2074

DATE (YY/MM/DD)

10/01/22

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: **Rosalie Oaks WWTP**  
MONTH/YEAR: **December-2009**

Permit NO.: **FLA011045**

DISCHARGE POINT NO.: **R001**

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.2	7.5			
PARM Code 00400 A	Permit Requirement		6.0 (Min.)	8.5 (Max.)			
Mon. Site No. EFA-01					S.U.	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		1.0				
PARM Code 74055 Y	Permit Requirement		200 (An. Avg.)				
Mon. Site No. EFA-01					#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1.0			
PARM Code 74055 A	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)			
Mon. Site No. EFA-01					#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.0				
PARM Code 50060 A	Permit Requirement		0.5 (Min.)				
Mon. Site No. EFA-01					mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		1.3				
PARM Code 00620 A	Permit Requirement		12.0 (Max.)				
Mon. Site No. EFA-01					mg/L	Monthly	Grab
Flow	Sample Measurement	0.00966667					
PARM Code 50050 P	Permit Requirement	0.015 (3-Mo. Avg.)	MGD				
Mon. Site No. FLW-01						Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		66%				
PARM Code 001800 P	Permit Requirement		Report (Mo. Total)				
Mon. Site No. OTH-01					Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement						
PARM Code 80082 G	Permit Requirement		Report				
Mon. Site No. INF-01					mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement						
PARM Code 00530 G	Permit Requirement		Report				
Mon. Site No. INF-01					mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement						
PARM Code 49019 P	Permit Requirement	Report (Mo. Total)					
Mon. Site No. OTH-01					Gallons	Monthly	Calculated

# DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

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

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S.U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	can't read					7.3		2.0	
2	can't read					7.2		2.0	
3	can't read	2.0		2.0		7.3	1.0	1.8	1.3
4	can't read					7.3		2.0	
5	can't read								
6	can't read								
7	can't read					7.2		2.0	
8	can't read					7.3		1.6	
9	can't read					7.2		1.8	
10	can't read					7.3		1.3	
11	can't read					7.4		1.5	
12	can't read								
13	can't read								
14	can't read					7.4		1.4	
15	can't read					7.3		1.6	
16	can't read					7.3		1.8	
17	can't read					7.3		1.8	
18	can't read					7.4		1.9	
19	can't read								
20	can't read								
21	can't read					7.4		1.0	
22	can't read					7.5		2.0	
23	can't read					7.3		1.8	
24	can't read					7.3		1.9	
25	can't read					7.4		2.0	
26	can't read								
27	can't read								
28	can't read					7.3		1.8	
29	can't read					7.4		1.6	
30	can't read					7.4		1.5	
31						7.4		1.6	

## PLANT STAFFING

Day Shift Operator Class: A Certification No.: 4370 Name: Dan Sherwood  
 Evening Shift Operator Class:            Certification No.:            Name:             
 Night Shift Operator Class:            Certification No.:            Name:             
 Lead Operator Class: B Certification No.: 8937 Name: Steve Fuller

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable ☐ If yes, cumulative days of wet weather discharge:           

\* Attach additional sheets if necessary to list all certified operators.

FLA012669-001-DW2P

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, incorporated  
 MAILING ADDRESS: 1343 Northeast 17th Road  
 Ocala, FL 34470

PERMIT NUMBER: FLA011045  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITOR GROUP NUMBER: R001  
 MONITOR GROUP DESC: 2 Percolation, including Influent  
 NO DISCHARGE FROM SITE: ☐

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Rosalie Oaks WWTP  
 LOCATION: Camp Mack Road & Silver Oaks Drive  
 Lake Wales, FL 33853  
 COUNTY: Polk

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

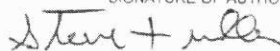
Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.010			0		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD			Monthly	Calculated
Flow	Sample Measurement	0.011			0		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD			5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		3.2		0		
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement		4.3	4.3	0		
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement		4.4		0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement		10.0	10.0	0		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT

Steve Fuller / Operator III

SIGNATURE OF AUTHORIZED AGENT



TELEPHONE NO.

813-267-2074

DATE (YY/MM/DD)

10/02/23

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:  
MONTH/YEAR

Rosalie Oaks WWTP  
January-2010

Permit NO : FLA011045

DISCHARGE POINT NO.: R001

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.2	7.5	0		
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S U	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		1.0		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.6		0		
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		0.26		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement		12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement	0.01			0		
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		66%		0		
PARM Code 001800 P Mon. Site No. OTH-01	Permit Requirement		Report (Mo. Total)	Percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement		130.0		0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Report	mg/l		Annual Each January	Grab
Solids, Total Suspended	Sample Measurement		140.0		0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Report	mg/l		Annual Each January	Grab
Sludge Production, Total	Sample Measurement				0		
PARM Code 49019 P Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)		Gallons		Monthly	Calculated



# DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

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

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S U)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	can't read					7.3		1.8	
2	can't read								
3	can't read								
4	can't read					7.4		1.6	
5	can't read					7.5		1.8	
6	can't read					7.4		2.0	
7	can't read	4.3		10.0		7.4	1.0	2.0	0.26
8	can't read					7.5		2.2	
9	can't read								
10	can't read								
11	can't read					7.4		2.0	
12	can't read					7.4		2.1	
13	can't read					7.4		2.0	
14	can't read					7.4		2.0	
15	can't read					7.3		2.2	
16	can't read								
17	can't read								
18	can't read					7.3		2.0	
19	can't read					7.4		2.0	
20	can't read					7.3		1.8	
21	can't read		130		140	7.3		1.8	
22	can't read					7.5		2.1	
23	can't read								
24	can't read								
25	can't read					7.3		1.8	
26	can't read					7.2		1.6	
27	can't read					7.3		1.6	
28	can't read					7.4		1.8	
29	can't read					7.3		1.6	
30	can't read								
31	can't read								

## PLANT STAFFING:

Day Shift Operator	Class: <u>A</u>	Certification No.: <u>4370</u>	Name: <u>Dan Sherwood</u>
Evening Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Night Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable ☒ If yes, cumulative days of wet weather discharge

\* Attach additional sheets if necessary to list all certified operators.

FLA012669-001-DW2P

PATRICK

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, incorporated  
MAILING ADDRESS: 1343 Northeast 17th Road  
Ocala, FL 34470

PERMIT NUMBER: FLA011045  
LIMIT: Final  
CLASS SIZE: N/A  
MONITOR GROUP NUMBER: R001  
MONITOR GROUP DESC: 2 Percolation, including Influent  
NO DISCHARGE FROM SITE: ☐

REPORT: Monthly  
GROUP: Domestic

FACILITY: Rosalie Oaks WWTP  
LOCATION: Camp Mack Road & Silver Oaks Drive  
Lake Wales, FL 33853  
COUNTY: Polk

MONITORING PERIOD From: 02/01/2010 To: 02/28/2010

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.010			0		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD			Monthly	Calculated
Flow	Sample Measurement	0.012			0		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD			5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		3.6		0		
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement		9.0	9.0	0		
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	0	Monthly	Grab
Solids, Total Suspended	Sample Measurement		5.2		0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement		20.0	20.0	0		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	0	Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT

Steve Fuller / Operator III

SIGNATURE OF AUTHORIZED AGENT

*Steve Fuller*

TELEPHONE NO.

813-267-2074

DATE (YY/MM/DD)

10/03/26

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: **Rosalie Oaks WWTP**  
MONTH/YEAR: **February-2010**

Permit NO.: **FLA011045**

DISCHARGE POINT NO.: **R001**

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.2	7.4	0		
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		1.0		0		
PARM Code 74055 Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code. 74055 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection )	Sample Measurement		1.0		0		
PARM Code. 50060 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N )	Sample Measurement		0.039		0		
PARM Code 00620 Mon. Site No. EFA-01	Permit Requirement		12.0 (Max.)		mg/L	Monthly	Grab
Flow	Sample Measurement	0.010333333			0		
PARM Code 50050 Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD			Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement		66%		0		
PARM Code 001800 Mon. Site No. OTH-01	Permit Requirement		Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
PARM Code 80082 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Solids, Total Suspended	Sample Measurement				0		
PARM Code 00530 Mon. Site No. INF-01	Permit Requirement		Report		mg/l	Annual Each January	Grab
Sludge Production, Total	Sample Measurement				0		
PARM Code 49019 Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)			Gallons	Monthly	Calculated

# **DAILY SAMPLE RESULTS - PART B**

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 02/01/2010 To: 02/28/2010

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	can't read					7.4		1.1	
2	can't read					7.2		1.0	
3	can't read					7.2		1.4	
4	can't read	9.0		20.0		7.3	1.0	2.0	0.039
5	can't read					7.3		2.1	
6	can't read								
7	can't read								
8	can't read					7.3		2.2	
9	can't read					7.2		2.0	
10	can't read					7.3		2.2	
11	can't read					7.4		2.1	
12	can't read					7.3		2.2	
13	can't read								
14	can't read								
15	can't read					7.2		1.8	
16	can't read					7.2		1.9	
17	can't read					7.2		1.8	
18	can't read					7.3		1.6	
19	can't read					7.3		1.5	
20	can't read								
21	can't read								
22	can't read					7.2		1.6	
23	can't read					7.3		1.8	
24	can't read					7.3		1.5	
25	can't read					7.2		1.6	
26	can't read					7.2		1.4	
27	can't read								
28	can't read								
29	can't read								
30	can't read								
31									

**PLANT STAFFING:**

Day Shift Operator	Class: <u>A</u>	Certification No.: <u>4370</u>	Name: <u>Dan Sherwood</u>
Evening Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Night Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable ☒ If yes, cumulative days of wet weather discharge

\* Attach additional sheets if necessary to list all certified operators.

FLA012669-001-DW2P

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, incorporated  
MAILING ADDRESS: 1343 Northeast 17th Road  
Ocala, FL 34470

PERMIT NUMBER: **FLA011045**  
LIMIT: **Final**  
CLASS SIZE: **N/A**  
MONITOR GROUP NUMBER: **R001**  
MONITOR GROUP DESC: **2 Percolation, Including Influent**  
NO DISCHARGE FROM SITE: ☐

REPORT: **Monthly**  
GROUP: **Domestic**

FACILITY: **Rosalie Oaks WWTP**  
LOCATION: **Camp Mack Raod & Silver Oaks Drive**  
**Lake Wales, FL 33853**  
COUNTY: **Polk**

MONITORING PERIOD From **03/01/2010** To: **03/31/2010**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.010				0		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD				Monthly	Calculated
Flow	Sample Measurement	0.009				0		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.7		()		
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.0		()		
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			7.5		()		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement			29.0		()		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT	SIGNATURE OF AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller / Operator III	<i>Steve Fuller</i>	813-267-2074	10/04/28

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:  
MONTH/YEAR

**Rosalie Oaks WWTP**  
**March-2010**

Permit NO.: **FLA011045**

DISCHARGE POINT NO.: **R001**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement					()		
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement			6.0 (Min.) 8.5 (Max.)	S.U.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			3.1		()		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement			200 (An. Avg.)	#/100mL		Monthly	Calculated
Coliform, Fecal	Sample Measurement			26.0	26.0	()		
PARM Code. 74055 A Mon. Site No. EFA-01	Permit Requirement			Report (Mo. Geo. Mean) 800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection )	Sample Measurement			0.6		0		
PARM Code. 50060 A Mon. Site No. EFA-01	Permit Requirement			0.5 (Min.)	mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total ( as N )	Sample Measurement			0.039		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement			12.0 (Max.)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.010666667				0		
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD				Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100	Sample Measurement			73%		0		
PARM Code 001800 P Mon. Site No. OTH-01	Permit Requirement			Report (Mo. Total)	Percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR		0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement			Report	mg/l		Annual Each January	Grab
Solids, Total Suspended	Sample Measurement			MNR		0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement			Report	mg/l		Annual Each January	Grab
Sludge Production, Total	Sample Measurement	6,250				0		
PARM Code49019 P Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)			Gallons		Monthly	Calculated



# **DAILY SAMPLE RESULTS - PART B**

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 03/01/2010 To: 03/31/2010

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	15.000								
2	9.000								
3	9.000								
4	9.000								
5	9.000								
6	9.000								
7	9.000								
8	9.000								
9	9.000	4.0		29.0			26		0.039
10	9.000								
11	9.000								
12	9.000								
13	9.000								
14	9.000								
15	9.000								
16	12.000								
17	12.000								
18	12.000								
19	12.000								
20	10.000								
21	10.000								
22	10.000								
23	10.000								
24	10.000								
25	10.000								
26	10.000								
27	9.000								
28	9.000								
29	9.000								
30	9.000								
31	9.000								

**PLANT STAFFING:**

Day Shift Operator Class: A Certification No.: 4370 Name: Dan Sherwood  
 Evening Shift Operator Class:            Certification No.:            Name:             
 Night Shift Operator Class:            Certification No.:            Name:             
 Lead Operator Class: B Certification No.: 8937 Name: Steve Fuller

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

Limited Wet Weather Discharge Activated: Yes: ☐ No: ☐ Not Applicable: ☒ If yes, cumulative days of wet weather discharge           

\* Attach additional sheets if necessary to list all certified operators.

FLA012669-001-DW2P

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida, incorporated  
MAILING ADDRESS: 1343 Northeast 17th Road  
Ocala, FL 34470

PERMIT NUMBER: FLA011045  
LIMIT: Final  
CLASS SIZE: N/A  
MONITOR GROUP NUMBER: R001  
MONITOR GROUP DESC: 2 Percolation, including Influent  
NO DISCHARGE FROM SITE: ☐

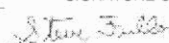
REPORT: Monthly  
GROUP: Domestic

FACILITY: Rosalie Oaks WWTP  
LOCATION: Camp Mack Raod & Silver Oaks Drive  
Lake Wales, FL 33853  
COUNTY: Polk

MONITORING PERIOD From 04/01/2010 To: 04/30/2010

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.010				0		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD				Monthly	Calculated
Flow	Sample Measurement	0.006				0		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.7		0		
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0		
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			7.8		0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement			8.4	8.4	0		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF AUTHORIZED AGENT	SIGNATURE OF AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller / Operator III		813-267-2074	10/05/13

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:  
MONTH/YEAR

**Rosalie Oaks WWTP**  
**April-2010**

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
pH								
	Sample Measurement			7.2	7.4	0		
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)	S.U.	5 Days/Week	Grab
Coliform, Fecal								
	Sample Measurement			3.2		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement			200 (An. Avg.)		#/100mL	Monthly	Calculated
Coliform, Fecal								
	Sample Measurement			2.0	2.0	0		
PARM Code. 74055 A Mon. Site No. EFA-01	Permit Requirement			Report (Mo. Geo. Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection )								
	Sample Measurement			1.4		0		
PARM Code. 50060 A Mon. Site No. EFA-01	Permit Requirement			0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N )								
	Sample Measurement			0.7		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement			12.0 (Max.)		mg/L	Monthly	Grab
Flow								
	Sample Measurement	0.009				0		
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo. Avg.)	MGD				Monthly	Calculated
Percent Capacity, (TMADF/Permit Capacity) x 100								
	Sample Measurement			60%		0		
PARM Code 001800 P Mon. Site No. OTH-01	Permit Requirement			Report (Mo. Total)		Percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C								
	Sample Measurement			MNR		0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement			Report		mg/l	Annual Each January	Grab
Solids, Total Suspended								
	Sample Measurement			MNR		0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement			Report		mg/l	Annual Each January	Grab
Sludge Production, Total								
	Sample Measurement					0		
PARM Code49019 P Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)				Gallons	Monthly	Calculated

# **DAILY SAMPLE RESULTS - PART B**

PermitNumber: FLA011045

Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 04/01/2010

To: 04/30/2010

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S U.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01
1	7.000					7.4		2.2	
2	7.000					7.3		2.2	
3	7.000								
4	7.000								
5	7.000					7.2		2.1	
6	7.000					7.3		2.0	
7	7.000					7.4		1.8	
8	5.000					7.3		2.0	
9	5.000					7.2		2.2	
10	6.000								
11	6.000								
12	6.000					7.4		2.2	
13	6.000					7.3		2.0	
14	6.000					7.3		1.8	
15	6.000	2.0		8.4		7.3	2.0	2.0	0.7
16	6.000					7.3		1.8	
17	5.000								
18	5.000								
19	5.000					7.3		2.0	
20	5.000					7.3		1.4	
21	6.000					7.3		1.5	
22	6.000					7.3		1.6	
23	5.000					7.4		2.2	
24	5.000								
25	5.000								
26	5.000					7.3		1.8	
27	5.000					7.3		2.0	
28	5.000					7.3		1.6	
29	5.000					7.3		1.5	
30	5.000					7.3		1.4	
31									

**PLANT STAFFING:**

Day Shift Operator Class: A Certification No.: 4370 Name: Dan Sherwood  
 Evening Shift Operator Class:            Certification No.:            Name:             
 Night Shift Operator Class:            Certification No.:            Name:             
 Lead Operator Class: B Certification No.: 8937 Name: Steve Fuller

Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

Limited Wet Weather Discharge Activated: Yes: ☐ No: ☐ Not Applicable: ☒ If yes, cumulative days of wet weather discharge           

\* Attach additional sheets if necessary to list all certified operators.

FLA012669-001-DW2P



# Florida Department of Environmental Protection

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

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

August 13, 2009

Mr. Glenn Labrecque, President  
Aqua Utilities Florida, Inc.  
1343 Northeast 17<sup>th</sup> Road  
Ocala, FL 34470

Re: Compliance Evaluation Inspection  
Rosalie Oaks WWTF  
Facility ID No. FLA011045  
Polk County

Dear Mr. Labrecque:

The above-referenced wastewater treatment facility was inspected on July 30, 2009. Ms. Patricia Williams and Mr. Steve Fuller of Aqua Utilities Florida, Incorporated, were on site and provided assistance in the completion of this inspection. Based on this inspection and a review of the information on file with the Department, the following items are being brought to your attention:

## PERMIT

\*Domestic Wastewater Permit Number FLA011045 was issued on March 9, 2005 and will expire on March 8, 2010. Be apprised the renewal should be submitted to this office at least 180 days before expiration, or by September 8, 2009. Please indicate if this date will be met.

## COMPLIANCE SCHEDULES

No items were required in Section VI, Schedules, of the permit.

## LABORATORY

The laboratory was not evaluated.

## SAMPLING

Sampling methods were not evaluated during the inspection.

## RECORDS AND REPORTS

1. The onsite facility records were well organized and accessible during the inspection.
2. A review of monthly Discharge Monitoring Reports (DMRs) submitted for the period of June 2008 through May 2009 revealed the following:
  - a. There were no effluent parameter exceedences during the period.

- b. \*The three-month average daily flow for the period September, October and November 2008 were 100%, 118% and 100% respectively of the permitted capacity. Please explain the reason for the flows. Has the sewer system ever been examined for infiltration & inflow?

#### FACILITY SITE REVIEW

The site was fenced and locked. The facility appeared well maintained. One train of the WWTF was off line.

#### FLOW MEASUREMENT

\*An elapsed time meter is utilized to measure flow. The most recent flow calibration was on February 26, 2009, performed by Central Florida Controls. A copy of the calibration was onsite. Please make sure that all future calibrations are signed by the person doing the calibration. Because of the access problems with the lift station we understand the flow is recorded as 80% of the potable water usage each day. This should be used only as a temporary method and must be noted on the DMR.

#### OPERATION AND MAINTENANCE

1. Blowers – The two blowers were in good condition. The system was turned on by your licensed operator for our evaluation.
2. Aeration Basins – All three basins had good color with a good roll. The diffusers appeared to be working well.
3. Clarifiers – The chamber was clear and free of floating solids. The stilling well was free of heavy solids buildup. The skimmer was working. Only one of the clarifiers was online with the second one on standby if needed.
4. Chlorine Contact Chamber – The single chamber was clear and free of solids.
5. \*Digesters – According to the current permit there are seven digesters at this facility. Our inspection showed two digesters functional with waste activated sludge pumped into one tank and a gravity flow into the adjacent tank. There were four digester tanks off-line. Please explain the current operation scheme for the entire facility. This will be especially helpful with the permit renewal coming up.
6. \*The lift station is apparently located on property owned by a private entity. Access was granted by the property owner for this inspection. The lift station high level alarm system was activated by your operator. Both the warning light and the alarm were functional. No odor was observed, and the area appeared clean. However, the access problem is unacceptable and a major issue that needs to be resolved. Please advise as to the anticipated resolution of this issue.

#### EFFLUENT QUALITY

The effluent was clear and free of solids at the time of the inspection.

#### EFFLUENT DISPOSAL

Both effluent ponds were in good condition. They were well maintained and recently mowed.

RESIDUALS MANAGEMENT

The method of residuals disposal is by transport to a Residual Management Facility (RMF) for further treatment and disposal, or disposal in a Class I or II solid waste landfill. For your information, transportation of residuals to an alternate RMF does not require a permit modification. The volume of residuals in the digester was very low indicative of recent hauling. A copy of the most recent hauling report by Appalachian was dated June 25, 2009 in the onsite records file.

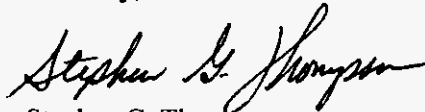
GROUND WATER

Ground water monitoring is not required at this time.

Please note that this letter and report, being part of the Department's investigation, is preliminary to agency action in accordance with Section 120.57(5), Florida Statutes. A copy of the inspection report is attached for your records.

Please respond in writing to the Department on the asterisked items previously identified within 30 days of receipt of this letter. Please direct all responses and questions to the undersigned at (813) 632-7600, extension 318, or via e-mail to [steve.thompson@dep.state.fl.us](mailto:steve.thompson@dep.state.fl.us).

Sincerely,



Stephen G. Thompson  
Engineering Specialist  
Domestic Wastewater Program

Attachment

cc Aqua Utilities (email)



## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

## FACILITY AND INSPECTION INFORMATION

@ = Optional

<b>Name and Physical Location of Facility</b>	<b>WAFR ID:</b>	<b>County</b>	<b>Entry Date/Time</b>
Rosalie Oaks WWTF	FLA011045	Polk	7.30.09 / 1025'
Silver Oaks Drive		Phone	@ Exit Date/Time
Lake Wales, FL 33853			
<b>Name(s) of Field Representatives(s)</b>	<b>Title</b>	<b>Phone</b>	
Steve Fuller, Licensed Operator			
Patricia Williams,			
<b>Name and Address of Permittee or Designated Representative</b>	<b>Title</b>	<b>Phone</b>	<b>@ Operator Certification #</b>
Glenn Labrecque	President		
Aqua Utilities Florida, Inc.			
1343 Northeast 17 <sup>th</sup> Road			
Ocala, FL 34470			

<b>Inspection Type</b>	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> I	<b>Samples Taken(Y/N):</b> N	<b>@ Sample ID#:</b>	<b>Samples Split (Y/N):</b>
<input checked="" type="checkbox"/> <b>Domestic</b>	<input type="checkbox"/> <b>Industrial</b>	<b>Were Photos Taken(Y/N):</b> N	<b>@ Log book Volume :</b>	<b>@ Page</b>

PERMITS/ORDERS		SELF MONITORING PROGRAM		FACILITY OPERATIONS		EFFLUENT/DISPOSAL	
IC	1. ♦ Permit	NE	3. Laboratory	IC	6. Facility Site Review	NE	9. ♦ Effluent Quality
NA	2. ♦ Compliance Schedules	IC	4. Sampling	NC	7. Flow Measurement	IC	10. ♦ Effluent Disposal
		IC	5. ♦ Records & Reports	IC	8. ♦ Operation & Maintenance	IC	11. Residuals/Sludge
						NA	12. Groundwater

<b>Facility and/or Order Compliance Status:</b>	<input type="checkbox"/> In-Compliance	<input type="checkbox"/> Out-Of-Compliance	<input checked="" type="checkbox"/> Significant-Out-Of-Compliance
<b>Recommended Actions:</b>			

<b>Name(s) and Signature(s) of Inspector(s)</b>	<b>District Office/Phone Number</b>	<b>Date</b>
Stephen G. Thompson <i>Stephen G. Thompson</i>	SWD / 813 632 7600 x318	8/11/09
<b>@ Signature of Reviewer</b>	<b>District Office/Phone Number</b>	<b>Date</b>
<i>Joe Sg...</i>	SWD / 813 744 6100 x392	8/11/09

<b>Transaction Code</b>	<b>NPDES Number</b>	<b>YR/MO/DA</b>	<b>Insp Type</b>	<b>Inspector</b>	<b>Fac Type</b>
N S			1	2	3
ADDITIONAL NPDES COMMENTS					

Facility:	Rosalie Oaks						Permit No.	FLA011045				Reviewer	S. G. Thompson					
County:	Polk						Issued:	3/9/2005			Expires:	3/8/2010			Date:	8/10/2009		
Application No.							Revised:											
Plant/R001	0.015				20	30	60	20	30	60	200	Report	800	12				
Mon/Yr	Flow aadf	Flow 3madf	Flow madf	% Cap	CBOD aa	CBOD ma	CBOD max	TSS aa	TSS ma	TSS max	Fecal aa	Fecal mgm	Fecal max	Nitrate				
Jun-08	0.010	0.008	0.0060	55	3	2	2	1.9	2	2	3	1	1	1.8				
Jul-08	0.011	0.007	0.0080	45	3	2	2	1.9	2.4	2.4	3	1	1	4.1				
Aug-08	0.011	0.010	0.0030	73	2.9	2	2	1.9	2	2	3.3	1	1	1.9				
Sep-08	0.012	0.015	0.0190	100	2.5	2	2	2.1	2.8	2.8	3.3	1	1	0.64				
Oct-08	0.012	0.017	0.0150	118	2.46	2	2	2.48	5.8	5.8	3.7	5	5	7.6				
Nov-08	0.011	0.015	0.0110	100	2.8	6.2	6.2	3.2	11	11	3.7	1	1	1.3				
Dec-08	0.011	0.012	0.0100	80	2.8	2.4	2.4	3.3	2	2	3.7	1	1	5.4				
Jan-09	0.011	0.010	0.0100	66	2.8	2	2	3.4	2	2	3.7	1	1	2.6				
Feb-09	0.012	0.011	0.0120	73	2.8	2	2	3.8	5.2	5.2	3.7	1	1	2				
Mar-09	0.011	0.010	0.0070	66	2.7	2.2	2.2	4.1	5.6	5.6	3.7	1	1	7.3				
Apr-09	0.011	0.008	0.0060	53	2.8	3.7	3.7	4.1	5.8	5.8	3.7	1	1	6				
May-09	0.011	0.008	0.0120	53	2.5	2	2	4.3	4.4	4.4	1.3	1	1	7.9				
Total	0.1340		0.1190		33.06	30.5	30.5	36.48	51	51	39.8	16						
Average	0.0112	0.0109	0.0099		2.76	2.54	2.54	3.04	4.25	4.25	3.32	1.16	1.33					



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

T: 352.787.0980  
F: 352.787.6333  
www.aquautilitiesflorida.com

September 25, 2009

Stephen G. Thompson  
Engineering Specialist  
FDEP Southwest District Office  
13051 North Telecom Parkway  
Temple Terrace, FL 33637-0926

**RE: Reply to Compliance Evaluation Inspection  
Rosalie Oaks WWTF  
Facility ID No. FLA01145  
Polk County**

Dear Mr. Thompson:

This letter is in response to your inspection of the facility referenced above on July 30, 2009. Mr. Glenn Labreque no longer works for Aqua Utilities Florida. Future correspondence should be addressed to Mr. John Lihvarcik, President and COO, Aqua Utilities Florida, 1100 Thomas Ave., Leesburg FL, 34748 or [JMLihvarcik@aquaamerica.com](mailto:JMLihvarcik@aquaamerica.com).

#### Permit

The permit renewal package near completion and will be sent to the Department under a separate cover letter.

#### Records and Reports

- 2.b. Abnormally heavy rains, which resulted in some manholes being under water which caused the higher flows at this facility during this time frame.

#### Flow Measurement

All future flow calibrations will be signed by the person doing the calibration.

#### Facility Site Review

5. As noted during the inspection, there are two tanks that are utilized for digestion. There are five other tanks that were labeled as digesters in the previous permit application. The tank usage will be outlined in flow schematics and described in detail in the permit renewal package.
6. This issue is currently being worked on by Aqua's attorneys and title agency. We will keep the Department updated with the progress of this issue.

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

Sincerely,



Patrick A. Farris  
Environmental Compliance Specialist  
Aqua Utilities Florida, Inc.

cc: Dennis Muldoon, via e-mail  
Harry Householder, via e-mail  
Michael Pickel, via e-mail

PATRICK



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

<b>I. General Information for the Month/Year of:</b>		<b>May-08</b>	
Consecutive System Name	Village Water	PWS Identification Number	6532779
Consecutive System Type	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month	170	Total Population Served at End of Month	493
Consecutive System Owner	Aqua Utilities Florida		
Contact Person	Steve Fuller	Contact Person's Title	Sn. Facilities Operator
Contact Person's Mailing Address	415 West Daughtery Rd	City	Lakeland State FL Zip Code 33810
Contact Person's Telephone Number	813-267-2074	Contact Person's Fax Number	863-853-4937
Contact Person's E-Mail Address	sfuller@aquaamerica.com		

<b>II. Daily Data for the Month/Year of:</b>		<b>May-08</b>			
Type of Disinfectant Residual Maintained in Distribution System		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.3		17		
2	1.2		18		
3			19	1.2	
4			20	1.2	
5	1.2		21	1.4	
6	1.2		22	1.3	
7	1.3		23	1.3	
8	1.2		24		
9	1.3		25		
10			26	1.4	
11			27	1.4	
12	1.2		28	1.3	
13	1.2	Main pipe break on BWN. Samples pulled and passed	29	1.4	
14	1.4	All OK	30	1.3	
15	1.3		31		
16	1.3				

I am duly authorized to sign this report on behalf of the consecutive system 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.

*Steve Fuller* *16-08-08*  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number or Title

PATRICK



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

<b>I. General Information for the Month/Year of:</b>		<b>June-08</b>	
Consecutive System Name	Village Water	PWS Identification Number	6532779
Consecutive System Type	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month	170	Total Population Served at End of Month	493
Consecutive System Owner	Aqua Utilities Florida		
Contact Person	Steve Fuller	Contact Person's Title	Sr. Facilities Operator
Contact Person's Mailing Address	415 West Daughtery Rd.	City	Lakeland
Contact Person's Telephone Number	813-267-2074	State	FL
Contact Person's E-Mail Address	sifuller@aquaamerica.com	Zip Code	33810
		Contact Person's Fax Number	863-853-4937

<b>II. Daily Data for the Month/Year of:</b>		<b>June-08</b>			
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.3		17	1.2	
2	1.3		18	1.1	
3	1.4		19	1.1	
4	1.2		20	1.0	
5	1.2		21	0.0	
6	0.0		22	0.0	
7	0.0		23	1.2	
8	1.2		24	1.1	
9	1.3		25	1.1	
10	1.2		26	1.0	
11	1.0		27	1.2	
12	1.1		28	0.0	
13	0.0		29	0.0	
14	0.0		30	1.2	
15	1.2		31	0.0	
16	1.2				

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date: Steve Fuller 7-10-08

Printed or Typed Name: Steve Fuller

License Number or Title: B-7519



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name:	Village Water	PWS Identification Number:	6532779
Consecutive System Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month:	191	Total Population Served at End of Month:	554
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Steve Fuller	Contact Person's Title:	Sn. Facilities Operator
Contact Person's Mailing Address:	415 West Daughtery Rd.	City:	Lakeland
Contact Person's Telephone Number:	813-267-2074	State:	FL
Contact Person's E-Mail Address:	slfuller@aquaamerica.com	Zip Code:	33810
		Contact Person's Fax Number:	863-853-4937

**II. Daily Data for the Month/Year of:** **July-08**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.2		17	1.2	
2	1.0		18	1.1	
3	1.1		19		
4	1.2		20		
5	1.1		21	1.1	
6			22		
7	1.3		23	1.2	
8	1.2		24		
9	1.2		25	1.1	
10	1.3		26		
11	1.2		27		
12			28	1.1	
13			29		
14	1.2		30	1.1	
15	1.2		31		
16	1.3				

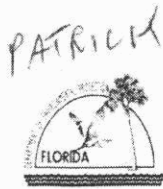
I am duly authorized to sign this report on behalf of the consecutive system identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Steve Fuller 8-6-08  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number or Title





# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name:	Village Water	PWS Identification Number:	6532779
Consecutive System Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month:	191	Total Population Served at End of Month:	554
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Steve Fuller	Contact Person's Title:	Sn. Facilities Operator
Contact Person's Mailing Address:	415 West Daughtery Rd.	City:	Lakeland
Contact Person's Telephone Number:	813-267-2074	State:	FL
Contact Person's E-Mail Address:	sfuller@aquaaamerica.com	Zip Code:	33810
		Contact Person's Fax Number:	863-853-4937

**II. Daily Data for the Month/Year of:** **August-08**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.2		17		
2			18	1.2	
3			19		
4	1.2		20	1.1	
5			21		
6	1.3		22	1.0	
7			23		
8	1.2		24		
9			25	1.1	
10			26		
11	1.0		27	1.1	
12			28		
13	1.1		29	1.1	
14			30		
15	1.1		31		
16					

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 9-10-08  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number or Title

PATRICK



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

<b>I. General Information for the Month/Year of:</b>		<b>September-08</b>	
Consecutive System Name: Village Water		PWS Identification Number: 6532779	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 191		Total Population Served at End of Month: 554	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Steve Fuller		Contact Person's Title: Sn. Facilities Operator	
Contact Person's Mailing Address: 415 West Daughtery Rd.		City: Lakeland	State: FL Zip Code: 33810
Contact Person's Telephone Number: 813-267-2074		Contact Person's Fax Number: 863-853-4937	
Contact Person's E-Mail Address: slfuller@aquaaamerica.com			

<b>II. Daily Data for the Month/Year of:</b>		<b>September-08</b>			
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.2		17	1.1	
2			18		
3	1.3		19	1.2	
4			20		
5	1.2		21		
6			22	1.1	
7			23		
8	1.1		24	1.2	
9			25		
10			26	1.2	
11	1.1		27		
12	1.1		28		
13			29	1.3	
14			30		
15	1.2				
16					

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 10-8-08  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number or Title

PATRICK



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

<b>I. General Information for the Month/Year of:</b>		<b>October-08</b>	
Consecutive System Name: Village Water		PWS Identification Number: 6532779	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 191		Total Population Served at End of Month: 554	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Steve Fuller		Contact Person's Title: Sn. Facilities Operator	
Contact Person's Mailing Address: 415 West Daughtery Rd.		City: Lakeland	State: FL Zip Code: 33810
Contact Person's Telephone Number: 813-267-2074		Contact Person's Fax Number: 863-853-4937	
Contact Person's E-Mail Address: slfuller@aquaamerica.com			

<b>II. Daily Data for the Month/Year of:</b>		<b>October-08</b>			
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	1.0	
2			18		
3	1.0		19		
4			20	1.2	
5			21		
6	1.1		22	1.0	
7			23		
8	1.1		24	1.1	
9			25		
10	0.7		26	1.0	
11			27		
12			28	1.1	
13	1.0		29		
14			30		
15	1.1		31	1.4	
16					

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 11-7-08  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number or Title



PATRICK

## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

<b>I. General Information for the Month/Year of:</b>		<b>November-08</b>	
Consecutive System Name:	Village Water	PWS Identification Number:	6532779
Consecutive System Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month:	191	Total Population Served at End of Month:	554
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Steve Fuller	Contact Person's Title:	Sr. Facilities Operator
Contact Person's Mailing Address:	415 West Daughtery Rd.	City:	Lakeland State: FL Zip Code: 33810
Contact Person's Telephone Number:	813-267-2074	Contact Person's Fax Number:	863-853-4937
Contact Person's E-Mail Address:	sifuller@aquaaamerica.com		

<b>II. Daily Data for the Month/Year of:</b>		<b>November-08</b>			
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	0.8	
2			18		
3	1.1		19	1.0	
4	1.0		20		
5	1.0		21	0.8	
6	1.1		22		
7	1.1		23		
8			24	0.9	
9			25		
10	1.1		26	1.0	
11	1.0		27		
12	1.0		28	1.1	
13			29		
14	0.6		30		
15					
16					

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 12-15-08  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number or Title



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

<b>I. General Information for the Month/Year of:</b>		<b>December-08</b>	
Consecutive System Name:	Village Water	PWS Identification Number:	6532779
Consecutive System Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month:	191	Total Population Served at End of Month:	554
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Steve Fuller	Contact Person's Title:	Sn. Facilities Operator
Contact Person's Mailing Address:	415 West Daughtery Rd.	City:	Lakeland
Contact Person's Telephone Number:	813-267-2074	State:	FL
Contact Person's E-Mail Address:	sfuller@aquaamerica.com	Zip Code:	33810
		Contact Person's Fax Number:	863-853-4937

<b>II. Daily Data for the Month/Year of:</b>		<b>December-08</b>			
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine	<input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide		
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.2		17	0.8	
2			18		
3	1.0		19	1.0	
4			20		
5	1.0		21		
6			22	1.0	
7			23		
8	1.0		24	1.0	
9			25		
10	1.0		26	1.0	
11			27		
12	1.0		28		
13	1.0		29	1.0	
14			30		
15	1.0		31	1.1	
16					

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 1-7-09  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number or Title





## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

<b>I. General Information for the Month/Year of:</b>		<b>January-09</b>	
Consecutive System Name: Village Water		PWS Identification Number: 6532779	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 191		Total Population Served at End of Month: 554	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Steve Fuller		Contact Person's Title: Sn. Facilities Operator	
Contact Person's Mailing Address: 415 West Daughtery Rd.		City: Lakeland	State: FL Zip Code: 33810
Contact Person's Telephone Number: 813-267-2074		Contact Person's Fax Number: 863-853-4937	
Contact Person's E-Mail Address: sfuller@aquaamerica.com			

<b>II. Daily Data for the Month/Year of:</b>		<b>January-09</b>			
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	1.2		18		
3			19	1.0	
4			20		
5	1.1		21	0.9	
6	1.1		22		
7			23	1.2	
8	1.2		24		
9			25		
10			26	1.2	
11	1.1		27		
12			28	1.2	
13			29		
14	1.0		30	1.2	
15			31		
16	0.9				

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 2-5-09  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number or Title



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

<b>I. General Information for the Month/Year of:</b>		<b>February-09</b>	
Consecutive System Name:	Village Water	PWS Identification Number:	6532779
Consecutive System Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month:	191	Total Population Served at End of Month:	554
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Steve Fuller	Contact Person's Title:	Sn. Facilities Operator
Contact Person's Mailing Address:	415 West Daughtery Rd.	City:	Lakeland State: FL Zip Code: 33810
Contact Person's Telephone Number:	813-267-2074	Contact Person's Fax Number:	863-853-4937
Contact Person's E-Mail Address:	sfuller@aguaamerica.com		

<b>II. Daily Data for the Month/Year of:</b>		<b>February-09</b>			
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	1.2		18	1.0	
3			19		
4	1.3		20	1.1	
5			21		
6	1.3		22		
7			23	1.2	
8			24		
9	1.1		25	1.2	
10			26		
11	1.1		27	1.1	
12			28		
13	1.1		29		
14			30		
15			31		
16	1.2				

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 3-5-09  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number or Title



PATRICK



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

<b>I. General Information for the Month/Year of:</b>		<b>March-09</b>	
Consecutive System Name: Village Water		PWS Identification Number: 6532779	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 191		Total Population Served at End of Month: 554	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Steve Fuller		Contact Person's Title: Sn. Facilities Operator	
Contact Person's Mailing Address: 415 West Daughtery Rd.		City: Lakeland	State: FL Zip Code: 33810
Contact Person's Telephone Number: 813-267-2074		Contact Person's Fax Number: 863-853-4937	
Contact Person's E-Mail Address: slfuller@aquaamerica.com			

<b>II. Daily Data for the Month/Year of:</b>		<b>March-09</b>			
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	1.0		18	1.2	
3			19		
4	1.1		20	1.3	
5			21		
6	1.1		22		
7			23	1.2	
8			24		
9	1.1		25	1.0	
10			26		
11	1.2		27	1.2	
12			28		
13	1.0		29		
14			30	1.1	
15			31		
16	1.1				

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 4-2-09  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number or Title



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

<b>I. General Information for the Month/Year of:</b>		<b>April-09</b>	
Consecutive System Name:	Village Water	PWS Identification Number:	6532779
Consecutive System Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month:	191	Total Population Served at End of Month:	554
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Steve Fuller	Contact Person's Title:	Sn. Facilities Operator
Contact Person's Mailing Address:	415 West Daughtery Rd.	City:	Lakeland
Contact Person's Telephone Number:	813-267-2074	State:	FL
Contact Person's E-Mail Address:	sfuller@aquaamerica.com	Zip Code:	33810
		Contact Person's Fax Number:	863-853-4937

<b>II. Daily Data for the Month/Year of:</b>		<b>April-09</b>	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L
1	1.1	17	1.1
2		18	
3	1.2	19	
4		20	1.2
5		21	
6	1.1	22	1.0
7		23	
8	1.2	24	1.1
9		25	
10	1.2	26	
11		27	1.2
12		28	
13	1.1	29	1.1
14		30	
15	1.2	31	
16			

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 5-5-09  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number or Title

PATRICK



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

<b>I. General Information for the Month/Year of:</b>		<b>May-09</b>	
Consecutive System Name: Village Water		PWS Identification Number: 6532779	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 191		Total Population Served at End of Month: 554	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Steve Fuller		Contact Person's Title: Sn. Facilities Operator	
Contact Person's Mailing Address: 415 West Daughtery Rd.		City: Lakeland	State: FL Zip Code: 33810
Contact Person's Telephone Number: 813-267-2074		Contact Person's Fax Number: 863-853-4937	
Contact Person's E-Mail Address: slfuller@aquaamerica.com			

<b>II. Daily Data for the Month/Year of:</b>		<b>May-09</b>			
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.0		17		
2			18	1.0	
3			19		
4	1.1		20	0.8	
5			21		
6	1.2		22	0.8	
7			23		
8	1.1		24		
9			25	0.8	
10			26		
11	1.0		27	1.0	
12			28		
13	0.6		29	0.8	
14			30		
15	0.8		31		
16					

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 6-8-09  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number or Title

PATRICK



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

<b>I. General Information for the Month/Year of:</b>		<b>June-09</b>	
Consecutive System Name: Village Water		PWS Identification Number: 6532779	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 191		Total Population Served at End of Month: 554	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Steve Fuller		Contact Person's Title: Sn. Facilities Operator	
Contact Person's Mailing Address: 415 West Daughtery Rd.		City: Lakeland	State: FL Zip Code: 33810
Contact Person's Telephone Number: 813-267-2074		Contact Person's Fax Number: 863-853-4937	
Contact Person's E-Mail Address: slfuller@aquaamerica.com			

<b>II. Daily Data for the Month/Year of:</b>		<b>June-09</b>			
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.0		17	1.0	
2			18		
3	1.0		19	1.0	
4			20		
5	1.0		21		
6			22	1.0	
7			23		
8	1.0		24	1.0	
9			25		
10	1.0		26	1.0	
11			27		
12	1.2		28		
13			29	1.0	
14			30		
15	1.0		31		
16					

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 7-9-09  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number or Title



PATRICK



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

<b>I. General Information for the Month/Year of:</b>		<b>July-09</b>	
Consecutive System Name: Village Water		PWS Identification Number: 6532779	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 191		Total Population Served at End of Month: 554	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Steve Fuller		Contact Person's Title: Sn. Facilities Operator	
Contact Person's Mailing Address: 415 West Daughtery Rd.		City: Lakeland	State: FL Zip Code: 33810
Contact Person's Telephone Number: 813-267-2074		Contact Person's Fax Number: 863-853-4937	
Contact Person's E-Mail Address: slfuller@aquaamerica.com			

<b>II. Daily Data for the Month/Year of:</b>		<b>July-09</b>			
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.0		17	1.1	
2	1.0		18		
3			19		
4	0.8		20	1.1	
5			21		
6	0.9		22	1.0	
7			23		
8	1.4		24	1.0	
9			25		
10	1.2		26		
11			27	1.1	
12			28		
13	1.1		29	1.0	
14			30		
15	1.1		31	1.0	
16					

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 8-4-09  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number or Title

PATRICK



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

<b>I. General Information for the Month/Year of:</b>		<b>August-09</b>	
Consecutive System Name: Village Water		PWS Identification Number: 6532779	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 191		Total Population Served at End of Month: 554	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Steve Fuller		Contact Person's Title: Sn. Facilities Operator	
Contact Person's Mailing Address: 415 West Daughtery Rd.		City: Lakeland	State: FL Zip Code: 33810
Contact Person's Telephone Number: 813-267-2074		Contact Person's Fax Number: 863-853-4937	
Contact Person's E-Mail Address: slfuller@aquaamerica.com			

<b>II. Daily Data for the Month/Year of:</b>		<b>August-09</b>			
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	1.1	
2			18		
3	1.1		19	1.1	
4			20		
5	1.1		21	1.0	
6			22		
7	1.0		23		
8			24	1.0	
9			25		
10	1.1		26	1.0	
11			27		
12	1.1		28	1.0	
13			29		
14	1.1		30		
15			31	1.1	
16					

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 9-4-09  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number or Title



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

<b>I. General Information for the Month/Year of:</b>		<b>September-09</b>	
Consecutive System Name:	Village Water	PWS Identification Number:	6532779
Consecutive System Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month:	191	Total Population Served at End of Month:	554
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Steve Fuller	Contact Person's Title:	Sn. Facilities Operator
Contact Person's Mailing Address:	415 West Daughtery Rd.	City:	Lakeland
Contact Person's Telephone Number:	813-267-2074	State:	FL
Contact Person's E-Mail Address:	slfuller@aquaamerica.com	Zip Code:	33810
		Contact Person's Fax Number:	863-853-4937

<b>II. Daily Data for the Month/Year of:</b>		<b>September-09</b>			
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	1.1		18	1.2	
3			19		
4	1.0		20		
5			21	1.0	
6			22		
7	1.1		23	1.1	
8			24		
9	1.1		25	1.0	
10			26		
11	1.0		27		
12			28	1.0	
13			29		
14	1.1		30	1.1	
15			31		
16	1.1				

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 10-7-09  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number or Title





# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

**I. General Information for the Month/Year of:** **October-09**

Consecutive System Name: Village Water PWS Identification Number: 6532779

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

Number of Service Connections at End of Month: 191 Total Population Served at End of Month: 554

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Steve Fuller Contact Person's Title: Sn. Facilities Operator

Contact Person's Mailing Address: 415 West Daughtery Rd. City: Lakeland State: FL Zip Code: 33810

Contact Person's Telephone Number: 813-267-2074 Contact Person's Fax Number: 863-853-4937

Contact Person's E-Mail Address: slfuller@aquaamerica.com

**II. Daily Data for the Month/Year of:** **October-09**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	1.0		18		
3			19	1.0	
4			20		
5	1.0		21	1.0	
6			22		
7	1.0		23	1.1	
8			24		
9	1.0		25		
10			26	1.1	
11			27		
12	1.0		28	1.0	
13			29		
14	1.1		30	0.8	
15			31		
16	1.0				

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 11-6-09  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number or Title



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

**I. General Information for the Month/Year of:** **November-09**

Consecutive System Name: Village Water PWS Identification Number: 6532779

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

Number of Service Connections at End of Month: 191 Total Population Served at End of Month: 554

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Steve Fuller Contact Person's Title: Sn. Facilities Operator

Contact Person's Mailing Address: 415 West Daughtery Rd. City: Lakeland State: FL Zip Code: 33810

Contact Person's Telephone Number: 813-267-2074 Contact Person's Fax Number: 863-853-4937

Contact Person's E-Mail Address: slfuller@aquaaamerica.com

**II. Daily Data for the Month/Year of:** **November-09**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	1.0		18	1.1	
3			19		
4	1.0		20	1.1	
5			21		
6	1.0		22		
7			23	1.1	
8			24		
9	1.0		25	1.1	
10			26		
11	1.0		27	1.0	
12			28		
13	1.0		29		
14			30	1.0	
15			31		
16	1.0				

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 12-10-09  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number or Title



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

<b>I. General Information for the Month/Year of:</b>		<b>December-09</b>	
Consecutive System Name:	Village Water	PWS Identification Number:	6532779
Consecutive System Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month:	191	Total Population Served at End of Month:	554
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Steve Fuller	Contact Person's Title:	Sn. Facilities Operator
Contact Person's Mailing Address:	415 West Daughtery Rd.	City:	Lakeland
Contact Person's Telephone Number:	813-267-2074	State:	FL
Contact Person's E-Mail Address:	sfuller@aquaamerica.com	Zip Code:	33810
		Contact Person's Fax Number:	863-853-4937

<b>II. Daily Data for the Month/Year of:</b>		<b>December-09</b>			
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	1.1		18	1.1	
3			19		
4	1.2		20		
5			21	1.0	
6			22		
7	1.1		23	1.0	
8			24		
9	1.1		25	1.0	
10			26		
11	1.0		27		
12			28	1.0	
13			29		
14	1.0		30	1.1	
15			31		
16	1.2				

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 1-5-10  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number or Title

PATRICK



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

<b>I. General Information for the Month/Year of:</b>		<b>January-10</b>	
Consecutive System Name:	Village Water	PWS Identification Number:	6532779
Consecutive System Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month:	191	Total Population Served at End of Month:	554
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Steve Fuller	Contact Person's Title:	Sn. Facilities Operator
Contact Person's Mailing Address:	415 West Daughtery Rd.	City:	Lakeland
Contact Person's Telephone Number:	813-267-2074	State:	FL
Contact Person's E-Mail Address:	sfuller@aquaamerica.com	Zip Code:	33810
		Contact Person's Fax Number:	863-853-4937

<b>II. Daily Data for the Month/Year of:</b>		<b>January-10</b>			
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.0		17		
2			18	1.0	
3			19		
4	1.1		20	1.1	
5			21		
6	1.2		22	1.0	
7			23		
8	1.0		24		
9			25	1.1	
10			26		
11	1.0		27	1.0	
12			28		
13	1.1		29	1.0	
14			30		
15	1.1		31		
16					

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 2-4-10  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number or Title





## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

<b>I. General Information for the Month/Year of:</b>		<b>February-10</b>	
Consecutive System Name:	Village Water	PWS Identification Number:	6532779
Consecutive System Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month:	191	Total Population Served at End of Month:	554
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Steve Fuller	Contact Person's Title:	Sn. Facilities Operator
Contact Person's Mailing Address:	415 West Daughtery Rd.	City:	Lakeland
Contact Person's Telephone Number:	813-267-2074	State:	FL
Contact Person's E-Mail Address:	slfuller@aquaamerica.com	Zip Code:	33810
		Contact Person's Fax Number:	863-853-4937

<b>II. Daily Data for the Month/Year of:</b>		<b>February-10</b>			
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.0		17	1.0	
2			18		
3	1.0		19	1.2	
4			20		
5	1.1		21		
6			22	1.2	
7			23		
8	1.1		24	1.0	
9			25		
10	1.1		26	1.1	
11			27		
12	1.0		28		
13			29		
14			30		
15	1.0		31		
16					

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller  
Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number or Title



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

<b>I. General Information for the Month/Year of:</b>		<b>March-10</b>	
Consecutive System Name:	Village Water	PWS Identification Number:	6532779
Consecutive System Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month:	191	Total Population Served at End of Month:	554
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Steve Fuller	Contact Person's Title:	Sn. Facilities Operator
Contact Person's Mailing Address:	415 West Daughtery Rd.	City:	Lakeland
Contact Person's Telephone Number:	813-267-2074	State:	FL
Contact Person's E-Mail Address:	sifuller@aquaamerica.com	Zip Code:	33810
		Contact Person's Fax Number:	863-853-4937

<b>II. Daily Data for the Month/Year of:</b>		<b>March-10</b>			
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.1		17	1.0	
2			18		
3	1.1		19	0.9	
4			20		
5	1.0		21		
6			22	1.0	
7			23		
8	1.0		24	0.8	
9			25		
10	1.0		26	0.9	
11			27		
12	0.9		28		
13			29	1.0	
14			30		
15	0.8		31	1.0	
16					

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date

Steve Fuller  
Printed or Typed Name

B-7519  
License Number or Title





# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

<b>I. General Information for the Month/Year of:</b>		<b>April-10</b>	
Consecutive System Name:	Village Water	PWS Identification Number:	6532779
Consecutive System Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month:	191	Total Population Served at End of Month:	554
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Steve Fuller	Contact Person's Title:	Sn. Facilities Operator
Contact Person's Mailing Address:	415 West Daughtery Rd.	City:	Lakeland
Contact Person's Telephone Number:	813-267-2074	State:	FL
Contact Person's E-Mail Address:	sfuller@aquaamerica.com	Zip Code:	33810
		Contact Person's Fax Number:	863-853-4937

<b>II. Daily Data for the Month/Year of:</b>		<b>April-10</b>			
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	1.0		18		
3			19	1.1	
4			20		
5	1.0		21	1.2	
6			22		
7	1.0		23	1.1	
8			24		
9	1.0		25		
10			26	1.0	
11			27		
12	1.0		28	1.0	
13			29		
14	1.0		30	1.0	
15			31		
16	1.0				

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 5-9-10  
Signature and Date

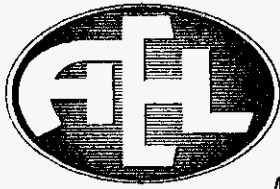
Steve Fuller  
Printed or Typed Name

B-7519  
License Number or Title

# DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

☐ 6601 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.363.9350 • Fax 904.363.9354 • E82574  
☒ 9610 Princess Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 813.630.4327 • E84589

☐ 6815 SW Archer Road • Gainesville, FL 32608 • 352-377-2349 • Fax 352-395-6639 • E82001  
☐ 528 S. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1597 • E53076



**Advanced  
Environmental Laboratories, Inc.**

Relinquish By: [Signature] Date: 04/22 Time: 0900  
 Received By: [Signature] Date: 04/22 Time: 0900  
 Report Number: 71005170 Sub-Contract Lab ID: \_\_\_\_\_

## Analysis Requested: (please check all that apply)

☐ Standard Coliform Test ☐ HPC ☐ Other: \_\_\_\_\_

System Name: VILLAGE WATER  
 System Address: 4411 MAINE AVE  
 System or Owner's Phone #: 863-858-2500  
 Collector: DAN SHERWOOD

PWS I.D. 6532779  
 City: EATON PARK  
 Fax #: 863-853-4937  
 Collector's Phone #: 813-376-3202

## Type of Supply: (check only one)

☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System ☐ Limited Use System  
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other \_\_\_\_\_

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

## To be completed by collector of sample

Sample Number	Sample Point (Location or Specific Address)	Collection Date	Collection Time	Sample Type <sup>1</sup>	Dis-infect Res'd (mg/L)	pH
1	2530 DAWN HTS	4/21/10	130	D	1.4	
2	2826 SECURITY LN	1	120	D	1.2	
3	PDE	1	110	D	1.4	

## To be completed by lab

Total Coliform Analysis Method: <u>SM9222B</u>				
Fecal or E. coli Analysis Method: _____				
Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier <sup>2</sup>	Lab Sample Number
	A			101
	A			102
	A			103

Lab Project Number at top of Form

## Average of disinfectant residuals for routine and repeat samples

(complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.35

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: \_\_\_\_\_  
 Person performing analysis is: (please check one of below)  
☒ A certified operator (# C8570) ☐ Employed by a certified lab  
☐ Supervised by a cert operator (# \_\_\_\_\_) ☐ Employed by DEP or DOH

## Name and Mailing Address of Person to Receive Report

STEVE FULLER  
415 W. DAUGHTERY RD  
LAKE LAND, FL 33809

☐ Satisfactory ☐ Incomplete Collection Information ☐ Repeat Samples Required ☐ Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

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

Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B

Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count [62-550.730 Reporting Format]

Effective 01/95, Revised 11/09/07

Charlie Crist  
Governor



Ana M. Viamonte Ros, MD, MPH  
State Surgeon General

March 02, 2010

CS/Village Water/Aqua Source  
Consecutive Public Water System  
PWS: Id. No. 6532779

Steve Fuller  
Senior Facilities Operator  
415 West Daughtery Road  
Lakeland, FL 33809

Dear Mr. Fuller:

A sanitary survey of the water system conducted on February 25, 2010, indicated that the public water system serving Village Water is substantially in compliance with the requirements listed in *Chapter 62 of the Florida Administrative Code*.

If you have any questions, please contact me at (863) 519-8330 extension 12134.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Reyes", written over a horizontal line.

Rafael Reyes  
Engineering Specialist III

XC: PWS # 6532779 Correspondence File

---

## POLK COUNTY HEALTH DEPARTMENT

Daniel O. Haight, MD, FACP  
Director

**Environmental Engineering Division**  
2090 East Clower Street, Bartow, FL 33830-6741  
Phone (863) 519-8330 / SC 515-7365 / Fax (863) 534-0245  
[www.mypolkchd.org](http://www.mypolkchd.org)

Lynne Saddler, MD, MPH  
Assistant Director



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

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

## STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

**PERMITTEE:**

Aqua Utilities Florida, Inc.

**PERMIT NUMBER:**

FLA013087

**PA FILE NUMBER:**

FLA013087-005-DW3P/NR

**ISSUANCE DATE:**

June 15, 2009

**RESPONSIBLE AUTHORITY:**

**EXPIRATION DATE:**

June 14, 2014

John M. Lihvacik  
President  
P. O. Box 490310  
Leesburg, FL 34749  
(352-787-0980)

**FACILITY:**

Village Water WWTF  
4411 Maine Avenue  
Eaton Park, FL 33801  
Polk County  
Latitude: 28° 00' 39" N Longitude: 81° 52' 27" W

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

**TREATMENT FACILITIES:**

Operation of an existing 0.075 MGD Three-Month Rolling Average Flow (3MRAF), Type III, extended aeration domestic wastewater treatment plant consisting of: one surge tank of 40,000 gallons, fifteen aeration basin of 75,000 gallons of total volume, three clarifiers of 15,600 gallons of total volume and 210 square feet of surface area, one chlorine contact chamber of 5,000 gallons, and three digester of 11,700 gallons of total volume. This plant is operated to provide secondary treatment with basic disinfection. The plant capacity is limit by the reuse system as noted below.

**REUSE:**

Land Application: An existing 0.045 MGD Annual Average Daily Flow (AADF) permitted capacity Part IV rapid-rate land application system (R-001). R-001 consists of two-cell Rapid Infiltration Basins (RIB) of 11.9 acres of bottom surface area. R-001 is located approximately at latitude 28° 00' 39" N, longitude 81° 52' 27" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 16 of this permit.

FACILITY: Village Water WWTF  
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA013087

## I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

### A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.8:

			Reclaimed Water Limitations				Monitoring Requirements			
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow, to R-001	MGD	Maximum	0.045	Report	-	-	5 Days/Week	Elapsed Time Meter	FLW-01	See Cond.I.A.3
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	-	60.0	Monthly	Grab	EFA-01	
Solids, Total Suspended	MG/L	Maximum	20.0	30.0	-	60.0	Monthly	Grab	EFA-01	
pH	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-01	
Coliform, Fecal	#/100ML	Maximum	200	-	-	800	Monthly	Grab	EFA-01	See Cond.I.A.4
Total Chlorine Residual (For Disinfection)	MG/L	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-01	See Cond.I.A.5
Nitrogen, Nitrate, Total (as N)	MG/L	Maximum	-	-	-	12.0	Monthly	Grab	EFA-01	

FACILITY: Village Water WWTF  
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA013087

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

Monitoring Location	Description of Monitoring Location
EFA-01	Effluent sampling point after treatment and prior to Reuse system R-001.
FLW-01	Flow measured at the master lift station.

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



FACILITY: Village Water WWTF  
 PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA013087

**B. Other Limitations and Monitoring and Reporting Requirements**

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.8:

			Limitations				Monitoring Requirements			
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow, Total Plant	MGD	Maximum	0.075 3MRAF	Report	-	-	5 Days/Week	Elapsed Time Meter	FLW-01	See Cond.I.B.3, 5
Percent Capacity, (3MADF/Permitted Capacity) x 100	%	Maximum	-	Report	-	-	Monthly	Calculation	FLW-01	
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	-	Report	-	-	Annually <sup>1</sup>	Grab	INF-01	See Cond.I.B.4
Solids, Total Suspended	MG/L	Maximum	-	Report	-	-	Annually <sup>1</sup>	Grab	INF-01	See Cond.I.B.4

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

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

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

3. The three-month rolling average flow to the treatment plant shall not exceed 0.075 MGD.
4. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4)]
5. A designated elapsed time meter for each pump and a known pumping rate for each pump shall be utilized to measure flow. The meters and the rate for each pump shall be calibrated at least annually. [62-601.200(17)]
6. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method in accordance with 40 CFR Part 136. Parameters which must be monitored as a result of a ground water discharge (i.e., underground injection or land application system) shall be analyzed in accordance with Chapter 62-601, F.A.C. All monitoring shall be representative of the monitored activity. [62-620.610(18)]
7. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]
8. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below, unless specified elsewhere in the permit.

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

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR and shall submit the completed DMR to the Department postmarked by the 28<sup>th</sup> of the month following the month of operation at the addresses specified below:

FACILITY: Village Water WWTF  
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA013087

Originals to:

Florida Department of Environmental Protection  
Wastewater Compliance Evaluation Section, Mail Station 3551  
Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Copies to:

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

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

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

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

Phone Number - 813-632-7600  
FAX Number - 813-632-7662  
Email - DWSWD@DEP.STATE.FL.US

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

## II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this facility is transport to a Residual Management Facility or disposal in a Class I or II solid waste landfill. Transportation of the residuals to an alternative RMF does not require a permit modification, however, use of an alternative RMF requires a copy of the agreement pursuant to Rule 62-640.880(1)(c), F.A.C., along with a written notification to the Department at least 30 days before transport of the residuals.
2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. *[62-640.300(5)]*
3. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. *[62-640.300(5)]*
4. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. *[62-640.100(6)(k)3&4]*

5. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. [62-640.880(2)(d)]
6. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

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

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

### III. GROUND WATER REQUIREMENTS

Section III is not applicable to this facility.

### IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

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

1. All ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. The zone of discharge for this project shall extend horizontally 100 feet from the application site or to the facility's property line, whichever is less, and vertically to the base of the surficial aquifer. [62-520.200(23)] [62-522.400 and 62-522.410]
2. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518]
3. The annual average hydraulic loading rate to the rapid infiltration basin(s) shall be limited to a maximum of 0.14 inches per day (as applied to the entire bottom area). [62-610.523(3)]
4. Rapid infiltration basins shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottoms shall be maintained to be level. [62-610.523(6) and (7)]
5. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.514 and 62-610.414]

6. Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as an abnormal event to the Department's Southwest District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. *[62-610.800(9)]*

## V. OPERATION AND MAINTENANCE REQUIREMENTS

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

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

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

2. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. *[62-699.311(1)]*
3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. *[62-600.405(5)]*
4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. *[62-600.735(1)]*
5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
  - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
  - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
  - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
  - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
  - e. A copy of the current permit;
  - f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
  - g. A copy of the facility record drawings;
  - h. Copies of the licenses of the current certified operators; and
  - i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification

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of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350]

#### VI. SCHEDULES

1. The permittee shall adhere to the following schedule:

Implementation Step	Completion Date
1. Submit a report detailing the relationship between flows to the ponds, water level in the ponds, rainfall and water levels in the piezometers, with the capacity of the RIBs.	12 months after permit issuance

#### VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

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

#### VIII. OTHER SPECIFIC CONDITIONS

1. The permittee shall apply for renewal of this permit at least 180 days before the expiration date of the permit using the appropriate forms listed in Rule 62-620.910, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C. The existing permit shall not expire until the Department has taken final action on the application renewal in accordance with the provisions of 62-620.335(3) and (4), F.A.C. [62-620.335(1)-(4)]
2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-610.850(1)(a) and (2)(a)]
3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8) and 62-640.400(6)]
4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction and conveyance of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. [62-604.130(3)]
5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition 1X. 20. [62-604.550] [62-620.610(20)]



6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants other than normal domestic wastewater constituents:
  - a. Which may cause fire or explosion hazards; or
  - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
  - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
  - d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or
  - e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health and safety problems.

*[62-604.130(54)]*

7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. *[62-610.518(1)] [and 62-600.400(2)(b)]*
8. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. *[62-701.300(1)(a)]*
9. The Permittee shall provide verbal notice to the Department as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department in a written report within 7 days of the sinkhole discovery. *[62-4.070(3)]*
10. The permittee shall provide adequate notice to the Department of the following:
  - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
  - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

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

*[62-620.625(2)]*

## IX. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. [62-620.610(1)]
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. [62-620.610(2)]
3. As provided in Subsection 403.087(6), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3)]
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4)]
5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5)]
6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6)]
7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8)]
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
  - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;

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- b. Have access to and copy any records that shall be kept under the conditions of this permit;
- c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
- d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

*[62-620.610(9)]*

- 10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. *[62-620.610(10)]*
- 11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. *[62-620.610(11)]*
- 12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. *[62-620.610(12)]*
- 13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. *[62-620.610(13)]*
- 14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. *[62-620.610(14)]*
- 15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. *[62-620.610(15)]*
- 16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300 and the Department of Environmental Protection Guide to Wastewater Permitting at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2) for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. *[62-620.610(16)]*
- 17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to

enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:

- a. A description of the anticipated noncompliance;
- b. The period of the anticipated noncompliance, including dates and times; and
- c. Steps being taken to prevent future occurrence of the noncompliance.

*[62-620.610(17)]*

18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.

- a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10), or as specified elsewhere in the permit.
- b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
- c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
- d. Except as specifically provided in Rule 62-160.300, F.A.C., any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health Environmental Laboratory Certification Program (DOH ELCP). Such certification shall be for the matrix, test method and analyte(s) being measured to comply with this permit. For domestic wastewater facilities, testing for parameters listed in Rule 62-160.300(4), F.A.C., shall be conducted under the direction of a certified operator.
- e. Field activities including on-site tests and sample collection shall follow the applicable standard operating procedures described in DEP-SOP-001/01 adopted by reference in Chapter 62-160, F.A.C.
- f. Alternate field procedures and laboratory methods may be used where they have been approved in accordance with Rules 62-160.220 and 62-160.330, F.A.C.

*[62-620.610(18)]*

19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. *[62-620.610(19)]*

20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.

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- a. The following shall be included as information which must be reported within 24 hours under this condition:
  1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
  2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
  3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
  4. Any unauthorized discharge to surface or ground waters.
- b. Oral reports as required by this subsection shall be provided as follows:
  1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the **STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519**, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:
    - a) Name, address, and telephone number of person reporting;
    - b) Name, address, and telephone number of permittee or responsible person for the discharge;
    - c) Date and time of the discharge and status of discharge (ongoing or ceased);
    - d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
    - e) Estimated amount of the discharge;
    - f) Location or address of the discharge;
    - g) Source and cause of the discharge;
    - h) Whether the discharge was contained on-site, and cleanup actions taken to date;
    - i) Description of area affected by the discharge, including name of water body affected, if any; and
    - j) Other persons or agencies contacted.
  2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.
- c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20)]

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. [62-620.610(21)]

22. Bypass Provisions.

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

[62-620.610(22)]

23. Upset Provisions

- a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
  1. An upset occurred and that the permittee can identify the cause(s) of the upset;
  2. The permitted facility was at the time being properly operated;
  3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and
  4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.



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- b. In any enforcement proceeding, the permittee seeking to establish the occurrence of an upset has the burden of proof.
- c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Executed in Hillsborough County, Florida.

STATE OF FLORIDA DEPARTMENT OF  
ENVIRONMENTAL PROTECTION

For

Jeffrey S. Greenwell, P.E.  
Water Facilities Administrator  
Southwest District Office

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida  
 MAILING ADDRESS: 415 West Edaughtery Rd.  
 Lakeland FLA. 33809

PERMIT NUMBER: FLA013087  
 LIMIT: Final  
 CLASS SIZE: N/A  
 Three Month Average Daily Flow: 0.033  
 Monitoring Group Number: R001(Perc/Evap Ponds)  
 PLANTSIZE/TREATMENT TYPE: IIIC  
 NO DISCHARGE FROM SITE:  
 REPORT: Monthly  
 GROUP: Domestic  
 44% CAPACITY  
 WAFR NO: 15196  
 dmr date 5/08

FACILITY: Village Water WWTP  
 LOCATION: 4411 Main Ave.  
 Eaton Park, Fl. 33801

COUNTY: Polk

MONITORING PERIOD--From: 05/01/2008 To: 05/31/2008

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of	Sample Type
Flow	Sample Measurement	0.033			Ex. Analysis	
Flow	Sample Measurement	0				
PARM Code 50050 Y Mon. Site No. INF-01	Permit Requirement	0.075 (Annual Avg.)	mgd		Report Monthly	Calculated Roll. An. Avg.
Flow	Sample Measurement	0.031				
Flow	Sample Measurement	0				
PARM Code 50050 1 Mon. Site No. INF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd		5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.9			
BOD, Carbonaceous 5 day, 20C	Sample Measurement		20.0 (An. Avg.)	MG/L	Report Monthly	Calculated Roll. An. Avg.
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement		5.6	5.6		
BOD, Carbonaceous 5 day, 20C	Sample Measurement		30.0 (Mo. Avg.)	60.0 (Max.)	Monthly	Grab
PARM Code 80082 1 Site No. EFA-01	Permit Requirement		4.2			
Solids, Total Suspended	Sample Measurement		20.0 (An. Avg.)	MG/L	Report Monthly	Calculated Roll. An. Avg.
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement					

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Steve Fuller Operator III

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

*Steve Fuller*

TELEPHONE NO.

813-267-2074

DATE (YY/MM/DD)

08/06/17

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		5.0	5.0	0		
PARM Code 00530 1 Mon. Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.0	7.2	0		
PARM Code 00400 Site No. EFA-01	Mon. Permit Requirement		6.0 (Min.)	8.5(Max)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		15.2		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll. An. Avg.
Coliform, Fecal	Sample Measurement		1.0	1	0		
PARM Code 74055 1 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		1.5		0		
PARM Code 50060 1 Site No. EFA-01	Mon. Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			12.5	0		
PARM Code 08520 1 Site No. EFA-01	Mon. Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		MNR Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement				0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		MNR Annual (February)		MG/L	Annual	Grab

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

# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: April-08

Three-month Average Daily Flow: 0.033

(TMADF/Permitted Capacity)x100: 44%

## Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.034					7.0		1.7		
2	0.036					7.1		1.7		
3	0.019									
4	0.019									
5	0.029					7.1		1.8		
6	0.034	5.6		5.0		7.0	1.0	1.8	23.0	5.0
7	0.038					7.0		1.7		
8	0.033					7.1		1.5		
9	0.036					7.1		1.6	2.0	
10	0.033					7.1		1.5		
11	0.016									
12	0.016					7.2		1.5		
13	0.034					7.1		1.8		
14	0.040					7.1		1.6		
15	0.035					7.2		1.7		
16	0.040					7.2		1.6		
17	0.031									
18	0.021									
19	0.021					7.1		1.7		
20	0.027					7.0		1.9		
21	0.046					7.2		2.0		
22	0.037					7.1		1.9		
23	0.046					7.1		1.8		
24	0.030					7.2		1.8		
25	0.019									
26	0.019					7.1		1.6		
27	0.033					7.1		1.5		
28	0.043					7.2		1.6		
29	0.029					7.1		1.6		
30	0.045					7.1		1.5		
31										

### PLANT STAFFING:

Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13832</u>	Name: <u>Jerry Hahn</u>
Day Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Day Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Chief Day Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>

Type of Effluent Disposal or Reclaimed Water Reuse: ☒ Evaporation / ☐ Percolation Ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☒ Not Applicable: ☒

If yes, cumulative days of wet weather discharge

\* Attach additional sheets if necessary to list all certified operators.

DEP FILE NO.: FLA013087-002-DW3P

PA File No. FLA012773-002-DW2P

Version 2-9-04

PATRICK

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida  
MAILING ADDRESS: 6960 Professional Parkway East  
Sarasota, FL 34240

PERMIT NUMBER: FLA013087  
LIMIT: Final  
CLASS SIZE: N/A  
Three Month Average Daily Flow: 0.035 46% capacity  
Monitoring Group Number: R001 (Perc/Evap Ponds) WAFR NO: 15196  
PLANT SIZE/TREATMENT TYPE: III C  
NO DISCHARGE FROM SITE: ☐ dmr date 6/08

FACILITY: Village Water WWTP  
LOCATION: 4411 Main Ave.  
Eaton Park, FL 33801

COUNTY: Polk MONITORING PERIOD-From: 06/01/2008 To: 06/30/2008

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of	Sample Type
Flow	Sample Measurement	0.034			Ex. Analysis	
PARM Code 50050 Y Mon. Site No. INF-01	Permit Requirement	0.075 (Annual Avg.)	mgd		Report Monthly	Calculated Roll An. Avg.
Flow	Sample Measurement	0.038				
PARM Code 50050 1 Mon. Site No. INF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd		5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.9			
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	MG/L	Report Monthly	Calculated Roll An. Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0	2.0		
PARM Code 80082 I Site No. EFA-01	MON. Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L Monthly	Grab
Solids, Total Suspended	Sample Measurement		4.4			
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	MG/L	Report Monthly	Calculated Roll An. Avg.

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO.

DATE (YY/MM/DD)

Steve Fuller Operator III

*Steve Fuller*

813-267-2074

08/07/21

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR. 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
					Ex.	Analysis	
Solids, Total Suspended	Sample Measurement	2.4	2.4		0		
PARM Code 00530 1 Mon.Site No.EFA-01	Permit Requirement	30 (Mo.Avg.)	60.0 (Max)	MG/L		Monthly	Grab
pH	Sample Measurement	7.2	7.5		0		
PARM Code 00400 Site No.EFA-01	Mon. Permit Requirement	6.0 (Min.)	8.5 (Min.)	SU		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement	3.1			0		
PARM Code 74055 Y Mon.Site No.EFA-01	Permit Requirement	200 (An. Avg.)		#/100mL		Report Monthly	Calculated Roll An.Avg.
Coliform, Fecal	Sample Measurement	1.0	1		0		
PARM Code 74055 1 Mon.Site No.EFA-01	Permit Requirement	Report (Mo. GeoMean)	800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement	0.6			0		
PARM Code 50060 1 Site No. EFA-01	Mon. Permit Requirement	0.5 (Min.)		MG/L		5 Days / Week	Grab
Nitrate	Sample Measurement		0.047		0		
Param Code 08520 1 SiteNo. EFA-01	Mon. Permit Requirement		12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
Param Code 80082 G Mon.Site No. INF-01	Permit Requirement	#DIV/0! Annual (February)		MG/L		Annual	Grab
TSS	Sample Measurement				0		
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement	Annual (February)		MG/L		Annual	Grab

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



# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: June-08

Three-month Average Daily Flow: 0.035

(TMADF/Permitted Capacity)x100: 46%

## Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.042									
2	0.042					7.2		1.5		
3	0.044	2.0		2.4		7.2	1.0	1.5	0.047	2.4
4	0.035					7.5		1.2		
5	0.039					7.4		1.3		
6	0.036					7.4		1.2		
7	0.028					7.5		1.5		
8	0.022									
9	0.022					7.4		1.1		
10	0.034					7.5		1.1		
11	0.040					7.5		1.5		
12	0.038					7.3		2.2		
13	0.038					7.4		2.0		
14	0.027					7.4		2.0		
15	0.027									
16	0.027					7.3		2.0		
17	0.043					7.3		1.9		
18	0.046					7.4		1.9		
19	0.041					7.4		2.0		
20	0.032					7.3		2.0		
21	0.040					7.2		2.0		
22	0.046									
23	0.046					7.4		2.2		
24	0.049					7.3		0.6		
25	0.031					7.4		1.4		
26	0.056					7.3		1.5		
27	0.057					7.4		1.4		
28	0.041					7.5		2.0		
29	0.036									
30	0.036					7.4		1.5		

### PLANT STAFFING:

Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13832</u>	Name: <u>Jerry Hahn</u>
Day Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Day Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Chief Day Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Perculation Ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☒ Not Applicable: ☐

If yes, cumulative days of wet weather discharge

\* Attach additional sheets if necessary to list all certified operators.

DEP FILE NO.: FLA013087-002-DW3P

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087  
 LIMIT: Final  
 CLASS SIZE: N/A  
 Three Month Average Daily Flow: 0.039  
 Monitoring Group Number: R001(Perc/Evap Ponds)  
 PLANTSIZE/TREATMENT TYPE: IIIC  
 NO DISCHARGE FROM SITE:  
 REPORT: Monthly  
 GROUP: Domestic  
 52 % capacity  
 WAFR NO: 15196  
 dmr date 7/08

FACILITY: Village Water WWTP  
 LOCATION: 4411 Main Ave.  
 Eaton Park, FL 33801

COUNTY: Polk

MONITORING PERIOD--From: ~~07/01/2000~~ To: ~~07/01/2000~~

July 2008

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
Flow	Sample Measurement	0.035			0	Ex. Analysis	
PARM Code 50050 Y Mon. Site No INF-01	Permit Requirement	0.075 (Annual Avg)	mgd			Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement	0.048			0		
PARM Code 50050 1 Mon. Site No INF-01	Permit Requirement	REPORT (Mo.Avg.)	mgd			5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.9		0		
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L		Report Monthly	Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0	2.0	0		
PARM Code 80082 I Site No. EFA-01	MON. Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		4.4		0		
PARM Code 00530 Y Mon Site No.EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L		Report Monthly	Calculated Roll.An.Avg.

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Steve Fuller Operator III

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

*Steve Fuller*

TELEPHONE NO.

813-267-2074

DATE (YY/MM/DD)

08/08/26

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		2.0	2.0	0		
PARM Code 00530 1 Mon Site No.EFA-01	Permit Requirement		30 (Mo.Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.1	7.5	0		
PARM Code 00400 Site No.EFA-01	Mon. Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		3.1		0		
PARM Code 74055 Y Mon.Site No.EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll.An.Avg.
Coliform, Fecal	Sample Measurement		1.0	1	0		
PARM Code 74055 1 Mon Site No.EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		1.4		0		
PARM Code 50060 1 Site No. EFA-01	Mon. Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			3.1	0		
ParM Code 08520 1 SiteNo. EFA-01	Mon. Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!		0		
ParM Code 80082 G Mon.Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement		#DIV/0!		0		
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab

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

# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: July-08

Three-month Average Daily Flow:  
(TMADF/Permitted Capacity)x100:

0.039

52%

## Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.062					7.4		1.5		
2	0.048					7.3		1.6		
3	0.038					7.4		1.6		
4	0.030					7.2		1.4		
5	0.030					7.3		1.0		
6	0.028									
7	0.028					7.4		2.2		
8	0.029					7.3		2.2		
9	0.061					7.3		2.2		
10	0.057	2.0		2.0		7.2	1.0	2.0	3.1	2.0
11	0.057					7.2		2.1		
12	0.046					7.3		2.1		
13	0.030									
14	0.030					7.2		2.0		
15	0.057					7.3		2.1		
16	0.084					7.5		2.0		
17	0.067					7.5		1.8		
18	0.063					7.1		1.9		
19	0.050					7.3		2.2		
20	0.029									
21	0.029					7.4		2.1		
22	0.048					7.1		1.9		
23	0.073					7.1		1.5		
24	0.059					7.2		1.6		
25	0.051					7.2		1.6		
26	0.065									
27	0.041									
28	0.041					7.1		1.7		
29	0.041					7.0		1.8		
30	0.059					7.0		1.8		
31	0.055					7.1		1.9		

### PLANT STAFFING:

Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
Day Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Day Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Day Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Chief Day Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Perculation Ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☒ Not Applicable: ☒

If yes, cumulative days of wet weather discharge

\* Attach additional sheets if necessary to list all certified operators.

DEP FILE NO.: FLA013087-002-DW3P

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA013087	REPORT:	Monthly
MAILING ADDRESS:	6960 Professional Parkway East	LIMIT:	Final	GROUP:	Domestic
	Sarasota, FL 34240	CLASS SIZE:	N/A		
		Three Month Average Daily Flow:	0.044		58 % capacity
		Monitoring Group Number	R001(Perc/Evap Ponds)	WAFR NO:	15196
FACILITY:	Village Water WWTP	PLANT SIZE/TREATMENT TYPE:	IIIC		
LOCATION:	4411 Main Ave.	NO DISCHARGE FROM SITE:			dmr c ate 8/08
	Eaton Park, FL 33801				

 COUNTY: Polk MONITORING PERIOD--From: ~~08/01/2006~~ To: ~~08/01/2008~~

Aug. 2008

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of	Sample Type
Flow	Sample Measurement	0.036			Ex. Analysis	
PARM Code 50050 Y Mon. Site No. INF-01	Permit Requirement	0.075 (Annual Avg.)	mgd		Report Monthly	Calculated Roll. An. Avg.
Flow	Sample Measurement	0.047				
PARM Code 50050 1 Mon. Site No. INF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd		5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.9			
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	MG/L	Report Monthly	Calculated Roll. An. Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0	2.0		
PARM Code 80082 1 Site No. EFA-01	MON. Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L Monthly	Grab
Solids, Total Suspended	Sample Measurement		4.1			
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	MG/L	Report Monthly	Calculated Roll. An. Avg.

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Steve Fuller Operator III

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

*Steve Fuller*

TELEPHONE NO.

813-267-2074

DATE (YY/MM/DD)

08/09/23

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		2.0	2.0	0		
PARM Code 00530 1 Mon. Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.1	7.6	0		
PARM Code 00400 Site No. EFA-01	Mon. Permit Requirement		6.0 (Min.)	8.5 (max)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		3.1		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement		1.0	1	0		
PARM Code 74055 1 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		0.4		0		
PARM Code 50060 1 Site No. EFA-01	Mon. Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			1.5	0		
ParM Code 08520 1 Site No. EFA-01	Mon. Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
ParM Code 80082 G Mon. Site No. INF-01	Permit Requirement		#DIV/0! Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement				0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		#DIV/0! Annual (February)		MG/L	Annual	Grab

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



# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: August-08

Three-month Average Daily Flow:

0.044

(TMADF/Permitted Capacity)x100:

58%

## Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.047					7.2		2.0		
2	0.076					7.5		2.2		
3	0.034									
4	0.034					7.5		2.2		
5	0.055					7.4		2.1		
6	0.052					7.4		2.1		
7	0.048					7.2		2.0		
8	0.049					7.6		2.2		
9	0.046					7.5		2.2		
10	0.025									
11	0.025					7.4		1.8		
12	0.043					7.4		1.8		
13	0.046					7.5		1.7		
14	0.061	2.0		2.0		7.3	1.0	1.9	1.5	2.0
15	0.050					7.3		1.9		
16	0.054					7.4		2.2		
17	0.033									
18	0.033					7.3		2.0		
19	0.051					7.3		2.0		
20	0.071					7.1		1.9		
21	0.033					7.2		1.9		
22	0.056					7.2		1.9		
23	0.053					7.3		0.4		
24	0.033									
25	0.033					7.2		1.5		
26	0.065					7.2		1.5		
27	0.054					7.1		1.4		
28	0.056					7.1		1.4		
29	0.063					7.3		1.8		
30	0.074					7.3		1.7		
31										

### PLANT STAFFING:

Lead Operator	Class:	<u>B</u>	Certification No.:	<u>8937</u>	Name:	<u>Steve Fuller</u>
Day Shift Operator	Class:	<u>C</u>	Certification No.:	<u>13832</u>	Name:	<u>Jerry Hahn</u>
Day Shift Operator	Class:		Certification No.:		Name:	
Day Shift Operator	Class:		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.:		Name:	

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Percolation Ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable: ☒

If yes, cumulative days of wet weather discharge

\* Attach additional sheets if necessary to list all certified operators.

DEP FILE NO.: FLA013087-002-DW3P

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087  
 LIMIT: Final  
 CLASS SIZE: N/A  
 Three Month Average Daily Flow: 0.470 62 % capacity  
 Monitoring Group Number: R001 (Perc/Evap Ponds) WAFR NO: 15196  
 PLANT SIZE/TREATMENT TYPE: IIIC  
 NO DISCHARGE FROM SITE: ☐ dmr date 9/08

FACILITY: Village Water WWTP  
 LOCATION: 4411 Main Ave.  
 Eaton Park, FL 33801

COUNTY: Polk

MONITORING PERIOD--From: 09/01/2008 To: 09/30/2008

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
					Ex.	Analysis	
Flow	Sample Measurement	0.037			0		
PARM Code 50050 Y Mon Site No. INF-01	Permit Requirement	0.075 (Annual Avg.)	mgd			Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement	0.045			0		
PARM Code 50050 1 Mon Site No. INF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd			5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.9		0		
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L		Report Monthly	Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.2	2.2	0		
PARM Code 80082 I Site No. EFA-01	MON. Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		4.5		0		
PARM Code 00530 Y Mon Site No. EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L		Report Monthly	Calculated Roll.An.Avg.

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO.

DATE (YY/MM/DD)

Steve Fuller Operator III

*Steve Fuller*

813-267-2074

08/10/27

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
					Ex.	Analysis	
Solids, Total Suspended	Sample Measurement	7.0	7.0		0		
PARM Code 00530 1 Mon. Site No. EFA-01	Permit Requirement	30 (Mo. Avg.)	60.0 (Max)	MG/L		Monthly	Grab
pH	Sample Measurement	7.1	7.6		0		
PARM Code 00400 Site No. EFA-01	Mon. Permit Requirement	6.0 (Min.)	8.5 (Min.)	SU		5 Days / Week	Grab
Coliform, Fecal	Sample Measurement	3.1			0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement	200 (An. Avg.)		#/100mL		Report Monthly	Calculated Roll. An. Avg.
Coliform, Fecal	Sample Measurement	1.0	1		0		
PARM Code 74055 1 Mon. Site No. EFA-01	Permit Requirement	Report (Mo. GeoMean)	800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement	1.0			0		
PARM Code 50060 1 Site No. EFA-01	Mon. Permit Requirement	0.5 (Min.)		MG/L		5 Days / Week	Grab
Nitrate	Sample Measurement		0.54		0		
ParM Code 08520 1 Site No. EFA-01	Mon. Permit Requirement		12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement	#DIV/0!			0		
ParM Code 80082 G Mon. Site No. INF-01	Permit Requirement	Annual (February)		MG/L		Annual	Grab
TSS	Sample Measurement	#DIV/0!			0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement	Annual (February)		MG/L		Annual	Grab

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

# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: September-08

Three-month Average Daily Flow: 0.047

(TMADF/Permitted Capacity)x100: 62%

## Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.062					7.1		1.8		
2	0.033					7.1		1.7		
3	0.044					7.5		1.3		
4	0.046					7.4		1.4		
5	0.043					7.4		1.5		
6	0.041					7.5		1.5		
7	0.033									
8	0.033					7.5		1.4		
9	0.047					7.3		1.3		
10	0.050					7.4		1.4		
11	0.045					7.3		1.5		
12	0.039	2.2		7.0		7.3	1.0	1.4	0.54	7.0
13	0.039					7.4		1.6		
14	0.022									
15	0.022					7.3		1.8		
16	0.062					7.4		2.2		
17	0.026					7.4		2.0		
18	0.061					7.4		2.1		
19	0.145					7.3		1.9		
20	0.048					7.4		2.0		
21	0.025									
22	0.025					7.4		2.0		
23	0.045					7.3		1.9		
24	0.059					7.4		2.2		
25	0.062					7.3		1.4		
26	0.049					7.6		1.0		
27	0.024					7.5		1.1		
28	0.032									
29	0.032					7.4		1.2		
30	0.045					7.4		1.4		

### PLANT STAFFING

Lead Operator	Class: B	Certification No.: 8937	Name: Steve Fuller
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Chief Day Operator	Class: _____	Certification No.: _____	Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Perculation Ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable: ☒

If yes, cumulative days of wet weather discharge

\* Attach additional sheets if necessary to list all certified operators.

DEP FILE NO : FLA013087-002-DW3P

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087

REPORT: Monthly

LIMIT:

Final

GROUP: Domestic

CLASS SIZE:

N/A

Three Month Average Daily Flow:

0.044

59% CAPACITY

Monitoring Group Number

R001(Perc/Evap Ponds)

WAFR NO: 15196

PLANTSIZE/TREATMENT TYPE:

IIIC

NO DISCHARGE FROM SITE:

dmr date 10/08

FACILITY: Village Water WWTP  
 LOCATION: 4411 Main Ave.  
 Eaton Park, FL 33801

COUNTY: Polk

MONITORING PERIOD--From:

~~10/01/0000~~

To:

~~10/01/0000~~OCT  
2008

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of	Sample Type
Flow	Sample Measurement	0.037			Ex. Analysis	
PARM Code 50050 Y Mon. Site No. INF-01	Permit Requirement	0.075 (Annual Avg)	mgd		Report Monthly	Calculated Roll. An. Avg.
Flow	Sample Measurement	0.040				
PARM Code 50050 1 Mon. Site No. INF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd		5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.8			
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	MG/L	Report Monthly	Calculated Roll. An. Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0	2.0		
PARM Code 80082 1 Site No. EFA-01	MON. Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	Monthly	Grab
Solids, Total Suspended	Sample Measurement		4.3			
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	MG/L	Report Monthly	Calculated Roll. An. Avg.

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Steve Fuller Operator III

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

*Steve Fuller*

TELEPHONE NO

813-267-2074

DATE (YY/MM/DD)

08/11/19

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample	Type
Solids, Total Suspended	Sample Measurement		4.2	4.2	0			
PARM Code 00530 1 Mon. Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab	
pH	Sample Measurement		7.2	7.8	0			
PARM Code 00400 Site No. EFA-01	Mon. Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab	
Coliform, Fecal	Sample Measurement		4.0		0			
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll. An. Avg.	
Coliform, Fecal	Sample Measurement		12.0	12	0			
PARM Code 74055 1 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab	
Total Residual Chlorine (for Disinfection)	Sample Measurement		0.7		0			
PARM Code 50060 1 Site No. EFA-01	Mon. Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab	
Nitrate	Sample Measurement			6.1	0			
ParM Code 08520 1 Site No. EFA-01	Mon. Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0			
ParM Code 80082 G Mon. Site No. INF-01	Permit Requirement		#DIV/0! Annual (February)		MG/L	Annual	Grab	
TSS	Sample Measurement				0			
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		#DIV/0! Annual (February)		MG/L	Annual	Grab	

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

# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: October-08

Three-month Average Daily Flow: 0.044  
(TMADF/Permitted Capacity)x100: 59%

## Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.039					7.5		1.2		
2	0.060					7.4		1.4		
3	0.040					7.3		1.1		
4	0.030					7.4		1.6		
5	0.022									
6	0.022					7.3		0.9		
7	0.055					7.4		1.1		
8	0.040					7.2		0.7		
9	0.049					7.3		1.1		
10	0.043					7.5		0.9		
11	0.042					7.3		1.2		
12	0.035									
13	0.035					7.3		0.9		
14	0.045					7.4		1.1		
15	0.051					7.5		1.4		
16	0.050					7.4		1.0		
17	0.040					7.4		1.2		
18	0.030					7.3		1.4		
19	0.029									
20	0.029					7.4		1.0		
21	0.041	2.0		4.2		7.3	12.0	1.1	6.1	4.2
22	0.058					7.4		1.4		
23	0.031					7.4		1.2		
24	0.054					7.3		1.0		
25	0.039					7.5		1.2		
26	0.030									
27	0.030					7.5		0.8		
28	0.038					7.5		1.2		
29	0.065					7.6		1.0		
30	0.039					7.7		2.0		
31	0.034					7.8		1.8		

### PLANT STAFFING:

Lead Operator	Class: B	Certification No.: 8937	Name: Steve Fuller
Day Shift Operator	Class: A	Certification No.: 4370	Name: Dan Sherwood
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Chief Day Operator	Class: _____	Certification No.: _____	Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Percolation Ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☒ Not Applicable ☒

If yes, cumulative days of wet weather discharge

\* Attach additional sheets if necessary to list all certified operators

DEP FILE NO.: FLA013087-002-DW3P





# DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 1519

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Freq
					Ex.	Ana
Solids, Total Suspended	Sample Measurement		16.0	16.0	0	
PARM Code 00530 1 Mon.Site No.EFA-01	Permit Requirement		30 (Mo.Avg.)	60.0 (Max)	MG/L	Mo
pH	Sample Measurement		7.3	7.6	0	
PARM Code 00400 Mon. Site No.EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days
Coliform, Fecal	Sample Measurement		3.7		0	
PARM Code 74055 Y Mon.Site No.EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report
Coliform, Fecal	Sample Measurement		1.0	1.0	0	
PARM Code 74055 1 Mon.Site No.EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Mo
Total Residual Chlorine (for Disinfection)	Sample Measurement		0.5		0	
PARM Code 50060 1 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		MG/L	5 Days
Nitrate	Sample Measurement			0.047	0	
ParM Code 08520 1 Mon SiteNo. EFA-01	Permit Requirement			12.0 (Max.)	MG/L	Mo
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!		0	
ParM Code 80082 G Mon.Site No. INF- 01	Permit Requirement		Annual (February)		MG/L	An
TSS	Sample Measurement		#DIV/0!		0	
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement		Annual (February)		MG/L	An

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

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: November-08

Three-month Average Daily Flow: 0.040

(TMADF/Permitted Capacity)x100:

### Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.049					7.6		1.4		
2	0.024									
3	0.024					7.5		1.0		
4	0.043					7.5		1.6		
5	0.050					7.6		1.4		
6	0.033					7.6		1.5		
7	0.039					7.5		1.4		
8	0.028									
9	0.028					7.6		1.2		
10	0.024					7.5		2.1		
11	0.043					7.5		2.0		
12	0.057					7.4		1.6		
13	0.040					7.5		1.5		
14	0.034					7.5		0.5		
15	0.026									
16	0.026					7.5		1.5		
17	0.039					7.4		1.4		
18	0.043	21.0		16.0		7.5	1.0	1.2	0.047	16.0
19	0.048					7.4		1.0		
20	0.041					7.4		1.0		
21	0.043					7.5		1.4		
22	0.023									
23	0.023					7.4		1.4		
24	0.040		<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> 7.4		1.5		
25	0.044					7.5		1.5		

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087  
 LIMIT: Final  
 CLASS SIZE: N/A  
 Three Month Average Daily Flow: 0.038  
 Monitoring Group Number: R001(Perc/Evap Ponds)  
 PLANT SIZE/TREATMENT TYPE: IIIC  
 NO DISCHARGE FROM SITE:  
 REPORT: Monthly  
 GROUP: Domestic  
 50 % capacity  
 WAFR NO: 15196  
 dmr date 12/08

FACILITY: Village Water WWTP  
 LOCATION: 4411 Main Ave.  
 Eaton Park, FL 33801

COUNTY: Polk

MONITORING PERIOD-From: ~~12/01/2000~~ To: ~~12/31/2000~~

DEC 2008

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
Flow	Sample Measurement	0.038			0	Ex. Analysis	
PARM Code 50050 Y Mon. Site No. INF-01	Permit Requirement	0.075 (Annual Avg.)	mgd			Report Monthly	Calculated Roll. An. Avg.
Flow	Sample Measurement	0.038			0		
PARM Code 50050 1 Mon. Site No. INF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd			5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		5.2		0		
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	MG/L		Report Monthly	Calculated Roll. An. Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement		16.0	16.0	0		
PARM Code 80082 I MON. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		5.6		0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	MG/L		Report Monthly	Calculated Roll. An. Avg.

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Steve Fuller Operator III

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

*Steve Fuller*

TELEPHONE NO

813-267-2074

DATE (YY/MM/DD)

09/01/16

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		9.6	9.6	0		
PARM Code 00530 1 Mon Site No.EFA-01	Permit Requirement		30 (Mo Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.3	7.6	0		
PARM Code 00400 Site No.EFA-01	Mon. Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		3.7		0		
PARM Code 74055 Y Mon Site No.EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll An.Avg
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code 74055 1 Mon Site No.EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		0.8		0		
PARM Code 50060 1 Site No. EFA-01	Mon. Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			0.28	0		
Parm Code 08520 1 SiteNo. EFA-01	Mon. Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!		0		
Parm Code 80082 G Mon Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement		#DIV/0!		0		
PARM Code 00530 G Mon Site No.INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab

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

# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: December-08

Three-month Average Daily Flow: 0.038

(TMADF/Permitted Capacity)x100: 50%

## Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect ) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.048					7.5		1.8		
2	0.046					7.4		1.6		
3	0.054					7.5		1.5		
4	0.039					7.5		1.6		
5	0.048					7.5		1.6		
6	0.021									
7	0.021					7.5		1.6		
8	0.040					7.5		1.5		
9	0.034					7.4		1.3		
10	0.054					7.4		1.1		
11	0.036					7.4		1.2		
12	0.041					7.5		1.4		
13	0.033					7.5		1.4		
14	0.029									
15	0.029					7.4		1.6		
16	0.050	16.0		9.6		7.5	1.0	1.8	0.28	9.6
17	0.060					7.5		1.6		
18	0.044					7.4		2.0		
19	0.048					7.5		1.8		
20	0.023									
21	0.023					7.6		1.6		
22	0.037					7.5		1.5		
23	0.051					7.5		1.8		
24	0.040					7.6		1.6		
25	0.031					7.3		1.2		
26	0.039					7.4		1.6		
27	0.023									
28	0.023					7.5		1.8		
29	0.027					7.4		1.0		
30	0.049					7.5		1.0		
31	0.041					7.5		0.8		

### PLANT STAFFING

Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
Day Shift Operator	Class: <u>A</u>	Certification No.: <u>4370</u>	Name: <u>Dan Sherwood</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Chief Day Operator	Class: _____	Certification No.: _____	Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Percolation Ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable: ☒ If yes, cumulative days of wet weather discharge

\* Attach additional sheets if necessary to list all certified operators.

DEP FILE NO.: FLA013087-002-DW3P

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087  
 LIMIT: Final  
 CLASS SIZE: N/A  
 Three Month Average Daily Flow: 0.035  
 Monitoring Group Number: R001(Perc/Evap Ponds)  
 PLANT SIZE/TREATMENT TYPE: IIIC  
 NO DISCHARGE FROM SITE:  
 REPORT: Monthly  
 GROUP: Domestic  
 46% capacity  
 WAFR NO: 15196  
 dmr date 1/09

FACILITY: Village Water WWTP  
 LOCATION: 4411 Main Ave.  
 Eaton Park, FL 33801

COUNTY: Polk

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

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
					Ex.	Analysis	
Flow	Sample Measurement	0.038			0		
PARM Code 50050 Y Mon. Site No. INF-01	Permit Requirement	0.075 (Annual Avg)	mgd			Report Monthly	Calculated Roll. An. Avg.
Flow	Sample Measurement	0.031			0		
PARM Code 50050 1 Mon. Site No. INF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd			5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		5.2		0		
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	MG/L		Report Monthly	Calculated Roll. An. Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.4	2.4	0		
PARM Code 80082 I MON. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		5.8		0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	MG/L		Report Monthly	Calculated Roll. An. Avg.

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Steve Fuller Operator III

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO.

813-267-2074

DATE (YY/MM/DD)

09/02/24

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



## DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		3.6	3.6	0		
PARM Code 00530 1 Mon. Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.1	7.4	0		
PARM Code 00400 Site No. EFA-01	Mon. Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		3.7		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll. An. Avg.
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code 74055 1 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		1.8		0		
PARM Code 50060 1 Site No. EFA-01	Mon. Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			5.1	0		
PARM Code 08520 1 Site No. EFA-01	Mon. Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!		0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement		#DIV/0!		0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab

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

# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: January-09

Three-month Average Daily Flow: 0.035

(TMADF/Permitted Capacity)x100: 46%

## Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.024					7.2		2.2		
2	0.031					7.1		2.2		
3	0.027					7.3		2.2		
4	0.019									
5	0.019					7.4		2.2		
6	0.035	2.4		3.6		7.3	1.0	2.1	5.1	3.6
7	0.029					7.2		1.8		
8	0.061					7.2		2.0		
9	0.036					7.1		1.8		
10	0.016									
11	0.016					7.2		2.0		
12	0.028					7.1		1.8		
13	0.038					7.2		2.0		
14	0.038					7.1		2.2		
15	0.029					7.3		2.2		
16	0.048					7.2		2.2		
17	0.029					7.3		2.2		
18	0.020									
19	0.020					7.2		2.2		
20	0.038					7.3		2.2		
21	0.031					7.4		2.0		
22	0.042					7.3		2.2		
23	0.022					7.4		2.2		
24	0.020									
25	0.020					7.3		2.2		
26	0.032					7.4		2.0		
27	0.034					7.3		2.0		
28	0.044					7.2		2.1		
29	0.037					7.3		2.0		
30	0.043					7.4		2.1		
31	0.042					7.3		1.8		

### PLANT STAFFING:

Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
Day Shift Operator	Class: <u>A</u>	Certification No.: <u>4370</u>	Name: <u>Dan Sherwood</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Chief Day Operator	Class: _____	Certification No.: _____	Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Perculation Ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☒ Not Applicable: ☒

If yes, cumulative days of wet weather discharge

\* Attach additional sheets if necessary to list all certified operators.

DEP FILE NO.: FLA013087-002-DW3P

PA File No. FLA012773-002-DW2P

Version 2-9-04

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida  
MAILING ADDRESS: 6960 Professional Parkway East  
Sarasota, FL 34240

PERMIT NUMBER: FLA013087  
LIMIT: Final  
CLASS SIZE: N/A  
Three Month Average Daily Flow: 0.035 46% capacity  
Monitoring Group Number: R001(Perc/Evap Ponds) WAFR NO: 15196  
PLANT SIZE/TREATMENT TYPE: IIIC  
NO DISCHARGE FROM SITE: dmr date 2/09

FACILITY: Village Water WWTP  
LOCATION: 4411 Main Ave.  
Eaton Park, FL 33801

COUNTY: Polk MONITORING PERIOD--From: 02/01/2009 To: 02/28/2009

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
Flow	Sample Measurement	0.038			0	Ex Analysis	
PARM Code 50050 Y Mon Site No INF-01	Permit Requirement	0.075 (Annual Avg)	mgd			Report Monthly	Calculated Roll An Avg
Flow	Sample Measurement	0.035			0		
PARM Code 50050 1 Mon Site No INF-01	Permit Requirement	REPORT (Mo Avg)	mgd			5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		6.1		0		
PARM Code 80082 Y MON Site No EFA-01	Permit Requirement		20.0 (An Avg)	MG/L		Report Monthly	Calculated Roll An Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement		12.0	12.0	0		
PARM Code 80082 1 Site No EFA-01	Permit Requirement		30.0 (Mo Avg)	60.0 (Max)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		5.7		0		
PARM Code 00530 Y Mon Site No EFA-01	Permit Requirement		20.0 (An Avg)	MG/L		Report Monthly	Calculated Roll An Avg

1. Calculated: Rolling Annual Average is the average of the current monthly average and the preceding 11 months' average.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Steve Fuller Operator III

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

*Steve Fuller*

TELEPHONE NO

813-267-2074

DATE (YYMMDD)

09/03/11

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		6.8	6.8	0		
PARM Code 00530 1 Mon. Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.2	7.4	0		
PARM Code 00400 Site No. EFA-01	Mon. Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		3.7		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll An. Avg.
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code 74055 1 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		1.5		0		
PARM Code 50060 1 Site No. EFA-01	Mon. Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			0.048	0		
PARM Code 08520 1 Site No. EFA-01	Mon. Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BCD, Carbonaceous 5 day, 20C	Sample Measurement		390		0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement		170		0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab

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

# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: February-09

Three-month Average Daily Flow: 0.035

(TMADF/Permitted Capacity)x100:

46%

## Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.030									
2	0.030					7.3		1.9		
3	0.044	12.0	390.0	6.8	170.0	7.4	1.0	2.2	0.048	6.8
4	0.047					7.4		2.1		
5	0.038					7.3		2.0		
6	0.040					7.4		1.8		
7	0.023					7.4		1.6		
8	0.034									
9	0.034					7.4		1.8		
10	0.041					7.3		1.6		
11	0.042					7.3		1.5		
12	0.031					7.3		1.6		
13	0.047					7.4		1.5		
14	0.040					7.4		2.0		
15	0.020									
16	0.020					7.4		2.1		
17	0.038					7.4		2.0		
18	0.044					7.4		2.0		
19	0.035					7.3		2.1		
20	0.043					7.2		2.2		
21	0.014									
22	0.014					7.3		2.0		
23	0.029					7.2		1.9		
24	0.040					7.3		1.8		
25	0.036					7.3		1.9		
26	0.046					7.4		2.0		
27	0.048					7.3		2.1		
28	0.029					7.3		2.0		
29										
30										
31										

### PLANT STAFFING:

Lead Operator	Class:	B	Certification No.:	8937	Name:	Steve Fuller
Day Shift Operator	Class:	A	Certification No.:	4370	Name:	Dan Sherwood
Day Shift Operator	Class:		Certification No.:		Name:	
Day Shift Operator	Class:		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.:		Name:	

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Percolation Ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☒ Not Applicable ☐

If yes, cumulative days of wet weather discharge

\* Attach additional sheets if necessary to list all certified operators.

DEP FILE NO. FLA013087-002-DW3P

Office

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087  
 LIMIT: Final  
 CLASS SIZE: N/A  
 Three Month Average Daily Flow: 0.033 44% capacity  
 Monitoring Group Number: R001(Perc/Evap Ponds) WAFR NO: 15196  
 PLANT SIZE/TREATMENT TYPE: IIC  
 NO DISCHARGE FROM SITE: dmr date 3/09

FACILITY: Village Water WWTP  
 LOCATION: 4411 Main Ave.  
 Eaton Park, FL 33801

COUNTY: Polk

MONITORING PERIOD--From: 03/01/2009 To: 03/31/2009

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of	Sample Type
Flow	Sample Measurement	0.038			Ex. Analysis	
PARM Code 50050 Y Mon Site No INF-01	Permit Requirement	0.075 (Annual Avg)	mgd		Report Monthly	Calculated Roll An Avg
Flow	Sample Measurement	0.034				
PARM Code 50050 I Mon Site No INF-01	Permit Requirement	REPORT (Mo Avg.)	mgd		5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		6.3			
PARM Code 80062 Y MON Site No EFA-01	Permit Requirement		20.0 (An Avg.)	MG/L	Report Monthly	Calculated Roll An Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement		4.1	4.1		
PARM Code 80062 I Site No EFA-01	MON. Permit Requirement		30.0 (Mo Avg.)	60.0 (Max.)	Monthly	Grab
Solids, Total Suspended	Sample Measurement		7.1			
PARM Code 00530 Y Mon Site No EFA-01	Permit Requirement		20.0 (An Avg.)	MG/L	Report Monthly	Calculated Roll An Avg

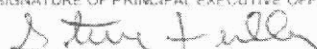
1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Steve Fuller Operator III

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE NO

813-267-2074

DATE (YY/MM/DD)

09/04/23

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

254

# DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		20.0	20.0	0		
PARM Code 00530 1 Mon. Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.2	7.5	0		
PARM Code 00400 Site No. EFA-01	Mon. Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		6.5		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll An Avg.
Coliform, Fecal	Sample Measurement		54.0	54.0	0		
PARM Code 74055 1 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		1.6		0		
PARM Code 50060 1 Site No. EFA-01	Mon. Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			9.0	0		
PARM Code 08520 1 Site No. EFA-01	Mon. Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!		0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement		#DIV/0!		0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab

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



# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: March-09

Three-month Average Daily Flow: 0.033

(TMADF/Permitted Capacity)x100: 44%

## Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.023									
2	0.023					7.3		2.0		
3	0.035					7.4		2.2		
4	0.041					7.4		2.0		
5	0.037	4.1		20.0		7.2	54.0	2.0	9.0	20.0
6	0.045					7.2		2.1		
7	0.018									
8	0.018					7.4		2.0		
9	0.036					7.3		2.1		
10	0.030					7.3		2.1		
11	0.055					7.2		2.2		
12	0.047					7.4		2.2		
13	0.039					7.5		2.2		
14	0.020					7.4		2.0		
15	0.022									
16	0.022					7.4		2.1		
17	0.040					7.3		1.8		
18	0.040					7.4		1.9		
19	0.038					7.3		1.6		
20	0.046					7.4		2.0		
21	0.017									
22	0.017					7.3		1.8		
23	0.032					7.3		1.9		
24	0.037					7.4		1.6		
25	0.054					7.3		1.8		
26	0.050					7.3		1.8		
27	0.047					7.3		1.9		
28	0.023									
29	0.023					7.2		2.0		
30	0.040					7.2		1.8		
31	0.043					7.3		1.8		

### PLANT STAFFING

Lead Operator	Class	B	Certification No.	8937	Name:	Steve Fuller
Day Shift Operator	Class	A	Certification No.	4370	Name:	Dan Sherwood
Day Shift Operator	Class		Certification No.		Name:	
Day Shift Operator	Class		Certification No.		Name:	
Chief Day Operator	Class		Certification No.		Name:	

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Percolation Ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable ☒

If yes, cumulative days of wet weather discharge

\* Attach additional sheets if necessary to list all certified operators.

DEP FILE NO.: FLA013087-002-DW3P

Office

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida  
MAILING ADDRESS: 6960 Professional Parkway East  
Sarasota, FL 34240

PERMIT NUMBER: FLA013087  
LIMIT: Final  
CLASS SIZE: N/A  
Three Month Average Daily Flow: 0.034 45% capacity  
Monitoring Group Number: R001(Perc/Evap Ponds) WAFR NO: 15196  
PLANT SIZE/TREATMENT TYPE: IIIC  
NO DISCHARGE FROM SITE: dmr date 4/09

FACILITY: Village Water WWTP  
LOCATION: 4411 Main Ave.  
Eaton Park, FL 33801

COUNTY: Polk MONITORING PERIOD--From: 04/01/2009 To: 04/30/2009

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
Flow	Sample Measurement	0.038			0	Ex. Analysis	
PARM Code 50050 Y Mon. Site No. INF-01	Permit Requirement	0.075 (Annual Avg.)	mgd			Report Monthly	Calculated Roll An Avg
Flow	Sample Measurement	0.033			0		
PARM Code 50050 1 Mon. Site No. INF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd			5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			6.3	0		
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	MG/L	Report Monthly	Calculated Roll An Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.7	4.7	0	
PARM Code 80082 1 Site No. EFA-01	MON. Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L Monthly	Grab
Solids, Total Suspended	Sample Measurement			8.1	0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	MG/L	Report Monthly	Calculated Roll An Avg

1. Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 months' average.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Steve Fuller Operator III

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

*Steve Fuller*

TELEPHONE NO.

813-267-2074

DATE (YY/MM/DD)

09/05/14

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		18.2	33.0	0		
PARM Code 00530 1 Mon. Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
pH	Sample Measurement		6.8	7.3	0		
PARM Code 00400 Site No. EFA-01	Mon. Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		6.3		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll An. Avg
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code 74055 1 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		1.0		0		
PARM Code 50060 1 Site No. EFA-01	Mon. Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			1.9	0		
Param Code 08520 1 Site No. EFA-01	Mon. Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
Param Code 80082 G Mon. Site No. INF-01	Permit Requirement		#DIV/0! Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement				0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		#DIV/0! Annual (February)		MG/L	Annual	Grab

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

# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: April-09

Three-month Average Daily Flow:

0.034

(TMADF/Permitted Capacity)x100:

450/0

## Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon. Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.050					7.2		1.9		
2	0.042					7.0		1.6		
3	0.047					7.1		2.2		
4	0.019									
5	0.019					7.2		2.1		
6	0.029					7.1		2.0		
7	0.041					7.2		2.1		
8	0.045					7.0		1.9		
9	0.037	4.7		33.0		7.1	10	2.2	1.9	33.0
10	0.048					7.0		2.0		
11	0.027					6.8		1.6		
12	0.019									
13	0.019					7.0		1.8		
14	0.037					7.2		2.1		
15	0.046					7.3		2.1		
16	0.048					7.1		1.3		
17	0.045					7.1		1.0		
18	0.026					7.3		1.4		
19	0.019									
20	0.019					7.2		1.8		
21	0.033					7.1		1.6		
22	0.033					7.0		2.2		
23	0.039			3.4		7.1		1.6		3.4
24	0.039					7.0		2.0		
25	0.016									
26	0.016					7.0		1.6		
27	0.028					7.0		1.5		
28	0.031					7.1		1.4		
29	0.027					7.0		1.6		
30	0.032					7.1		2.2		
31										

### PLANT STAFFING:

Lead Operator	Class:	B	Certification No.:	8937	Name:	Steve Fuller
Day Shift Operator	Class:	A	Certification No.:	4370	Name:	Dan Sherwood
Day Shift Operator	Class:		Certification No.:		Name:	
Day Shift Operator	Class:		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.:		Name:	

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Percolation Ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☒ Not Applicable: ☐

If yes, cumulative days of wet weather discharge

\* Attach additional sheets if necessary to list all certified operators

DEP FILE NO.: FLA013087-002-DW3P

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida  
MAILING ADDRESS: 6960 Professional Parkway East  
Sarasota, FL 34240

PERMIT NUMBER: FLA013087  
LIMIT: Final  
CLASS SIZE: N/A  
Three Month Average Daily Flow: 0.036  
Monitoring Group Number: R001(Perc/Evap Ponds)  
PLANT SIZE/TREATMENT TYPE: IIIC  
NO DISCHARGE FROM SITE:  
REPORT: Monthly  
GROUP: Domestic  
48% Capacity  
WAFR NO: 15196  
dmr d ate 5/09

FACILITY: Village Water WWTP  
LOCATION: 4411 Main Ave.  
Eaton Park, FL 33801

COUNTY: Polk

MONITORING PERIOD-From: 05/01/2009 To: 05/31/2009

Parameter		Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
						Ex.	Analysis	
Flow	Sample Measurement	0.039				0		
PARM Code 50050 Y Mon. Site No. INF-01	Permit Requirement	0.075 (Annual Avg)	mgd				Report Monthly	Calculated Roll An. Avg.
Flow	Sample Measurement	0.041				0		
PARM Code 50050 1 Mon. Site No. INF-01	Permit Requirement	REPORT (Mo. Avg.)	mgd				5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			6.0		0		
PARM Code 80082 Y Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	MGL		Report Monthly	Calculated Roll An. Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0		
PARM Code 80082 1 Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MGL	Monthly	Grab
Solids, Total Suspended	Sample Measurement			7.8		0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	MGL		Report Monthly	Calculated Roll An. Avg.

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller Operator III	<i>Steve Fuller</i>	813-267-2074	10/07/12

## DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

PERMIT NUMBER: FLA013087

Monitoring Group NO.: R001

WAFR: 15196

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		2.0	2.0	0		
PARM Code 00530 1 Mon. Site No. EFA-01	Permit Requirement		30 (Mo. Avg.)	60.0 (Max)	MG/L	Monthly	Grab
pH	Sample Measurement		7.0	7.4	0		
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		6.3		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Report Monthly	Calculated Roll. An. Avg.
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code 74055 1 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		1.0		0		
PARM Code 50060 1 Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrate	Sample Measurement			10.0	0		
PARM Code 08520 1 Mon. Site No. EFA-01	Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!		0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab
TSS	Sample Measurement		#DIV/0!		0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Annual (February)		MG/L	Annual	Grab

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



# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013087

Month/Year: May-09

Three-month Average Daily Flow: 0.036

(TMADF/Permitted Capacity)x100: 48%

## Village waterWWTP (R001)

	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (Std. Units)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	TSS (mg/L)
Code	50050	80082	80082	00530	00530	00400	74055	50060	00620	00530
Mon.Site	FLW-01	EFA-01	INF-01	EFA-01	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01
1	0.048					7.3		2.2		
2	0.024					7.4		2.2		
3	0.015									
4	0.015					7.3		2.1		
5	0.025	2.0		2.0		7.2	1.0	1.8	10.0	2.0
6	0.046					7.1		1.6		
7	0.035					7.1		1.9		
8	0.031					7.0		1.8		
9	0.019					7.3		2.2		
10	0.018									
11	0.018					7.2		2.0		
12	0.031					7.1		1.6		
13	0.075					7.0		1.8		
14	0.027					7.1		1.6		
15	0.068					7.0		1.9		
16	0.025									
17	0.025					7.1		1.8		
18	0.060					7.1		1.3		
19	0.051					7.0		1.6		
20	0.073					7.0		1.8		
21	0.052					7.1		1.8		
22	0.056					7.0		1.6		
23	0.050									
24	0.050					7.1		1.8		
25	0.045					7.0		1.8		
26	0.059					7.2		1.9		
27	0.052					7.1		1.8		
28	0.050					7.0		1.6		
29	0.056					7.1		2.0		
30	0.050					7.3		1.4		
31	0.034									

### PLANT STAFFING:

Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
Day Shift Operator	Class: <u>A</u>	Certification No.: <u>4370</u>	Name: <u>Dan Sherwood</u>
Day Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Day Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Chief Day Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Percolation Ponds

Limited Wet Weather Discharge Activated: Yes: ☐ No: ☐ Not Applicable: ☒

If yes, cumulative days of wet weather discharge

\* Attach additional sheets if necessary to list all certified operators.



PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087  
 LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Village Water WWTP  
 LOCATION: 4411 Main Ave.  
 Eaton Park, FL 33801

Monitoring Group Number: R001  
 MONITORING GROUP DESC: RIB (R-001), including Influent

NO DISCHARGE TO R-001: ☐

COUNTY: Polk

MONITORING PERIOD--From: 06/01/2009 To: 06/30/2009

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of	Sample Type
Flow, To R-001	Sample Measurement	0.040			Ex. Analysis	
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.045 (AADF)	mgd		Monthly	Calculation
Flow, To R-001	Sample Measurement	0.049				
PARM Code 50050 I Mon.Site No.FLW-01	Permit Requirement	REPORT (Mo.Avg.)	mgd		5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		6.0			
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0	2.0		
PARM Code 80082 A MON. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly
Solids, Total Suspended	Sample Measurement		7.9			Grab
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L	Monthly	Calculation
Solids, Total Suspended	Sample Measurement		3.8	3.8		
PARM Code 00530 A Mon.Site No.EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly
						Grab

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO.

DATE (YY/MM/DD)

Steve Fuller Operator Senior Facilities Operator

*Steve Fuller*

813-267-2074

09/07/27

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

Monitoring Group NO.: R001

PERMIT NUMBER: FLA013087

Polk County

MONITORING PERIOD--From: 06/01/2009

To: 06/30/2009

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
pH	Sample Measurement		7.0	7.3	0	Ex. Analysis	
PARM Code 00406 A Site No. EFA-01	Mon. Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		6.3		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculation
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		1.0		0		
PARM Code 50060 A Site No. EFA-01	Mon. Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			9.8	0		
ParM Code 00620 A Site No. EFA-01	Mon. Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
Flow, Total Plant	Sample Measurement	0.041			0		
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement	0.075 (3MRAF)	MGD			Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 100	Sample Measurement		55				
PARM Core 00180 I Site No. FLW-01	Mon. Permit Requirement		Report	%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!				
PARM Code 80082 G No. INF-01	Mon. Site Permit Requirement		Report	mg/L		Annually (February)	Grab
Solids, Total Suspended	Sample Measurement		#DIV/0!				
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement		Report	mg/L		Annually (February)	Grab

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

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

# DAILY SAMPLE RESULTS - PART B (R-001)

Permit Number: FLA013087

Facility: Village Water WWTF

Month Period: From: 6/1/09

To: 6/30/09

County: Polk

	Flow (MGD) R 001 & Total Plant	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (Std. Units)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00400	50060	00620	
Mon Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	0.069				7.2	1.4		
2	0.036	2.0	3.8	1.0	7.3	1.6	9.8	
3	0.044				7.2	1.8		
4	0.034				7.3	1.6		
5	0.090				7.2	1.8		
6	0.036							
7	0.036				7.1	1.6		
8	0.042				7.1	1.8		
9	0.052				7.1	2.0		
10	0.065				7.0	1.8		
11	0.057				7.1	1.6		
12	0.058				7.0	1.4		
13	0.040				7.3	2.2		
14	0.031							
15	0.031				7.2	2.0		
16	0.050				7.1	2.0		
17	0.036				7.2	2.0		
18	0.076				7.1	2.2		
19	0.069				7.0	1.0		
20	0.037							
21	0.037				7.1	1.4		
22	0.048				7.1	1.6		
23	0.060				7.2	1.4		
24	0.078				7.2	1.6		
25	0.041				7.1	1.4		
26	0.072				7.1	1.1		
27	0.041				7.3	1.4		
28	0.025							
29	0.025				7.2	1.5		
30	0.061				7.3	1.4		

## PLANT STAFFING:

Day Shift Operator	Class: <u>    A    </u>	Certification No.: <u>    4370    </u>	Name: <u>    Dan Sherwood    </u>
Evening Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Night Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Lead Operator	Class: <u>    B    </u>	Certification No.: <u>    8937    </u>	Name: <u>    Steve Fuller    </u>

PA FILE NO.: FLA013087-005-DW3P/NR  
 DEP Form 62-620 910(10). Effective November 29, 1994

PA File No. FLA012773-002-DW2P  
 Version 2-9-04

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087  
 LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Village Water WWTP  
 LOCATION: 4411 Main Ave.  
 Eaton Park, FL 33801

Monitoring Group Number: R001  
 MONITORING GROUP DESC: RIB (R-001), including Influent

NO DISCHARGE TO R-001: ☐

COUNTY: Polk

MONITORING PERIOD--From: 07/01/2009 To: 07/31/2009

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of	Sample Type
Flow, To R-001	Sample Measurement	0.040			Ex. Analysis	
PARM Code 50050 Y Mon Site No. FLW-01	Permit Requirement	0.045 (AADF)	mgd		Monthly	Calculation
Flow, To R-001	Sample Measurement	0.053				
PARM Code 50050 I Mon Site No. FLW-01	Permit Requirement	REPORT (Mo. Avg.)	mgd		5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement	6.0				
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement	20.0 (An. Avg.)		MG/L	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement	2.0	2.0			
PARM Code 80082 A MON. Site No. EFA-01	Permit Requirement	30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement	8.0				
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement	20.0 (An. Avg.)		MG/L	Monthly	Calculation
Solids, Total Suspended	Sample Measurement	3.0	3.0			
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement	30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab

1 Calculated. Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO

DATE (YY/MM/DD)

Steve Fuller Operator Senior Facilities Operator

*Steve Fuller*

813-267-2074

09/08/17

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

Monitoring Group NO.: R001

PERMIT NUMBER: FLA013087

Polk County

MONITORING PERIOD--From: 07/01/2009

To: 07/31/2009

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
					Ex.	Analysis	
pH	Sample Measurement		7.1	7.6	0		
PARM Code 00406 A Site No.EFA-01	Mon. Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		6.3		0		
PARM Code 74055 Y Mon.Site No.EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculation
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code 74055 A Mon.Site No.EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		0.4		0		
PARM Code 50060 A Site No. EFA-01	Mon. Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			11.0	0		
Parm Code 00620 A SiteNo. EFA-01	Mon. Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
Flow, Total Plant	Sample Measurement	0.048			0		
PARM Code 50050 Q Mon.Site No.FLW-01	Permit Requirement	0.075 (3MRAF)	MGD			Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 100	Sample Measurement						
PARM Core 00180 I Site No. FLW-01	Mon. Permit Requirement		Report	%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement						
PARM Code 80082 G No. INF-01	Mon. Site Permit Requirement		Report	mg/L		Annually (February)	Grab
Solids, Total Suspended	Sample Measurement						
PARM Code 50050 Q Mon.Site No.FLW-01	Permit Requirement		Report	mg/L		Annually (February)	Grab

# DAILY SAMPLE RESULTS - PART B (R-001)

Permit Number: FLA013087

Facility: Village Water WWTF

Month Period: From: 7/1/09

To: 7/31/09

County: Polk

	Flow (MGD) R 001 & Total Plant	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (Std. Units)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00400	50060	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	0.086				7.3	1.6		
2	0.078				7.2	1.5		
3	0.039				7.3	1.8		
4	0.042							
5	0.042				7.2	1.9		
6	0.044				7.3	1.6		
7	0.046	2.0	3.0	1.0	7.2	1.9	11.0	
8	0.048				7.3	1.8		
9	0.061				7.2	1.6		
10	0.048				7.1	1.5		
11	0.039				7.4	1.1		
12	0.031							
13	0.031				7.3	1.2		
14	0.060				7.2	1.0		
15	0.062				7.3	1.2		
16	0.050				7.4	1.3		
17	0.055				7.3	1.2		
18	0.036							
19	0.036				7.2	1.4		
20	0.062				7.2	1.0		
21	0.080				7.2	1.4		
22	0.047				7.2	1.3		
23	0.073				7.3	1.8		
24	0.057				7.3	0.6		
25	0.056				7.4	0.4		
26	0.046							
27	0.046				7.6	0.8		
28	0.044				7.4	1.4		
29	0.072				7.4	1.6		
30	0.072				7.4	1.8		
31	0.067				7.3	2.0		

## PLANT STAFFING:

Day Shift Operator	Class: <u>A</u>	Certification No.: <u>4370</u>	Name: <u>Dan Sherwood</u>
Evening Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Night Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>

 PA FILE NO : FLA013087-005-DW3P/NR  
 DEP Form 62-620 910(10). Effective November 29, 1994

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087  
 LIMIT: Final  
 CLASS SIZE: N/A  
 REPORT: Monthly  
 GROUP: Domestic

FACILITY: Village Water WWTP  
 LOCATION: 4411 Main Ave.  
 Eaton Park, FL 33801

Monitoring Group Number: R001  
 MONITORING GROUP DESC: RIB (R-001), including Influent

NO DISCHARGE TO R-001: ☐

COUNTY: Polk

MONITORING PERIOD--From: 08/01/2009 To: 08/31/2009

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of	Sample Type
Flow, To R-001	Sample Measurement	0.040			Ex. Analysis	
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.045 (AADF)	mgd		Monthly	Calculation
Flow, To R-001	Sample Measurement	0.052				
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	REPORT (Mo. Avg.)	mgd		5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement	6.3				
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement	20.0 (An. Avg.)		MG/L	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement	5.2		5.2		
PARM Code 80082 A MON. Site No. EFA-01	Permit Requirement	30.0 (Mo. Avg.)		60.0 (Max.)	MG/L	Monthly
Solids, Total Suspended	Sample Measurement	8.2				Grab
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement	20.0 (An. Avg.)		MG/L	Monthly	Calculation
Solids, Total Suspended	Sample Measurement	4.0		4.0		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement	30.0 (Mo. Avg.)		60.0 (Max.)	MG/L	Monthly
						Grab

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO

DATE (YY/MM/DD)

Steve Fuller Operator Senior Facilities Operator

*Steve Fuller*

813-267-2074

09/09/22

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

PA File No. FLA013087-005-DW3P/NR

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



# DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

Monitoring Group NO.: R001

PERMIT NUMBER: FLA013087

Polk County

MONITORING PERIOD--From: 08/01/2009

To: 08/31/2009

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
pH					Ex.	Analysis	
	Sample Measurement		7.2	7.4	0		
PARM Code 00406 A Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		6.3		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculation
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		0.6		0		
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			1.6	0		
Parm Code 00620 A Mon. Site No. EFA-01	Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
Flow, Total Plant	Sample Measurement	0.051			0		
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement	0.075 (3MRAF)	MGD			Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 100	Sample Measurement						
PARM Core 00180 I Mon. Site No. FLW-01	Permit Requirement		Report	%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement						
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Report	mg/L		Annually (February)	Grab
Solids, Total Suspended	Sample Measurement						
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement		Report	mg/L		Annually (February)	Grab

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

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

# DAILY SAMPLE RESULTS - PART B (R-001)

Permit Number: FLA013087

Facility: Village Water WWTF

Month Period: From: 8/1/09

To: 8/31/09

County: Polk

	Flow (MGD) R 001 & Total Plant	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (Std. Units)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00400	50060	00620	
Mon.Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	0.052				7.2	1.8		
2	0.035							
3	0.035				7.3	1.6		
4	0.049	5.2	4.0	1.0	7.4	1.6	1.6	
5	0.050				7.3	1.5		
6	0.056				7.4	1.6		
7	0.060				7.4	1.2		
8	0.042				7.4	0.4		
9	0.041							
10	0.041				7.4	1.1		
11	0.055				7.4	1.5		
12	0.060				7.3	1.2		
13	0.049				7.3	1.4		
14	0.049				7.4	1.6		
15	0.033							
16	0.033				7.4	1.9		
17	0.046				7.4	1.8		
18	0.050				7.3	1.6		
19	0.052				7.4	1.8		
20	0.062				7.3	1.6		
21	0.089				7.2	1.4		
22	0.052				7.4	1.6		
23	0.055							
24	0.055				7.3	1.5		
25	0.072				7.4	1.8		
26	0.063				7.3	1.6		
27	0.050				7.4	1.4		
28	0.100				7.3	1.6		
29	0.038							
30	0.038				7.4	1.0		
31	0.054				7.4	1.6		

## PLANT STAFFING:

Day Shift Operator	Class: A	Certification No.: 4370	Name: Dan Sherwood
Evening Shift Operator	Class:	Certification No.:	Name:
Night Shift Operator	Class:	Certification No.:	Name:
Lead Operator	Class: B	Certification No.: 8937	Name: Steve Fuller

PA FILE NO: FLA013087-005-DW3P/NR  
DEP Form 62-620.910(10) Effective November 29, 1994

PA File No. FLA012773-002-DW2P  
Version 2-9-04

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087  
 LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Village Water WWTP  
 LOCATION: 4411 Main Ave.  
 Eaton Park, FL 33801

Monitoring Group Number: R001  
 MONITORING GROUP DESC: RIB (R-001), including Influent

NO DISCHARGE TO R-001: ☐

COUNTY: Polk

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

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency	Sample Type
				No.	of	
Flow, To R-001	Sample Measurement	0.042			Ex. Analysis	
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.045 (AADF)	mgd	0	Monthly	Calculation
Flow, To R-001	Sample Measurement	0.059		0		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	REPORT (Mo. Avg.)	mgd		5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement	6.3		0		
PARM Code 80092 Y MON. Site No. EFA-01	Permit Requirement	20.0 (An. Avg.)		MG/L	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement	2.0	2.0	0		
PARM Code 80082 A MON. Site No. EFA-01	Permit Requirement	30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement	7.8		0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement	20.0 (An. Avg.)		MG/L	Monthly	Calculation
Solids, Total Suspended	Sample Measurement	2.0	2.0			
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement	30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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

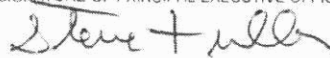
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO

DATE (YY/MM/DD)

Steve Fuller Operator Senior Facilities Operator



813-267-2074

09/10/19

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

PA File No. FLA013087-005-DW3P/NR

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

Monitoring Group NO.: R001

PERMIT NUMBER: FLA013087

Polk County

MONITORING PERIOD--From: 09/01/2009

To: 09/30/2009

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
					Ex.	Analysis	
pH	Sample Measurement		7.1	7.5	0		
PARM Code 00406 A Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		6.3		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculation
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		0.5		0		
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.79	0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
Flow, Total Plant	Sample Measurement	0.055			0		
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement	0.075 (3MRAF)	MGD			Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 100	Sample Measurement		73%				
PARM Core 00180 I Mon. Site No. FLW-01	Permit Requirement		Report	%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement						
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Report	mg/L		Annually (February)	Grab
Solids, Total Suspended	Sample Measurement						
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement		Report	mg/L		Annually (February)	Grab

# DAILY SAMPLE RESULTS - PART B (R-001)

Permit Number: FLA013087

Facility: Village Water WWTF

Month Period: From: 9/1/09

To: 9/30/09

County: Polk

	Flow (MGD) R 001 & Total Plant	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (Std. Units)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00400	50060	00620	
Mon Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	0.067				7.4	1.4		
2	0.065				7.3	1.8		
3	0.061		2.0	1.0	7.3	1.8	0.79	
4	0.073				7.2	1.7		
5	0.066				7.3	0.6		
6	0.038							
7	0.038				7.4	0.5		
8	0.076				7.4	1.2		
9	0.072				7.5	1.4		
10	0.047				7.5	1.0		
11	0.068				7.4	1.2		
12	0.047				7.5	1.6		
13	0.054							
14	0.054				7.4	1.8		
15	0.071				7.3	1.6		
16	0.069				7.2	1.8		
17	0.056				7.3	1.3		
18	0.060				7.2	1.8		
19	0.034				7.4	1.8		
20	0.046							
21	0.046				7.3	1.6		
22	0.064				7.1	1.8		
23	0.051				7.2	1.6		
24	0.069	2.0			7.1	1.8		
25	0.076				7.3	1.4		
26	0.058				7.4	1.6		
27	0.049							
28	0.049				7.3	1.6		
29	0.061				7.2	1.8		
30	0.074				7.3	1.8		
31								

## PLANT STAFFING:

Day Shift Operator	Class: A	Certification No.: 4370	Name: Dan Sherwood
Evening Shift Operator	Class:	Certification No.:	Name:
Night Shift Operator	Class:	Certification No.:	Name:
Lead Operator	Class: B	Certification No.: 8937	Name: Steve Fuller

PA FILE NO: FLA013087-005-DW3P/NR  
DEP Form 62-620 910(10). Effective November 29, 1994

PA File No. FLA012773-002-DW2P  
Version 2-9-04

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087  
 LIMIT: Final  
 CLASS SIZE: N/A  
 REPORT: Monthly  
 GROUP: Domestic

FACILITY: Village Water WWTP  
 LOCATION: 4411 Main Ave  
 Eaton Park, FL 33801

Monitoring Group Number: R001  
 MONITORING GROUP DESC: RIB (R-001), including Influent

NO DISCHARGE TO R-001: ☐

COUNTY: Polk

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

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of	Sample Type
Flow, To R-001	Sample Measurement	0.043			Ex. Analysis	
PARM Code 50050 Y Mon Site No. FLW-01	Permit Requirement	0.045 (AADF)	mgd		Monthly	Calculation
Flow, To R-001	Sample Measurement	0.051				
PARM Code 50050 I Mon Site No. FLW-01	Permit Requirement	REPORT (Mo. Avg.)	mgd		5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement	6.3				
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement	20.0 (An. Avg.)		MG/L	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement	2.3	2.3			
PARM Code 80082 A MON. Site No. EFA-01	Permit Requirement	30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement	8.1				
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement	20.0 (An. Avg.)		MG/L	Monthly	Calculation
Solids, Total Suspended	Sample Measurement	3.2	3.2			
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement	30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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

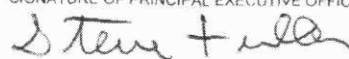
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO

DATE (YY/MM/DD)

Steve Fuller Operator Senior Facilities Operator



813-267-2074

09/11/16

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

PA File No. FLA013087-005-DW3P/NR

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

Monitoring Group NO. R001

PERMIT NUMBER: FLA013087

Polk County

MONITORING PERIOD-From: 10/01/2009

To: 10/31/2009

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No	Frequency of	Sample Type
					Ex.	Analysis	
pH	Sample Measurement		7.0	7.4	0		
PARM Code 00406 A Mon. Permit Requirement			6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		5.4		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculation
Coliform, Fecal	Sample Measurement		#DIV/0!	1.0	0		
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		1.6		0		
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			1.60	0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
Flow, Total Plant	Sample Measurement	0.054			0		
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement	0.075 (3MRAF)	MGD			Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 100	Sample Measurement		73%				
PARM Code 00180 I Mon. Site No. FLW-01	Permit Requirement		Report	%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement						
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Report	mg/L		Annually (February)	Grab
Solids, Total Suspended	Sample Measurement						
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement		Report	mg/L		Annually (February)	Grab

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

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



# DAILY SAMPLE RESULTS - PART B (R-001)

Permit Number: FLA013087

Facility: Village Water WWTF

Month Period: From: 10/1/09

To: 10/31/09

County: Polk

	Flow (MGD) R 001 & Total Plant	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (Std. Units)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00400	50060	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	0.064	2.3	3.2	1.0	7.1	2.0	1.6	
2	0.075				7.2	2.1		
3	0.046							
4	0.046				7.1	1.8		
5	0.066				7.2	1.8		
6	0.063				7.1	1.9		
7	0.067				7.2	1.8		
8	0.066				7.0	1.9		
9	0.081				7.2	2.0		
10	0.057				7.3	1.8		
11	0.039							
12	0.039				7.2	1.6		
13	0.063				7.1	1.8		
14	0.062				7.1	1.9		
15	0.057				7.2	1.6		
16	0.056				7.3	1.8		
17	0.057				7.2	1.6		
18	0.022							
19	0.022				7.3	1.8		
20	0.057				7.4	2.0		
21	0.049				7.3	2.1		
22	0.056				7.2	2.0		
23	0.059				7.3	2.1		
24	0.033				7.4	2.2		
25	0.023							
26	0.023				7.3	2.1		
27	0.046				7.2	2.0		
28	0.053				7.3	2.0		
29	0.051				7.3	1.8		
30	0.045				7.2	1.8		
31	0.029				7.3	2.1		

## PLANT STAFFING:

Day Shift Operator	Class: <u>A</u>	Certification No.: <u>4370</u>	Name: <u>Dan Sherwood</u>
Evening Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Night Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>

 PA FILE NO. FLA013087-005-DW3P/NR  
 DEP Form 62-620.910(10). Effective November 29, 1994

 PA File No. FLA012773-002-DW2P  
 Version 2-9-04

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087  
 LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Village Water WWTP  
 LOCATION: 4411 Main Ave.  
 Eaton Park, FL 33801

Monitoring Group Number: R001  
 MONITORING GROUP DESC: RIB (R-001), including Influent

NO DISCHARGE TO R-001: ☐

COUNTY: Polk

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

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of	Sample Type
Flow, To R-001	Sample Measurement	0.043			Ex. Analysis	
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.045 (AADF)	mgd		Monthly	Calculation
Flow, To R-001	Sample Measurement	0.040				
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	REPORT (Mo. Avg.)	mgd		5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement	4.7				
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement	20.0 (An. Avg.)		MG/L	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement	2.3	2.0			
PARM Code 80082 A MON. Site No. EFA-01	Permit Requirement	30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement	6.5				
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement	20.0 (An. Avg.)		MG/L	Monthly	Calculation
Solids, Total Suspended	Sample Measurement	3.2	2.4			
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement	30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO.

DATE (YY/MM/DD)

Steve Fuller Operator Senior Facilities Operator

*Steve Fuller*

813-267-2074

09/12/18

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

Monitoring Group NO.: R001

PERMIT NUMBER: FLA013087

Polk County

MONITORING PERIOD--From: 11/01/2009

To: 11/30/2009

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
pH					Ex.	Analysis	
Sample Measurement			7.1	7.4	0		
PARM Code 00406 A Mon. Permit Requirement			6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal			5.4		0		
Sample Measurement							
PARM Code 74055 Y Mon. Site No. EFA-01			200 (An. Avg.)		#/100mL	Monthly	Calculation
Coliform, Fecal			1.0	1.0	0		
Sample Measurement							
PARM Code 74055 A Mon. Site No. EFA-01			Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)			1.1		0		
Sample Measurement							
PARM Code 50060 A Mon. Permit Requirement			0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrogen, Nitrate, Total (as N)				9.10	0		
Sample Measurement							
PARM Code 00620 A Mon. Permit Requirement				12.0 (Max.)	MG/L	Monthly	Grab
Flow, Total Plant					0		
Sample Measurement	0.050						
PARM Code 50050 Q Mon. Site No. FLW-01			0.075 (3MRAF)	MGD		Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 100							
Sample Measurement			66%				
PARM Code 00180 I Mon. Permit Requirement			Report		%	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C							
Sample Measurement							
PARM Code 80082 G Mon. Site No. INF-01			Report		mg/L	Annually (February)	Grab
Solids, Total Suspended							
Sample Measurement							
PARM Code 50050 Q Mon. Site No. FLW-01			Report		mg/L	Annually (February)	Grab

PA COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):  
 DEP 62-620.910(10), Effective November 29, 1994

# DAILY SAMPLE RESULTS - PART B (R-001)

Permit Number: FLA013087

Facility: Village Water WWTF

Month Period: From: 11/1/09

To: 11/30/09

County: Polk

	Flow (MGD) R 001 & Total Plant	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (Std. Units)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00400	50060	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	0.034							
2	0.034				7.1	1.1		
3	0.049				7.2	2.0		
4	0.048				7.1	2.0		
5	0.042	2.0	2.4	1.0	7.1	1.6	9.1	
6	0.062				7.2	1.5		
7	0.033				7.4	2.2		
8	0.027							
9	0.027				7.3	2.0		
10	0.051				7.2	1.4		
11	0.058				7.3	1.1		
12	0.052				7.4	2.0		
13	0.049				7.4	2.1		
14	0.030							
15	0.030				7.3	2.2		
16	0.040				7.2	2.1		
17	0.058				7.3	2.0		
18	0.051				7.3	1.8		
19	0.052				7.3	1.8		
20	0.043				7.4	2.0		
21	0.046				7.3	1.8		
22	0.033							
23	0.033				7.2	1.9		
24	0.043				7.3	2.1		
25	0.055				7.2	2.0		
26	0.059				7.1	2.0		
27	0.022				7.1	1.6		
28	0.009				7.1	1.6		
29	0.020							
30	0.020				7.2	2.0		
31								

## PLANT STAFFING:

Day Shift Operator	Class: <u>    A    </u>	Certification No.: <u>    4370    </u>	Name: <u>    Dan Sherwood    </u>
Evening Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Night Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Lead Operator	Class: <u>    B    </u>	Certification No.: <u>    8937    </u>	Name: <u>    Steve Fuller    </u>

 PA FILE NO.: FLA013087-005-DW3P/NR  
 DEP Form 62-620.910(10). Effective November 29, 1994

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida  
MAILING ADDRESS: 6960 Professional Parkway East  
Sarasota, FL 34240

PERMIT NUMBER:	FLA013087	REPORT: Monthly
LIMIT:	Final	GROUP: Domestic
CLASS SIZE:	N/A	

FACILITY: Village Water WWTP  
LOCATION: 4411 Main Ave.  
Eaton Park, Fl. 33801

Monitoring Group Number	R001
MONITORING GROUP DESC:	RIB (R-001), including Influent

NO DISCHARGE TO R-001: ☐

COUNTY: Polk

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

Parameter		Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
Flow, To R-001	Sample Measurement	0.043				0	Analysis	
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.045 (AADF)	mgd				Monthly	Calculation
Flow, To R-001	Sample Measurement	0.044				0		
PARM Code 50050 I Mon.Site No.FLW-01	Permit Requirement	REPORT (Mo.Avg.)	mgd				5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.6		0		
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0		
PARM Code 80082 A MON. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			6.0		0		
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			3.2	3.2			
PARM Code 00530 A Mon.Site No.EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO. \_\_\_\_\_

DATE (YY/MM/DD)

Steve Fuller Operator Senior Facilities Operator

△ time + will

813-267-2074

10/01/21

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

PA File No. FLA013087-005-DW3P/NR

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

Monitoring Group NO.: R001

PERMIT NUMBER: FLA013087

Polk County

MONITORING PERIOD--From: 12/01/2009

To: 12/31/2009

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
pH					Ex.	Analysis	
Sample Measurement			7.2	7.5	0		
PARM Code 00406 A Mon. Site No.EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		5.4		0		
PARM Code 74055 Y Mon.Site No.EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculation
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code 74055 A Mon.Site No.EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		1.6		0		
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			5.70	0		
Parm Code 00620 A Mon SiteNo. EFA-01	Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
Flow, Total Plant	Sample Measurement	0.045			0		
PARM Code 50050 Q Mon.Site No.FLW-01	Permit Requirement	0.075 (3MRAF)	MGD			Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 100	Sample Measurement		60%				
PARM Core 00180 I Mon. Site No. FLW-01	Permit Requirement		Report	%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement						
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Report	mg/L		Annually (February)	Grab
Solids, Total Suspended	Sample Measurement						
PARM Code 50050 Q Mon.Site No.FLW-01	Permit Requirement		Report	mg/L		Annually (February)	Grab

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

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

# DAILY SAMPLE RESULTS - PART B (R-001)

Permit Number: FLA013087

Facility: Village Water WWTF

Month Period: From: 12/1/09

To: 12/31/09

County: Polk

	Flow (MGD) R 001 & Total Plant	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (Std. Units)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00400	50060	00620	
Mon Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	0.046				7.3	2.0		
2	0.045				7.2	1.8		
3	0.053	2.0	3.2	1.0	7.3	2.0	5.70	
4	0.056				7.2	1.6		
5	0.041				7.4	2.0		
6	0.034							
7	0.034				7.3	2.1		
8	0.059				7.3	2.0		
9	0.048				7.4	2.0		
10	0.054				7.4	1.6		
11	0.068				7.5	2.0		
12	0.026				7.4	2.1		
13	0.030							
14	0.030				7.4	2.0		
15	0.053				7.3	1.8		
16	0.053				7.2	2.0		
17	0.043				7.4	1.8		
18	0.067				7.4	2.0		
19	0.037				7.5	2.2		
20	0.029							
21	0.029				7.4	2.2		
22	0.049				7.4	2.1		
23	0.045				7.4	2.0		
24	0.042				7.3	1.8		
25	0.040				7.3	2.2		
26	0.028				7.3	2.2		
27	0.034							
28	0.034				7.2	1.8		
29	0.050				7.4	2.0		
30	0.040				7.4	1.6		
31	0.059				7.3	1.8		

## PLANT STAFFING:

Day Shift Operator	Class: <u>A</u>	Certification No.: <u>4370</u>	Name: <u>Dan Sherwood</u>
Evening Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Night Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>

 PA FILE NO.: FLA013087-005-DW3P/NR  
 DEP Form 62-620.910(10), Effective November 29, 1994



PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, Fl. 34240

PERMIT NUMBER: FLA013087  
 LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Village Water WWTP  
 LOCATION: 4411 Main Ave.  
 Eaton Park, Fl. 33801

Monitoring Group Number: R001  
 MONITORING GROUP DESC: RIB (R-001), including Influent

NO DISCHARGE TO R-001: ☐

COUNTY: Polk

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

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
					Ex.	Analysis	
Flow, To R-001	Sample Measurement	0.044			0		
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.045 (AADF)	mgd			Monthly	Calculation
Flow, To R-001	Sample Measurement	0.036			0		
PARM Code 50050 I Mon.Site No.FLW-01	Permit Requirement	REPORT (Mo.Avg.)	mgd			5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		3.5		0		
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0	2.0	0		
PARM Code 80082 A MON. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		5.7		0		
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement		2.0				
PARM Code 00530 A Mon.Site No.EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO.

DATE (YY/MM/DD)

Steve Fuller Operator Senior Facilities Operator

813-267-2074

10/02/23

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

PA File No. FLA013087-005-DW3P/NR

DE (m 62-620.910(10), Effective November 29, 1994

# DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

Monitoring Group NO.: R001

PERMIT NUMBER: FLA013087

Polk County

MONITORING PERIOD--From: 01/01/2010

To: 01/31/2010

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
					Ex.	Analysis	
pH	Sample Measurement		7.2	7.5	0		
PARM Code 00406 A Site No. EFA-01	Mon. Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		5.4		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculation
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		0.6		0		
PARM Code 50060 A Site No. EFA-01	Mon. Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			2.50	0		
ParM Code 00620 A Site No. EFA-01	Mon. Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
Flow, Total Plant	Sample Measurement	0.040			0		
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement	0.075 (3MRAF)	MGD			Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 100	Sample Measurement		53%				
PARM Core 00180 I Site No. FLW-01	Mon. Permit Requirement		Report	%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement						
PARM Code 80082 G No. INF-01	Mon. Site Permit Requirement		Report	mg/L		Annually (February)	Grab
Solids, Total Suspended	Sample Measurement						
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement		Report	mg/L		Annually (February)	Grab

# DAILY SAMPLE RESULTS - PART B (R-001)

Permit Number: FLA013087

Facility: Village Water WWTF

Month Period: From: 1/1/10

To: 1/31/10

County: Polk

	Flow (MGD) R 001 & Total Plant	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (Std. Units)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00400	50060	00620	
Mon Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	0.036				7.3	2.0		
2	0.023				7.2	1.8		
3	0.024				7.3	2.0		
4	0.024				7.2	1.6		
5	0.046				7.4	2.0		
6	0.040							
7	0.037	2.0	2.0	1.0	7.3	2.1	2.5	
8	0.049				7.3	2.0		
9	0.022				7.4	2.0		
10	0.018				7.4	1.6		
11	0.018				7.5	2.0		
12	0.040				7.4	2.1		
13	0.044							
14	0.035				7.4	2.0		
15	0.041				7.3	1.8		
16	0.033				7.2	2.0		
17	0.025				7.4	1.8		
18	0.025				7.4	2.0		
19	0.042				7.5	2.2		
20	0.053							
21	0.045				7.4	2.2		
22	0.049				7.4	2.1		
23	0.027				7.4	2.0		
24	0.032				7.3	1.8		
25	0.032				7.3	2.2		
26	0.048				7.3	2.2		
27	0.047							
28	0.043				7.2	1.8		
29	0.042				7.4	2.0		
30	0.041				7.4	1.6		
31	0.025				7.3	1.8		

## PLANT STAFFING:

Day Shift Operator	Class: A	Certification No.: 4370	Name: Dan Sherwood
Evening Shift Operator	Class: _____	Certification No.: _____	Name: _____
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: B	Certification No.: 8937	Name: Steve Fuller

PA FILE NO: FLA013087-005-DW3P/NR  
DEP Form 62-620.910(10) Effective November 29, 1994

PATRICK

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, FL 34240

PERMIT NUMBER: FLA013087  
 LIMIT: Final  
 CLASS SIZE: N/A  
 REPORT: Monthly  
 GROUP: Domestic

FACILITY: Village Water WWTP  
 LOCATION: 4411 Main Ave.  
 Eaton Park, FL 33801

Monitoring Group Number: R001  
 MONITORING GROUP DESC: RIB (R-001), including Influent

NO DISCHARGE TO R-001:



COUNTY: Polk

MONITORING PERIOD--From: 02/01/2010 To: 02/28/2010

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
Flow, To R-001	Sample Measurement	0.043			0	Ex. Analysis	
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.045 (AADF)	mgd			Monthly	Calculation
Flow, To R-001	Sample Measurement	0.038			0		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	REPORT (Mo. Avg.)	mgd			5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		3.7		0		
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement		4.0	4.0	0		
PARM Code 80082 A MON. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		6.6		0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement		11.0	11.0			
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab

1 Calculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO

DATE (YY/MM/DD)

Steve Fuller Operator Senior Facilities Operator

813-267-2074

10/03/26

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

PA File No. FLA013087-005-DW3P/NR

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

Monitoring Group NO.: R001

PERMIT NUMBER: FLA013087

Polk County

MONITORING PERIOD--From: 02/01/2010

To: 02/28/2010

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
pH	Sample Measurement		7.2			Ex. Analysis	
PARM Code 00406 A Mon. Site No.EFA-01	Permit Requirement		6.0 (Min.)		0	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		5.4				
PARM Code 74055 Y Mon.Site No.EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculation
Coliform, Fecal	Sample Measurement		1.0		0		
PARM Code 74055 A Mon.Site No.EFA-01	Permit Requirement		Report (Mo. GeoMean)		800 (Max.)	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		0.6		0		
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.039	0	
Parm Code 00620 A SiteNo. EFA-01	Permit Requirement				12.0 (Max.)	Monthly	Grab
Flow, Total Plant	Sample Measurement	0.038			0		
PARM Code 50050 Q Mon.Site No.FLW-01	Permit Requirement	0.075 (3MRAF)		MGD		Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 100	Sample Measurement		50%				
PARM Core 00180 I Mon. Site No. FLW-01	Permit Requirement		Report		%	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement		510				
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Report		mg/L	Annually (February)	Grab
Solids, Total Suspended	Sample Measurement		110.0				
PARM Code 50050 Q Mon.Site No.FLW-01	Permit Requirement		Report		mg/L	Annually (February)	Grab

PA COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):  
 DEP F 62-620.910(10), Effective November 29, 1994

# DAILY SAMPLE RESULTS - PART B (R-001)

Permit Number: FLA013087

Facility: Village Water WWTF

Month Period: From: 2/1/10

To: 2/28/10

County: Polk

	Flow (MGD) R-001 & Total Plant	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (Std. Units)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00400	50060	00620	
Mon.Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	0.029				7.5	1.0		
2	0.036				7.3	1.2		
3	0.060				7.4	1.6		
4	0.036	4.0	11.0	1.0	7.3	1.8	0.039	
5	0.068				7.2	2.0		
6	0.034				7.3	2.1		
7	0.024							
8	0.024				7.2	2.0		
9	0.044				7.2	2.1		
10	0.045				7.2	2.0		
11	0.041				7.3	1.8		
12	0.034				7.3	1.6		
13	0.046				7.4	0.9		
14	0.027							
15	0.027				7.3	1.4		
16	0.043				7.3	1.6		
17	0.034				7.2	1.5		
18	0.040				7.4	1.0		
19	0.047				7.3	1.2		
20	0.025							
21	0.025				7.2	1.0		
22	0.041				7.3	1.1		
23	0.046				7.3	1.4		
24	0.039				7.4	1.6		
25	0.044				7.4	1.4		
26	0.052				7.4	1.0		
27	0.037				7.5	0.6		
28	0.022							
29								
30								
31								

## PLANT STAFFING:

Day Shift Operator	Class: A	Certification No.: 4370	Name: Dan Sherwood
Evening Shift Operator	Class: _____	Certification No.: _____	Name: _____
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: B	Certification No.: 8937	Name: Steve Fuller

PA FILE NO.: FLA013087-005-DW3P/NR  
DEP Form 62-620.910(10). Effective November 29, 1994

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida PERMIT NUMBER: FLA013087 REPORT: Monthly  
MAILING ADDRESS: 6960 Professional Parkway East LIMIT: Final GROUP: Domestic  
Sarasota, FL 34240 CLASS SIZE: N/A

FACILITY: Village Water WWTP Monitoring Group Number: R001  
LOCATION: 4411 Main Ave. MONITORING GROUP DESC: RIB (R-001), including Influent  
Eaton Park, FL 33801 NO DISCHARGE TO R-001: ☐

COUNTY: Polk MONITORING PERIOD-From: 03/01/2010 To: 03/31/2010

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
					Ex.	Analysis	
Flow, To R-001	Sample Measurement	0.044			0		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.045 (AADF)	mgd			Monthly	Calculation
Flow, To R-001	Sample Measurement	0.041			0		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	REPORT (Mo. Avg.)	mgd			5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		3.0		0		
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement		3.7	3.7	0		
PARM Code 80082 A MON. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		7.8		0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement		21.0				
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Monthly	Grab

1 Calculated: Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO

DATE (YY/MM/DD)

Steve Fuller Operator Senior Facilities Operator

813-267-2074

10/06/18

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

PA File No. FLA013087-005-DW3P/NR

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



# DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

Monitoring Group NO.: R001

PERMIT NUMBER: FLA013087

Polk County

MONITORING PERIOD--From: 03/01/2010

To: 03/31/2010

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
pH					Ex.	Analysis	
	Sample Measurement		7.2	7.5	0		
PARM Code 00406 A Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		5.4		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculation
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		0.6		0		
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			3.10	0		
ParM Code 00620 A Site No. EFA-01	Mon Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
Flow, Total Plant	Sample Measurement	0.038			0		
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement	0.075 (3MRAF)	MGD			Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 100	Sample Measurement		50%				
PARM Core 00180 I Mon. Site No. FLW-01	Permit Requirement		Report	%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement		MNR				
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Report	mg/L		Annually (February)	Grab
Solids, Total Suspended	Sample Measurement		MNR				
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement		Report	mg/L		Annually (February)	Grab

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

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

## DAILY SAMPLE RESULTS - PART B (R-001)

Permit Number: FLA013087

Facility: Village Water WWTF

Month Period: From: 3/1/10

To: 3/31/10

County: Polk

	Flow (MGD) R-001 & Total Plant	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (Std. Units)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00400	50060	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	0.051				7.4	1.0		
2	0.040				7.4	1.8		
3	0.042				7.3	2.0		
4	0.036				7.2	1.8		
5	0.045				7.3	1.6		
6	0.018							
7	0.018				7.4	2.1		
8	0.036				7.2	1.0		
9	0.031	3.7	21.0	1.0	7.3	2.1	3.1	
10	0.051				7.3	1.8		
11	0.022				7.2	1.9		
12	0.053				7.3	1.0		
13	0.042				7.4	0.6		
14	0.024							
15	0.024				7.5	0.8		
16	0.040				7.4	1.6		
17	0.035				7.2	1.4		
18	0.038				7.3	1.0		
19	0.037				7.2	1.5		
20	0.019							
21	0.019				7.3	1.8		
22	0.047				7.2	1.5		
23	0.046				7.3	1.6		
24	0.051				7.4	1.8		
25	0.052				7.3	2.0		
26	0.057				7.4	1.4		
27	0.050				7.3	2.2		
28	0.055							
29	0.055				7.3	1.6		
30	0.053				7.3	2.2		
31	0.073				7.4	2.0		

### PLANT STAFFING:

Day Shift Operator	Class: <u>A</u>	Certification No.: <u>4370</u>	Name: <u>Dan Sherwood</u>
Evening Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Night Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Lead Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>

PA FILE NO.: FLA013087-005-DW3P/NR  
 DEP Form 62-620.910(10). Effective November 29, 1994

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

REPORT: Monthly  
GROUP: Domestic

Monitoring Group Number	R001
MONITORING GROUP DESC:	RIB (R-001), including Influent

NO DISCHARGE TO R-001: ☐

MONITORING PERIOD--From: 04/01/2010 To: 04/30/2010

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

DATE (YYMMDD)

10/06/18

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Village Water WWTP

Monitoring Group NO.: R001

PERMIT NUMBER: FLA013087

Polk County

MONITORING PERIOD--From: 04/01/2010

To: 04/30/2010

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No	Frequency of	Sample Type
pH	Sample Measurement		7.0	7.5	0	Ex Analysis	
PARM Code 00406 A Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Min.)	SU	5 Days / Week	Grab
Coliform, Fecal	Sample Measurement		9.6		0		
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL	Monthly	Calculation
Coliform, Fecal	Sample Measurement		51.0	51.0	0		
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement		Report (Mo. GeoMean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		1.0		0		
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)		MG/L	5 Days / Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.04	0		
Par. Code 00620 A Site No. EFA-01	Permit Requirement			12.0 (Max.)	MG/L	Monthly	Grab
Flow, Total Plant	Sample Measurement	0.041			0		
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement	0.075 (3MRAF)	MGD			Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 100	Sample Measurement		54%				
PARM Code 00180 I Mon. Site No. FLW-01	Permit Requirement		Report		%	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement		MNR				
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Report		mg/L	Annually (February)	Grab
Solids, Total Suspended	Sample Measurement		MNR				
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement		Report		mg/L	Annually (February)	Grab

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## DAILY SAMPLE RESULTS - PART B (R-001)

Permit Number: FLA013087

Facility: Village Water WWTF

Month Period: From: 4/1/10

To: 4/30/10

County: Polk

	Flow (MGD) R-001 & Total Plant	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (Std. Units)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00400	50060	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	0.050				7.4	2.0		
2	0.055				7.3	2.1		
3	0.038				7.2	2.0		
4	0.033							
5	0.033				7.0	2.0		
6	0.052				7.1	2.0		
7	0.056				7.2	1.6		
8	0.045				7.4	1.5		
9	0.049				7.3	1.2		
10	0.029							
11	0.029				7.4	2.2		
12	0.042				7.4	1.8		
13	0.051				7.4	1.6		
14	0.056				7.3	1.8		
15	0.026	14.0	18.0	51.0	7.4	1.0	0.04	
16	0.054				7.4	1.4		
17	0.034				7.3	1.6		
18	0.025							
19	0.025				7.2	2.0		
20	0.049				7.2	1.6		
21	0.049				7.2	2.0		
22	0.049				7.4	2.1		
23	0.054				7.3	2.0		
24	0.040				7.3	1.4		
25	0.045							
26	0.045				7.3	1.5		
27	0.045				7.3	1.6		
28	0.072				7.4	1.5		
29	0.054				7.5	1.6		
30	0.040				7.4	1.9		
31								

**PLANT STAFFING:**

Day Shift Operator	Class:	A	Certification No.:	4370	Name:	Dan Sherwood
Evening Shift Operator	Class:		Certification No.:		Name:	
Night Shift Operator	Class:		Certification No.:		Name:	
Lead Operator	Class:	B	Certification No.:	8937	Name:	Steve Fuller

PA FILE NO.: FLA013087-005-DW3P/NR

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

PA File No. FLA012773-002-DW2P

Version 2-9-04



# Florida Department of Environmental Protection

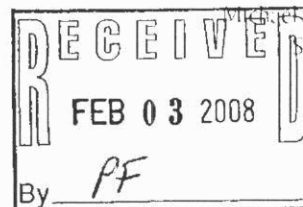
Southwest District Office  
13051 North Telecom Parkway  
Temple Terrace, Florida 33637-0926

January 31, 2008

*file*  
Charlie Crist  
Governor

Jill Kottkamp  
H. Governor

Michael W. Sole  
Secretary



Mr. John M. Lihvacik, President  
Aqua Utilities Florida, Inc.  
P. O. Box 490310  
Leesburg, Florida 34749

Re: Compliance Evaluation Inspection  
Village Water WWTF  
Facility ID No. FLA013087  
Polk County

Dear Mr. Lihvacik:

The above-referenced wastewater treatment facility was inspected on January 23, 2008. Based on this inspection and a review of the information on file with the Department, the following items are being brought to your attention:

## PERMIT

Domestic Wastewater Permit No. FLA013087 was issued on January 23, 2001 and expired on January 22, 2006. The permit renewal application was received by the Department on December 19, 2007, and is currently under review.

## COMPLIANCE SCHEDULE

1. The Consent Order, OGC File No. 06-2358 contains the following schedule:

Implementation Step		Completion Date
1.	Pay \$15,000 fine and costs.	October 1, 2007
2.	Must apply for a permit by December 21, 2007.	December 19, 2007
3.	*A hydro geological study of the two percolation ponds by a PG or PE must be included with the application submitted by December 21, 2007.	*Past Due
4.	*Proof of the permanent disconnection of the spray fields must be submitted to the Department by October 21, 2007.	*Past Due
5.	*Submit the pond report.	*Past Due
6.	The WWTF must have a permit by June 21, 2008.	
7.	Ponds fenced in by April 21, 2008.	

2. It appears that a number of items required by the Consent Order have not been completed timely and may be subject to stipulated penalties of \$200 per day, as follows:
  - a. \*Paragraph 9 required a hydro-geological study of the ponds is also required to determine the long-term effluent disposal capacity of the percolation ponds. This work needs to be signed off by a Professional Engineer or Geologist. This was not submitted by the due date of December 21, 2007.
  - b. \*Paragraph 13 required that the Department receives written notification confirming that all of the pipes going to the spray field located at 2905 Jacque Lee Lane have been disconnected. This was not submitted by the due date of October 21, 2007.
  - c. \*Paragraph 14 required the submittal of a Pond Report, following the guidelines of Rule 62-672.500(5) and (7), F.A.C. This has not been submitted by the due date of December 21, 2007.

#### RECORDS AND REPORTS

1. \*A copy of the most recent permit, operator licenses, and Reduced Pressure Zone (RPZ) calibration were not available during the inspection. Please submit the most recent RPZ calibration and copies of current operator licenses to the Department.
2. The following must be made available for inspection either at the plant or the on-site office.
  - a. Records of all compliance monitoring information, including all calibration and maintenances records and all original strip chart readings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken.
  - b. A copy of the Laboratory certification for the last three years.
  - c. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs and schedules. The logs shall, at minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The log shall be maintained on site in a location accessible to 24-hours inspection, protected from weather damage, and current to the last operation and maintenance performed.
  - d. Copies of the last three years of monthly DMRs, chain of custody reports, laboratory analysis reports, and current signatory authorization form (if appropriate).
  - e. A copy of the current wastewater permit.



Mr. John M. Lihvacik, President  
Village Water WWTF  
FLA013087-Polk County  
Page 3 of 3

- f. A copy of the facility record drawings.

FACILITY SITE REVIEW

No deficiencies were noted during the time of the inspection.

FLOW MEASUREMENT

Based on the facility's records, the last flow calibration was conducted on September 19, 2007.

EFFLUENT QUALITY

The total chlorine residual was 0.66 mg/l at 1059 hours as measured by Department personnel.

EFFLUENT DISPOSAL

The berms of both ponds were free of vegetation, and allowed access of Department staff to inspect the ponds. There was approximately 3 to 4 feet of free board through out both ponds.

The type of inspection conducted was a Compliance Evaluation Inspection, and the overall rating of the facility was Significantly Out of Compliance due to the lack of implementation steps ordered by the consent order. A copy of the inspection report is attached for your review.

Please submit a written response to the Department on the asterisked (\*) items identified herein within 30 days of receipt of this letter. Please direct all responses and questions to the undersigned at (813) 632-7600, extension 313, or via e-mail at [nick.noreika@dep.state.fl.us](mailto:nick.noreika@dep.state.fl.us).

Sincerely,

*Nick Noreika*

Nick Noreika  
Environmental Specialist  
Domestic Wastewater Program

Attachments

cc: Patricia Leon, DEP

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

## WASTEWATER COMPLIANCE INSPECTION REPORT


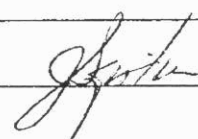
## FACILITY AND INSPECTION INFORMATION

Name and Physical Location of Facility	WAFR ID:	County	Entry Date/Time
Village Water WWTF	FLA013087	Polk	1-23-08/ 1047 hours
4411 Main Ave.		Phone	@ Exit Date/Time
Eaton Park, FL 33801			1-23-08/ 1130 hours
Name(s) of Field Representatives(s)	Title	Phone	
Steve Fuller	Operator	813-267-2074	
Name and Address of Permittee or Designated Representative	Title	Phone	@ Operator Certification #
John Lihvacik, Aqua Utilities Florida, Inc.	President		
PO Box 490310			
Leesburg, FL 34749			

Inspection Type	C	E	I	Samples Taken(Y/N): N	@ Sample ID#:	Samples Split (Y/N):
<input checked="" type="checkbox"/> Domestic		<input type="checkbox"/> Industrial		Were Photos Taken(Y/N): Y	@ Log book Volume :	@ Page

FACILITY COMPLIANCE AREAS EVALUATED							
IC = In Compliance, NC = Out of Compliance, SC = Significant out of Compliance, NA = Not Applicable, NE = Not Evaluated							
Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a *							
PERMITS/ORDERS		SELF MONITORING PROGRAM		FACILITY OPERATIONS		EFFLUENT/DISPOSAL	
SC	♦1. Permit	NE	3. Laboratory	IC	6. Facility Site Review	IC	♦9. Effluent Quality
SC	♦2. Compliance Schedules	NE	4. Sampling	IC	7. Flow Measurement	IC	♦10. Effluent Disposal
		NC	♦5. Records & Reports	IC	♦8. Operation & Maintenance	IC	11. Residuals/Sludge
NE	13. Other:					NE	12. Groundwater

Facility and/or Order Compliance Status:	<input type="checkbox"/> In-Compliance	<input type="checkbox"/> Out-Of-Compliance	<input checked="" type="checkbox"/> Significant-Out-Of-Compliance
Recommended Actions: Letter			

Name(s) and Signature(s) of Inspector(s)	District Office/Phone Number	Date
Nick Noreika 	(813) 632-7600 X313	1/28/08
@ Signature of Reviewer	District Office/Phone Number	Date
Joe Squitieri 	(813) 744-6100 X309	1/31/08

Revised: May 26, 2004

Facility: Village Water  
 County: Polk  
 Application No.

Permit No. FLA913087

Expired: 1/22/2006

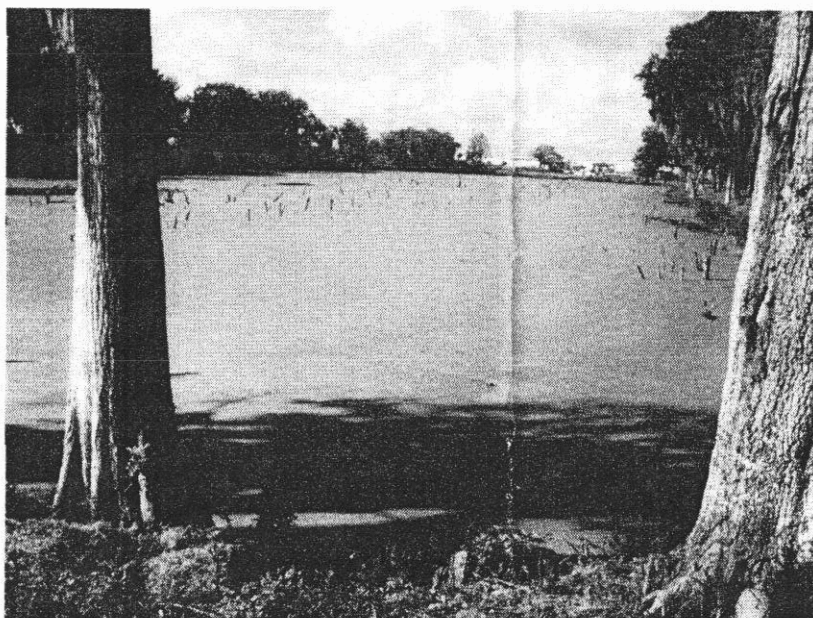
Reviewer: Nick Noreika  
 Date: 1/24/2008

Plant/R001	0.075				20	30	60	20	30	60	200		800	12
Mon/Yr	Flow aadf	Flow 3madf	Flow madf	% Cap	CBOD aa	CBOD ma	CBOD max	TSS aa	TSS ma	TSS max	Fecal aa	Fecal mgm	Fecal max	Nitrate
Jan-07	0.044	0.043	0.036	57	2.8	2	2	4.7	1.4	1.4	1.1	1	1	*15
Feb-07	0.039	0.034	0.037	45	2.8	2	2	4.6	2.5	2.5	1	1	1	2.2
Mar-07	0.039	0.036	0.035	48	2.8	2.4	2.4	4.8	2.9	2.9	1	1	1	6.3
Apr-07	0.042	0.036	0.036	48	2.1	2	2	3.8	4.9	4.9	1	1	1	0.5
May-07	0.043	0.036	0.036	48	2	2	2	3.2	1.9	1.9	1	1	1	7.1
Jun-07	0.042	0.035	0.034	46	2.1	3.2	3.2	3	7	7	1	1	1	1.6

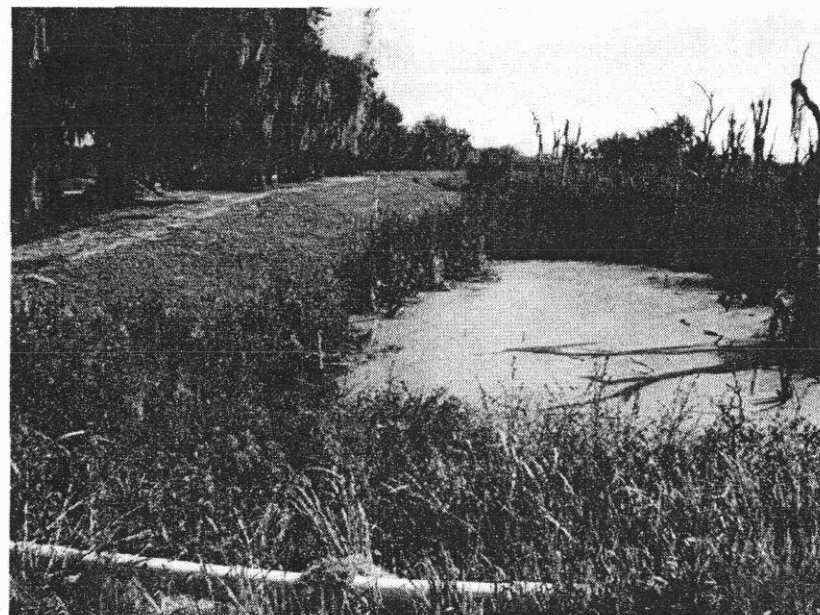
Total  
 Average

\*Due to high blower run times according to the operator

Photographer:	Nick Noreika
Facility Name:	Village Water WWTF
Facility ID No.:	FLA013087
Photographed on:	1-23-08
Type of Camera:	Fuji FinePix A800
Recording Media:	Fuji MemoryStick (E:)
Digital photos copied by:	Nick Noreika
Digital photos copied to:	C:\Documents and Settings\Noreika_N\MyDocuments\My Pictures•

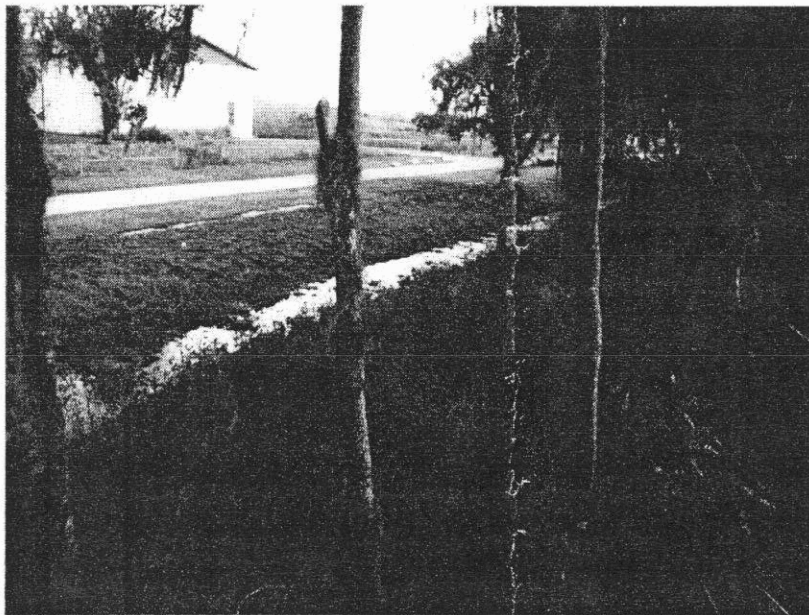


Pond #2 (closest to the WWTF). There is some accumulation of duckweed, with remnants of trees that have been cleared out. Approximately  $\frac{3}{4}$  of the pond was clear of duckweed.



Pond #1 has heavy vegetation in it throughout. Large trees and brush inside of the ponds, along with a thick coating of duckweed.

Photographer: Nick Noreika  
Facility Name: Village Water WWTF  
Facility ID No.: FLA013087  
Photographed on: 1-23-08  
Type of Camera: Fuji FinePix A800  
Recording Media: Fuji MemoryStick (E:)  
Digital photos copied by: Nick Noreika  
Digital photos copied to: C:\Documents and Settings\Noreika\_N\MyDocuments\My Pictures•



Storm water run off is seen flowing down the storm drain canal. During the inspection (1/23/08) it was reported by the on site operators that they received approximately 3 inches of rain the previous night.



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

T: 352.787.0980  
F: 352.787.6333  
www.aquautilitiesflorida.com

March 3, 2008

Nick Noreika  
Environmental Specialist  
FDEP Southwest District  
130501 North Telecom Parkway  
Temple Terrace, FL 33637-0926

**RE: Reply to Compliance Evaluation Inspection  
Village Water WWTF  
Facility ID No. FLA013087  
Polk County**

Dear Mr. Noreika:

Thank you for your inspection on January 23, 2008. The purpose of the correspondence is to provide a written response as requested in your letter.

**Compliance Schedules**

These items were addressed by our permitting engineer in a package sent to your Department. The cover letter is attached.

**Records and Reports**

Copies of the RPZ testing and the operator licenses are attached.

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

Sincerely,

*Patrick Farris*

Patrick A. Farris  
Environmental Compliance Specialist  
Aqua Utilities Florida, Inc.

Enclosures: Compliance Schedules Cover Letter  
RPZ Certification & Operators' Licenses

cc: Dennis Muldoon, via e-mail  
Harry Householder, via e-mail  
Michael O'Reilly, via e-mail



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

T: 352.787.0980  
F: 352.787.6333  
[www.aquautilitiesflorida.com](http://www.aquautilitiesflorida.com)

February 22, 2008

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SOUTHWEST DISTRICT  
13051 N TELECOM PARKWAY  
TEMPLE TERRACE, FL 33637-0926

ATTN: RICHARD W. CANTRELL  
INTERIM DIRECTOR

RE: Village Water WWTF  
Facility ID No. FLA013087  
Polk County

Dear Mr. Cantrell:

Please find attached the geotechnical report required by specific condition 14 Consent Order OGC File Number 06-2358. The signed and sealed original is being forwarded to Aqua today. Aqua would like to arrange a meeting with the SW District to further discuss the remaining outstanding items associated with the consent order. Please also find attached a copy of the letter sent to verify the sprayfield was disconnected, a screen shot of when the letter was created and the email showing the pictures were taken on August the 22, 2007.

If you have any questions or comments, please contact me at (352)435-4030 or by e-mail at [PRWilliams@aquaamerica.com](mailto:PRWilliams@aquaamerica.com). Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read "Tricia Williams".

Tricia Williams  
Utility Engineer  
Aqua Utilities Florida, Inc.

Enclosure: BCI pond report, letter to DEP verifying disconnected sprayfield, screen shot and pictures of disconnect.



## Ken's Buck-Hay Service

1700 Eaton Drive  
Clearwater, Florida 33756

### BACKFLOW PREVENTION DEVICE

### TEST AND MAINTENANCE REPORT

To: ~~South Florida Water—Aqua Utilities Florida~~  
(water purveyor or regulatory agency)

### Area: Cross-connection Control Section

The cross-connection control device detailed herein has been tested and maintained as required by the 6 rules or 6

### *Ken's Back-Hay Service*

1700 Eaton Drive  
Clearwater, Florida 33766

**BACKFLOW PREVENTION DEVICE**

### TEST AND MAINTENANCE REPORT

To: Village Water - Anna Utilities Florida  
(water purveyor or regulatory agency)

### Atic Cross-connection Control Section

The cross-connection control device detailed herein has been tested and maintained as required by the rules or regulations of \_\_\_\_\_ (process or regulatory agency) and is certified to comply with these rules or regulations.

Make of device: Harney

Size  $\frac{1}{8}$ "Model Number, FRPO

located at: Wastewater Treatment Plant

Serial Number: 147313

Pressure drop across first check valve 6.6 PSI

	Reduced Pressure Device		Pressure Vacuum Breaker		
	Double check devices		Relief Valve	Air Inlet	Check Valve
	1 <sup>st</sup> check	2 <sup>nd</sup> check			
Initial Test	DC- Closed tight <input checked="" type="checkbox"/> RP - ____ psid Leaked <input type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/> RP - 1.2 psid Leaked <input type="checkbox"/>	Opened at 2.8 psid	Opened at ____ psid Did not open <input type="checkbox"/>	____ psid Leaked <input type="checkbox"/>
Repairs & Materials Used	_____	_____	_____	_____	_____
Test After Repair	DC- Closed Tight <input type="checkbox"/> RP - ____ psid	Closed Tight <input type="checkbox"/>	Opened at ____ psid	Opened at ____ psid	____ psid

The above is certified to be true.

**Firm Name:** Ken's Bush Hog Service

Certified Tester: [Signature]

**Firm Address:** 1700 Eaton Drive

Cert. Tester No. 3441 Date: 9/11/07

Clearwater FL 33754



**Certified Operator Profile Search Results**  
**Florida Department of Environmental Protection**

To View CEU's **CLICK** on **LICENSE NUMBER**.

NAME	LICENSE TYPE	LICENSE NUMBER	CLASS	STATUS	ORIGINAL ISSUE DATE	EFFECTIVE DATE	EXPIRATION DATE
JERRY L. HAHN	WW	<a href="#">0013832</a>	C	ACTIVE	10/19/2004	5/3/2007 10:39:34 AM	4/30/2009
JERRY L. HAHN	DW	<a href="#">0014331</a>	C	ACTIVE	3/31/2006	5/3/2007 9:50:42 AM	4/30/2009

[DEP Homepage](#)   [Certified Operator Search](#)



**Certified Operator Profile Search Results**  
**Florida Department of Environmental Protection**

To View CEU's **CLICK** on **LICENSE NUMBER**.

NAME	LICENSE TYPE	LICENSE NUMBER	CLASS	STATUS	ORIGINAL ISSUE DATE	EFFECTIVE DATE	EXPIRATION DATE
STEVE L. FULLER, JR	WW	<u>0008937</u>	B	ACTIVE	11/8/1993	4/20/2007 10:07:58 AM	4/30/2009
STEVE L. FULLER, JR	DW	<u>0007519</u>	B	ACTIVE	3/31/1993	4/20/2007 11:20:01 AM	4/30/2009

[DEP Homepage](#) [Certified Operator Search](#)

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**State of Florida**  
**Department of Environmental Protection**

**ISSUED: 03/27/2007**

**LICENSE NO.: 0013244**

**THE CLASS C WASTE WATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.**

**VALID UNTIL: 04/30/2009**

**RALPH E. CHRISTMAS**

**State of Florida**  
**Department of Environmental Protection**

ISSUED: 01/31/2007 LICENSE NO.: 0008035

THE CLASS B WASTEWATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 04/30/2009

**DONALD E. HOSTETLER**

CHARLIE CRIST GOVERNOR DISPLAY IS REQUIRED BY LAW MICHAEL W. SOLE SECRETARY

**State of Florida**  
**Department of Environmental Protection**

ISSUED: 01/31/2007 LICENSE NO.: 0014147

THE CLASS C DRINKING WATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 04/30/2009

**DONALD E. HOSTETLER**

CHARLIE CRIST GOVERNOR DISPLAY IS REQUIRED BY LAW MICHAEL W. SOLE SECRETARY

**State of Florida**  
**Department of Environmental Protection**

LICENSE NO: 0005980    DATE ISSUED: 03/12/2007

CLASS C DRINKING WATER TREATMENT PLANT OPERATOR

DENNIS MULDOON

IS LICENSED UNDER PROVISIONS OF CHAPTER 403, FLORIDA STATUTES

VALID UNTIL:    04/30/2009

**State of Florida**  
**Department of Environmental Protection**

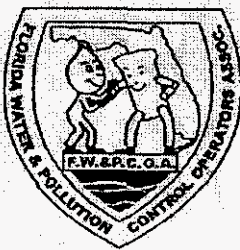
LICENSE NO: 0006452    DATE ISSUED: 03/12/2007

CLASS A WASTEWATER TREATMENT PLANT OPERATOR

DENNIS MULDOON

IS LICENSED UNDER PROVISIONS OF CHAPTER 403, FLORIDA STATUTES

VALID UNTIL:    04/30/2009



**Florida Water and Pollution Control  
Operator's Association**

**MEMBER**  
**Region 4**

**DENNIS MULDOON**

13973 COOPER RD  
SPRING HILL, FL 34609-

Member Since October 18, 1985

Expires October 31, 2006



# Florida Department of Environmental Protection

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

Jeff Kottkamp  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

May 19, 2009

RECEIVED

CERTIFIED MAIL NO.: 7008 0150 0003 4894 2548  
RETURN RECEIPT REQUESTED

MAY 21 2009

John Lihvarcik  
Aqua Utilities Florida, Inc.  
1100 Thomas Avenue  
P.O. Box 490310  
Leesburg, FL 34749

Aqua Utilities  
Florida Inc.

Re: Second Amendment to Consent Order OGC File No. 06-2358  
Village Waters WWTF  
Facility ID No. FLA913087  
Polk County

Dear Mr. Lihvarcik:

Enclosed, please find a copy of the signed Second Amendment to Consent Order regarding the above-referenced facility. The effective date of the amendment may be found on the last page, the day it was filed by the clerk.

Please be aware of your obligations under paragraphs eleven and twelve of this amendment. Paragraph 11A has already been satisfied with the payment of \$24,400. The Department has received and approved the monitoring plan required under Paragraph 11C; if any work has not been completed in accordance with the plan, the Department will allow 30 days from execution of this amendment to have it completed.

Should you have questions, please direct them to Joe Squitieri at (813) 632-7600, extension 309.

Sincerely yours,

Thomas Gucciardo  
Environmental Manager  
Domestic Wastewater Section

Enclosure

cc: Joe Squitieri, DEP, [joe.squitieri@dep.state.fl.us](mailto:joe.squitieri@dep.state.fl.us)  
Patricia Williams, Aqua Utilities, [prwilliams@aquaamerica.com](mailto:prwilliams@aquaamerica.com)

*"More Protection, Less Process"*  
www.dep.state.fl.us



BEFORE THE STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA DEPARTMENT	)	IN THE OFFICE OF THE
OF ENVIRONMENTAL PROTECTION,	)	SOUTHWEST DISTRICT
	)	
Complainant,	)	OGC FILE NO. 06-2358
vs.	)	
	)	
AQUA UTILITIES, INC., formerly known	)	
as AQUASOURCE UTILITY, INC., and	)	
AQUA UTILITIES FLORIDA, INC.,	)	
	)	
Respondents.	)	

SECOND AMENDMENT TO CONSENT ORDER

On August 21, 2007, Aqua Utilities, Inc., formerly known as Aquasource Utility, Inc., and Aqua Utilities Florida, Inc. ("Respondents") entered into a Consent Order, OGC File No. 06-2358, with the State of Florida Department of Environmental Protection ("Department") concerning the Village Water Wastewater Treatment Facility ("Facility"). An Amendment to Consent Order ("Amendment") was entered into on June 23, 2008.

Respondents reported to the Department that from September 4 through September 18, 2008, there was an unpermitted discharge of effluent from the emergency overflow pipe in one of the percolation ponds of the Facility to State waters. From this report, the Department finds that the Facility had a release of wastewater without proper treatment approved by the Department in violation of Rule 62-600.750(2)(a), Florida Administrative Code, and Section 403.161, Florida Statutes.

Paragraph 11 of the Consent Order required Respondents to cease discharging from the Facility if Respondents failed to submit an application to the Department for a domestic wastewater permit for the Facility. Respondents completed this requirement. Paragraph 11 of this Second Amendment requires Respondents to pay a penalty for the unpermitted discharge and to provide a long-term solution for effluent disposal for the Facility or to remove the Facility from service. Paragraph 12 of the Consent Order and the Amendment is being changed to provide additional time for Respondents to obtain a permit for the Facility. It is hereby agreed between the parties that this Second Amendment shall amend the Consent Order and the Amendment only to the extent specifically stated herein, and the provisions of the Consent Order and the Amendment not addressed herein shall remain in full force and effect. Therefore, it is

ORDERED:

Paragraph 11 is replaced to read as follows:

A. Within 30 days of the effective date of this Second Amendment, Respondents shall pay to the Department \$24,400.00 in penalties for 15 days of unpermitted discharge in violation of Rule 62-600.750(2)(a), Florida Administrative Code, in accordance with Section 403.121(3)(b), Florida Statutes. Payment shall be made by cashier's check or money order. The instrument shall be made payable to the "Department of Environmental Protection" and shall include thereon the OGC File number assigned to the Consent Order and the notation "Ecosystem Management and Restoration Trust Fund". Payment shall be sent to the Department of Environmental Protection, attn: Tom Gucciardo, 13051 North Telecom Parkway, Temple Terrace, Florida, 33637-0926.

B. On October 20, 2008, Respondents submitted a plan ("Pond Plan") to the Department to increase the disposal and storage capacity of the two percolation ponds of the Facility. The Pond Plan proposed that the internal piping of the percolation ponds be raised and fill be added to sections of the berms to increase the disposal and storage capacity of the ponds without compromising the integrity of the berms. Within 30 days of the effective date of this Second Amendment, Respondents shall complete all work included in the Pond Plan to increase effluent disposal and storage capacity.

C. Within 30 days of the effective date of this Second Amendment, Respondents shall submit a plan ("Monitoring Plan") to the Department to (1) install piezometers in series in the north berm of the two percolation ponds, (2) install staff gauges in the ponds, (3) install a rain gauge at the Facility, and (4) begin to monitor water levels in the piezometers, ponds and rain gauge. Within 30 days of Department approval of the Monitoring Plan, Respondents shall install the piezometers, staff gauges and rain gauge and begin monitoring in accordance with the approved Monitoring Plan. Respondents shall comply with all conditions in the Monitoring Plan, and in the permit to be issued for the Facility concerning the Monitoring Plan.

D. Within two years of the effective date of this Second Amendment, Respondents shall have completed a long-term solution to address the lack of sufficient effluent disposal capacity for the Facility. If any permit or Permit modification is required to achieve compliance, Respondents shall govern their actions so that the permit or Permit modification is received in adequate time to achieve compliance. Within 90 days after the effective date of the Second Amendment and quarterly thereafter, Respondents shall submit a written report to the Department detailing the status and progress made to meet the terms of this paragraph.

E. Upon the effective date of this Second Amendment, Respondents shall notify the Department either by written or verbal notice within 24 hours from the time of the awareness of an unpermitted discharge of effluent from any emergency overflow pipe in the percolation ponds of the Facility.

Should an unpermitted discharge occur, a separate stipulated penalty of \$500.00 per day may be assessed for each day there is a discharge from the percolation ponds. Through this Second Amendment, the Department shall allow Respondents to haul wastewater, effluent, or both to an approved effluent disposal system, residuals land-application site or regional wastewater treatment facility to preclude an unpermitted discharge from the percolation ponds. However, should an unpermitted discharge occur despite Respondents' efforts to avoid a discharge through hauling, then a separate stipulated penalty of \$100.00 per day may be assessed for each day there is a discharge from the percolation ponds.

F. If Respondents fail to comply with the requirements of Paragraph 11.D of this Second Amendment, then by May 30, 2011, Respondents shall submit to the Department a complete permit application with appropriate processing fees to construct a sanitary collection/transmission system to divert flow from the Facility to a regional sewer system ("CT Application"). The CT Application shall be prepared and sealed by a professional engineer registered in the State of Florida. Within 30 days of a written request from the Department for additional information to complete the CT Application, Respondents shall submit the requested information to the Department. Within 30 days of permit issuance, Respondents shall commence construction of the sanitary collection/transmission system pursuant to the conditions of the permit ("CT Permit"). Within 120 days of issuance of the CT permit, Respondents shall complete the construction of the collection/transmission line and shall submit to the Department a notification of completion of construction for the sanitary collection/transmission system signed and sealed by a professional engineer registered in the State of Florida. Within five days of receipt of written approval by the Department, Respondents shall place the sanitary collection/transmission line into service.

Paragraph 12 is modified to read as follows:

By June 1, 2009, Respondents shall obtain a domestic wastewater permit to authorize the operation of the Facility from the Department. If a permit is not acquired, Respondents shall immediately cease all discharges from the Facility to ground and/or surface waters of the State.

Persons who are not parties to this Second Amendment to Consent Order, but whose substantial interests are affected by this Second Amendment to Consent Order, have a right, pursuant to Sections 120.569 and 120.57, Florida Statutes, to petition for an administrative hearing on it. The Petition must contain the information set forth below and must be filed (received) at the Department's Office of General Counsel, 3900 Commonwealth Boulevard, MS# 35, Tallahassee, Florida 32399-3000 within 21 days of receipt of this notice. A copy of the Petition must also be mailed at the time of filing to the District Office named above at the address indicated. Failure to file a petition within the 21 days constitutes a waiver of any right such person has to an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes.

The petition shall contain the following information:

- (a) The Department's identification number for the Second Amendment to Consent Order and the county in which the subject matter or activity is located;
- (b) The name, address, and telephone number of each petitioner. The name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes;
- (c) A statement of how and when each petitioner received notice of this Second Amendment;
- (d) A statement of how each petitioner's substantial interests are affected by the Second Amendment to Consent Order;
- (e) A statement of the material facts disputed by petitioner, if any;
- (f) A statement of which rules or statutes petitioner contends require reversal or modification of the Second Amendment to Consent Order;
- (g) A statement of facts which petitioner contends warrant reversal or modification of the Second Amendment to Consent Order, including an explanation of how the alleged facts relate to the specific rules or statutes; and
- (h) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Second Amendment to Consent Order.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any decision of the Department with regard to the subject Second Amendment to Consent Order have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 21 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Sections 120.569 and 120.57, Florida Statutes, and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-106.205, Florida Administrative Code.

A person whose substantial interests are affected by the Second Amendment to Consent Order may file a timely petition for an administrative hearing under Sections 120.569 and 120.57, Florida Statutes, or may choose to pursue mediation as an alternative remedy under Section 120.573, Florida Statutes, before the deadline for filing a petition. Choosing mediation will not adversely affect the right to a hearing if mediation does not result in a settlement. The procedures for pursuing mediation are below.

Mediation may only take place if the Department and all the parties to the proceeding agree that mediation is appropriate. A person may pursue mediation by reaching a mediation agreement with all

parties to the proceeding (which include the Respondents, the Department, and any person who has filed a timely and sufficient petition for a hearing) and by showing how the substantial interests of each mediating party are affected by the Second Amendment to Consent Order. The agreement must be filed in (received by) the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, MS #35, Tallahassee, Florida 32399-3000, within 10 days after the deadline as set forth above for the filing of a petition.

The agreement to mediate must include the following:

- a) The names, addresses, and telephone numbers of any persons who may attend the mediation;
- b) The name, address, and telephone number of the mediator selected by the parties, or a provision for selecting a mediator within a specified time;
- c) The agreed allocation of the costs and fees associated with the mediation;
- d) The agreement of the parties on the confidentiality of discussions and documents introduced during mediation;
- e) The date, time, and place of the first mediation session, or a deadline for holding the first session, if no mediator has yet been chosen;
- f) The name of each party's representative who shall have authority to settle or recommend settlement;
- g) Either an explanation of how the substantial interests of each mediating party will be affected by the action or proposed action addressed in this notice of intent or a statement clearly identifying the petition for hearing that each party has already filed, and incorporating it by reference; and
- h) The signatures of all parties or their authorized representatives.

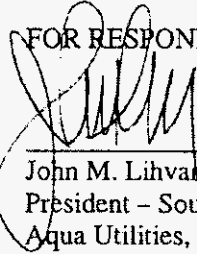
As provided in Section 120.573, Florida Statutes, the timely agreement of all parties to mediate will toll the time limitations imposed by Sections 120.569 and 120.57, Florida Statutes, for requesting and holding an administrative hearing. Unless otherwise agreed by the parties, the mediation must be concluded within sixty days of the execution of the agreement. If mediation results in settlement of the administrative dispute, the Department must enter a final order incorporating the agreement of the parties. Persons whose substantial interests will be affected by such a modified final decision of the Department have a right to petition for a hearing only in accordance with the requirements for such petitions set forth above, and must therefore file their petitions within 21 days of receipt of this notice. If mediation terminates without settlement of the dispute, the Department shall notify all parties in writing that the administrative hearing processes under Sections 120.569 and 120.57, Florida Statutes, remain available for disposition of the dispute, and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.

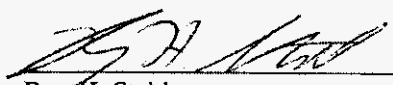
This Second Amendment to the Consent Order is final agency action of the Department pursuant to Section 120.69, Florida Statutes, and it is final and effective on the date filed with the Clerk of the Department unless a Petition for Administrative Hearing is filed in accordance with Chapter 120, Florida Statutes. Upon the timely filing of a petition this Second Amendment to Consent Order will not be effective until further order of the Department.

Feb 27, 2009  
Date

May 6, 2009  
Date

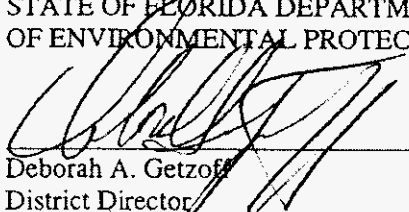
FOR RESPONDENTS:

  
John M. Lihvarcik,  
President - Southern Region  
Aqua Utilities, Inc.

  
Roy H. Stehl  
Vice President  
Aqua Utilities Florida, Inc.

DONE AND ORDERED this 12<sup>th</sup> day of May 2009, in Hillsborough County, Florida.

5/12/09  
Date

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL PROTECTION  
  
Deborah A. Getzoff  
District Director  
Southwest District

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

5/19/09  
Date

  
Clerk

DAG/nn

cc: Lea Crandall, DEP  
Mike Tanski, DEP  
John Lihvarcik, CFO - Aqua Utilities Florida, Inc.  
Patricia Williams, Utility Engineer - Aqua Utilities Florida, Inc.

## LETTER OF TRANSMITTAL

1100 Thomas Avenue  
Leesburg, FL 34748  
Phone: (352) 787-0980  
Fax: (352) 787-6333

**TO:** Joe Squitieri  
  
Florida Dept. of Environmental Protection  
  
13051 N Telecom Parkway  
  
Temple Terrace, FL 33637-0926

**DATE:** 3/16/09

**JOB NO:**

**Project:** Village Water WWTF

Second Amendment to Consent Order OGC File No. 06-2358

**WE ARE SENDING**

☒ **Attached**

☐ Under separate cover via \_\_\_\_\_ the following items:

☐ Shop

☐ Prints

☐ Plans

☐ Samples

☐ Specifications

☐ Copy of letter

☐ Change order

☐ Email

COPIES	DESCRIPTION
1	Aqua Utilities Florida Consent Order Check. Check #263147, \$24,400.00

**THESE ARE TRANSMITTED as checked below:**

☐ For approval

☐ For Review & Comment

☐ Amend and Resubmit

☐ For your use

☐ Make Corrections Noted

☐ Submit \_\_\_ copies for distribution

☒ As requested

☐ Rejected

☐ Return \_\_\_ corrected prints

**REMARKS:**

**COPY TO:** File

**SIGNED**

\_\_\_\_\_  
Patricia Williams  
Utility Engineer

*If enclosures are not as noted, kindly notify us at once.*



INVOICE	DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET AMOUNT
06-2358 SECOND AMMEND	02/19/09		24,400.00		24,400.00
AQUA UTILITIES FLORIDA, INC.		TOTAL:	\$24,400.00		\$24,400.00

AQUA UTILITIES FLORIDA, INC.

Formerly AQUASOURCE UTILITY, INC 762 LANCASTER AVE , BRYN MAWR, PA 19010

Page 1 of 1

**THIS DOCUMENT IS PRINTED IN BLUE INK. DO NOT ACCEPT UNLESS BLUE IS PRESENT**

263147

**AQUA UTILITIES FLORIDA, INC.**

PNC BANK, N.A.  
NEW JERSEY

$$\frac{55-277}{312}$$

CHECK NO.

Formerly AQUASOURCE UTILITY, INC.  
762 LANCASTER AVE., BRYN MAWR, PA 19010

DATE 03/05/09

PAY

Twenty four thousand four hundred and 00/100 Dollars-----

TO THE ORDER OF  
FLORIDA DEPARTMENT OF  
ENVIRONMENTAL PROTECTION  
SOUTHWEST DISTRICT  
13051 N TELECOM PARKWAY  
TEMPLE TERRACE FL 33637-0926

# ECOSYSTEM MANAGEMENT

TRUST Fund 06-2358

**REDACTED**

**\*See Reverse Side For Opening Instructions\***

AQUA UTILITIES FLORIDA, INC.

Formerly AQUASOURCE UTILITY, INC.  
762 LANCASTER AVE., BRYN MAWR, PA 19010

FLORIDA DEPARTMENT OF  
ENVIRONMENTAL PROTECTION  
SOUTHWEST DISTRICT  
13051 N TELECOM PARKWAY  
TEMPLE TERRACE FL 33637-0926