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.

07299 SEP-19

FPSC-COMMISSION CLERK



'S Type: mber of Service Connection 'S Owner: Ac	osalie Oaks Community				PWS Identification Number:	3531546
mber of Service Connection 'S Owner: Ac		Non-Transient Non-Community	Transient Non-Com	munity	Consecutive	332.513
'S Owner: Ac		The state of the s	L3 Transiene Non Conn		al Population Served at End of Month:	192
	qua Utilities Florid				in Copulation Server at Esta St. 1787/100.	
	teve Fuller	а		T _{Cor}	ntact Person's Title: Sn. Faci	lities Operator
ntact Person's Mailing Addr		415 West Daughtery Rd.		City: Lakeland	State: Florida	Zip Code: 33810
ntact Person's Telephone Nu		813-267-2074		<u> </u>	ntact Person's Fax Number. 941-907	
ntact Person's E-Mail Addre		slfuller@aquaamerica.com				
ater Treatment Plant						
	osalie Oaks				Plant Telephone Number:	863-858-2504
	osalie Oaks Blvd			City: Lake Wales	State: Florida	Zip Code: 33853
e of Water Treatment by Pl		✓ Raw Ground Water Purc	chased Finished Water			
nitted Maximum Day Oper		No.	100,000	······································		
nt Category (per subsection				Plant	Class (per subsection 62-699.310(4), F	(A.C.): C
icensed Operators		Name	License Class	License Number	er Day(s) / Sl	hift(s) Worked
ad/Chief Operator: De	ennis Muldoon		lc.	5980	Days 1st Shift	
	rry Hahn		C	14331		
	eve Fuller		В	7519	Days 1st Shift	

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

PWS I	lentification	n Number:		3531546		Plant Name:	Rosalie Oak	S						
III. D	aily Data	for the M	lonth/Year	of:		May, 2008								
CONTRACTOR OF STREET	THE REAL PROPERTY AND PERSONS ASSESSMENT OF THE PERSONS ASSESSMENT OF		Virus Inactiv		al. 7 Free 0		Chlorine Di	ovide	Ozone	Comb	oined Chlori	na (Chlorer	ninas	
Annual regularitation	traviolet R			r (Describe):			Chigrane Di	OAGC	Cozenie	3 Com	mica Cuant	ne (Cinorai	macs)	
					ibution System:	▼ Free Chle	arino (m	Combin	ed Chlorine	(Chloramine	(c)	Chlorine I)iovida	
Type (Disiniec	tant Kesic	iuai Maiman						MARK TORONO TORONO TORONO		attenues and a second	A. H	70XIde	
				C	T Calculations, o			our-Log	Virus Inac	tivation, if				
						CT Calc	culations				UV	Oose		
Day of the	(Place	Hours plant in	Net Quantity of Finished Water Producted,	Peak Flow	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest CT Provided Before or at First Customer During Peak Flow, mg-	Temp of	pH of Water,	Minimum CT Required, mg	Lowest Operating UV Dose,	Minimum UV Dose Required, mW-	Lowest Residual Disinfectant Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work th Involves Taking Water System Components
ith	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, "C	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1		24.0	9,000		1.2		 							
2	X	24.0	9,000		1.7	 							1.4	
3	-	24.0 24.0	12,667 12,667			 	 							
5	X	24.0	12,667		1.5								1.1	
6	^	24.0	15,500		*.2								1.1	
7	X	24.0	15,500		1.3								1.0	
. 8		24.0	9,500				†						150	
9	X	24.0	9,500		1.3								1.1	
10		24.0	10,000	1										
11		24.0	10,000											
12	X	24.0	10,000		1.3								1.0	
13		24.0	12,500									110000000000000000000000000000000000000		
14	X	24.0	12,500		1.0								0.8	
15		24.0	11,000			ļ								
16	X	24.0	11,000		1.1								0.8	
17 18		24.0	9,667 9,667											
19	X	24.0 24.0	9,667		1.3		<u> </u>						1.0	
0	^	24.0	8,000		1.3								1.0	
21	Х	24.0	8,000	1	1.3								1.1	
22		24.0	17,000						emerican em					
23	Х	24.0	17,000		1.2			74 H. C.					1.0	
24		24.0	9,667											
25		24.0	9,667											
26	Х	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	Х	24.0	12,500		1.1								0.8	
31		24.0		1		L	<u>L</u>					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
otal			331,000											
vgerag		Miles Callage	10,677											

* Refer to the provide this information.

Effection (1985) 600 (Ays report to determine which plants must provide this information.

Guest 28, 2003



See Pages 4 for Instructions.

62-555 900(3)Alternate

General Information		Year of: June, 2008						and the second s
Public Water System PWS Name:	Rosalie Oaks	HOH				PWS Identification	Number:	3531546
PWS Type:	✓ Community	Non-Transient Non-Community	v TTr	ransient Non-Comi	munity	Consecutive	· Carroca	
Number of Service Connec			7	ansient non com		Population Served at I	End of Month	192
PWS Owner	Agua Utilities Florid				1.000			
Contact Person:	Steve Fuller			willing the state of the state	Conta	et Person's Title	Sn. Facilities (Operator
Contact Person's Mailing		415 West Daughtery Rd			City: Lakeland	State: Florida		Zip Code: 33810
Contact Person's Telephon		813-267-2074			<u> </u>	et Person's Fax Numb	er: 941-907-7401	1.
Contact Person's E-Mail A		slfuller@aquaamerica.com			La constant			
Water Treatment P								
Plant Name:	Rosalie Oaks					Plant Telephone Nur	mber:	863-858-2504
Plant Address:	Rosalie Oaks Blvd				City: Lake Wales	State: Florida		Zip Code: 33853
Type of Water Treatment b		✓ Raw Ground Water	Purchased Fini	shed Water		L		1
Permitted Maximum Day				100,000		uuluudkaa vaa ee e		
Plant Category (per subsec)		Plant C	lass (per subsection 6:	2-699.310(4), F.A.C.)	. C
Licensed Operators		Name		License Class	License Number		Day(s) / Shift(s) Worked
Lead/Chief Operator:				С	5980	Days 1st Shift		
Other Operators:	Jerry Hahn			С	14331			
	Steve Fuller			В	7519	Days 1st Shift	The second secon	

Certification by Lea								
		operator licensed in Florida, am						
nformation provided	in this report is tru	e and accurate to the best of my	knowledge ar	nd belief. I cert	ify that all drinking	g water treatment	chemicals used at	this plant conform to N
nternational Standard	d 60 or other appli	cable standards referenced in sub	section 62-55	55.320(3), F.A.C	. I also certify tha	at the following ac	dditional operatio	ns records for this plant
		operator staffed or visited this pla						
		process performance records. Fu						
		report, at a convenient location i				p • 1 • • • • • • • • • • • • • • • • •		
tam mem, together	1		ioi at icast ter	i years.				
Stem-	tulla	7-10-08	Steve Fuller					B 7519
Signature and Date			Printed or Typ	ed Name				License Number
C			To a second seco					

PWS Io	lentification	n Number		3531546		Plant Name	Rosalie Oak	S						
III. D	aily Data	for the N	lonth/Year	of:		June, 2008								
-			g Virus Inactiv		al: Free C	hlorine	Chlorine Di	oxide	Ozone	Comb	oined Chloru	ne (Chlorar	mines)	
	traviolet R			r (Describe):								,		
					ibution System:	▼ Free Chlo	rine	Combin	ed Chlorine	(Chloramine	(s)	Chlorine I	Dioxide	
Type	n Distilles	I Claric Nesic	I I		T Calculations, or								7	
					1 Calculations, or			Our-Log	virus mac	tivation, ii i	UV			
						CT Calc	uiations	I			O V	I		
	Days Plant Staffed or	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Net Quantity		Lowest Residual Disinfectant	Disinfectant Contact Time (T) at C Measurement	Lowest CT Provided Before or at First Customer				Lowest	Minimum UV Dose	Lowest Residual Disinfectant Concentration at	Emergency or Abnormal Operating
D6	Visited by Operator	Hours plant	of Finished Water		Concentration (C) Before or at First	Point During	During Peak			Minimum CT		Required,	Remote Point in	Conditions, Repair or Maintenance Work that
Day of the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	S. S. Santana and S. Santana and S. S. Santana a	mW-	Distribution	Involves Taking Water System Components
nth	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
		24.0	11,500	7.01										
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							-			1.0	
7	X	24.0	7,667 7,667		1.3								1,0	
9	X	24.0 24.0	7,667		1.3								1.1	
10		24.0	7,000		17					1				
11		24.0	7,000											
12	X	24.0	7,500		1.3								1.0	
13		24.0	7,500											
14	Х	24.0	8,000		1.0								0.8	
15		24.0	8,000										0.8	
16	X	24.0	8,000		1.1								9.8	
17		24.0 24.0	8,000 8,000											
19	X	24.0	8,500		1.3								1.0	
7		24.0	8,500											
-1	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	- V	24.0	8,000		1.1	<u> </u>				-			0.9	
26 27	X	24.0 24.0	8,000		1.1					 			V.7	
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		The states	238,000											
Avgerag	e ·		7,677											

11,500

Maximum

P(

^{*} Refer to the anstructions foothis report to determine which plants must provide this information

End igust 28 2003



See Pages 4 for Instructions.

Type	General Information	n for the Month/	Year of: July, 200	8						
Name Rossle Claks 1 pc	Public Water System	n (PWS) Inform:	ation							
Topic Community Non-Transient Non-Community Transient Non-Community Consecutive ber of Service Connections at End of Month 97 Total Populations Served at End of Month 205 CONNET Aqua Utilities Florida act Person Sieve Fuller Contact Person's Tatle S in Facilities Operator act Person Sieve Fuller Contact Person's Fas Number: 813-267-2074 Contact Person's Fas Number: 863-853-4037 act Person's Fas Number: 813-267-2074 Contact Person's Fas Number: 863-853-4037 act Person's	WS Name:						PWS Identification Nur	mber	3531546	
the of Service Connections at End of Month 97 Total Population Served at End of Month 265 Contact Person Studing Address Al15 West Daughtery Rd Contact Person's Title Sn Facilities Operator	VS Type:	✓ Community	Non-Transient Non-Comn	nunity T	ransient Non-Com	munity				
Contact Person's Title Sn Facinites Operator								d of Month	205	
and Person's Mailing Address	VS Owner:	Aqua Utilities Florie	da							
and Person's Mailing Address	ontact Person	Steve Fuller				Conta	ct Person's Title	Sn. Facilities C	perator	
The properties of the policy of the properties of the policy of the properties of the policy of the properties of the pr	ntact Person's Mailing A	Address	415 West Daughtery Rd.							33809
Name Rosale Caks Plant Telephone Number 863-858-2594	ntact Person's Telephone	e Number:		**************************************		<u> </u>	<u> </u>	863-853-4937		
Name Rosale Caks Plant Telephone Number 863-858-2594	ntact Person's E-Mail A	ddress	slfuller@aquaamerica.com	m				***************************************		
Name Rosalie Oaks Plant Telephone Number 863-858-2504 Address Camp Mack Rd. & Rosalie Oaks Blvd. City Lake Wales State Florida Zip Code 33898 To Water Treatment by Plant Plant Class (per subsection 62-699 310(4), F.A.C.) V Plant Class (per subsection 62-699 310(4), F.A.C.) C Category (per subsection 62-699 310(4), F.A.C.) Name License Class License Number Day(s) / Shift(s) Worked Address Day(s) / Shift(s) Worked Comparators Day (see Fuller B 7519 Days Ist Shift From Class (per subsection 62-699 310(4), F.A.C.) C Comes Day (see Fuller B 7519 Days Ist Shift Comparators Day (see Fuller Day (see Fulle	ater Treatment Pl	ant Information								
Address Camp Mack Rd. & Rosalie Oals Blvd. City Lake Wales State Florida Zip Code 33898	nt Name:						Plant Telephone Number	er	863-858-250)4
### Purchased Finished Water Of Water Treatment by Plant A Raw Ground Water Purchased Finished Water	nt Address;	Camp Mack Rd. &	Rosalie Oaks Blvd.			City: Lake Wales			· •	
Category (per subsection 62-699 310(4), F.A.C.) V Plant Class (per subsection 62-699 310(4), F.A.C.) Censed Operators Steve Fuller B 7519 Days 1st Shift C Iffication by Lead/Chief Operator e undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part 1 of this report. I certify that the mational Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant e prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; a finapplicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can in them, together with copies of this report, at a convenient location for at least ten years. Steve Fuller Steve Fuller Printed or Typed Name Plant Class (per subsection 62-699 310(4), F.A.C.) C Coords of amounts of chemicals used and chemical feed rates; a final plant dependence of this report, at a convenient location for at least ten years. Steve Fuller Printed or Typed Name Plant Class (per subsection 62-699 310(4), F.A.C.) C Coords of amounts of chemicals used and chemical feed rates; a final plant dependence of this report, at a convenient location for at least ten years. Steve Fuller Printed or Typed Name Printed or Typed Name	e of Water Treatment b			Purchased Fin	ished Water					
Plant Class (per subsection 62-699 310(4), F.A.C.) Name License Class License Number Day(s) / Shift(s) Worked d/Chief Operator: Steve Fuller B 7519 Days 1st Shift C 14331 License Class (per subsection 62-699 310(4), F.A.C.) Day(s) / Shift(s) Worked d/Chief Operator: Steve Fuller License Class License Number Day(s) / Shift(s) Worked d/Chief Operator: Jerry Hahn C 14331 License Class License Number Day(s) / Shift(s) Worked d/Chief Operator: License Class License Number Days 1st Shift Day(s) / Shift(s) Worked d/Chief Operator: License Class License Number Days 1st Shift Day(s) / Shift(s) Worked d/Chief Operator: License Class License Number Days 1st Shift Days 1st Shift License Class License Number Days 1st Shift Days 1st Shift License Class License Number Days 1st Shift Days 1st Shift License Class License Number Days 1st Shift Days 1st Shift Days 1st Shift License Class License Number Days 1st Shift Days 1st Shift Days 1st Shift License Class License Number Days 1st Shift Days 1st Shift License Number License Class License Number Days 1st Shift Days 1st Shift Days 1st Shift Days 1st Shift License Number Days 1st Shift Days 1st Shift License Number Days 1st Shift Days 1st Shift Days 1st Shift Days 1st Shift License Number Licens				North Control of the						
tification by Lead/Chief Operator: Steve Fuller						Plant C	lass (per subsection 62-6	99 310(4), F.A.C.):	С	
d/Chief Operators: Jerry Hahn C 14331 Lification by Lead/Chief Operator e undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the rmation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to N mational Standards 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 during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; a fapplicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can in them, together with copies of this report, at a convenient location for at least ten years. Steve Fuller Printed or Typed Name License Number		I and the second			License Class				Worked	
tification by Lead/Chief Operator e undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the rmation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to N rmational 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 e prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; a fapplicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS		Steve Fuller					 			
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e undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the rmation provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to N rnational 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 exprepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; a fapplicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can in them, together with copies of this report, at a convenient location for at least ten years. Steve Fuller Printed or Typed Name B-7519 License Number										
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rnational 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 the prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; a fapplicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can in them, together with copies of this report, at a convenient location for at least ten years. Steve Fuller Printed or Typed Name B-7519 License Number	ormation provided	in this report is tr	ue and accurate to the best of	my knowledge a	nd belief. I cert	fy that all drinking	water treatment ch	emicals used at	this plant c	onform to NS
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Steve Fuller Printed or Typed Name B-7519 License Number						these additional o	perations records to	the PWS owner	r so the PW	5 owner can
ture and Date Printed or Typed Name License Number	ain them, together v	vith copies of this	report, at a convenient locat	ion for at least ter	n years.					
	Steve + ,	Ila 8-	6-08	Steve Fuller					B-7519	
	nature and Date			Printed or Typ	oed Name			neverteen.	License Num	ber
Pa					/					
OFFI OZ-555 MIDICA Allemate	DEP 62-555 900(3)A	Allemate			Pa					

PWS Io	entification	n Number		3531546		Plant Name	Rosalie Oak	S						
III. D	aily Data	for the M	onth/Year	of:	(16 x 15 x 15 x 16 x 15 x 16 x 16 x 16 x	July, 2008								
			Virus Inactiv		al: 🔽 Free C	hlorine —	Chlorine Di	ovide	Ozone	[Com	oined Chlori	ne (Chlorar	mines)	
	raviolet R			r (Describe):			CHIOTHE DI	ordac	3 3.74.37114	COIN	Julea Cinera	ic (Cinora	mics)	
					bution System:	Free Chlo	rine	Combin	ed Chlorine	(Chloramine	es)	Chlorine I	Dioxide	
Type	1 Disiniec	tant Resid	uai iviaintair										I	
				(CT Calculations, or			our-Log	Virus inac	uvation, ii A	UV		-	
						CT Calc	ulations			I	UV	Jose		
					Lowest Residual	Disinfectant Contact Time	Lowest CT Provided Before or at						Lowest Residual	
	Days Plant Staffed or		Net Quantity of Finished		Disinfectant Concentration (C)	(T) at C Measurement	First Customer				Lowest	Minimum UV Dose	Concentration at	
Day of		Hours plant	Water		Before or at First	Point During	During Peak			Minimum	Operating	Required,	. [2] 이 경우 (1) (1) 이 경우 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Conditions: Repair or Maintenance Work that
the	Operator	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-			CT Required.		mW-	Distribution	Involves Taking Water System Components
Month	(Place "X")		gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
		24.0	9,500										1.6	
	X	24.0	9,500		1:3		ļ						1.0	
3		24 0	11,000				<u> </u>		_		<u> </u>		11	
4	X	24.0	11,000		1.6				 	<u> </u>			1.1	
5		24.0	9,667				 						1	
6		24.0	9,667 9,667		1.6		 		 	 	 		0.9	
7	X	24.0	9,000		1.0		<u> </u>		 				7-2	
8	X	24.0	9,000		1.1		 				<u> </u>		0.7	
10	Λ	24.0	8,000		122		 							
11	X	24.0	8,000		1.0		1						0.5	
12		24.0	8,667											
13		24.0	8,667											
14	X	24.0	8,667		0.8								0.5	
1.5		24.0	10,500											
16	X	24.0	10,500		1.0								0.6	
17		24.0	10,000				L				ļ	ļ	0.5	I T
18	X	24.0	10,000		1.0								0.5	
19		24.0	8,667						-		<u> </u>			
20	- 5/	24.0	8,667		0.8				 				0.5	
	X	24.0 24.0	8,667 8,000		0.8							-	1	
23	X	24.0	8,000		0.8								0.4	
24	^_	24.0	11,500		7.0		1							
25	X	24.0	11,500		0.8				1				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				<u></u>	L				L	<u> </u>	
Total			289,000											
Average		700	9,323											

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



See Pages 4 for Instructions. I. General Information for the Month/Year of: August, 2008 A. Public Water System (PWS) Information PWS Identification Number. 3531546 Rosalie Oaks PWS Name: ✓ Community Transient Non-Community Consecutive Non-Transient Non-Community PWS Type: 97 Total Population Served at End of Month 205 Number of Service Connections at End of Month Aqua Utilities Florida PWS Owner: Contact Person's Title: Sn. Facilities Operator Steve Fuller Contact Person: State Florida Zip Code 33809 City. Lakeland Contact Person's Mailing Address: 415 West Daughtery Rd. 813-267-2074 Contact Person's Fax Number. 863-853-4937 Contact Person's Telephone Number slfuller@aquaamerica.com Contact Person's E-Mail Address: Water Treatment Plant Information Plant Telephone Number 863-858-2504 Plant Name: Rosalie Oaks Zip Code 33898 City: Lake Wales State: Florida Plant Address Camp Mack Rd. & Rosalie Oaks Blvd Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water 100,000 Permitted Maximum Day Operating Capacity of Plant, gallons per day Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.) Day(s) / Shift(s) Worked License Class License Number Licensed Operators Name Lead/Chief Operator: Steve Fuller 7519 Days 1st Shift 14331 Other Operators: Jerry Hahn 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

II. Certification by Lead/Chief Operator

DE ____ 62-555_900(3)Alternate

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 tem fuller	9-10-08	Steve Fuller	B-7519
Signature and Date		Printed or Typed Name	License Number

PWS I	lenti fication	n Number:		3531546		Plant Name	Rosalie Oak	s						
III. D	aily Data	for the M	onth/Year	of:	使用的现在分词 2000年	August, 2008								
-			Virus Inactiv		al⊤ 🔽 Free C	hlorine r	Chlorine Di	oxide	C Ozone	Comb	nined Chlori	ne (Chlorar	nînes)	
			(Othe				Cimame ta	O GGC	C. C. C.	COLL	mica e more	ne (e mora	inics ;	
**					bution System:	Free Chlo	rino	Combin	ed Chlorine	(Chloramine	*\$1	Chlorine I	Diovide	
Type c	of District	ciant Resid	uai iviaintaii				TO SERVICE SER				*		I	r
				(CT Calculations, or			Four-Log	Virus Inac	ivation, if A				
			e maje iz e			CT Calc	ulations				UV	Dose		
							Lowest CT							
						Disinfectant	Provided							
					Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Days Plant		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Staffed or		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	
Day of		Hours plant	E THE PROPERTY OF THE PERSON O		Before or at First	Point During	During Peak	Temp of	pH of Water,	Minimum	Operating UV Dose,	Required, mW-	Remote Point in Distribution	Conditions, Repair or Maintenance Work that Involves Taking Water System Components
the	Operator	in	Producted, gal	Peak Flow Rate, gpd	Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg- min/L		if Applicable			sec/cm ²	System, mg/L	Out of Operation
Month	(Place X)	Operation 24.0	18,000	Kate, gpu.	1 0	minutes	mare	Tracti, C	п гурпского	mg-mint.	11111-300/011	30070111	0.6	Control Operation
-	_ ^	24.0	5,667		1.0			 						
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					9 1840 1 100 E 100 E 100 E 100 E			0.8	
9		24.0	5,000											
10		24.0	5,000					ļ					0.1	
- 11	X	24.0	5,000		1.0							-	0.4	
12	X	24.0 24.0	5,000 5,000		1.5						<u> </u>		0.7	
13		24.0	4,500		3 +2									
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		7.0									
22	X	24.0	4,000		2.0							-	1.1	
23		24.0 24.0	12,333 12,333											
25	X	24.0	12,333		1.6			 					10	
26	^	24.0	5,000											
27	Х	24.0	5,000		2.2	U Marie de la Companya de la Company							1.4	
28		24.0	12,500											
29	Х	24.0	12,500		1,4								0.9	
30		24.0	6,000											
31		24.0	6,000					L					L	
Total		Z PER AREA	202,000											
Average			6,516											
Maximu	m	r allant der i	18,000											

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DEP Form 62-555 900(3)

gust 28, 2003

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



See Pages 4 for Instructions.

32-555 900(3)Alternate

General Informatio					***************************************		
Public Water System PWS Name:	n (PWS) Informa Rosalie Oaks	tion		тийшийшийш од од од од од	Towers are	222124	
PWS Type	✓ Community	No. Tourist No. Committee	T		PWS Identification Numl	ber. 3531546	
Number of Service Conne		Non-Transient Non-Community 97	Transient Non-Com		Consecutive	CM -1 205	
WS Owner	Agua Utilities Florid			Lotai	Population Served at End of	of Month: 205	
Contact Person	Steve Fuller	d		10	ict Person's Title:	P. P. Shin D	
Contact Person's Mailing		415 West Daughtery Rd,		City. Lakeland	State Florida	Sn. Facilities Operator	33809
Contact Person's Telephon		813-267-2074		<u> </u>	ict Person's Fax Number	Zip Code: 863-853-4937	33809
Contact Person's E-Mail A		slfuller@aquaamerica.com		Coma	et reison's rax number	003-033-4937	
Water Treatment P		Shuher @aquaarrieriea.com					
Plant Name	Rosalie Oaks				Plant Telephone Number	863-858-2	2504
Plant Address	Camp Mack Rd. & R	osalie Oaks Blvd		City: Lake Wales	State: Florida	Zip Code	
vpe of Water Treatment b		······································	ased Finished Water	cur, pare maies	Tanto Tiorida	12 th Code	33070
Permitted Maximum Day		V	100.000				
Plant Category (per subsec		***************************************		Plant C	lass (per subsection 62-699	9.310(4), F.A.C.): C	
Licensed Operators		Name	License Class	License Number		ay(s) / Shift(s) Worked	
_ead/Chief Operator:			В	7519	Days 1st Shift		
Other Operators:	Jerry Hahn		C	14331			
	 				1		
					 		
				Parket and the second s			
						the same of the sa	
Certification by Lea							
, the undersigned wa	ter treatment plant	operator licensed in Florida, am the le	ad/chief operator of the	water treatment p	lant identified in part	I of this report. I certif	v that the
		e and accurate to the best of my know					
	-	cable standards referenced in subsection		7	-		
		perator staffed or visited this plant dur					
		process performance records. Furthern		these additional c	perations records to the	he PWS owner so the P	WS owner ca
etain them, together	with copies of this	report, at a convenient location for at l	east ten years.				
1 + 1	00	'A B A B					
& leve +	- ull 1	U-J-UJ Steve	Fuller			B-7519	
ignature and Date			ed or Typed Name			License N	umber

Pag

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

PWS I	dentification	n Number		3531546		Plant Name	Rosalie Oak	S						
III. D	aily Data	for the M	lonth/Year	of:	A Barrier to	September, 200	18							
Secretaria de la constitución de		A STATE OF THE PARTY OF	Virus Inactiv		il: 🔽 Free C	hlorine	Chlorine Di	vide	Ozone	for Comb	ainad Chlaria	na (Chlarur	nina.	
	traviolet R			r (Describe):			C Horne Dr	J. GGC	CZOIL	: Com	med Chorn	ic (Ciliorai	mines)	
-						Free Chlo		Combin	ed Chlorine	(Chloramine	T	Chlorine I	Nissida	
Type (of Disinfed	ctant Resid	ruai iviaintair		bution System:								TOXIGE	
				(CT Calculations, or			our-Log	Virus Inact	tivation, if A	7			
						CT Calc	ulations				UVI	Oose		
		1,				D:6	Lowest CT							
					Lowest Residual	Disinfectant Contact Time	Provided Before or at						Lowest Residual	
	Davs Plant		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Staffed or		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant	Water		Before or at First	Point During	During Peak			Minimum	Operating	Required,		Conditions; Repair or Maintenance Work that
the	Operator	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,			mW-	Distribution	Involves Taking Water System Components
	(Place "X")		gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water OC	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
	X	24.0	9,000		10								06	
		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	
- ^^ _		24.0	6,000											
- 20		24.0	6,000											
22	X	24.0	6,000		1.0								8.0	
23	v	24.0 24.0	4,500 4,500		1.1								0.8	
25	X	24.0	6,000		1.1								0,8	
26	X	24.0	6,000		1.2								0.7	
27	^_	24.0	6,333		1.2								0.7	
28		24.0	6,333											
29	X	24.0	6,333		1.1								0.7	
30		24.0	6,000										0.,	
Total			181,000				L		<u> </u>					
Average			6.033											

9,000

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



-62-555 900(3)Alternate

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 Transient Non-Community ✓ Community Non-Transient Non-Community Consecutive PWS Type. Total Population Served at End of Month Number of Service Connections at End of Month. 97 205 Aqua Utilities Florida Contact Person's Title: Sn. Facilities Operator Contact Person: Steve Fuller City: Lakeland State Florida Zip Code 33809 Contact Person's Mailing Address 415 West Daughtery Rd. 863-853-4937 813-267-2074 Contact Person's Fax Number Contact Person's Telephone Number slfuller@aquaamerica.com Contact Person's E-Mail Address B. Water Treatment Plant Information 863-858-2504 Plant Telephone Number Plant Name: Rosalie Oaks Zip Code Camp Mack Rd. & Rosalie Oaks Blvd. Lake Wales State Florida 33898 Plant Address ✓ Raw Ground Water Purchased Finished Water Type of Water Treatment by Plant: 100.000 Permitted Maximum Day Operating Capacity of Plant, gallons per day Plant Category (per subsection 62-699.310(4), F.A.C.) V Plant Class (per subsection 62-699.310(4), F.A.C.): License Class License Number Day(s) / Shift(s) Worked Licensed Operators Name Lead/Chief Operator: Steve Fuller 7519 Days 1st Shift 14331 Other Operators: Jerry Hahn 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. B-7519 Steve Fuller Printed or Typed Name License Number

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

PW. To	entification	n Number:		3531546		Plant Name	Rosalie Oak	s						
III. D	aily Data	for the M	onth/Year	of:		October, 2008								
			Virus Inactiv		College College and Company of Charles Co.		Chlorine Di		Ozone	·····	daya yanayah			
				r (Describe):		mornic	Chiorine Di	oxide	Ozone	Com	inea Chiorii	ie (Cinorai	nines)	
	raviolet R						poss			. 651.1				
Type o	f Disinfec	ctant Resid	ual Maintair	ned in Distri	bution System:	Free Chle	orine	Combir	ned Chlorine	(Chloramine	(S)	Chlorine [Dioxide	
				(CT Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inact	tivation, if A	Applicable*			Promise Control of the Control of th
		7.96		8-C-3		CT Calc					UVI	Oose	1	
							T T	T T	I				1	
							Lowest CT							
					×.	Disinfectant	Provided							
					Lowest Residual	Contact Time	Before or at					Mindage	Lowest Residual	
	Days Plant		Net Quantity		Disinfectant	(T) at C	First	-			Lowest	Minimum UV Dose	Disinfectant	
	Staffed or		of Finished		Concentration (C)	Measurement	Customer				Operating		Concentration at	# TO TO TO CONTROL OF THE PROPERTY OF
Day of	The state of the state of the state of	Hours plant			Before or at First	Point During	During Peak	Temp of	LIT COVERS	Minimum		Required, mW-	Remote Point in	and the second s
the	Operator	ın	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Water Oc	pH of Water,	C1 Required,			Distribution	Involves Taking Water System Components
Month	(Place "X")		gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	water, C	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L 0.9	Out of Operation
	X	24 0	7,000		1.3		<u> </u>	ļ	 				0.9	
2		24.0	5,000					ļ					0.7	
3	X	24.0	5,000		1.0		 	ļ	1				U.1	
4		24.0	5,333		<u> </u>		 	<u> </u>	 					
5		24.0	5,333		0.8		<u> </u>	ļ	-				0.5	
6	X	24.0	5,333		0.8		<u> </u>	-	 				0,5	
7	V	24.0	5,500		2.2		 						1.6	
- 8 9	X	24.0 24.0	5,500 5,500		4.4			-					132	
10	v	24.0	5,500		1.5			 					1.4	<u> </u>
11	X	24.0	7,000		1.2			-	 				-	
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		 	<u> </u>					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											
7	X	24.0	6,333		1.5								0.9	
		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										ļ	
26		24.0	6,000											
27	X	24.0	6,000		0.5		ļ						0.5	
28		24.0	5,000				<u> </u>	ļ						
29	X	24.0	5,000		0.4								0.3	
30		24.0	5,500										ļ	
31	X	24.0	5,500		1.3		L	<u></u>		L		L	1.1	
Total			175,000											
Average			5,645											

7,000

DEP Form 62-555 900(3) Effect 3ust 28, 2003

Maximum

^{*} 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.

WS Name:	Rosalie Oaks				PWS Identification Number:	3531546
WS Type:	∠ Community	Non-Transient Non-Communi	ity Transient Non-Cor	nmunity	Consecutive	
umber of Service Conne	ctions at End of Month	97		Total	Population Served at End of Month	205
WS Owner:	Aqua Utilities Florid	la				
ontact Person:	Steve Fuller			Conta	ct Person's Title Sn. Fac	ilities Operator
ontact Person's Mailing	Address:	415 West Daughtery Rd.		City Lakeland	State Florida	Zip Code: 33809
ntact Person's Telephor	e Number.	813-267-2074		Conta	ct Person's Fax Number: 863-853	3-4937
ontact Person's E-Mail A	(ddress:	slfuller@aquaamerica.com				
ater Treatment P	lant Information					
int Name:	Rosalie Oaks				Plant Telephone Number	863-858-2504
ınt Address:	Camp Mack Rd. & F	Rosalie Oaks Blvd.		City Lake Wales	State Florida	Zip Code 33898
pe of Water Treatment	y Plant:	✓ Raw Ground Water	Purchased Finished Water			
mitted Maximum Day	Operating Capacity of	Plant, gallons per day	100,000			
nt Category (per subsec	tion 62-699.310(4), F.	A.C.) V		Plant C	lass (per subsection 62-699.310(4), I	(A.C.): C
icensed Operators		Name	License Class	License Number	Day(s) / S	hift(s) Worked
ad/Chief Operator:	Steve Fuller		В	7519	Days 1st Shift	
her Operators:	Daniel Sherwood		C	8570	Days 1st Shift	
	 			+		
				+		
				1		
	1		L. L.		<u> Language de la companya de la comp</u>	
rtification by Lea	d/Chief Onewater				91-14-15-15-16-16-16-16-16-16-16-16-16-16-16-16-16-	
						· · · · · · · ·
		operator licensed in Florida, an				
		ue and accurate to the best of my				
ernational Standar	d 60 or other appli	cable standards referenced in su	bsection 62-555.320(3), F.A.	C. I also certify that	at the following additional ope	erations records for this plan
re prepared each d	ay that a licensed of	operator staffed or visited this pl	lant during the month indicate	ed above: (1) recor	ds of amounts of chemicals us	ed and chemical feed rates;
if applicable, appr	opriate treatment	process performance records. F	urthermore, I agree to provid	e these additional o	perations records to the PWS	owner so the PWS owner ca
ain them, together	with copies of this	report, at a convenient location				
	$(10)_{2}$ 1.	2-16-08	8			D 7510
Steve +	march 1	13-00	Steve Fuller			B-7519
	mercan 1	13.00	Printed or Typed Name			License Number
Steve +	ween 1	73-00				

PWS I	'entification	n Number		3531546		Plant Name	Rosalie Oak	S	· · · · · · · · · · · · · · · · · · ·			***************************************	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	aily Data	for the M	lonth/Year	of:		November, 200	8							
-														
			Virus Inactiv			hlorme	Chlorine Di	oxide	Ozone	Com	bined Chlori	ne (Chlorai	nines)	
-			[Othe											
Type o	of Disinfee	ctant Resid	lual Maintair	ned in Distri	bution System:	Free Chlo	orine [Combin	ed Chlorine	(Chloramine	es)	Chlorine I	Dioxide	CODECTION OF THE PROPERTY COLORS OF THE CODE SHAPE SHAPE SHAPE SHAPE AND THE COLORS OF
		I		(CT Calculations, or	LIV Dose to	Demostate 1	Four-Log	Virus Inac	tivation if	Annlicable*			
					or curculations, or	CT Calc		our Dog	, viido ilide	tivation, 11 2	UV			
						Create	T T T T T T T T T T T T T T T T T T T	T	I	I	UV	T	ere grande de la companya del companya de la companya del companya de la companya	
							Lowest CT							
						Disinfectant	Provided							
					Lowest Residual	Contact Time	Before or at	2					Lowest Residual	
	Days Plant		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Staffed or		of Finished	V	Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	The second second second	Hours plant		26 00 64555	Before or at First	Point During	During Peak	- n		Minimum	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	Operator	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	1 emp of	pH of Water,	CT Required,	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	(Place "X")	Operation	gal	Rate, gpd	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	mg-min/L	mW-sec/cm ²	sec/cin²	System, mg/L	Out of Operation
		24.0	6,000											
		24.0	6,000											
3	Х	24.0	6,000		1.4								1.2	
4		24.0	5,500		1.0									
5	X	24.0	5,500		1.8								1.3	
7	~	24.0 24.0	6,000		1.6									
8	X	24,0	7,000		1.0								1.1	
9		24.0	7,000											
10	Х	24.0	7,000		1.5								1.2	
11	- , ,	24.0	5,000		7.5			,					1:2	
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			() (10) (10-1-1)					1.4	
18		24,0	6,000											
19	X	24.0	6,000		1.5								1.2	
^^		24.0	5,500											
	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								L1	
25		24.0	7,000											
26	X	24.0	7,000		1.8								0.8	
27 28	- v	24.0 24.0	4,000 4,000		1.6								0.0	
28	X	24.0	8,000		1.0								0.9	
30		24.0	8,000											
Fotal		44.0	179,000								L			
Average		Process Commence	5,967											
Maximu			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.

Public Water Syste	em (PWS) Informa	tion						
PWS Name:	Rosalie Oaks					PWS Identification Nur	mber: 3531546	***************************************
PWS Type:	✓ Community	Non-Transient Non-Comm	unityTr	ansient Non-Com	munity	Consecutive	The second secon	
Number of Service Conn	ections at End of Month	97			Total	Population Served at End	f of Month 205	
PWS Owner:	Aqua Utilities Florid	a						
Contact Person:	Steve Fuller				Conta	ct 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 Telepho	one Number:	813-267-2074			Conta	ct Person's Fax Number:	863-853-4937	
Contact Person's E-Mail	Address	slfuller@aquaamerica.com	1					
Water Treatment I	Plant Information						**************************************	
Plant Name:	Rosalie Oaks					Plant Telephone Number	er 863-858-250)4
Plant Address	Camp Mack Rd. & R	losalie Oaks Blvd.			City: Lake Wales	State Florida	Zip Code	33898
Type of Water Treatment	by Plant:	Raw Ground Water	Purchased Finis	hed Water				
Permitted Maximum Day	Operating Capacity of I	Plant, gallons per day:		100,000				
Plant Category (per subse	ection 62-699.310(4), F.	A.C.): V			Plant C	lass (per subsection 62-69	99.310(4), F.A.C.): C	
Licensed Operators	S	Name		License Class	License Number	I	Day(s) / Shift(s) Worked	
Lead/Chief Operator	r: Steve Fuller			В	7519	Days 1st Shift		***************************************
Other Operators:	Dan Sherwood			C	8570	Days 1st Shift		

				***************************************			-	***************************************

			1					

				***************************************				***************************************
				*			***************************************	
THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	ad/Chief Operator							
, the undersigned w	ater treatment plant	operator licensed in Florida,	am the lead/chief	operator of the	water treatment p	lant identified in par	T I of this report. I certify	that the
		e and accurate to the best of						
		cable standards referenced in						
ere prepared each	day that a licensed o	operator staffed or visited this	nlant during the	month indicate	d above: (1) recor	de of amounts of che	amicals used and chemical	food rotoes
		process performance records.						
2) ii applicable, app	propriate treatment p	brocess performance records.	rurmermore, i a	gree to provide	tnese additional o	perations records to	the PWS owner so the PW	S owner ca
etain them, together	with copies of this	report, at a convenient location	on for at least ten	years.				
) Total	1 000	1-7-09						
Non -	the 1	- 1 0 7	Steve Fuller				B-7519	
ignature and Date			Printed or Type	ed Name			License Nun	iber
				1				(
/				4				1

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

PWS b	dentification	n Number		3531546		Plant Name	Rosalie Oak	<u>S</u>						
III. D	aily Data	for the M	lonth/Year	of:		December, 200	8							
Means	of Achievii	ng Four-Lo	Virus Inactiv	ation/Remov	al 🗸 Free C	hlorine	Chlorine Di	oxide	Ozone	Comb	ined Chloric	ne (Chlorat	nines)	
# Articophy mili	traviolet R			r (Describe):					ARCHITECTURE CONTRACTOR	5 - S - S - S - S - S - S - S - S - S -			- 1	
J						▼ Free Chle	rine	Combin	ed Chlorine	(Chloramine	s)	Chlorine I	Dioxide	
13100	I	I	I		T Calculations, or								1	T
					of Calculations, of	CT Calc		-Our-Log	virus maci	avation, 11 z	UVI	Dava		
						C i Calc	manons	T	T		UVI	7050		
							Lowest CT							
						Disinfectant	Provided							
					Lowest Residual	Contact Time	Before or at		1			Maniana	Lowest Residual	
	Days Plant	\$	Net Quantity		Disinfectant	(T) at C	First				Lowest	Minimum UV Dose	Disinfectant	Consequent Managed Consequen
Davies	Staffed or	Hours plant	of Finished Water		Concentration (C) Before or at First	Measurement Point During	Customer During Peak			Minimum	Operating	Required,	Concentration at	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that
Day of the	Operator	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water	CT Required,	UV Dose,	mW-	Distribution	Involves Taking Water System Components
1	(Place "X")		gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
	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								14	
6		24 0	16,667											
7	V	24 0	16,667 16,667		1.6								1.2	
8	X	24.0	16,500		1.0				-				1.2	
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					***************************************	***************************************		h-/1	***************************************		
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	X	24.0 24.0	5,500 5,500		1.5								1.2	
20	Λ	24.0	6,667		1.3								1.2	
		24.0	6,667									······································		
- 22-	Х	24.0	6,667		1.4								11	
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 29	v	24.0	8,000 8,000		19								1.3	
30	X	24.0 24.0	8,000		1.9								12	
31	X	24.0	8,000		1.8								1.2	
Total		- 10	335.000				L						1.2	

10,806 25,333

Average

Maximum

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



See Pages 4 for Instructions. I. General Information for the Month/Year of: January, 2009 A. Public Water System (PWS) Information 3531546 PWS Identification Number Rosalie Oaks PWS Name: Transient Non-Community Consecutive ✓ Community Non-Transient Non-Community PWS Type: 205 Total Population Served at End of Month 97 Number of Service Connections at End of Month Agua Utilities Florida PWS Owner. Contact Person's Title Sn. Facilities Operator Steve Fuller Contact Person. Zip Code: 33809 City: Lakeland State Florida 415 West Daughtery Rd. Contact Person's Mailing Address: 863-853-4937 Contact Person's Fax Number 813-267-2074 Contact Person's Telephone Number: slfuller@aquaamerica.com Contact Person's E-Mail Address: B. Water Treatment Plant Information Plant Telephone Number 863-858-2504 Plant Name: Rosalie Oaks City Lake Wales Florida Zin Code: 33898 State Camp Mack Rd. & Rosalic Oaks Blvd. Plant Address: Purchased Finished Water ✓ Raw Ground Water Type of Water Treatment by Plant: 100,000 Permitted Maximum Day Operating Capacity of Plant, gallons per day. Plant Class (per subsection 62-699.310(4), F.A.C.) V Plant Category (per subsection 62-699.318(4), F.A.C.) Day(s) / Shift(s) Worked License Class License Number Name Licensed Operators 7519 Days 1st Shift Lead/Chief Operator: Steve Fuller Days 1st Shift 8570 Other Operators: Dan Sherwood 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. Lalso 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 License Number Printed or Typed Name Signature and Date

PW5 to	entification	n Number		3531546		Plant Name	Rosalie Oak	5						
III. D	aily Data	for the M	onth/Year o	of:		January, 2009								
Name and Address of the Owner, where			Virus Inactiv		al Free C	hlorine	Chlorine Di	oxida	Ozone	Carol	oined Chloris	va (Chlaran	Ninec)	
Z-1011000000000000000000000000000000000	raviolet R	myreten (1 common commo	Othe				Continue Di	XX.XXXXX			7117653 5, 1135434	ir (r moim		
-					bution System:	₹ Free Chic	rine T	Combine	ed Chlorine	(Chloramine	sı F	Chlorine I	Yoyide	
Type o	LENSITIE	tant ixesia	Mai Frailina				- Lynn					C morning E	I	
					T Calculations, or			our-Log	virus inaci	ivation, 11 /	*			
					4.2 7.67%	CT Calc	ulations				UVI	Jose		
							Lowest CT							
						Disinfectant	Provided							
					Lowest Residual	Contact Time	Before or at				BANKAN		Lowest Residual	
	Days Plant		Net Quantity		Disinfectant	. (T) at C	First				CONTRACTOR OF THE CONTRACTOR O	Minimum	Disinfectant	
	Staffed or		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	
Day of		Hours plant			Before or at First	Point During	During Peak	g		Minimum	Operating	Required,		Conditions: Repair or Maintenance Work that
the	Operator	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	temp of	pH of Water,	CT Required,		mW-	Distribution	Involves Taking Water System Components
Month	(Place "X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/l.	Out of Operation
1		24.0	8,000											
2	Х	24 0	8,000		1.5								1.4	
3		24.0	7,333											
4	X 2	24.0	7,333		15								1.1	
5	X	24 0 24 0	7,333 7,000		1.2.								1.3	
7	X	24.0	7,000		1.4					***************************************	<u> </u>		1.2	
8	- 2-	24.0	7,500		8,7						<u> </u>		1.4.	
9	X	24.0	7,500		1.6								1.4	
10	-77	24.0	9.333									·	1.74	
LI		24.0	9,333											————— —
12	Х	24 0	9,333		1.5								1.4	
1.3		24.0	7,000											
14	X	24.0	7,000		1.3								12	
15		24.0	7,000											
16	X	24.0	7,000		X P								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	Х	24.0	10,500		1.6								0.9	
22		24.0	8,000											
23	X	24.0	8,000		1.5								l.i.	
24		24 0	16,000											
25		24.0	16,000											
26	X	24.0	16,000		1.3								1.1	
27	2.0	24.0	7,500		4.4									
28	X	24.0	7,500		1.4								1.1	
29 30	n.c	24 0 24 0	7,500 7,500		1.5								1.0	
31	X	24.0	10,000		1.3								1.0	
Total		2430	274.000				1						L	
x 4.75351.8			2.7%,URX3	-										

16,000

Effective August 28, 2003

^{*} Refer to the instructions for this report to determine which plants must provide this information DEP Form 62-555 800(3)



"5P Form 62-555, 900(3)Alternate

Public Water System (PWS) Information	A. Public Water System (PWS) Information PWS Name: Rosalic Oaks PWS Type: Z Community Non-Transient Non-Community Transient Number of Service Connections at End of Month: 97 PWS Owner: Aqua Utilities Florida Contact Person's Mailing Address: 415 West Daughtery Rd. Contact Person's Telephone Number: 813-267-2074 Contact Person's E-Mail Address: Sffuller@aquaamerica.com B. Water Treatment Plant Information Plant Name: Rosalic Oaks Plant Address: Camp Mack Rd. & Rosalic Oaks Blvd. Type of Water Treatment by Plant: Z Raw Ground Water Purchased Finished Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100, Plant Category (per subsection 62-699 310(4), F.A.C.): V Licensed Operators: Steve Fuller Other Operators: Dan Sherwood I. Certification by Lead/Chief Operator I. the undersigned water treatment plant operator licensed in Florida, am the lead/chief operators information provided in this report is true and accurate to the best of my knowledge and be International Standard 60 or other applicable standards referenced in subsection 62-555.3 were prepared each day that a licensed operator staffed or visited this plant during the moo (2) if applicable, appropriate treatment process performance records. Furthermore, I agree				
WS Stape	PWS Name: Rosalie Oaks PWS Type				
WS Stape	PWS Name				
Augustified Service Connections at End of Month; 97 Transient Non-Community Transient Non-Contact Person's Extended Intended I	PWS Type:			PWS Identification Number:	3531546
Number of Service Connections at End of Month: 97 Total Population Served at End of Month: 205	Number of Service Connections at End of Month: PWS Owner: Aqua Utilities Florida Contact Person's Mailing Address: Contact Person's Telephone Number: Contact Person's Telephone Number: Steve Fuller Contact Person's Telephone Number: Statuller@aquaamerica.com Water Treatment Plant Information Plant Name: Rosalie Oaks Plant Address: Camp Mack Rd. & Rosalie Oaks Blvd. Type of Water Treatment by Plant: Remained Maximum Day Operating Capacity of Plant, gallons per day: Licensed Operators Licensed Operators: Licensed Operators: Dan Sherwood Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief op information provided in this report is true and accurate to the best of my knowledge and b International Standard 60 or other applicable standards referenced in subsection 62-555.3; were prepared each day that a licensed operator staffed or visited this plant during the mot (2) if applicable, appropriate treatment process performance records. Furthermore, Lagree	sient Non-Community		Consecutive	
Contact Person's Mailing Address: 415 West Daughtery Rd City Lakeland State Florida Zip Code 33809	PWS Owner: Steve Fuller Contact Person: Steve Fuller Contact Person's Mailing Address: 415 West Daughtery Rd. Contact Person's Telephone Number: 813-267-2074 Contact Person's E-Mail Address: Stfuller@aquaamerica.com Water Treatment Plant Information Plant Name: Rosalie Oaks Plant Address: Camp Mack Rd. & Rosalie Oaks Blvd. Type of Water Treatment by Plant: Amy Ground Water Purchased Finished Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100. Plant Category (per subsection 62-699 310(4), F.A.C.): V Licensed Operators: Name Licensed Operators: Steve Fuller B Other Operators: Dan Sherwood C Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief opinformation provided in this report is true and accurate to the best of my knowledge and b International Standard 60 or other applicable standards referenced in subsection 62-555.3; were prepared each day that a licensed operator staffed or visited this plant during the moi (2) if applicable, appropriate treatment process performance records. Furthermore, I agree		Total	Population Served at End of Month:	2.05
Contact Person's Mailing Address	Contact Person: Steve Fuller Contact Person's Mailing Address: 415 West Daughtery Rd. Contact Person's Telephone Number: 813-267-2074 Contact Person's E-Mail Address: Sifuller@aquaamerica.com Water Treatment Plant Information Plant Name: Resalie Oaks Plant Address: Camp Mack Rd. & Rosalie Oaks Blvd. Type of Water Treatment by Plant: Address: Purchased Finished Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100. Plant Category (per subsection 62-699.310(4), F.A.C.): V Licensed Operators Lead/Chief Operator: Steve Fuller Other Operators: Dan Sherwood Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief opinformation provided in this report is true and accurate to the best of my knowledge and b International Standard 60 or other applicable standards referenced in subsection 62-555.3; were prepared each day that a licensed operator staffed or visited this plant during the moi (2) if applicable, appropriate treatment process performance records. Furthermore, I agree		L		
Contact Person's Mailing Address 415 West Daughtery R. City Lake Indicated Contact Person's Fax Number Ro3-853-4937 Store Rose	Contact Person's Mailing Address: 415 West Daughtery Rd.		Cont	act Person's Title Sn. Facility	es Operator
Solidate Person's Telephone Number Sl3-267-2074 Sea Sl3-267-2074 Slate	Contact Person's Telephone Number: SIS-267-2074 Contact Person's E-Mail Address: SIfuller@aquaamerica.com Water Treatment Plant Information Plant Name: Rosalie Oaks Plant Address: Camp Mack Rd. & Rosalie Oaks Blvd. Type of Water Treatment by Plant: Y Raw Ground Water Purchased Finished Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100. Plant Category (per subsection 62-699 310(4), F.A.C.): V Licensed Operators: Name Licende/Chief Operator: Steve Fuller Other Operators: Dan Sherwood C Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator provided in this report is true and accurate to the best of my knowledge and be linternational Standard 60 or other applicable standards referenced in subsection 62-555.3: were prepared each day that a licensed operator staffed or visited this plant during the mot (2) if applicable, appropriate treatment process performance records. Furthermore, I agree	City			Zip Code: 33809
Significance Contact Person's E-Mail Address Significance	Contact Person's E-Mail Address: Slfuller@aquaamerica.com Water Treatment Plant Information Plant Name: Rosalie Oaks Plant Address: Camp Mack Rd. & Rosalie Oaks Blvd. Type of Water Treatment by Plant: Raw Ground Water Purchased Finished Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100, Plant Category (per subsection 62-699 310(4), F.A.C.): V Licensed Operators Name Licensed Operator: Steve Fuller B Other Operators: Dan Sherwood C Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator in this report is true and accurate to the best of my knowledge and be linternational Standard 60 or other applicable standards referenced in subsection 62-555.3 were prepared each day that a licensed operator staffed or visited this plant during the more (2) if applicable, appropriate treatment process performance records. Furthermore, I agree		Cont	act Person's Fax Number: 863-853-49	937
Plant Name: Rosalie Oaks Rosalie Oaks Ros	Water Treatment Plant Information Plant Name: Rosalie Oaks Plant Address: Camp Mack Rd. & Rosalie Oaks Blvd. Type of Water Treatment by Plant:				
Plant Name: Rosalie Oaks Camp Mack Rd & Rosalie Oaks Blvd. City Lake Wales State Florida Zip Code 33898 Camp Mack Rd & Rosalie Oaks Blvd. Purchased Finited Water Purchased Finited Water Purchased Finited Water Purchased Finited Water Plant Class (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 Licensed Operators Steve Fuller B 7519 Days 1st Shift Other Operators: Dan Sherwood C 8570 Days 1st Shift Company of the properator Day (s) / Shift(s) V C Company of the properator C 8570 Days 1st Shift	Plant Name: Plant Address: Camp Mack Rd. & Rosalie Oaks Blvd. Expe of Water Treatment by Plant: Expe of Water Treatment by Plant: Plant Category (per subsection 62-699.310(4), F.A.C.): Licensed Operators Licensed Operator: Lead/Chief Operator: Dan Sherwood Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief opinformation provided in this report is true and accurate to the best of my knowledge and b International Standard 60 or other applicable standards referenced in subsection 62-555.3 were prepared each day that a licensed operator staffed or visited this plant during the mot (2) if applicable, appropriate treatment process performance records. Furthermore, I agree				
Plant Address: Camp Mack Rd. & Rosalie Oaks Blvd. City Lake Wales State Florida Zip Code 33898	Plant Address: Camp Mack Rd. & Rosalie Oaks Blvd. Type of Water Treatment by Plant: A Raw Ground Water Purchased Finished Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100, Plant Category (per subsection 62-699.310(4), F.A.C.): V Licensed Operators Name Licensed Operator: Steve Fuller B Other Operators: Dan Sherwood C Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief opinformation provided in this report is true and accurate to the best of my knowledge and b International Standard 60 or other applicable standards referenced in subsection 62-555.3 were prepared each day that a licensed operator staffed or visited this plant during the mot (2) if applicable, appropriate treatment process performance records. Furthermore, I agree			Plant Telephone Number	863-858-2504
September Sept	Type of Water Treatment by Plant: Plant Category (per subsection 62-699.310(4), F.A.C.): V	City	Lake Wales		Zip Code: 33898
Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699 310(4), F.A.C.): V Plant Class (per subsection 62-699 310(4), F.A.C.): Licensed Operators License Class License Class License Number Day(s) / Shift(s) Worked Days 1st Shift Days 1st Shift C 8570 Days 1st Shift	Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699 310(4), F.A.C.). Licensed Operators Name Licensed Operator: Steve Fuller Dan Sherwood Certification by Lead/Chief Operator In the undersigned water treatment plant operator licensed in Florida, am the lead/chief operation provided in this report is true and accurate to the best of my knowledge and by international Standard 60 or other applicable standards referenced in subsection 62-555.3 were prepared each day that a licensed operator staffed or visited this plant during the most (2) if applicable, appropriate treatment process performance records. Furthermore, I agree	ed Water			
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: Steve Fuller B 7519 Days 1st Shift Other Operators: Dan Sherwood C 8570 Days 1st Shift C 8570 Days 1st Shift C 8570 Days 1st Shift	Plant Category (per subsection 62-699 310(4), F.A.C.): Licensed Operators: Steve Fuller Dan Sherwood Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator provided in this report is true and accurate to the best of my knowledge and by International Standard 60 or other applicable standards referenced in subsection 62-555.3 were prepared each day that a licensed operator staffed or visited this plant during the mot (2) if applicable, appropriate treatment process performance records. Furthermore, I agree	0,000			
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	Licensed Operators Lead/Chief Operator: Steve Fuller Dan Sherwood C Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator information provided in this report is true and accurate to the best of my knowledge and by International Standard 60 or other applicable standards referenced in subsection 62-555.3 were prepared each day that a licensed operator staffed or visited this plant during the motor (2) if applicable, appropriate treatment process performance records. Furthermore, I agree		Plant (Class (per subsection 62-699 310(4), F.A.	.C.): C
Lead/Chief Operators: Steve Fuller B 7519 Days 1st Shift Other Operators: Dan Sherwood C 8570 Days 1st Shift I Day Sherwood C B 8570 Days 1st Shift I Day Shift C B 8570 Days 1st Shift I Day Shift C B 8570 Days 1st Shift I Day Shift C B 8570 Days 1st Shift I Day Shift C B 8570 Days 1st Shift I Day Shift C B 8570 Days 1st Shift I Day Shift C B 8570 Days 1st Shift I Day Shift C B 8570 Days 1st Shift I Day Shift C B 8570 Days 1st Shift I Day Shift C B 8570 Days 1st Shift I Day Shift C B 8570 Days 1st Shift I Day Shift C B 8570 Days 1st Shift I Day Shift C B 8570 Days 1st Shift I Day Shift C B 8570 Days 1st Shift I Day Shift C B 8570 Days 1st Shift I Day Shift C B 8570 Days 1st Shift I Day Shift C B 8570 Days 1st Shift I Day Shift C B 8570 Day	Certification by Lead/Chief Operator , the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator international Standard 60 or other applicable standards referenced in subsection 62-555.3 were prepared each day that a licensed operator staffed or visited this plant during the more (2) if applicable, appropriate treatment process performance records. Furthermore, I agree	icense Class Lice	nse Numbe	Day(s) / Shit	t(s) Worked
Other Operators: Dan Sherwood C 8570 Days 1st Shift	Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator information provided in this report is true and accurate to the best of my knowledge and be international Standard 60 or other applicable standards referenced in subsection 62-555.3 were prepared each day that a licensed operator staffed or visited this plant during the most (2) if applicable, appropriate treatment process performance records. Furthermore, I agree		7519	Days 1st Shift	
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	I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator information provided in this report is true and accurate to the best of my knowledge and be International Standard 60 or other applicable standards referenced in subsection 62-555.3 were prepared each day that a licensed operator staffed or visited this plant during the most (2) if applicable, appropriate treatment process performance records. Furthermore, I agree				
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	I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator information provided in this report is true and accurate to the best of my knowledge and be a licensed operator standards referenced in subsection 62-555.3; were prepared each day that a licensed operator staffed or visited this plant during the most (2) if applicable, appropriate treatment process performance records. Furthermore, I agree				
	I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator information provided in this report is true and accurate to the best of my knowledge and be a licensed operator standards referenced in subsection 62-555.3; were prepared each day that a licensed operator staffed or visited this plant during the most (2) if applicable, appropriate treatment process performance records. Furthermore, I agree				
	I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator information provided in this report is true and accurate to the best of my knowledge and be a licensed operator standards referenced in subsection 62-555.3; were prepared each day that a licensed operator staffed or visited this plant during the most (2) if applicable, appropriate treatment process performance records. Furthermore, I agree				
	I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator not provided in this report is true and accurate to the best of my knowledge and be unternational Standard 60 or other applicable standards referenced in subsection 62-555.3 were prepared each day that a licensed operator staffed or visited this plant during the most (2) if applicable, appropriate treatment process performance records. Furthermore, I agree				
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	information provided in this report is true and accurate to the best of my knowledge and be international Standard 60 or other applicable standards referenced in subsection 62-555.3 were prepared each day that a licensed operator staffed or visited this plant during the most (2) if applicable, appropriate treatment process performance records. Furthermore, I agree	perator of the water	r treatment	plant identified in part I of this re	port. I certify that the
, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the	international Standard 60 or other applicable standards referenced in subsection 62-555.3 were prepared each day that a licensed operator staffed or visited this plant during the most 2) if applicable, appropriate treatment process performance records. Furthermore, I agree	belief. I certify that	it all drinkir	ng water treatment chemicals used	at this plant conform to
, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the	vere prepared each day that a licensed operator staffed or visited this plant during the more 2) if applicable, appropriate treatment process performance records. Furthermore, I agree	320(3) FAC Lal	so certify th	pat the following additional opera	tions records for this pla
nformation 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	2) if applicable, appropriate treatment process performance records. Furthermore, I agree	anth indicated above	os (1) raco	rde of amounts of chamicals used	Land chemical feed rates
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 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.		Onth indicated abov	additional	an ambigue records to the DWC of	marca the DWC aumar
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 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	retain them, together with copies of this report, at a convenient location for at least ten ver		additional	operations records to the PWS ov	wher so the L M 2 owner c
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 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 (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.	The second secon	ears.			www.company.com
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 International Standard 60 or other applicable standards referenced in subsection 62-555-320(3), F.A.C. Lalso certify that the following additional operations records for this plant 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	Deter + ulle 3-5-09 Sieve Fuller				B-7519
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 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 (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 of retain them, together with copies of this report, at a convenient location for at least ten years.	Signature and Date Printed or Typed N	Name			License Number

Page 1

PWS I	dentificatio	n Number:		3531546		Plant Name.	Rosalie Oak	S						
Шар	aily Data	for the N	fonth/Year	of:		February, 2009)							
Assessment of the last of the	and the same and t		g Virus Inactiv		al: 🔽 Free C	parent pa	Chlorine D		T- 0	J J ,		(631.1		
processing and the	traviolet R		Control of the Contro	r (Describe):	MY 3		Chlorine D	ioxide	Ozone	Com	bined Chlori	ne (Chiorai	mines)	
L .						FT to City	, ir	-10	1731	(Chk)ramine		Part 2 3	5.1.1.1	
Type (of Disinfe	ctant Resid	dual Maintair		bution System:	Free Chl						Chlorine l	Jioxide	*
	0.00			(T Calculations, o			Four-Log	y Virus Inac	tivation, if			100 to 10	
	State Assessment				Books and resistably and	CT Cali	culations	TO KING SH		T. W. 1. 15 (1)	UV	Dose		
				1			Lowest CT							
						Disinfectant	Provided	the Late			167 1			
					Lowest Residual	Contact Time	Before or at			4.1			Lowest Residual	
	Days Plant		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Staffed or	1	of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	##
Day of		Hours plant			Before or at First	Point During	During Peak			Minimum	Operating	Required,	Remote Point in	The state of the s
the	Operator	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	remp or	pH of Water	CT Required	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	(Place 'X")	The second secon	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	mg-min/L	mW-sec/cm*	sec/cm²	System, mg/L	Out of Operation
2	X	24.0 24.0	4,500 4,500		1.5		-	 					1.1	
3		24.0	7,000		1.x2			 					5,1	
4	X	24.0	7,000		1.3								1.1	
5		24.0	7,500										2000 LANGE WAS 1999 X 199	
6	X	24.0	7,500		1.5								1.1	
7		24.0	7,333											
8		24.0	7,333											
9	Х	24.0	7,333		1,4								1.0	
10	2000	24.0	7,000											00
II.	X	24.0	7,000		1.5								L.I.	
12		24.0	7,500					_						
13	X	24.0 24.0	7,500 8,667		1.4		-		-				1.1	
15		24.0	8,667				 		 	 				
16	Х	24.0	8,667		1.3			1		<u> </u>			1,0	
17	1	24.0	7,000											
18	Х	24.0	7,000		1.2								1.0	
19		24.0	7,500											
20	Х	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		ļ	-					1.0	
24		24.0	7,500										ļ	
25	Х	24.0	7,500		1.4				-				12	
26 27	X	24.0 24.0	5,500 5,500		13			-				-		
28	A	24.0	7,000		1.3								1.1	
29		24.0	7,000				1	1	†		 	 		
30		24.0												
31		24.0												
Total		72 16-341	197,000				- Andrews William Street, Stre					A CONTRACTOR OF THE PERSON NAMED IN CONT		
Average			6,355											
Maxim	m		8.667											

DEP Form 62-555 900(3) Effective August 28, 2003

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



Spp	Danes	4	for	Instruction	140

DEP Form 62-565 900(3)Alternate

See Pages 4 for Inst	ructions.					
	n for the Month/Year of:	March, 2009				
Public Water System	m (PWS) Information					
PWS Name:	Rosalie Oaks				PWS Identification Number	3531546
PWS Type:		nsient Non-Community	Transient Non-Com	munity	Consecutive	
Number of Service Conne		97			Population Served at End of I	Month: 205
PWS Owner:	Agua Utilities Florida					
Contact Person:	Steve Fuller			Cont	act Person's Title	Sn. Facilities Operator
Contact Person's Mailing		ntery Rd		City: Lakeland	State Florida	Zip Code: 33809
Contact Person's Telephor				A	1	863-853-4937
Contact Person's E-Mail /		uaamerica.com				
Water Treatment P						
Plant Name:	Rosalie Oaks				Plant Telephone Number:	863-858-2504
Plant Address	Camp Mack Rd & Rosalie Oaks Bly	d.		City: Lake Wales	State: Florida	Zip Code: 33898
Type of Water Treatment			ased Finished Water	L		
	Operating Capacity of Plant, gallons pe	r dav:	100,000			
<u> </u>	ction 62-699.310(4), F.A.C.).	V		Plant C	Tass (per subsection 62-699 3	10(4), F.A.C.) C
Licensed Operators		ame	License Class	License Number		(s) / Shift(s) Worked
Lead/Chief Operator			В	7519	Days 1st Shift	
Other Operators:	Dan Sherwood		C	8570	Days 1st Shift	
Colored Childs Toolings						
					<u> </u>	
Canada y Charles Chinada La Higher	8					
				<u> </u>		
Certification by Lea	id/Chief Operator					
I, the undersigned wa	ater treatment plant operator lice	nsed in Florida, am the le	ead/chief operator of the	water treatment p	plant identified in part 1	of this report. I certify that the
information provided	I in this report is true and accura	te to the best of my know	ledge and belief. I cert	ify that all drinkin	g water treatment chemi	cals used at this plant conform to N:
						nal operations records for this plant
						cals used and chemical feed rates; a
(2) if applicable, app	rangiste treatment process perfo	rmance records Further	more. Lauree to provide	these additional	merations records to the	PWS owner so the PWS owner can
	with copies of this report, at a c			- manufacture - manufacture	productions recorded to the	The section of the section with the section of the
			renst ten yedis.	Marie College - The Grandwater Charles - College	California and Califo	The second secon
1 7 1 1	ulla 4-2-0"	9	F 11	war-raa amaa amaa ayaa		P. 4215
	un 1 e v	The state of the s	e Fuller			B-7519
Signature and Date		Prin	ted or Typed Name			License Number

Page 1

PWS I	lentificatio	n Number:		3531546		Plant Name	Rosalie Oak	S						
III. D	aily Data	for the N	lonth/Year	of:		March, 2009		1						
	***		g Virus Inactiv		al:		Chlorine Di		Ozone	Janes 200			A CONTRACTOR OF THE PARTY OF TH	
	traviolet R			r (Describe):			Canornic Di	X2X8UE	L Ozone	Com	oined Chlori	ne (Chiorai	Tames	
•					Annual Control of the	The same of the sa		10	ned Chlorine	//3.1i		1		
Type	il Disinted	ctant Resid	iuai Maintair		bution System:	Free Chk						Chlorine	Dronnde	
		31.11.1 11.15.3		(T Calculations, or	r UV Dose, to	Demostate	Four-Log	Virus Inact	tivation, if /	Applicable*			
						CT Calc	ulations				UV	Dose		
							LCTT		100000000000000000000000000000000000000				1	* 1
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg- min/L	Temp of	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ¹	Minimum UV Dose Required, mW- sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work tha Involves Taking Water System Components Out of Operation
1		24.0	6,500											
2	X	24.0	6,5(X)		1.4								1.2	
3		24,0	6,000											
4	Х	24,0	6,000		1.3								1.1	
5		24.0	7,060											
6	X	24.0	CONTRACTOR OF THE PARTY OF THE		1.4								1.1	
7		24.0	6,333											
8		24.0	The same of the sa		1.6									
9	X	24.0 24.0	6,333 6,500		1.5								1.3	
II	X	24.0	6,500		0.9			 	-				10	
12	^_	24.0	6,500		V.7			 	-				1.0	
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	37	24.0	7,000											
23	X	24.0	7,000		1.4								10	
25	X	24.0 24.0	6,000		0.5				 				0.4	
26	Α	24.0	7,000		9.3								U-4	
27	Х	24.0	7,000		1.3								0.8	
28	7.1	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											
Maximu	m	e e dilemen	7,333											

OEP Form 62-555 900(3) Effective August 28, 2003

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



See Pages 4 for Instructions. I. General Information for the Month/Year of: April, 2009 A. Public Water System (PWS) Information 3531546 PWS Identification Number Rosalie Oaks PWS Name Consecutive Transient Non-Community ✓ Community Non-Transient Non-Community PWS Type: Total Population Served at End of Month 205 Number of Service Connections at End of Month: PWS Owner Aqua Utilities Florida Contact Person's Title: Sn. Facilities Operator Steve Fuller Contact Person: City: Lakeland State: Florida Zip Code: 415 West Daughtery Rd Contact Person's Mailing Address: Contact Person's Fax Number 863-853-4937 813-267-2074 Contact Person's Telephone Number: slfuller@aquaamerica.com Contact Person's E-Mail Address: B. Water Treatment Plant Information 863-858-2504 Plant Telephone Number Plant Name: Rosalie Oaks City Lake Wales State: Florida Zip Code. 33898 Camp Mack Rd. & Rosalie Oaks Blvd. Plant Address: Raw Ground Water Purchased Finished Water Type of Water Treatment by Plant: 100,000 Permitted Maximum Day Operating Capacity of Plant, gallons per day V Plant Class (per subsection 62-699 310(4), F.A.C.) Plant Category (per subsection 62-699.310(4), F.A.C.): Day(s) / Shift(s) Worked Name License Class | License Number Licensed Operators В 7519 Days 1st Shift Lead/Chief Operator: Steve Fuller C 8570 Days 1st Shift Other Operators: Dan Sherwood 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. -ull 5-6-09 B-7519 Steve Fuller License Number Printed or Typed Name Signature and Date

Page I

Means of Achieving Four-Log Virus inactivation/Removal:	
Means of Achieving Four-Log Virus Inactivation/Removal:	
Ultraviolet Radiation	
CT Calculations CT Calcula	
CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable* UV Dose UV Dose	CONTRACTOR OF THE PROPERTY OF
Days Plant Net Quantity Of Finished Disinfectant Contact Time Before or at Time Disinfectant Contact Time Disinfectant Disinfectant Contact Time Disinfectant Di	
Days Plant Net Quantity Disinfectant Staffed or Operator In Producted, Peak Flow Rate, gpd. Peak Flow, mg/L 2 2 2 2 4 6,000 1.0 5 2 4 6,500 5 5 5 2 4 0 6,500 5 6 X 2 2 4 0 6,500 5 1 5 1 1 2 4 0 6,500 1 3 1 1 2 4 0 6,500 1 3 1 1 2 4 0 6,500 1 3 1 1 2 4 0 6,500 1 3 1 1 2 4 0 6,500 1 3 1 1 2 4 0 6,500 1 3 1 1 2 4 0 6,500 1 3 1 2 4 0 6,500 1 3 1 2 4 0 6,500 1 3 1 2 4 0 6,500 1 3 1 2 4 0 6,500 1 3 1 2 4 0 6,500 1 3 1 2 4 0 6,500 1 3 1 2 4 0 6,500 1 3 1 2 4 0 6,500 1 3 1 2 4 0 6,500 1 3 4 4 0 6,500 1 4 0 6,500 1 4 0 6,500 1 4 0 6,500 1 4 0 6,500 1 4 0 6,500 1 4 0 6,500 1 4 0 6,500 1 4 0 6,500 1 4 0 6,500 1 4 0 6,500 1 4 0 6,500 1 4 0 6,500 1 4 0 6,500 1 4 0 6,500 1 4 0 6,500 1 4 0 6,500 1 4 0 6,500 1 4 0 6,500 1 4 0 6,500 6 0	
Days Plant Staffed or Staffed or Staffed or Staffed or Staffed or Operation Operatio	
Days Plant Staffed or Staffed or Staffed or Staffed or Staffed or Operation Operatio	
Days Plant Net Quantity Staffed or Operator In Ope	
Staffed or Operator Operato	
Day of the Operator the Opera	
the Operator Operator (Place "X") in Operator (Place "X") Producted, gal. Rate, gpd. Peak Flow, mg/L Flow, mg/minutes Temp of min/L Water, occurrence of flow o	
Month (Place "X") Operation gal. Rate, gpd. Peak Flow, mg/L min/L Water, °C if Applicable min/L mw-sec/cm² system mg/L Out of Operation 1 X 24.0 6,000 1.1 9.8 <td></td>	
1 X 24.0 7,000 1.1 9.8 2 24.0 6,000 1.2 9.9 3 X 24.0 6,000 1.2 9.9 4 24.0 6,000 1.0 9.8 5 24.0 6,000 1.0 9.8 7 24.0 5,500 1.1 9.9 9 24.0 6,500 1.3 1.0 10 X 24.0 6,500 1.3 1.0 11 24.0 6,333 1.3 1.0	inger de transmisser in de service de la company de la
2 24.0 6,000 1.2 0.9 3 X 24.0 6,000 1.2 0.9 4 24.0 6,000 0.00 0.00 0.00 0.00 5 24.0 6,000 0.00 0	21700
3 X 24.0 6,000 1.2 0.9 4 24.0 6,000 0.00 <td></td>	
4 24.0 6,000 5 24.0 6,000 6 X 24.0 6,000 7 24.0 5,500 8 X 24.0 5,500 9 24.0 6,500 10 X 24.0 6,500 11 24.0 6,333	******************************
5 24.0 6,000 6 X 24.0 6,000 7 24.0 5,500 8 X 24.0 5,500 9 24.0 6,500 10 X 24.0 6,500 11 24.0 6,333	source of services to a citizen convenience concernience of
6 X 24.0 6.000 1.0 9 7 24.0 5.500 11 9 8 X 24.0 5.500 11 9 9 24.0 6.500 13 16 10 X 24.0 6.500 13 16 11 24.0 6.333 13 16	
7	
8 X 24.0 5.500 11 9 9 24.0 6.500 11 1 9 9 10 X 24.0 6.500 13 13 10 11 11 124.0 6.333	
9 24.0 6.500 10 X 24.0 6.500 1.3 1.0 11 24.0 6.333	
11 240 6,333	
	A TOTAL OF THE PARTY OF THE PAR
12 240 6333	
13 X 24.0 6.333 1.0 9.8	
14 24.0 5,590	
15 X 24.0 5,500 1.5	
16 240 4,500	
17 X 24.0 4.500 1.4 1.0	
18 24.0 6,333 19 24.0 6,333	
20 X 240 6,333 15	
21 249 5,500	
22 X 240 5,500 14	
23 240 4,500	
24 X 24.0 4,500 1.0 0.6	
25 24.0 6,667	processed agentials as a second continuous and other continuous and the continuous and th
26 24.0 6,667	
27 X 24.0 6,667 0.5 0.5	
28 24.0 4,000	
29 X 24.0 4,000 0.8 0.3	
30 X 240 4,000 0.6	
31 24.0	
Fotal 171,000 Average 5,516	
Average 5,516 Maximum 7,000	

DEP Form 62-555 900(3) Effective August 28, 2003

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

License Number



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



Signature and Date

.2-555 900(3)Alternate

PWS Type:	PWS Name:	n (PWS) Informa Rosalie Oaks					PWS Identification Number	3531546
Number of Service Connections at End of Month: 97 PWS Owner: Aqua Utilities Florida Contact Person's Steve Fuller Contact Person's Mailing Address: 415 West Daughtery Rd. City: Lakeland State: Florida S63-853-4937 Contact Person's Telephone Number: 813-267-2074 Contact Person's E-Mail Address: Sifuller@aquaamerica.com Water Treatment Plant Information Plant Address: Camp Mack & Rosalie Oaks Blvd. City: Lake Wales State: Florida S13-863-858-2504 Type of Water Treatment by Plant: Address: Plant gallons per day: 100,000 Plant Category (per subsection 62-699-310(4), F.A.C): V Plant Claes (per subsection 62-699-310(4), F.A.C.): C License Olass License Operators: Dany Sherwood C S8570 Days 1st Shift Other Operators: Dan Sherwood C Days 1st Shift Day Sherwood C Days 1st Shift Contact Person's Title. Sn. Facilities Operator Contact Person's Fax Number: Sn. Facilities Operator Contact Person's Fax Number: Sn. Facilities Operator Contact Person's Fax Number: Sn. Facilities Operator R63-858-2504 Plant Telephone Number: 863-853-4937 R63-858-2504 Plant Telephone Number: 863-853-2504 Plant Telephone Number: 863-853-2504 Plant Cake Wales State: Florida City Lake Wal	PWS Type:	✓ Community	Non-Transient Non-Con	nmunity 1	Fransient Non-Com	munity		3331370
Now Contact Person's Native Steve Fuller Single Steve Fuller Single								205
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 F-Mail Address: Slfuller@aquaamerica.com Water Treatment Plant Information Plant Name: Rosalie Oaks Rosalie Oaks Blvd. City: Lake Wales State: Florida Zip Code: 33809 Type of Water Treatment by Plant: Pam Individual Plant Class (per subsection 62-699 310(4), F.A.C.): V Plant Class (per subsection 62-699 310(4), F.A.C.): C Licensed Operators: Steve Fuller B 7519 Days 1st Shift Dan Sherwood C 8570 Days 1st Shift Day Sherwood C 8570 Days 1st Shift	PWS Owner:	Aqua Utilities Florida	a	Maria de la composición del composición de la composición del composición de la comp				
Contact Person's Telephone Number: 813-267-2074 Contact Person's E-Mail Address: Sifuller@aquamerica.com Water Treatment Plant Information Plant Name: Rosalie Oaks Camp Mack Rd. & Rosalie Oaks Blvd. City Lake Wales State: Florida Zip Code: 33898 Type of Water Treatment by Plant: Address: Plant Class (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C 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	Contact Person:	Steve Fuller				C	ontact Person's Title: Sn. Faci	lities Operator
Significant Presents F-Mail Address: Significant Plant Information	Contact Person's Mailing	Address:	415 West Daughtery Rd.			City: Lakeland	State: Florida	Zip Code: 33809
Water Treatment Plant Information Plant Name: Rosalie Oaks Camp Mack Rd. & Rosalie Oaks Blvd. City Lake Wales State: Florida Rosalie Oaks Blvd. City Lake Wales State: Florida Rosalie Oaks Blvd. City Cake Wales State: Florida Rosalie Oaks Blvd. City Cake Wales State: Florida Rosalie Oaks Blvd. City Cake Wales State: Florida Rosalie Oaks Blvd. Rosalie Oaks Blvd. Rosalie Oaks Blvd. City Cake Wales State: Florida Rosalie Oaks Blvd. Rosalie Oaks B	Contact Person's Telephor					C	ontact Person's Fax Number: 863-853	-4937
Plant Name: Rosalie Oaks Camp Mack Rd. & Rosalie Oaks Blvd. Camp Mack Rd. & Rosalie Oaks Blvd. Plant Treatment by Plant: Raw Ground 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 Licensed Operators: Steve Fuller Day(s) / Shift(s) Worked License Class License Number Days Ist Shift Dan Sherwood Capacity of Plant Class (per subsection 62-699.310(4), F.A.C.): C Licensed Operators: B Capacity of Plant Class (per subsection 62-699.310(4), F.A.C.): C Licensed Operators: B Capacity of Plant Class (per subsection 62-699.310(4), F.A.C.): C Licensed Operators: B Capacity of Plant Class (per subsection 62-699.310(4), F.A.C.): C Licensed Operators: C Capacity of Plant Class (per subsection 62-699.310(4), F.A.C.): C Licensed Operators: C B Capacity of Plant Class (per subsection 62-699.310(4), F.A.C.): C Licensed Operators: C License Class License Number Day(s) / Shift(s) Worked License Class License Number Days Ist Shift Days Days Ist Shift Days Days Ist Shift Days Day			slfuller@aquaamerica.c	<u>om</u>				
Plant Address: Camp Mack Rd. & Rosalie Oaks Blvd. City: Lake Wales State: Florida Zip Code: 33898 Type of Water Treatment by Plant Raw Ground 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: Steve Fuller B 7519 Days 1st Shift Other Operators: Dan Sherwood C 8570 Days 1st Shift Other Operators: Day (a) F.A.C. Days 1st Shift	Water Treatment P	lant Information						
Type of Water Treatment by Plant: V Raw Ground Water Purchased Finished Water								863-858-2504
Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699,310(4), F.A.C.): Licensed Operators License Class License Number Day(s) / Shift(s) Worked B 7519 Days 1st Shift Other Operators: Dan Sherwood C 8570 Days 1st Shift						City: Lake Wale	es State: Florida	Zip Code: 33898
Plant Category (per subsection 62-699.310(4), F.A.C.): C Licensed Operators License Class License Class License Number Day(s) / Shift(s) Worked B 7519 Days 1st Shift Other Operators: Day Sherwood C 8570 Days 1st Shift				Purchased Fin	nished Water			
Licensed Operators License Class License Number Day(s) / Shift(s) Worked B 7519 Days 1st Shift Days 1st Shift C 8570 Days 1st Shift					100,000			
Lead/Chief Operator: Steve Fuller B 7519 Days 1st Shift Other Operators: Dan Sherwood C 8570 Days 1st Shift				V				
Other Operators: Dan Sherwood C 8570 Days 1st Shift			Name		License Class	License Num	ber Day(s) / Sl	nift(s) Worked
				***************************************		7519	Days 1st Shift	
	Other Operators:	Dan Sherwood			C	8570	Days 1st Shift	
			and the second second second second					
Certification by Lead/Chief Operator					***************************************			
	, the undersigned wa	ter treatment plant	operator licensed in Florid	la, am the lead/chie	ef operator of the	water treatmer	nt plant identified in part I of this	report. I certify that the
, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the								
, 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	uara proparad aaab d	a of or other applie	normation staffed or visited t	his alone duning the		d -l (1)	that the following additional ope	rations records for this p
, 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 nternational 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 p	vere prepared each d	ay that a ficensed o	perator started or visited t	nis plant during the	month indicated	above: (1) re	cords of amounts of chemicals us	ed and chemical feed rate
, 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 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 paper 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 rate.						these additiona	al operations records to the PWS	owner so the PWS owner
, 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 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 part 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 rat 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.	etain them, together	with copies of this	report, at a convenient loc	ation for at least ter	n years.			
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 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 pawere 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 rat (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 retain them, together with copies of this report, at a convenient location for at least ten years.	0 -	20	1 0 00					
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 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 part properties are 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 rat (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.								

Printed or Typed Name

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

PWS I	entification	n Number		3531546		Plant Name	Rosalie Oak	5						
III. D	aily Data	for the M	lonth/Year	of:	721/18/2018 - 2008	May, 2009								
			Virus Inactiv		al: Free C	hlorine [Chlorine Di	oxide	□ Ozone	Comb	oined Chlori	ne (Chlorar	nines)	
	traviolet R			r (Describe):		38			A 71.70/2/10.5					
					bution System:	Free Chk	rine [Combin	ed Chlorine	(Chloramine	(S)	Chlorine l	Dioxide	
Type (of Disinfed	ctant Resid	iuai Maintair										I	
	200			(CT Calculations, or			·our-Log	virus inac	livation, if A				
						CT Calc	ulations	neithe sys	Z San Alumburg		UV	Jose		
Day of the	Operator	Hours plant	Producted,	Peak Flow	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	pH of Water,	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW- sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work th Involves Taking Water System Components Out of Operation
Month	(Place "X")	Operation 24 0	gal. 5,000	Rate, gpd.	2.0	imutes	Minne	ridici, C	it rippiicaoic	1116, 11111112	min-sector	Scorem	0.9	Jan Jp
		24.0	4,667											
3		24.0	4,667				l							
4	X	24.0	4,667		1.8								1.0	
5		24.0	5,500											
- 6	Х	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										1.4	
13	X	24.0	4,000		2.0								1.4	
14		24.0	5,000		1.8								13	
15	X	24.0	5,000 4,333		1.8								1.3	
16	ļ	24.0	4,333											
18	X	24.0	4,333		1.8								1.4	
19		24.0	3,500		1.0						†			
20	X	24.0	3,500		1.6								1.2	
401/		24.0	4,000		7.150									
- <u>2</u> 2	X	24.0	4,000		1.4								1.0	
23		240	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								10	
30		24.0												
31	L	24.0	8,500				<u></u>	<u> </u>	L		1	l	L	
Total			148,000											
Average			4,774											

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



See Pages 4 for Instructions.

General Information	n for the Month/	Year of: June,	2009					
Public Water System	n (PWS) Informa	ation						
PWS Name:	Rosalie Oaks					PWS Identification Nun	nber 3531546	
PWS Type:	✓ Community	Non-Transient Non-Co	ommunity	Transient Non-Com	munity	Consecutive		
Number of Service Connec	ctions at End of Month	97			Tota	Population Served at End	of Month: 205	
PWS Owner:	Aqua Utilities Florid	la						
Contact Person:	Steve Fuller		The state of the s		Cont	act Person's Title:	Sn. Facilities Operator	-
Contact Person's Mailing	Address:	415 West Daughtery Rd.			City: Lakeland	State: Florida	Zip Code: 3380	9
ontact Person's Telephon	e Number:	813-267-2074			Cont	act Person's Fax Number:	863-853-4937	
ontact Person's E-Mail A	ddress:	slfuller@aquaamerica.	com					Townson State
Vater Treatment Pl	lant Information							
ant Name:	Rosalie Oaks					Plant Telephone Numbe	er: 863-858-2504	Name of the Control o
lant Address:	Camp Mack Rd. & F	Rosalie Oaks Blvd.			City: Lake Wales	State: Florida	Zip Code: 3389	8
ype of Water Treatment b	y Plant:	✓ Raw Ground Water	Purchased Fir	nished Water		A		
ermitted Maximum Day (Operating Capacity of	Plant, gallons per day:		100,000				
lant Category (per subsec	tion 62-699.310(4), F.	A.C.):	V		Plant (Class (per subsection 62-69	99.310(4), F.A.C.): C	
Licensed Operators		Name		License Class	License Numbe		Day(s) / Shift(s) Worked	
ead/Chief Operator:	Steve Fuller			В	7519	Days 1st Shift		
ther Operators:	Dan Sherwood			С	8570	Days 1st Shift		
		Exclusive and the second secon						
information provided	ter treatment plant in this report is tru	operator licensed in Flor ne and accurate to the bes	t of my knowledge a	and belief. I certi	fy that all drinking	g water treatment che	t I of this report. I certify that the tien is a superior of the conformal sused at this plant conformal superior of the c	rm
nternational Standard	160 or other appli	cable standards reference	d in subsection 62-5	55.320(3), F.A.C	. I also certify th	at the following addit	tional operations records for thi	s plar
							emicals used and chemical feed	
2) if applicable, appr	opriate treatment j		rds. Furthermore, I	agree to provide			the PWS owner so the PWS ow	
The state of the s	ila 7-	9-09	Steve Fuller	ATT ON THE OWNER OF THE OWNER OWNER OWNER.			B-7519	
ignature and Date			Printed or Ty	ped Name			License Number	
DEP (62-555, 900(3))	Alternate			Pa.			(

PWS I	dentification	n Number:		3531546		Plant Name:	Rosalie Oak	S				***************************************	***************************************	
III. D	aily Data	for the M	lonth/Year	of:		June, 2009								
headers and the second	The state of the s		y Virus Inactiv		al: 🔽 Free C	hlorine —	Chlorine D	iovide	Ozone	Com	ined Chlori	ne / Chlorer	ninae)	
1	traviolet R	_		r (Describe):		,	Cinornic D	io.dae	1 02.0110	i Conn	med Cmore	ne (e morai	inics)	
-					bution System:	Free Chlo	rine [Combin	ned Chlorine	(Chloramine	·s) [Chlorine I	Dioxide	and the second s
Type	T DISHINE	tant Neste	luar iviairitair					200000000000000000000000000000000000000	and the second of the second o		. 22		I	
				(CT Calculations, or			rour-Log	virus inaci	iivation, ii i				
						CT Calc	ulations	1	1		UV	Jose		
Day of the	Days Plant Staffed or Visited by Operator	Hours plant	Net Quantity of Finished Water Producted,	Peak Flow	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest CT Provided Before or at First Customer During Peak Flow, mg-	Temp of	pH of Water,	Minimum CT Required,	Lowest Operating UV Dose,	Minimum UV Dose Required, mW-	Lowest Residual Disinfectant Concentration at Remote Point in Distribution	
Month	(Place "X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, O	if Applicable	mg-min/L	mW-sec/cm2	sec/cm ²	System, mg/L	Out of Operation
	X	24.0	8,000		1.4			<u> </u>					1.0	
		24.0	3,500					ļ						
3	X	24.0	3,500		1.5			_	ļ				1.0	
4		24.0	3,500										1.0	
5	X	24.0	3,500		1.4		_	-					1.0	
7		24.0 24.0	3,667 3,667					 						
8	X	24.0	3,667		1,8			 	 				1.4	
9	^	24.0	3,500		0,1			<u> </u>	<u> </u>				1.7	
10	Х	24.0	3,500		2.2			 					1.6	
11		24.0	4,500					1						
12	X	24.0	4,500		2.0			1					1.8	
13		24.0	4,667						1					
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					<u> </u>						
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 24.0	4,000 4,000					-						
29	X	24.0	4,000		1.8	W 104 (A) (B) (100 (B) (B)		-					1.5	
30	A	24.0	5,000		1.0			-					12	
31		24.0	5,000					 						
Total	ingst. Dr. c.e.	21.0	120,000		Ll		I	1					I	L
4			2 971											

8,000

DEP Form 62-555 900(3) Effect/ Ust 28, 2003

Maximum

^{*} 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

A	RI	CH	1801	
73 -		WENT PLOT	Tiox See	
	3/	7	4.	1
	FL	ORIDA	at :	

See Pages 4 for Insti		Year of: July, 2009				The state of the s
General Information	1 for the Month	Tear of: July, 2009				
. Public Water System	n (PWS) Informa	ntion				
PWS Name:	Rosalie Oaks				PWS Identification Number:	3531546
PWS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Com	munity	Consecutive	
Number of Service Connec	tions at End of Montl	h: 97		Tota	Population Served at End of Month	205
PWS Owner:	Aqua Utilities Florid	ia				
Contact Person:	Steve Fuller			Cont	act Person's Title: Sn. Fa	cilities Operator
Contact Person's Mailing A	Address:	415 West Daughtery Rd.		City: Lakeland	State: Florida	Zip Code: 33809
Contact Person's Telephon	e Number:	813-267-2074		Cont	act Person's Fax Number: 863-85	53-4937
Contact Person's E-Mail A	ddress:	slfuller@aquaamerica.com				
. Water Treatment Pl	ant 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 b	y Plant:	✓ Raw Ground Water Purchased I	Finished Water			
Permitted Maximum Day (Operating Capacity of	Plant, gallons per day:	100,000			
Plant Category (per subsec	tion 62-699.310(4), F				Class (per subsection 62-699.310(4),	
Licensed Operators		Name	License Class	License Numbe	r Day(s) / S	Shift(s) Worked
Lead/Chief Operator:	Steve Fuller		В	7519	Days 1st Shift	
Other Operators:	Dan Sherwood		C	8570	Days 1st Shift	

II. Certification by Lead/Chief Operator

DEP 62-555 900(3)Alternate

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 tula 8.4-	OQ Steve Fuller	B-7519
Signature and Date	Printed or Typed Name	License Number

Pa

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

PWS Id	entification	n Number:		3531546		Plant Name	Rosalie Oak	s						
III. D	aily Data	for the M	lonth/Year (of:		July, 2009								
Section of the last of the las	The state of the s		Virus Inactiv		al: 🔽 Free C	hlorine [Chlorine Di	oxide	Ozone	[Comb	ined Chlorii	ne (Chlorar	nines)	
Part Control (Section)	raviolet R	1200		r (Describe):								77 % 000 000 000 000 000	•	
Type o	f Disinfec	tant Resid	ual Maintair	ned in Distri	bution System:	Free Chlo	rine	Combin	ed Chlorine	(Chloramine	es)	Chlorine I	Dioxide	
13000	Districe	- Turre regio			CT Calculations, or					75			.	
					of Carculations, of	CT Calc		our Log	· mus mac		UVI	Dose		The state of the s
						C1 Caic	arations .					703C		
							Lowest CT							
			Manager Wei			Disinfectant	Provided						Laurant Davidual	
				the las	Lowest Residual	Contact Time	Before or at			e 1966 a company		Minimum	Lowest Residual Disinfectant	
	Days Plant		Net Quantity		Disinfectant Concentration (C)	(T) at C Measurement	First Customer			alillamu	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
D6	Staffed or	House slowt	of Finished Water		Before or at First	Point During	During Peak			Minimum	Operating	Required,	Remote Point in	
Day of the	Operator	Hours plant in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water.	CT Required.	THE RESERVE OF THE PARTY OF THE	mW-	Distribution	Involves Taking Water System Components
0 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Place "X")		gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L			mg-min/L		sec/em ²	System, mg/L	Out of Operation
	X	24.0	3,000	2.61	1.8								1.4	
		24.0	4,000											
3	Х	24.0	4,000		1.6							***************************************	14	
4		24.0	4,333											
- 5		24.0	4,333							L				
6	X	24.0	4,333		1.8					L			1.6	
7		24.0	3,500		.,,								14	
- 8	X	24.0	3,500 4,000		1.6								1.4	
9	X	24.0 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								16	
16		24,0	3,500											
17	X	24.0	3,500		1.6								14	
18		24.0	3,667											
19		24.0	3,667 3,667		1.8								1.4	
20	X	24.0 24.0	4,000		1.6								1.4	
22	X	24.0	4,000		2.1								16	
23		24.0	3,000		2.1									
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										ļ	
29	X	24.0	3,500		2.1								1.6	
30		24.0	3,500		2.0			-					1.4	
31 Total	X	24.0	3,500 120,000		2.0		L	L	L	L	I	L	1.4.1	L
Average			3 871											

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

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



-	T)			¥	
See	Pages	4	IOL	Instruct	ions.

	for the Month/Year of:	August, 2009				
Public Water System	(PWS) Information					
PWS Name:	Rosalie Oaks				PWS Identification Nu	mber: 3531546
PWS Type:	✓ Community Non-Tra	nsient Non-Community	Transient Non-Comr	munity	Consecutive	
Number of Service Connec	tions at End of Month:	97		Total I	opulation Served at En	d of Month: 205
PWS Owner:	Aqua Utilities Florida					
ontact Person:	Steve Fuller		The state of the s		et Person's Title:	Sn. Facilities Operator
Contact Person's Mailing A	ddress: 415 West Daugh	itery Rd.		City: Lakeland	State: Florida	Zip Code: 33809
Contact Person's Telephone			man and a superior of the supe	Contac	et Person's Fax Number:	863-853-4937
Contact Person's E-Mail A	ddress: slfuller@aqu	Jaamerica.com				
Water Treatment Pl	ant Information				y	
Plant Name:	Rosalie Oaks				Plant Telephone Numb	
Plant Address:	Camp Mack Rd. & Rosalie Oaks Blv	d,		City: Lake Wales	State: Florida	Zip Code: 33898
Type of Water Treatment b			nased Finished Water	.,		
	Operating Capacity of Plant, gallons pe		100,000			
	ion 62-699.310(4), F.A.C.):	V			ass (per subsection 62-6	
Licensed Operators		ame	License Class	License Number		Day(s) / Shift(s) Worked
_ead/Chief Operator:	Steve Fuller		В	7519	Days 1st Shift	
Other Operators:	Dan Sherwood		C	8570	Days 1st Shift	
		The second second				
			BECKER ENTRY TO THE THE PARTY OF	an early suitable services and		
Certification by Lea	d/Chief Operator					
, the undersigned was	er treatment plant operator lice	nsed in Florida, am the I	ead/chief operator of the	water treatment p	iant identified in pa	art I of this report. I certify that the
nformation provided	in this report is true and accura	te to the best of my know	vledge and belief. I certi	ify that all drinking	g water treatment ch	nemicals used at this plant conform to 1
International Standard	160 or other applicable standar	ds referenced in subsecti	on 62-555.320(3), F.A.C	. I also certify the	at the following add	litional operations records for this plan
were prepared each da	y that a licensed operator staffe	ed or visited this plant du	iring the month indicated	dabove: (1) recor	ds of amounts of ch	nemicals used and chemical feed rates;
(2) if applicable, appr	opriate treatment process perfo	rmance records. Further	more, I agree to provide	these additional o	perations records to	the PWS owner so the PWS owner ca
	with copies of this report, at a c				7.	

2 Table I	ulla 9-3-1)9	F. II.			B-7519
	1 3		e Fuller			License Number
Signature and Date		Prin	ted or Typed Name			License Number
			- ((

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

PWS I	dentification	n Number:		3531546		Plant Name:	Rosalie Oak	S						
Ш. П	aily Data	for the N	lonth/Year	of:		August, 2009		***************************************						
SERVICE SERVICE	STREET, STREET, SQUARE, SQUARE,		g Virus Inactiv	and the second second second			Chlorine Di		Ozone	C 1	ined Chlori	- (C) 1	- files	
	traviolet R			r (Describe):		mornic	Chiorine Di	Oxide	Ozone	Come	nned Chiori	ne (Chiorai	nines)	
						ET D. CIT		* C	ad Chlorian	(Chloramine	> [Chlorine I	2::4-	
Type	of Disinfed	ctant Resid	lual Maintair		bution System:	Free Chlo							Jioxide	
	a la Gradia				T Calculations, or	UV Dose, to	Demostate l	Four-Log	Virus Inac	tivation, if A				
						CT Calc	ulations				UV	Dose		
	100 May 200						Lowest CT							
						Disinfectant	Provided							
					Lowest Residual	Contact Time	Before or at		Black and				Lowest Residual	
	Days Plant		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
3 (1)	Staffed or		of Finished		Concentration (C)	Measurement	Customer		550000		Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Da	Visited by	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work that
the	Operator	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-			Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	(Place "X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	min/L	mW-sec/cm2	sec/cm ²	System, mg/L	Out of Operation
1		24.0	4,000											
2		24.0	4,000		1.9								1.6	
3	X	24.0	4,000		1.9								1.0	
5	Х	24.0 24.0	3,000 3,000		1.8								1.4	
6	Δ	24.0	3,500		1.0		†						200	
7	X	24.0	3,500		1.9								1.4	
8	A	24.0	4,333				2010 ST-001 - 1 - 1							
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				SEEDSELVE IN							
14	X	24.0	3,500		1.8			772-7					1.4	
15		24.0	3,667						C. Control					
16		24.0	3,667										1.2	
	X	24.0	3,667 3,500		1.6								1.4	
10	V	24.0 24.0	3,500		1.8								1.4	
19	X	24.0	3,000		7,0									
21	X	24.0	3,000		1.6								1.1	
22		24.0	5,333				Pichali Exis	22.25						
23	Lead of the	24.0	5,333										E	
24	X	24.0	5,333		1.8	En madelle i Han al		WWW.				Care or farmed a constitution	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										1.0	
31	X	24.0	4,000		1.6	L.	L	L	<u> </u>		L		1.0	L
Total			117,000 3,774											
Average			5,333											

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



See Pages 4 for Instructions.

2-555 900(3)Alternate

. General Information	n for the Month/	Year of: September,	2009							
. Public Water Syster	n (PWS) Informa	ition								
PWS Name:	Rosalie Oaks				***************************************		PWS Identification Numb	per	3531546	
PWS Type:	✓ Community	Non-Transient Non-Commun	nity	ransient Non-Comi	munity		Consecutive			
Number of Service Connec	ctions at End of Month					Total	Population Served at End o	f Month:	205	
PWS Owner:	Aqua Utilities Florid	la			·		X			
Contact Person:	Steve Fuller					Conta	ct Person's Title:	Sn. Facilities C	perator	
Contact Person's Mailing	Address:	415 West Daughtery Rd.			City: 1	akeland	State: Florida		Zip Code:	33809
Contact Person's Telephon	e Number:	813-267-2074			And the second	Conta	ct Person's Fax Number:	863-853-4937	***************************************	
Contact Person's E-Mail A	ddress:	slfuller@aquaamerica.com								
Water Treatment Pl	ant Information	Beating the second seco								
Plant Name:	Rosalie Oaks						Plant Telephone Number:		863-858-250	4
Plant Address:	Camp Mack Rd. & F	Rosalie Oaks Blvd.			City: I	.ake Wales	State: Florida	innountration Minimum and the second	Zip Code:	33898
Type of Water Treatment b	y Plant:	Raw Ground Water	Purchased Fin	ished Water	*		The same of the sa	***************************************		
Permitted Maximum Day	Operating Capacity of	Plant, gallons per day:		100,000						
Plant Category (per subsec	tion 62-699.310(4), F.	.A.C.): V				Plant C	lass (per subsection 62-699	.310(4), F.A.C.)	. C	
Licensed Operators	电子型点点图 图	Name		License Class	Licen	se Number	Da	y(s) / Shift(s)	Worked	
Lead/Chief Operator:	Steve Fuller			В		7519	Days 1st Shift			
Other Operators:	Dan Sherwood			C		8570	Days 1st Shift			
				Î						
				 			 			
			,							
	1						<u> </u>			
				 						
	 			 						
	-			-						
	1							***************************************		
Certification by Lea	d/Chief Operator								a tev admitta	Antiger State of the State of t
		operator licensed in Florida, ar	n the lead/abis	of an austan af the			land identify a line and	1 - C 41 :	1 C	l- et the
		ue and accurate to the best of m								
		cable standards referenced in su								
		operator staffed or visited this p								
(2) if applicable, appr	opriate treatment	process performance records. F	Furthermore, I	agree to provide	these a	dditional o	perations records to th	ne PWS owne	r so the PW	S owner can
		report, at a convenient location								
1 -	20			40 A - 10						
1 lein I	ulla 1	10-5-09	Steve Fuller						B-7519	
Signature and Data	1		***************************************	and Nous						L
Signature and Date			Printed or Tyl	ocu ivame					License Num	per
										-

Pag

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

PWS,Id	entification	Number:		3531546		Plant Name	Rosalie Oak	S						
III. D	aily Data	for the M	onth/Year o	of:	Market Artestand	September, 200	9							
	CO-COLO, ALCO PERSONAL PROPERTY.	The second secon	Virus Inactiv		Alberta de la constanta de la		Chlorine Di	oxide	☐ Ozone	Comb	ined Chlorir	ne (Chlorar	nines)	
	raviolet R			r (Describe):		1	cinornic D.	0.000	,	1 201110	mica cinora	ic (cinera		
-					bution System:	Free Chlo	rine T	Combin	ed Chlorine	(Chloramine	(s)	Chlorine I)ioxide	
Type o	Disiniec	tant Kesia	uai viaintain									CINOTING	>10.tide	
	100				T Calculations, or	 		our-Log	Virus inaci	ivation, ii F				
		1.3			2014 (C. Augentina)	CT Calc	ulations	3 10 - 53-67	C. 5		UVI	Jose		
Day of	Days Plant Staffed or Visited by Operator	Hours plant in	Net Quantity of Finished Water Producted,	Peak Flow	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest CT Provided Before or at First Customer During Peak Flow, mg-		pH of Water,		Lowest Operating UV Dose,	Minimum UV Dose Required, mW-	Lowest Residual Disinfectant Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components
1	(Place "X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
ι		24.0	3,000											
2	X	24.0	3,000		1.8								1.2	
3		24.0	3,000		1.6								1.0	
4	X	24.0 24.0	3,000 5,000		1.0								1.0	
5		24.0	5,000											
7	Х	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	Х	24.0	4,000		0,6								0.4	
12		24.0	3,000											
13		24.0	3,000										0.4	
14	X	24.0	3,000		1.0								0.4	
15 16		24.0 24.0	2,500 2,500		0.8								0.4	
17	X	24.0	4,000		0.0									
18	Х	24.0	4,000		1.0								0.6	
10		24.0	4,000											
		24.0	4,000											
21	Х	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										0.6	
25	X	24.0	2,500		1.0								0.5	
26		24.0	3,333								-			
27	v	24.0	3,333		1.4						-		1.0	
28 29	X	24.0 24.0	3,333 3,000		1,4								1.0	
30	X	24.0	3,000		1.1								0.5	
31		24.0	24000											
Total			101,000											

5,000

Maximum

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



See Pages 4 for Instructions.

PWS Type. Number of Service Connections PWS Owner: Aqu	eve Fuller ess: 415 West Daughtery Rd. umber: 813-267-2074	Transient Non-Com	Total Conta	PWS Identification Number: Consecutive Population Served at End of Month: ct Person's Title: Sn. Facil State: Florida	3531546 205 ities Operator Zip Code: 33809
Number of Service Connections PWS Owner: Aqu Contact Person: Stev Contact Person's Mailing Addre Contact Person's Telephone Nur Contact Person's E-Mail Addres	s at End of Month: 97 qua Utilities Florida eve Fuller ess: 415 West Daughtery Rd. umber: 813-267-2074		Total Conta	Population Served at End of Month: ct Person's Title: Sn. Facil	ities Operator
PWS Owner: Aqu Contact Person: Stev Contact Person's Mailing Addre Contact Person's Telephone Nur Contact Person's E-Mail Addres	eve Fuller ess: 415 West Daughtery Rd. umber: 813-267-2074		Conta City: Lakeland	ct Person's Title: Sn. Facil	ities Operator
Contact Person: Stev Contact Person's Mailing Addre Contact Person's Telephone Nur Contact Person's E-Mail Addres	eve Fuller ess: 415 West Daughtery Rd. mber: 813-267-2074		City: Lakeland		· · · · · · · · · · · · · · · · · · ·
Contact Person's Mailing Addre Contact Person's Telephone Nur Contact Person's E-Mail Addres	ess: 415 West Daughtery Rd. mber: 813-267-2074		City: Lakeland		· · · · · · · · · · · · · · · · · · ·
Contact Person's Telephone Nur Contact Person's E-Mail Addres	mber: 813-267-2074		<u> </u>	State. Florida	
ontact Person's E-Mail Addres				ct Person's Fax Number: 863-853-	
	on and add add and a contract to a contract		Coma	teresons rax number. 803-833-	4937
vater recatinent rant					
ant Name: Ros	salie Oaks			Plant Telephone Number:	863-858-2504
	mp Mack Rd. & Rosalie Oaks Blvd.		City: Lake Wales	State: Florida	Zip Code: 33898
pe of Water Treatment by Pla		Purchased Finished Water	Lake wates	pare. Turna	12.17 Code. 33898
	ating Capacity of Plant, gallons per day:	100,000			
ant Category (per subsection 6		100,000	Plant C	lass (per subsection 62-699.310(4), F.	ACI C
Licensed Operators	Name	License Class	License Number		ift(s) Worked
ead/Chief Operator: Stev		В	7519	Days 1st Shift	AND HOLINGS
	n Sherwood	C	8570	Days 1st Shift	
Lay Astronomy Com					
ertification by Lead/Cl					

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

PWS ic	lentification	n Number:		3531546		Plant Name:	Rosalie Oak	S						
III. D	aily Data	for the M	onth/Year	of:		October, 2009								
STATE OF TAXABLE PARTY.	CALL STREET, S		Virus Inactiv				Chlorine Di	ovida	☐ Ozone	Com!	oined Chlori	na (Chlorar	ninaci	
	traviolet R			r (Describe):			CHOINC DI	Oxide	1 02016	1 Conn	Juica Chiorn	iie (Cinorai	inics)	
						▼ Free Chlo		Combin	ed Chlorine	(Chloromine	ar l	Chlorine I	Navida	
Type c	t Disinted	ctant Resid	lual Maintair		bution System:							Chiorine	Jioxide	
			622	(T Calculations, or	UV Dose, to	Demostate l	our-Log	Virus Inact	ivation, if A				
						CT Calc	ulations				UV	Oose		
	Days Plant		Net Quantity	22 - 23	Lowest Residual Disinfectant	Disinfectant Contact Time (T) at C	Lowest CT Provided Before or at First					Minimum	Lowest Residual Disinfectant	
	Staffed or		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant	Water		Before or at First	Point During	During Peak			Minimum	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work that
tha	Operator	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	CT Required,	UV Dose,	mW-	Distribution	Involves Taking Water System Components
1	(Place "X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
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						ļ					
7	X	24.0	3,500		2.0						_		1.4	
8		24.0	5,000		2.1						 		1.2	
9	X	24.0 24.0	5,000 3,667		2.1						 		1.2	
10		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		1.0	
15		24.0	3,500										1	
16	X	24.0	3,500		2.0								1.1	
17		24.0	3,667		Ann. A. 100 (33 (33 (34 (34 (34 (34 (34 (34 (34 (34									
18		24.0	3,667											
	X	24.0	3,667		1.8								1.0	
		24.0	5,500		a managara a a a a a a a a a a a a a a a a a									
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		2.0						 		1.0	
26	X	24.0 24.0	4,667 4,000		2.0								1.0	
27	X	24.0	4,000		2.1						 		1.2	
29		24.0	5,000		2.1								1.2	
30	X	24.0	5,000		2.0								1.4	
31	^_	24.0	6,000		2.0									
Total		21.0	132,000		HANDSON THE RESERVE TO SERVE THE SER	L-american succession and account	L			<u> </u>	A	h	4	
Average			4,258											

6,000

^{*} 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, 2009 A. Public Water System (PWS) Information PWS Name: Rosalie Oaks PWS Identification Number 3531546 PWS Type: ✓ Community Non-Transient Non-Community Transient Non-Community 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 ontact Person's Telephone Number: 813-267-2074 Contact Person's Fax Number 863-853-4937 slfuller@aquaamerica.com Contact Person's E-Mail Address: B. Water Treatment Plant Information Plant Name: Rosalie Oaks Plant Telephone Number: 863-858-2504 Plant Address: Camp Mack Rd. & Rosalie Oaks Blvd. Lake Wales State: Florida Zip Code: 33898 Raw Ground Water Type of Water Treatment by Plant: 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.): Day(s) / Shift(s) Worked Licensed Operators License Class | License Number Name Lead/Chief Operator: Steve Fuller 7519 Days 1st Shift Other Operators: Dan Sherwood 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. B-7519 Steve Fuller Printed or Typed Name License Number Signature and Date

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

PWS Io	lentification	n Number:		3531546		Plant Name	Rosalie Oak	S						
III. D	aily Data	for the M	onth/Year o	of:		November, 200	9							
			Virus Inactiv	STATE OF THE PARTY	al: Free C	hlorine I	Chlorine Di		Ozone	p C		(C1-1		
	traviolet R			r (Describe):		morate j	Chiorine Di	Oxide	Ozone	Com	pined Chlori	ne (Chiorar	nines)	
-									3.003.0	COLT.		011 1 1	~	
Type o	f Disinfec	ctant Resid	ual Maintair		bution System:	Free Chlo			ed Chlorine			Chlorine I	Dioxide	
		o de la final de	the Rubb		T Calculations, or	UV Dose, to	Demostate I	our-Log	Virus Inact	ivation, if A	Applicable*			
						CT Calc	ulations	15			UV	Oose		
						Distriction	Lowest CT							
					Lowest Residual	Disinfectant Contact Time	Provided Before or at		3000				Lowest Residual	
	Davis Blant		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Days Plant Staffed or		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant	Water		Before or at First	Point During	During Peak			Minimum	Operating	Required,	Remote Point in	
41	Operator	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,		UV Dose,	mW-	Distribution	Involves Taking Water System Components
1	(Place "X")	The state of the s	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	mg-min/L	mW-sec/cm2	sec/cm ²	System, mg/L	Out of Operation
_ , -	`	24.0	7,500											
2	Х	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										ļ	
9	X	24.0	6,667		2.1								1.4	
10		24.0	5,000		1.8		ļ						1.0	
11	X	24.0	5,000		1.0								1.0	
12	X	24.0 24.0	5,500 5,500		2.0								 	
14	^_	24.0	5,333		2.0		-						1.1	
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		be to specialize	0.7710.02					1.0	
		24.0	6,000				Ì							
	Х	24.0	6,000		1.5								1.0	
21		24.0	6,000											
22		24.0	6,000											
23	Х	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										1.5	
27	X	24.0	4,500		1.8								1.0	
28		24.0	5,000				A						 	
29	V	24.0	5,000		1 €								1.0	
30	X	24.0 24.0	5,000		1.6								1.0	
Total		24,0	175,000			<u> </u>	l .		لـــــا		1		L	
Average			5,833											

8,000

DEP Form 82-555 900(3) Effect ust 28, 2003

^{*} 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 Non-Transient Non-Community PWS Type: ✓ Community Transient Non-Community Consecutive Number of Service Connections at End of Month. 97 Total Population Served at End of Month: 205 PWS Owner: Aqua Utilities Florida Steve Fuller Contact Person's Title: Sn. Facilities Operator Contact Person 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 slfuller@aquaamerica.com Contact Person's E-Mail Address: B. Water Treatment Plant Information Plant Name: Rosalie Oaks Plant Telephone Number 863-858-2504 Plant Address: Camp Mack Rd. & Rosalie Oaks Blvd. Lake Wales State: Florida Zip Code: 33898 City: Type of Water Treatment by Plant: ✓ Raw Ground Water 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.) Day(s) / Shift(s) Worked Licensed Operators License Class | License Number Name Lead/Chief Operator: Steve Fuller 7519 Days 1st Shift Other Operators: Dan Sherwood 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. B-7519 Printed or Typed Name License Number

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

PWS Ic	lentification	n Number:		3531546		Plant Name:	Rosalie Oak	S						
III. D	aily Data	for the M	onth/Year o	of:		December, 200	9							
P	Contract of the last of the la		Virus Inactiv		ıl: 🔽 Free C	hlorine [Chlorine Di	oxide	Ozone	Comb	ined Chlorii	ne (Chlorar	nines)	
	raviolet R			r (Describe):			W.110.111.10		*)	3 30.57445				
_					bution System:	Free Chlo	rine [Combin	ed Chlorine	(Chloramine	s)	Chlorine I	Dioxide	
Type c	Distille	lain Kesiu	uai Mailitail		T Calculations, or									
				(. 1 Calculations, or			-out-trog	VII US III aci	ivation, ii z	UVI			
						CT Calc	uiations				UYI	703C		
Day of	Days Plant Staffed or Visited by Operator	Hours plant in	Net Quantity of Finished Water Producted,	Peak Flow	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest CT Provided Before or at First Customer During Peak Flow, mg-	Temp of	pH of Water,	Minimum CT Required,		Minimum UV Dose Required, mW-	Distribution	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components
	(Place "X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1		24.0	5,500		1.7								1.0	
3	X	24.0 24.0	5,500 11,000		1.6								1.0	
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											RWN Hydru TANK
9	X	24.0	3,000		2.2								1.4	inspection
10		24.0	6,000										1.0	RWN Lifted
11	X	24.0	6,000		2.2								1.8	BRO LIFTER
12		24.0 24.0	5,667 5,667										 	
14	X	24.0	5,667		2.2								1,6	
15	Δ	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	
		24.0	5,000											
		24.0	5,000											
21	X	24.0	5,000		1.8								1.4	
22	v	24.0 24.0	6,000 6,000		1.6								1.3	
23	X	24.0	6,000		1.0								1.2	
25	X	24.0	6,000		2.0								1.8	
26		24.0	6,667		7.0									
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		<u> </u>				L	L	1.0	
Total			188,000											

11,000

Average Maximum

^{*} 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. January, 2010 I. General Information for the Month/Year of: A. Public Water System (PWS) Information PWS Identification Number: 3531546 PWS Name: Rosalie Oaks Consecutive Transient Non-Community PWS Type: √ Community Non-Transient Non-Community Total Population Served at End of Month: 97 Number of Service Connections at End of Month: Aqua Utilities Florida PWS Owner: Contact Person's Title: Sn. Facilities Operator Steve Fuller Contact Person: State: Florida Zip Code: 33809 Lakeland Contact Person's Mailing Address: 415 West Daughtery Rd. City: Contact Person's Fax Number: 863-853-4937 813-267-2074 Contact Person's Telephone Number: slfuller@aguaamerica.com Contact Person's E-Mail Address: B. Water Treatment Plant Information Plant Telephone Number: 863-858-2504 Plant Name: Rosalie Oaks City: Lake Wales State: Florida Zip Code: 33898 Plant Address: Camp Mack Rd. & Rosalie Oaks Blvd. Purchased Finished Water ✓ Raw Ground Water Type of Water Treatment by Plant: 100,000 Permitted Maximum Day Operating Capacity of Plant, gallons per day: V Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.) License Class | License Number Day(s) / Shift(s) Worked Name Licensed Operators Lead/Chief Operator: Steve Fuller 7519 Days 1st Shift Other Operators: 8570 Days 1st Shift Dan Sherwood

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.

Stew + ulla 2-4-10	Steve Fuller	B-7519
Signature and Date	Printed or Typed Name	License Number

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

PWS I	dentificatio	n Number:		3531546		Plant Name:	Rosalie Oak	S						
III. D	aily Data	for the N	Ionth/Year o	of:		January, 2010								
Means	of Achievi	ng Four-Log	g Virus Inactiv	ation/Remov	al: 🔽 Free C	hlorine	Chlorine Di	oxide	☐ Ozone	Com!	oined Chlori	na (Chlorar	minac)	
1	traviolet R	177		r (Describe):			Chlorine Or	o.dae	1 020110	Com	onica Chiori	ne (Cinorai	mics)	
-					bution System:	▼ Free Chlo	rina [Combin	ed Chlorine	(Chloramine	e) ["	Chlorine I	Shedda	
Type) Disinie	tani Kesic	iuai iviaimiair										Jioxide	·
	1503			(CT Calculations, or			our-Log	Virus Inac	tivation, if I				
	1000	2000 1000		2000年		CT Calc	ulations		Barrier St.		UV	Dose		
Day of	Days Plant Staffed or Visited by	Hours plant	Net Quantity of Finished Water		Lowest Residual Disinfectant Concentration (C) Before or at First	Disinfectant Contact Time (T) at C Measurement Point During	Lowest CT Provided Before or at First Customer During Peak			Minimum	Lowest Operating	Minimum UV Dose Required,	Lowest Residual Disinfectant Concentration at Remote Point in	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that
the	Operator	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	CT Required,	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	(Place "X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
	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	V	24.0	8,000		1.0									
8	X	24.0 24.0	8,000 8,000		1.8								1.2	
10		24.0	8,000											
11	X	24.0	8,000		1.6								1.1	
12	Α	24.0	15,500		1.0								1,1	
13	X	24.0	15,500		1,4								1.0	
14		24.0	6,000										1,0	
15	X	24.0	6,000		0.8								0,6	
16		24.0	6,667											
17		24.0	6,667							272 * 122 SEASY 1875				
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		1 X X X 1 X X X X X X X X X X X X X X X									
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	N/	24.0	7,500		0.0									
27	X	24.0	7,500		0.6								0.5	
28	X	24.0 24.0	6,000 7,000		0.8								0.6	
30	A	24.0	5,500		1,6								0.8	
31		24.0	5,500											
Total		24.0	233,000										L	
Average	E to a co		7,516											

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

B-7519

License Number

MONTHLY OPERATION REPORT FOR PWS	TREATING RAW GROUND	WATER OR PURCHASED FINISHED WATE	R



Signature and Date

2-555 900(3)Alternate

WS Name:	Rosalie Oaks					PWS Identification Number:	3531546
WS Type:	✓ Community	Non-Transient Non-Commur	nity Tra	ansient Non-Com	munity	Consecutive	
umber of Service Conne	ctions at End of Month:	97			Tota	l Population Served at End of Month	205
WS Owner:	Aqua Utilities Florida	a					
ontact Person:	Steve Fuller				Con	tact Person's Title: Sn. Fac	cilities Operator
ontact Person's Mailing	Address:	415 West Daughtery Rd.			City: Lakeland	State: Florida	Zip Code 33809
ontact Person's Telephor		813-267-2074			Con	tact Person's Fax Number: 863-85	53-4937
ontact Person's E-Mail A	ddress:	slfuller@aquaamerica.com					
Vater Treatment P	lant Information						
ant Name:	Rosalie Oaks					Plant Telephone Number	863-858-2504
lant Address:	Camp Mack Rd. & R	osalie Oaks Blvd.			City: Lake Wales	State: Florida	Zip Code: 33898
ype of Water Treatment I	by Plant:	✓ Raw Ground Water	Purchased Finis	hed Water			
rmitted Maximum Day	Operating Capacity of F	lant, gallons per day:		100,000			
ant Category (per subsec						Class (per subsection 62-699.310(4),	
Licensed Operators		Name		License Class	License Numbe	T Day(s) / S	Shift(s) Worked
ead/Chief Operator:	Steve Fuller			В	7519	Days 1st Shift	
ther Operators:	Dan Sherwood			C	8570	Days 1st Shift	

Steve Fuller

Printed or Typed Name

Pag

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

PWS I	dentificatio	n Number:		3531546		Plant Name:	Rosalie Oak	S						
III. D	aily Data	for the M	lonth/Year o	of:		February, 2010								
Means	of Achievi	ng Four-Log	Virus Inactiv	ation/Remov	al: 🔽 Free C	`hlorine [Chlorine Di	oxide	□ Ozone	☐ Comb	oined Chlori	ne (Chlora	nines)	
	traviolet R			r (Describe):										Value 100 100 100 100 100 100 100 100 100 10
-					bution System:	Free Chlo	rine	Combin	ed Chlorine	(Chloramine	es)	Chlorine l	Dioxide	
Турск	I Distilled	I Claire Resid			T Calculations, or									
			Print Anteign	,	of Calculations, of			rour-Log	VII us mac	uvation, it z		Dose		
			56.753			CT Calc	uiations				UVI	T		
Day of the	Operator	Hours plant	Producted,	Peak Flow	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest CT Provided Before or at First Customer During Peak Flow, mg-	Temp of	pH of Water,	Minimum CT Required,		Minimum UV Dose Required, mW-	Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components
Month	(Place "X")		gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
in land	X	24.0	23,000		1.4								1.0	
2		24.0			1.5									
3	X	24.0	8,000		1.5			 			 		1.1	
4		24.0	8,000 8,000		1.6			 	-				1.0	
5	X	24.0	8,000		1.0								1.0	
7		24.0	8,000					-			 			
8	X	24.0	8,000		1.5			 			<u> </u>		1.0	
9		24.0	10,000		***************************************					<u> </u>				
10	X	24.0	10,000		2.2								1.4	
11		24.0	4,500					<u> </u>						
12	Х	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	Х	24.0	7,000		1.4								0.8	
18		24.0	7,000										-	
19	X	24.0	7,000		1.4							ļ	1.0	
20		24.0	7,667					_						
21		24.0	7,667										1.0	
22	X	24.0	7,667		1.5						-	-	1.0	
23	V	24.0	7,000 7,000		1.5			 			ļ		1.1	
24 25	X	24.0	7,500		1.3			 			 	<u> </u>	1-1-	
26	X	24.0	7,500		2,4			 				<u> </u>	2.0	
27	X	24.0	15,000		2.2								2.0	
28		24.0	7,000											
29		24.0	7,000		,									
30		24.0						†						
31		24.0						İ						
Total			232,000				***************************************							
Average	BB BAN		7,484											

^{*} 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



THORE MARKED STREET	m (PWS) Informa	tion							
PWS Name:	Rosalie Oaks						PWS Identification Number:	35	31546
PWS Type:	✓ Community	Non-Transient Non-	Community	Transient Non-Com	munity		Consecutive		
Number of Service Conne	ctions at End of Month	. 97				Total	Population Served at End of N	Montit: 20	5
PWS Owner:	Aqua Utilities Florid	ā							
Contact Person:	Steve Fuller					Conta	ct Person's Title: S	Sn. Facilities Oper	ator
Contact Person's Mailing	Address:	415 West Daughtery Rd.			City: Lak	eland	State: Florida	Zi	n Code. 33809
Contact Person's Telephon	ne Number:	813-267-2074				Conta	ict Person's Fax Number: 8	863-853-4937	
Contact Person's E-Mail A	Address:	slfuller@aquaamerica	a.com						
Water Treatment P	lant Information								
Plant Name:	Rosalie Oaks						Plant Telephone Number	86	3-858-2504
Plant Address:	Camp Mack Rd. & R	tosalie Oaks Blvd.			City: Lak	e Wales	State Florida	Zi	p Code: 33898
Type of Water Treatment b	by Plant:	✓ Raw Ground Water	Purchased F	inished Water					
Permitted Maximum Day	Operating Capacity of I	Plant, gallons per day:		100,000					
Plant Category (per subsec	ction 62-699.310(4), F.,	A.C.):	V				lass (per subsection 62-699.3)		C
Licensed Operators		Name		License Class	License	Number	Day((s) / Shift(s) W	orked
Lead/Chief Operator:	Steve Fuller			В	75	19	Days 1st Shift		
Otlore Oppositions								Control of the Contro	The state of the s
Other Operators:	Dan Sherwood			C	85	70	Days 1st Shift		
Other Operators:	Dan Sherwood			C	85	70	Days 1st Shift		
Certification by Lea I, the undersigned wa information provided International Standard were prepared each d (2) if applicable, appl	nd/Chief Operator ater treatment plant. In this report is trude 60 or other appli- lay that a licensed of ropriate treatment.	operator licensed in Flo ae and accurate to the be cable standards reference operator staffed or visite	est of my knowledge ted in subsection 62- ed this plant during the cords. Furthermore, location for at least to Steve Fuller	and belief. I cert -555.320(3), F.A.0 he month indicate I agree to provide ten years.	water tre ify that all 2. I also c	atment pl drinking ertify the	plant identified in part I of gwater treatment chemicat the following addition ds of amounts of chemic operations records to the	cals used at thinal operations reals used and copy PWS owner so	s plant conform to le records for this plan hemical feed rates;

10

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

PWS I	dentificatio	n Number		3531546		Plant Name	Rosalie Oak	5						
III. D	aily Data	for the M	lonth/Year	of:		March, 2010								
4eans	of Achievi	ng Four-Log	g Virus Inactiv	ation/Remov	al: ▼ Free C	hlorine [Chlorine Di	oxide	□ Ozone	Com	oined Chiori	ne (Chlorar	nines)	
- U	traviolet R	ladiation	[Othe	r (Describe):						***************************************		(,	
vpc (of Disinfe	ctant Resid	fual Maintair	ned in Distri	bution System:	Free Chk	orine [Combin	ed Chlorine	(Chloramine	es) [Chlorine I	Dioxide	
71					T Calculations, or		Name of the same						T	
				,	of Carculations, or		culations	r Gui-LA/E	, virus maci	ivation, ii i	UV			
						CiCal	Julatious					I A I SC		
Day of the	Days Plant Staffed or Visited by Operator (Place	Hours plant	Net Quantity of Finished Water Producted,	Peak Flow	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest CT Provided Before or at First Customer During Peak Flow, mg-		pH of Water,	Minimum CT Required,	Lowest Operating UV Dose,	Minimum UV Dose Required, mW-	Lowest Residual Disinfectant Concentration at Remote Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work th Involves Taking Water System Component
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	°C	if Applicable	mg-min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
-1	X	24.0	12,000		1.1								0.8	
2		24.0	7,000											
3	Х	24.0	7,000		1.2								- 09	
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										1.6	
9	X	24.0 24.0	7,000		1.5								1.0	
10	X	24.0	7,500 7,500		1.3						<u> </u>		10	
11		24.0	6,500		1.2								1.2	
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												
17	X	24.0	9,500		1.6								1.2	
18		24.0	9,000	MIN (2) (1) (1) (1) (1) (1) (1) (1) (1)										
19	Х	24.0	9,000		1.5								LO	
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	3.7	24.0	6,500		, ,								1.0	
26 -	X	24.0			1.4								1.0	
28		24.0 24.0	7,000										-	
29	X	24.0	7,000		1.6								1.0	
30	A	24.0	7,000		1.0								1.0	
31	X	24.0	7,000		1.5								1.0	
otal	^	24.0	234,000		1.2		1	L			1	1	1.0	<u> </u>
Otali			2.54,000											

12,000

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

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



See Pages 4 for Instr	uctions					
I. General Information		ar of: April, 2010				
A. Public Water System		on			Instruction of the National	3531546
PWS Name:	Rosalie Oaks	-			PWS Identification Number:	3531546
PWS Type:	Community	Non-Transient Non-Commu	nity Transient Non-		Consecutive	1. 206
Number of Service Connect		97		Lotal	Population Served at End of Mont	th: 205
PWS Owner:	Aqua Utilities Florida			Ja .	- D	Facilities Operator
Contact Person:	Steve Fuller	500 Marie 1997				Zip Code: 33809
Contact Person's Mailing A		15 West Daughtery Rd.		City: Lakeland		853-4937
Contact Person's Telephone		13-267-2074		Conta	ict Person's Pax Number. 403*	1 52+-550
Contact Person's E-Mail Ac		lfuller@aquaamerica.com				
B. Water Treatment Pla					Plant Telephone Number:	863-858-2504
Plant Name:	Rosalie Oaks			Charles Walso	State: Florida	Zip Code: 33898
Plant Address:	Camp Mack Rd. & Ro		Purchased Finished Water	City: Lake Wales	Later. Profites	12000 2000
Type of Water Treatment by		Raw Ground Water	Purchaseo Pinisheo Water 100,000			
Permitted Maximum Day C			100,000	Plant (lass (per subsection 62-699.310(4) FACE C
Plant Category (per subsect	ion 62-699.510(4), F.A	Name	License C			/ Shift(s) Worked
Licensed Operators	Carrier D. Danie	Name	B	7519	Days 1st Shift	- Diffigure Campa
Lead/Chief Operator:			()	8570	Days 1st Shift	
Other Operators:	Dan Sherwood			0370	Locaya 15t Office	
	l					
II Certification by Lead	d/Chief Operator					
I the undersigned wat	er treatment plant o	perator licensed in Florida,	am the lead/chief operator of	f the water treatment	plant identified in part I of the	his report. I certify that the
information provided	in this report is true	and accurate to the best of r	ny knowledge and belief. I	certify that all drinkin	g water treatment chemicals	s used at this plant conform to NSF
International Standard	160 or other applic	able standards referenced in	subsection 62-555 320(3)	FAC Lalso certify th	at the following additional	operations records for this plant
international Standard	that a licensed of	contar etallod or vicited this	alant during the month indi	cated above: (1) reco	rds of amounts of chemicals	used and chemical feed rates; and
were prepared each da	iy mai a ncensed of	perator starred or visited this	Combined I among the month med	vide there additional	parations records to the DV	VS owner so the PWS owner can
(2) if applicable, appr	opriate treatment p	rocess performance records.	rurmennore, ragree to pro	WHE HIESE AUGILIONAL	speradons records to the r v	15 officer 30 the r 115 officer cuit
retain them, together v	with copies of this r	eport, at a convenient location	on for at least ten years.			
Diter.	tula	5-9-10	Steve Fuller			B-7519
Signature and Date			Printed or Typed Name			License Number
and the same of th						

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

PWS I	dentification	n Number:		3531546		Plant Name:	Rosalie Oak	S						
III. D	aily Data	for the M	lonth/Year	of:		April, 2010								
deans	of Achievii	ng Four-Log	y Virus Inactiv	ation/Remov	al: 🔽 Free C	hlorine [Chlorine Di	oxide	CZOne	Comi	bined Chlori	ne (Chlora	nines)	
T U	traviolet R	adiation	Othe	r (Describe):										
ype (of Disinfed	ctant Resic	lual Maintair	ied in Distri	bution System:	Free Chlo	orine [Combin	ed Chlorine	(Chloramine	es) [Chlorine	Dioxide	
					CT Calculations, or			Four-Los	Virus Inact	ivation, if	Annlicable*		Hilliam Allahadi Na. 6	
							ulations				A LANCON CONTRACTOR OF THE PARTY OF THE PART	Dose		Hillselpan and the State of the
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")		Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, ing- min/L	Temp of Water, OC	pH of Water, if Applicable		Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW- sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work tha Involves Taking Water System Components Out of Operation
1		24.0											1	
2	Х	24.0	8,500		1.4					N			1.0	
3		24.0	9,000											
4	X	24.0 24.0	9,000 9,000		1.6								1.1	
6		24.0	9,000		2.52				 				 	
7	X	24.0	9,000		0.8								0.5	
8		24.0	6,500											
9	Х	24.0	6,500		1.0								0.8	
10		24.0	7,000				South Williams Company							
11		24.0	7,000											
12	X	24.0	7,000		1.4					X			1.0	
13		24.0	7,500										1.0	
14	X	24.0	7,500 8,000		1.5								3.0	
16	Х	24,0 24,0	8,000		1.4						-		1.0	
17	^	24.0	6,333		8.77					<u></u>	1			
18		24.0	6,333											
19	Х	24.0	6,333		1.5								1.0	
20		24.0	6,000		CO 43 BBC CO SCOPES (LONG PASSACROS NEL HERCY PRESIDENT									
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										<u> </u>	
25		24.0	6,000								<u> </u>			
26	X	24.0	6,000		1.5				-		-	-	1.0	
27	v	24.0	5,000		1.4			-			-	-	1.0	
28	X	24.0 24.0	5,000 4,500		1,4		-						1.0	
30	X	24.0	4,500		1.4								1.0	
31		24.0	4,300		1								1.04	
otal		24.0	209,000				1	1			J	***************************************	4	
verage			6,742											
faximu	and the same of th		9,000											

DEP Form 62-555 900(3) Effective August 28, 2003

[•] Refer to the instructions for this report to determine which plants must provide this information.

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:	1
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)	Reason(s) for Sample (Check all that apply)
Distribution	Routine Compliance (with 62-550) Quarterly (Which Quarter?)
Entry Point (to Distribution)	Confirmation of MCL Exceedance * _ Special (not for compliance with 62-550)
Plant Tap (not for compliance with 62-550)	Composite of Multiple Sites ** Uviolation Resolution
Raw (at well or intake)	Clearance (permitting) Replacement (of Invalidated Sample)
Max Residence Time	Other:
Ave Residence Time	Sampling Procedure Used or Other Comments:
Near First Customer	
*See 62-550.500(6) for requir NOTE: See 62-550.512(3) for for nitrate or nitrite M	additional attach a results page for each site.
Sampler's Name:	
Sampler's Phone #:	Sampler's Fax #:
Sampler's E-Mail Address:	
CERTIFICATION (to be completed by s	ampler)
l,	
(Print Name)	
do HEREBY CERTIFY that the abo complete and correct.	ve public water system and sample collection information is
Signature:	Date:

Exponential in Form of Colonial (17).
Editional information (1998). Here six of Continuous for a

Page 1 of 1 2 1

LABORATORY CERTIFICATION INFORMATION (to be ATTACH CURRENT DOH ANALYTE SHEET *	completed by lab – Please type or print legibly)
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 wit	h Chapter 62-550, F.A.C. (Check all that apply):
Inorganics Synthetic Organics All 17 All 30 All Except Dioxin Nitrate Partial Nitrite Dioxin Only Asbestos Only	Volatile Organics Disinfection Byproducts Trihalomethanes Haloacetic Acids Bromate Chlorite Otrly Composite** Secondaries
Were any analyses subcontracted? Yes No	All 14 Partial
	574, E82001, E83033
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRAC	TED LAB*
	TIFICATION
I, Tammie Heslin	Project Manager
(Print Name)	(Print Title)
do HEREBY CERTIFY that all attached analytical data ar Environmental Laboratory Accreditation Conference (NEI	e correct and unless noted meet all requirements of the National "AC).
Signature:	Date: 09/29/2009
results will result in rejection of the report, possible enforcem	
result in notification of the DOH Bureau of Laboratory Service ** Please provide radiological sample dates & locations for each	
** Please provide radiological sample dates & locations for each	ent against the public water system for failure to sample, and may es. h quarter.
** Please provide radiological sample dates & locations for each COMPLIANCE DETERMINATION (to be completed by DEP	ent against the public water system for failure to sample, and may es. h quarter. or DOH)
** Please provide radiological sample dates & locations for each COMPLIANCE DETERMINATION (to be completed by DEP Sample Collection Info Satisfactory: Yes No	ent against the public water system for failure to sample, and may es. h quarter. or DOH)
** Please provide radiological sample dates & locations for each COMPLIANCE DETERMINATION (to be completed by DEP Sample Collection Info Satisfactory: Yes No	ent against the public water system for failure to sample, and may es. h quarter. or DOH) Sample Analysis Info Satisfactory: Yes No (s) above) Revised Report Requested (circle or highlight group(s) above)
** Please provide radiological sample dates & locations for each COMPLIANCE DETERMINATION (to be completed by DEP Sample Collection Info Satisfactory: Yes No Replacement Sample(s) Requested (circle or highlight group(s) a Reason(s): MCL(s) Exceeded I	ent against the public water system for failure to sample, and may es. h quarter. or DOH) Sample Analysis Info Satisfactory: Yes No (s) above) Revised Report Requested (circle or highlight group(s) above) bove) Detection(s) Incomplete Report Location Unsatisfactory Analysis Unsatisfactory
** Please provide radiological sample dates & locations for each COMPLIANCE DETERMINATION (to be completed by DEP Sample Collection Info Satisfactory: Yes No Replacement Sample(s) Requested (circle or highlight group(s) a Additional Monitoring Required (circle or highlight group(s) a Reason(s): MCL(s) Exceeded I Missing Analyte Sheet(s) I Other: Person Notified:	ent against the public water system for failure to sample, and may es. h quarter. or DOH) Sample Analysis Info Satisfactory: Yes No (s) above) Revised Report Requested (circle or highlight group(s) above) bove) Detection(s) Incomplete Report Location Unsatisfactory Analysis Unsatisfactory
** Please provide radiological sample dates & locations for each COMPLIANCE DETERMINATION (to be completed by DEP Sample Collection Info Satisfactory: Yes No Replacement Sample(s) Requested (circle or highlight group(s) a Additional Monitoring Required (circle or highlight group(s) a Reason(s): MCL(s) Exceeded Missing Analyte Sheet(s) In Other: Person Notified: Comments:	ent against the public water system for failure to sample, and may es. h quarter. or DOH) Sample Analysis Info Satisfactory: Yes No (s) above) Revised Report Requested (circle or highlight group(s) above) bove) Detection(s) Incomplete Report Location Unsatisfactory Analysis Unsatisfactory

Reporting Tarnet CL 850 730. 200 (majorita) - 1897 - Relassoch am Joseph

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	1	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	l	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	1	SM 4500-CN-E	0.00097	09/08/2009	14:49	E84589
1025	Fluoride	4.0	mg/L	0.075	j	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	0.0 01 1	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

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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.

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	υ	EPA 200.7	0.061	09/15/2009	10:54	E82574
1017	Chloride	250	mg/L	4.9	ı	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	1	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	ı	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	р Н	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 Formal 52-550,730 Effective January 1995. Revised January 2004

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	ט	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.

Reporting Format 62-550,730

Effective January 1995. Revised January 2004

^{***} 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

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	ı	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	Ų	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 52-550-730

Effective January 1995. Revised January 2004.

Page 6 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.

SYNTHETIC ORGANICS 62-550.310(4)(b)

Report Number / Job ID: T0913508001

PWS ID (From Page 1): 3531546

Contam			T	Amaliada	1	A L - S 1	1 -1-	г	I =	A . 1		
ID	Contam Name	MCL	Units	Analysis Result	Qualifie	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis	DOH Lab
2005	Endrin	2	1107/1	0.0016	ļ			0.04			Time	Certification
2010	gamma-BHC (Lindane)		ug/L		U	EPA 508	0.0016	0.01	09/05/2009		18:16	E82574
	1	0.2	ug/L	0.0033	U	EPA 508	0.0033	0.02	09/05/2009		18:16	E82574
2015	Methoxychlor	40	ug/L	0.011	U	EPA 508	0.011	0.1	09/05/2009		18:16	E82574
2020	Toxaphene	3	ug/L	0.091	U	EPA 508	0.091	1	09/05/2009		18:16	E82574
2031	Dalapon	200	ug/L	1.0		EPA 515.3	1.0	1	09/03/2009		15:05	E82574
2032	Diquat	20	ug/L	7.6	UU	EPA 549.2	7.6	0.4	09/03/2009		11:36	E82574
2033	Endothall	100	ug/L	2.8	U	EPA 548.1	2.8	9	09/02/2009		10:20	E82574
2034	Glyphosate	700	ug/L	6.5	U	EPA 547	6.5	6	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		18:16	E82574
2046	Carbofuran	40	ug/L	0.28	C C	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
	Alachlor	2	ug/L	0.26	U	EPA 525.2	0.26	0.2	09/08/2009		19:10	E82574
2065	Heptachlor	0.4	ug/L	0.0063	Ü	EPA 508	0.0063	0.04	09/05/2009		18:16	E82574
2067	Heptachlor Epoxide	0.2	ug/L	0.0031	U	EPA 508	0.0031	0.02	09/05/2009		18:16	E82574
2105	2,4-D	70	ug/L	1.5	U	EPA 515.3	1.5	0.1	09/03/2009		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		15:05	E82574
2274	Hexachlorobenzene	1	ug/L	0.0058	U	EPA 508	0.0058	0.1	09/05/2009		18:16	E82574
2306	Benzo(a)pyrene	0.2	ug/L	0.096	U	EPA 525.2	0.096	0.02	09/08/2009		19:10	E82574
	Pentachlorophenol	1	ug/L	0.069	Ū	EPA 515.3	0.069		09/03/2009		15:05	E82574
2383	Polychlorinated biphenyls(PCB)	0.5	ug/L	0.11	Ū	EPA 508	0.11	0.1	09/05/2009		18:16	E82574
2931	Dibromochloropropane	0.2	ug/L	0.0082		EPA 504.1	0.0082		09/03/2009		21:00	E82574
2946	Ethylene Dibromide (EDB)	0.02	ug/L	0.0091		EPA 504.1	0.0091		09/03/2009		21:00	E82574
2959	Chlordane	2	ug/L	0.048	Ŭ	EPA 508	0.048	0.2	09/05/2009		18:16	E82574
			J	0.040		LI 7 000]	0.070	0.2	03/03/2009	03/01/2009	10.10	L02374

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

Fifective January 1995. Revised January 2004

Page 7 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, 2, 1, are unacceptable for compliance with 62-558. 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.

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Florida Department of Vironmental 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						1 11110	E E
1017	Chloride	250	mg/L				 			E
1022	Copper	1	mg/L			<u> </u>	 		 	E
1025	Fluoride	2.0	mg/L				 	 	 	E
1028	Iron	0.3	mg/L				 	 		E
1032	Manganese	0.05	mg/L				 	 	<u> </u>	E
1050	Silver	0.1	mg/L			<u> </u>	 -			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		EPA 425.1	0.05	09/02/09	09:45	E82001

Recording Format 62-550,730 Effective January 1995. Revised January 2007

Page 8

RADIONUCLIDES 62-550.310(6)

Report	Number a	/ Job ID:	T0913508001
Neport	HUMBOOL	יטו טטט י	1091999991

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
4000	Combined Uranium	****	pCi/L					****				E
4006	(U-234, U-235, & U-238)	30	µg/L					1				E
4020	Radium-226			0.2		EPA 903.1	0.2	1	0.2	09/17/09	14:52	E83033
4030	Radium-228	5	pCi/L	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 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

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Reporting Format 62-550 730 Effective January 1995. Revised January 2007

Page 9

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.

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.

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 For Lab Use Only Advanced The lab performing this analysis is checked on the above. Lab Receipt Date & Time: (12210 (245) Analysis Date & Time: (12210 (245) Environmental Laboratories, Inc. Sample Acceptance Criteria: On Ice Not On Ice Sample Preservation: Not Detected Relinquish By: Disinfectant Check: Date: 24/22 Time: 0900 This sample does not meet the following NELAC requirements: Received By: Report Number: Analysis Requested: (please check all that apply) Other: X Standard Coliform Test System Name: POSAUE ONKS PWS I.D. 3 5 3 / 5 System Address: Ras ONKS BLUG + BIMP MACK RT Fax# 863-853-493/ System or Owner's Phone #: 863 - 856 - 250 9 DAN ShERWOOD Collector's Phone # FC 3 - 326-3202 Type of Supply: (check only one) Community Water System Noncommunity Water System Nontransient Noncommunity Water System Limited Use System Other ____ Private Well Swimming Pool Bottled Water Other Repeat ☐ Well Survey Reason for Sampling: (check only one) Routine Compliance Replacement Main Clearance To be completed by collector of sample To be completed by lab Dis-Total Coliform Analysis Method: うらんしょうこう infect Fecal or E. coli Analysis Method: Collection Collection Sample Res'd Total Sample Point Non Fecal or Data Lab Sample Type¹ рН Qualifier² Time (mg/L) Coliform Coliform Number (Location or Specific Address) Date E. coli Sample Number WELL 1130 7 LOT #10 Average of disinfectant residuals for routine and repeat samples ²Defined in Florida Administrative Code Rule 62-160, Table 1 (complete for community and nontransient noncommunity systems serving population All tests are performed in accordance with NELAC standards. up to and including 4,900. Do not include raw or plant samples in the average.) Date PWS Notified by lab of positive results... Date State Notified by lab of positive results____ Disinfectant Residual Analysis Method: DPD Colorimetric Other: Person performing analysis is: (please check one of below) Lab Signature: ________ A certified operator (# C 85 7 0) Date signed: 4/15/10 Time: 1300 Employed by a certified lab Supervised by a cert operator (#_____

415 W. DAUGHTERY Rd LAKELAND, FL 33804 Date Reviewed by DEP/DOH:

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

STEVE FULCEN

Name and Mailing Address of Person to Receive Report

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

DEP/DOH USE ONLY

Satisfactory

Incomplete Collection Information

Repeat Samples Required Replacement Samples Required

DEP/DOH Reviewing Official:

Employed by DEP or DOH





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. <u>Chapter 62-550.518</u> 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.

<u>Reminder</u>: 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

arrelo Don

Xc. Dan Sherwood, Aqua Utilities

POLK COUNTY HEALTH DEPARTMENT

OFFICE OF THE DIRECTOR

Daniel O. Haight, MD, FACP 1290 Golfview Aven Director Phone (863) 5

1290 Golfview Avenue, 4th Floor, Bartow, FL 33830-6740 Phone (863) 519-7900 FAX (863) 534-0293 www.mypolkchd.org Lynne M. Saddler, MD, MPH Assistant Director



Bacteriological Sampling Plan

FEB 11 2004 ENVIRONMENTAL ENGINEERING

RECEIVED

Rosalie Oaks PWS Number 3531546

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



Department of Environmental Frotection SOUTHWEST DISTRICT





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

July 7, 2010

Daniela Sloan Polk County Health Department 1290 Golfview Ave. 4th 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@aquaamerica.com. Thank you.

Sincerely,

Patrick A. Farris

Environmental Compliance Specialist

Aqua Utilities Florida, Inc.

Enclosure:

Bacteriological Sampling Plan

Hydropneumatic Tank Inspection

AQUASM

Rosalie Oaks WTP

PWS ID # 3531546

Drinking Water System

Bacteriological Sampling Plan

Routine Bacteriological Monitoring:

- Bacteriological Monitoring samples taken within the <u>Rosalie Oaks</u> distribution system are representative of water throughout the entire distribution system.
- The <u>Rosalie Oaks</u> system is a <u>community</u> public water system which serves a population less than 3,300. <u>Two</u> 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 Monitor	
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 <u>single</u> distribution failure, within 24 hours of discovery, the operator must take a repeat at the location that failed, as well as one upstream with in 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 with in 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)

≎EPA



Office of Water (4606) EPA 816-F-01-035 November 2001 www.epa.gov/safewater

Total Coliform Rule: A Quick Reference Guide

Overvi	ew of the Rule
Title	Total Coliform Rule (TCR) 54 FR 27544-27568, June 29, 1989, Vol. 54, No. 124 ¹
Purpose	Improve public health protection by reducing fecal pathogens to minimal levels through control of total coliform bacteria, including fecal coliforms and Escherichia coli (E. coli).
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 . . .

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.

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.



¹ The June 1988 Rule was revised as follows: Corrections and Technical Amendments, 8/19/90 and Partial Stay of Certain Provisions (Variance Criteria) 56 FR 1558-1557, Vol 56, No 10.

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



	r		1	toring Freq	Y
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

Monthly MCL Violation is Triggered if:

Has greater than 1 ROUTINE/REPEAT sample per month which is total coliform-positive.		
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 E. coli-positive REPEAT sample or has a fecal coliform- or E. coli-positive ROUTINE sample followed by a total coliform-positive REPEAT sample.

What are the Public Notification and Reporting Requirements?

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. The public must be notified within 14 days.7
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.
The public must be notified within 72 hours.
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/mdbp/ mdbp.html; or contact your state drinking water representative.

² 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	v 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:

- Do not provide, and conduct compliance monitoring for, at least 4-log treatment of viruses (through inactivation and/or removal).
- This includes systems that decide to discontinue 4-log treatment.
 Do not ourchase 100% of their water (and therefore have a source a
- Do not purchase 100% of their water (and therefore have a source at which to sample).

Situations Leading to Triggered Source Water Monitoring

GWSs must conduct triggered source water monitoring when:

- The system is notified of a total coliform-positive sample collected in compliance with the TCR unless:
- The total coliform sample is invalidated by the State
- The State allows an exception to the GWR triggered source water monitoring requirements.

OR

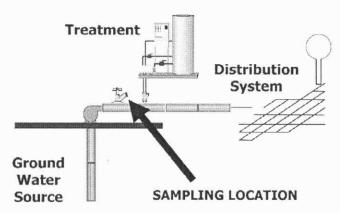
The system is a wholesale system and is notified by one of its consecutive systems that the consecutive system had a total coliformpositive sample during TCR monitoring.

Collecting and Analyzing Triggered Source Water Monitoring Samples

When triggered source water monitoring is required, GWSs must:

- Collect at least one ground water source sample from each source in use at the time the total coliform-positive sample was collected.
 - 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).
 - Sample must be taken before treatment or at a State-approved location after treatment (see the diagram on the next page).
- Ensure all samples are analyzed for the presence of a fecal indicator (e.g., E. coli, enterococci, or coliphage) using an approved GWR method.
- ▶ 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 http://www.epa.gov/safewater/methods/analyticalmethods.html.

▶ 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

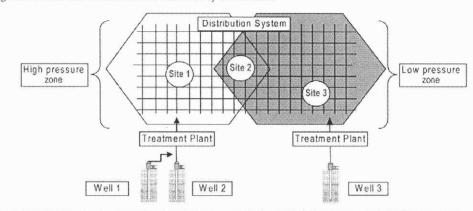
Representative Source Sampling

- ▶ 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 <u>before</u> 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

- Consecutive systems that purchase 100% of their water (and therefore do not have a source from which to sample) must.
 - Notify their wholesale system within 24 hours of receiving notice of a total coliform-positive sample taken under the TCR.
 - 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.
- Consecutive systems that purchase only some of their water must:
- Notify their wholesale system within 24 hours of receiving notice of a total coliform-positive sample taken under the TCR.
- Collect GWR triggered source water monitoring samples and additional samples as required.
- 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.
- 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.

Wholesale Systems

- ▶ Wholesale systems that are notified by a consecutive system of a total coliform-positive sample must:
 - 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.
 - 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.

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:	 Consult with the State within 24 hours. Notify the public within 24 hours. Tier 1 Public Notification. If the system is a community GWS, they must provide Special Notice of the fecal indicator-positive sample in their CCR. 	
If a GWS fails to conduct required triggered or additional monitoring, the system must.	 Notify the public within 12 months. Tier 3 Public Notification. Community GWSs may be able to use their CCR. 	
Wholesale and consecutive systems are subject to:	► The same notification requirements outlined above, in addition to the requirements to notify the wholesale or consecutive systems.	

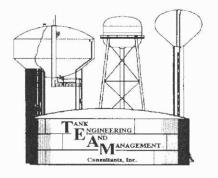
Critical Deadlines for Triggered Source Water Monitoring for Drinking Water Systems		
November 30, 2009	New ground water sources put in place after this date must conduct triggered source water monitoring if the GWS does not provide 4-log virus treatment and conduct compliance monitoring and the GWS 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

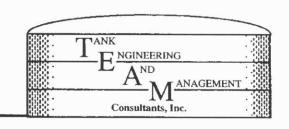


4000 State road 60 east MULBERRY, FLORIDA 33860-0889 (863) 354-9010 ◆ (863) 648-4988 FAX

RECEIVED

JAN 2 9 2010

Aqua Utilities Florida Inc.



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

leff W. Kitchen

Vice President

API Certification No. 22467

Reviewed By

Robert A. Merz, 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.
- 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 visable 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")

$$p = SEt = (15,000)(.70)(0.102) = 22.08 \text{ psi}$$

 $R + 0.6t = 48 + (0.6)(0.102)$

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.

TEAM Consultants 09-0961

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.

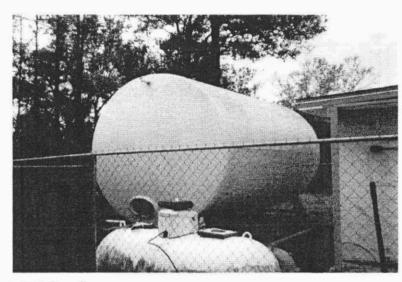
RECOMMENDATIONS:

- 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.

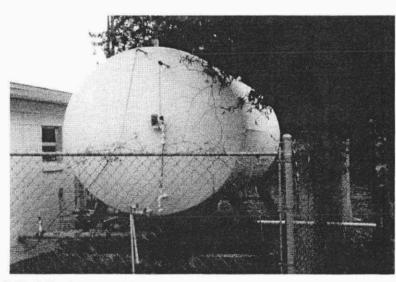
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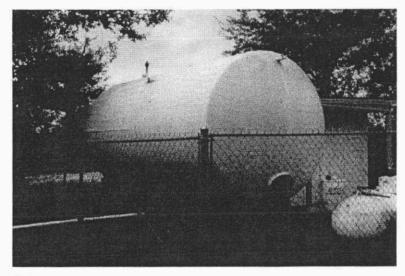
Tank Engineering and Management Consultants, Inc.



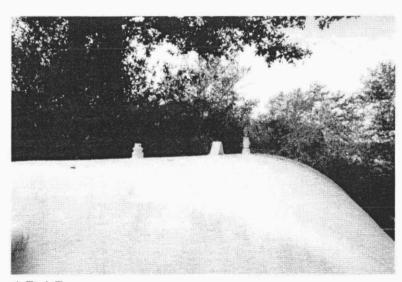
1. Tank Overall.



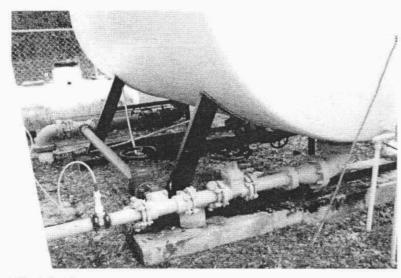
3. Tank Head and Nozzles.



2. Tank Head and Manway.



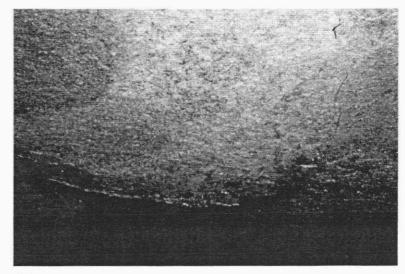
4. Tank Top.



5. Tank Saddle.



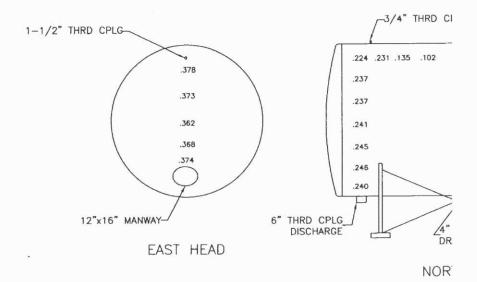
7. Tank Interior Pit at 3/16"

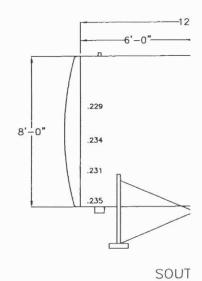


6. Tank Interior Top with Severe Metal Loss.

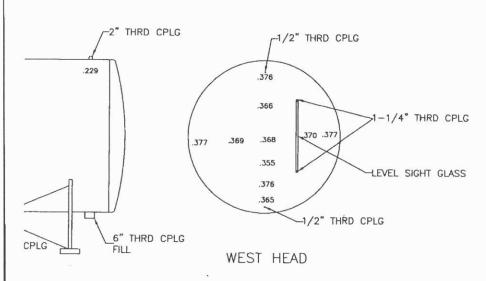


8. Tank Interior Pit at 5/32"

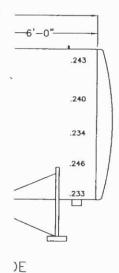




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CHECKED BY:	JWK		_(
APPROVED BY:	RAH		
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00 SR 60 E.

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



Department of Environmental Protection

Jeb Bush Governor Southwest District 3804 Coconut Palm Drive Tampa, Florida 33619

Colleen M. Castille Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMIT NUMBER:

PA FILE NUMBER:

ISSUANCE DATE:

EXPIRATION DATE:

FLA011045

FLA011045-004-DW3P March 9, 2005

March 8, 2010

PERMITTEE:

Aqua Utilities Florida, Incorporated

RESPONSIBLE AUTHORITY:

Glenn Labrecque President 1343 Northeast 17th 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

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FACILITY: Rosalie Oaks WWTP PERMIT NUMBER: FLA011045

PERMITTEE: Aqua Utilities Florida, Inc.

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:

	Reclaimed Water Limitations				Monitoring Requirements					
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow	MGD	Maximum	0.015	Report	-	-	5 Days/Week	Meter	FLW-01	See Cond.LA.3
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	-	60.0	Monthly	Grab	EFA-01	
Solids, Total Suspended	MG/L	Maximum	_	-	-	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 Co	ndition 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	

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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)]

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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	Sce
Percent Capacity, (3MADF/Permitted Capacity) x 100	%	Maximum	•	Report	-	-	Monthly	Calculated	FLW-01	Cond.I.B.3,
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	~	Report	-	-	Annually	Grab	INF-01	See Cond.LB.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.

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

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

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9. Unless specified otherwise in this permit, all reports and other information required by this permit, including 24hour 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:

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	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)

- All ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. The zone of discharge for this project shall extend horizontally 100 feet from the application site or to the facility's property line, whichever is less, and vertically to the base of the surficial aquifer. [62-520.200(23)] [62-522.400 and 62-522.410]
- Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518]
- 3. The annual average hydraulic loading rate to the rapid infiltration basin(s) shall be limited to a maximum of 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)]
- Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.514 and 62-610.414]

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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:
 - Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
 - Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - 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;
 - A copy of the current permit;
 - A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
 - A copy of the facility record drawings;
 - h. Copies of the licenses of the current certified operators; and
 - 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;

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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):
 - Which may cause fire or explosion hazards; or
 - Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
 - d. Which result in treatment plant discharges having temperatures above 40°C.

[62-604.130(4)]

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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)]
- 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)]

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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)]

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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 description of the anticipated noncompliance;
 - The period of the anticipated noncompliance, including dates and times; and
 - 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.
 - 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)]

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- 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.
 - The following shall be included as information which must be reported within 24 hours under this
 - 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.
 - 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;
 - Date and time of the discharge and status of discharge (ongoing or ceased); c)
 - d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
 - Estimated amount of the discharge; e)
 - f) Location or address of the discharge;
 - Source and cause of the discharge; g)
 - 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
 - i) 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)]

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

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

Rosalie Oaks WWTP

PERMIT NUMBER:

FLA011045

PERMITTEE: Aqua Utilities Florida, Inc.

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

doorah A. Getzof

District Director Southwest District

3804 Coconut Palm Drive Tampa, FL 33619-1352

DEPARTMENT OF ENVIRONMENTAL PROTE DISCHARGE MONITORING REPORT - PART A

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

Units

Quantity or Loading

PERMITTEE NAME: A	Aqua Utilities	Florida, Incor	porated
-------------------	----------------	----------------	---------

MAILING ADDRESS: 1343 Northeast 17th Road

Ocala, FL 34470

PERMIT NUMBER

FLA011045

Final

N/A

Quality or Concentration

FACILITY:

Rosalie Oaks WWTP

LOCATION. Camp Mack Road & Silver Oaks Drive

Lake Wales, FL 33853

LIMIT: CLASS SIZE: REPORT: GROUP:

Units

No.

Monthly Domestic

Sample Type

Frequency of

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

two percolation, including Influent

COUNTY:

Polk

Parameter

NO DISCHARGE FROM SITE:

MONITORING PERIOD From:

							ĺ	Ex.	Analysis	
Flow	Sample Measurement									
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.015 (An.Avg.)		MGD					Monthly	Calculated
Flow	Sample Measurement		<u>-</u> -				 <u> </u>		<u> </u>	
PARM Code 50050 1 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)
<u></u>			

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

DISCHARGE MONITORIN) 'ORT - PART A	(Continued)
DISCHARGE MONTIORIN	OKI-FAKLA	Commucu,

Rosalie Oaks WWTP

FACILITY:

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: PERMIT NUMBER: FLA011045

Parameter		Quantity or Loading		Units	Units Quality or Concentration				No. Ex.	Frequency of . Analysis	Sample Type
pli	Sample Measurement										
PARM Code 00400 A	Permit				6.0	8.5		SU		5 Days/Week	Grab
Mon.Site No. EFA-01	Requirement				(Min.)	(Max.)			\vdash		
Coliform, Fecal	Sample										
	Measurement			_	200			#/100ML		Monthly	Calculated
PARM Code 74055 Y	Permit				(An.Avg.)			#/ [OOK)		Monuny	Carculated
Mon.Site No. EFA-01	Requirement_				(An.Avg.)		+				
Coliform, Fecal	Sample Measurement										
PARM Code 74055 A	Permit Requirement				Report (Mo.Geo.Mean)		800 (Max.)	#/100ML		Monthly	Grab
Mon.Site No. EFA-01 Total Residual Chlorine (For	Sample				(1910.000.1910211)	· · · · · · · · · · · · · · · · · · ·	1 10,000		1		
Disinfection)	Measurement			1			·		ļ		
PARM Code 50060 A	Permit				. 0.5			MG/L		5 Days/Week	Grab
Mon.Site No. EFA-01	Requirement	1			(Min.)					Í	
Nitrogen, Nitrate, Total (as N)	Sample				` · · · · · · · · · · · · · · · · · · ·						
, , , , , , , , , , , , , , , , , , ,	Measurement						<u> </u>				
PARM Code 00620 A	Permit				12.0			MG/L		Monthly	Grab
Mon.Site No. EFA-01	Requirement				(Max.)						
Flow	Sample								1 1		
	Measurement				ļ						
PARM Code 50050 P	Permit	0.015		MGD						Monthly	Calculated
Mon.Site No. FLW-01	Requirement	(3-Mo.Avg.)							ļ		
Percent Capacity, (TMADF/Permit	Sample								1 1		•
Capacity) x 100	Measurement							PER-		h #	Calculated
PARM Code 00180 P	Permit				Report			CENT		Monthly	Casculated
Mon.Site No. OTH-01	Requirement				(Mo.Total)			-	 -		
BOD, Carbonaceous 5 day, 20C	Sample										
	Measurement				Report		<u> </u>	MG/L		Annual	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement				Kepoit			1-1-4		Each January	Cited
Mon. Site No. INF-01 Solids, Total Suspended	Sample										
Sonds, rode Suspended	Measurement										
PARM Code 00530 G	Permit				Report			MG/L		Annual	Grab
Mon.Site No. INF-01	Requirement				,					Each January	
Sludge Production, Total	Sample										
2	Measurement										
PARM Code 49019 P	Permit	Report						Galions		Monthly	Calculated
Mon.Site No. OTH-01	Requirement	(Mo.Total)									

DAILY SAMPLE RESULTS - PART B

Permit Nun Monitoring		FLA011045 From:		To: _				salië Oaks WV -001
Flo	ow (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								
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to. Avg.						1		
LANT STAF		Class:		Certificate No:		N:	ame:	
ivening Shift		Class:		Certificate No:	<u></u>		anne:	
light Shift Op		Class:		Certificate No:			ame:	
						,		
ead Operator		Class:		Certificate No.		N	ame:	

P.A. Eile No. FLA011045-904-DW3P DEP Form 62-620-910(10), effective November 29, 1994

INSTRUCTIONS FOR COMPLETING THE \ \ \\ \\ \\ \\ \\ \\ \TER 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 28th of the month following the monitoring period. The DMR shall not be submitted before the end of the monitoring period.

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

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

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

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

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

- 1. Results greater than or equal to the PQL shall be reported as the measured quantity.
- 2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter 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. interint 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

Ι,	, a person defined by Rule 62-620.305(1),
(Print Name of Principal Executive Officer)	(-),
Florida Administrative Code, responsible for	
	(Facility Name)
do hereby grant	, the authority
(Print Name and/or	Title of Representative)
to sign the Discharge Monitoring Reports and	d other operational reports in accordance to
the certification written below:	
supervision in accordance with a system designed to ass the information submitted. Based on my inquiry of the p directly responsible for gathering the information, the	ad all attachments were prepared under my direction or sure that qualified personnel properly gather and evaluate erson or persons who manage the system, or those persons information submitted is, to the best of my belief, true, ificant penalties for submitting false information, including ations."
(Signature of Principal Executive Officer)	(Date)
(Signature of Representative)	(Date)

DEP SWD 1-97



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

PERMIT NUMBER

FLA011045

MAILING ADDRESS

1343 Northeast 17th Road

LIMIT:

Final N/A

REPORT: Monthly

Ocala FI 34470

CLASS SIZE: MONITOR GROUP NUMBER

R001

GROUP. Domestic

MONITOR GROUP DESC:

2 Percolation, lincluding Influent

Rosalie Oaks WWTP

Camp Mack Road & Silver Oaks Drive

NO DISCHARGE FROM SITE:

LOCATION

FACILITY:

Lake Wales, FL 33853

MONITORING PERIOD

05/01/2008

05/31/2008

COLINTY: Polk

Parameter		Quantity or Loading	Units	Qu	ality 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			1		5 Days/Week	Elapsed Time Mete
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.0	d		0		\$:
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement		9999	20.0 (An. Avg.)	the same control of	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.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.8			0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement	• • • • • • • • • • • • • • • • • • •	3 11	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	And the second s		30.0 (Ma. 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 TELEPHONE NO YY/MM/DD Steve Fuller / Operator III 813-267-2074 08/06/15 COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:

Rosalie Oaks WWTP

Permit NO: FLA011045

DISCHARGE POINT NO ROO1

MONTH/YEAR

May-2008

Parameter		Quantity or Loading	Units	Qua	lity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
рН	Sample Measurement			6.9	7.4			0		
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement			6.D (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	Ú.	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, 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 P

PermitNumber: FLA011045

Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 05/01/2008 To: 05/31/2008 TRC (For Nitrate Flow (MGD) CBOD5 (mg/L) CBOD5 (mg/L) TSS (mg/L) TSS (mg/L) Fecal Coliform (S U.) Bacteria Disinfect.) (mg/L) (#/100ml) (mg/L) 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 1.2 7.0 0.009 2 0.009 7.0 1.1 3 0.008 4 0.008 5 0.008 7.1 1.2 7.0 3.7 6 0.009 4.7 2.9 1.2 7.1 1.4 7 0.005 7.1 1.4 8 0.007 1.5 7.1 9 0.007 10 0.007 0.007 11 7.0 1.0 12 0.007 1.0 0.007 6.9 13 6.9 1.0 0.006 14 7.0 1.1 15 0.005 7.0 1.2 16 0.007 0.006 17 0.006 18 19 0.006 7.1 1.2 1.5 7.2 20 0.007 7.2 1.3 21 0.007 7.3 1.7 22 0.002 1.5 7.1 23 0.005 24 0.007 25 0.007 7.0 1.4 26 0.007 27 0.007 7.1 1.3 0.005 7.0 1.5 28 0.007 7.1 1.5 29 30 0.002 7.1 1.3 31 Day shift Operator 13832 Name: Jerry Hahn Class: C Certification No.: Name: Steve Fuller 8937 Class: B Certification No.: Lead Operator Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds Not Applicable 3 If yes, cumulative days of wet weather discharge Limited Wet Weather Discharge Activated Yes

* Attach additiona	Il sheets if necessa	ry to list a	all certified	operators
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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 Ft, 32399-2400

PERMITTEE NAME:

Aqua Utilities Florida, incorporated

PERMIT NUMBER:

FLA011045

MAILING ADDRESS

1343 Northeast 17th Road

LIMIT:

Final

REPORT Monthly

Ocala, FI 34470

CLASS SIZE:

N/A R001 GROUP: Domestic

MONITOR GROUP NUMBER

2 Percolation, lincluding Influent

FACILITY: LOCATION Rosalie Oaks WWTP

MONITOR GROUP DESC: NO DISCHARGE FROM SITE.

TT.

Camp Mack Raod & Silver Oaks Drive

Lake Wales, FI 33853

MONITORING PERIOD

06/01/2008

To: 06

06/30/2008

	Edito France, France			11101111011111	01 1100	0010112000			001	00/2000
COUNTY.	Polk	02000 200 2 -0 400								
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 Met
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

Locatify 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. Lam 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

I tem tulle

813-267-2074

08/07/21

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

107

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME

Rosalie Oaks WWTP

Permit NO FLA011045

DISCHARGE POINT NO. R001

MONTH/YEAR June-2008

Parameter		Quantity or Loading	Units (Quality or Concentration	Units	No	Frequency	Sample Type
						Ex	of Analysis	
pH	Sample Measurement		7.0	7.3		0		
PARM Code 00400 A Mon Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	su	V	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	· Ų	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		1.8			0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement		12.0 (Max.)		mg/L		Monthly	Grab
Flow	Sample Measurement	0 008245333				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		55%			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		mgЛ		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 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

To: 06/30/2008 MONITORING PERIOD 06/01/2008 Flow (MGD) CBOD5 (mg/L) CBOD5 (mg/L) TSS (mg/L) TSS (mg/L) Fecal Coliform TRC (For Nitrate (SU) Bacteria Disinfect.) (mg/L) (#/100ml) (mg/L) 50050 80082 80082 00530 00530 00400 74055 50060 00620 Code EFA-01 INF-01 EFA-01 INF-01 EFA-01 EFA-01 EFA-01 EFA-01 Mon Site FLW-01 1 0.012 7.0 1.4 2 0.012 2.0 7.1 1.3 1.8 3 0.005 2.0 1 7.2 1.3 4 0.002 7.1 1.3 5 0.004 7.1 1.2 6 0.004 7 0.005 8 0.005 9 0.005 7.1 1.3 10 0.005 7.1 1.3 1.2 7.0 11 0.005 0.007 7.0 1.3 12 7.1 1.3 0.004 13 14 0.004 0.004 15 7.2 1.3 0.004 16 7.1 1.3 0.005 17 7.1 1.2 18 0.005 7.1 1.0 19 0.008 7.2 1.1 20 0.005 21 0.006 0.006 22 7.3 2.2 23 0.006 7.1 0.6 24 0.007 25 7.2 0.7 0.005 1.4 7.3 26 0.007 7.2 1.6 27 0.005 28 0.007 29 0.007 0.007 7.1 1.5 30 PLANT STAFFING 13832 C Certification No. Name: Jerry Hahn Day Shift Operator Class Evening Shift Operator Certification No. Name: Class Night Shift Operator Certification No. Name: Class Name: Steve Fuller Lead Operator Class В Certification No.: 8937 Type of Effluent Disposal or Reclaimed Water Reuse. Percolation / Evaporation ponds Limited Wet Weather Discharge Activated. Yes Not Applicable If yes, cumulative days of wet weather discharge

^{*} Attach additional sheets if necessary to list all certified operators



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

PERMITTEE NAME:

Agua Utilities Florida, incorporated

PERMIT NUMBER:

FLA011045

MAILING ADDRESS

1343 Northeast 17th Road

LIMIT:

Final

CLASS SIZE:

N/A

REPORT: Monthly GROUP Domestic

Ocala FI 34470

MONITOR GROUP NUMBER: MONITOR GROUP DESC:

R001

Rosalie Oaks WWTP

NO DISCHARGE FROM SITE:

2 Percolation, lincluding Influent

FACILITY: LOCATION

Camp Mack Raod & Silver Oaks Drive Lake Wales, Fl 33853

MONITORING PERIOD

From: 07/01/2008 To:

07/31/2008

COUNTY:	Polk						-	
Parameter		Quantity or Loading	Units		Quality or Concentration	Units	No. Frequ Ex o Anal	
Flow	Sample Measurement	0.011					0	
PARM Code 50050 Y Mon Site No FLW-01	Permit Requirement	0.015 (An. Avg.)	MGD				Mon	hly 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 Meter
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	Mon	hly Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0		Õ	
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60 0 (Max.)	mg/L	Mont	hly 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	Mont	nly 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	Mont	nly 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 imanage 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

TELEPHONE NO

DATE (YY/MM/DD)

Steve Fuller / Operator III

813-267-2074

08/08/26

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME

Rosalie Oaks WWTP

Permit NO: FLA011045

DISCHARGE POINT NO: R001

MONTH/YEAR July-2008

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.)	SU	V	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. Mear	n)	800 #/100mL	Ü	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 006801634				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		mgЛ		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 P

PermitNumber:

FLA011045

Facility Name:

Rosalie Oaks WWTP

MONITORING PERIOD 07/01/2008 To: 07/31/2008 Fecal Coliform TRC (For Nitrate Flow (MGD) CBOD5 (mg/L) CBOD5 (mg/L) TSS (mg/L) (SU.) Bacteria Disinfect.) (mg/L) (#/100ml) (mg/L) 00530 00530 00400 74055 50060 00620 50050 80082 80082 Code Mon Site EFA-01 INF-01 EFA-01 INF-01 EFA-01 EFA-01 EFA-01 EFA-01 FLW-01 7.2 1.5 1 0.005 2 7.0 1.5 0.005 7.0 1.4 3 0.005 7.1 1.8 4 0.013 5 0.006 6 0.006 7 0.006 7.1 1.6 8 7.1 1.0 0.006 9 7.1 1.1 0.009 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 7.0 1.9 14 0.006 7.0 1.8 15 0.007 7.1 1.7 16 0.005 1.7 7.0 0.005 17 18 0.023 7.1 1.6 0.011 19 20 0.011 7.1 1.9 21 0.011 7.1 1.0 22 0.005 23 7.0 1.8 0.013 24 7.1 1.9 0.012 2.0 25 0.010 7.1 26 0.010 27 0.010 2.0 7.1 28 0.010 29 7.0 2.0 0.007 2.1 7.2 0.011 30 7.1 2.0 31 0.010 PLANT STAFFING 13832 Name: Jerry Hahn Certification No. Day Shift Operator Class Certification No. Name: Evening Shift Operator Class Certification No. Name: Night Shift Operator Class 8937 Name: Steve Fuller Lead Operator Class: Certification No. Type of Effluent Disposal or Reclaimed Water Reuse Percolation / Evaporation ponds Not Applicable if yes, cumulative days of wet weather discharge Limited Wet Weather Discharge Activated Yes No

^{*} Attach additional sheets if necessary to list all certified operators



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

PERMITTEE NAME

Agua Utilities Florida, incorporated

PERMIT NUMBER

FLA011045

MAILING ADDRESS

1343 Northeast 17th Road

LIMIT

Final

REPORT: Monthly

Ocala, Fl 34470

CLASS SIZE

N/A

GROUP Domestic

MONITOR GROUP NUMBER

R001

FACILITY.

Rosalie Oaks WWTP

MONITOR GROUP DESC NO DISCHARGE FROM SITE 2 Percolation, lincluding Influent

LOCATION

COLINITY

To:

Camp Mack Raod & Silver Oaks Drive

Lake Wales, FI 33853

MONITORING PERIOD

08/01/2008

08/31/2008

COUNTY	Polk		Name and the State of the State					
Parameter		Quantity or Loading	Units	(Quality or Concentration		No Frequency of 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 (Ma. Avg.)	MGD				5 Days/Weel	Elapsed Time Mete
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

TELEPHONE NO

DATE (YY/MM/DD)

Steve Fuller / Operator III

813-267-2074

08/09/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME

Rosalie Oaks WWTP

Permit NO FLA011045

DISCHARGE POINT NO ROO1

MONTH/YEAR

August-2008

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 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				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			1.9				0		
PARM Code 00620 A Mon Site No EFA-01	Permit Requirement			12 0 (Max.)			mgA		Monthly	Grab
Flow	Sample Measurement	0 010881462						0		
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Mo Avg)	MGD						Monthly	Calculated
Percent Capacity, (TMADF/Perm 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							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 Measuremen	t						0		
PARM Code49019 P Mon. Site No. OTH-01	Permit Requirement	Report (Mo Total)					Gallons		Monthly	Calculated

DAILY SAMPLE RESULTS - PART P

PermitNumber:

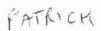
FLA011045

Facility Name:

Rosalie Oaks WWTP

To: MONITORING PERIOD 08/01/2008 08/31/2008 Flow (MGD) CBOD5 (mg/L) CBOD5 (mg/L) TSS (mg/L) TSS (mg/L) Fecal Coliform TRC (For Nitrate рН (S U.) Bacteria Disinfect.) (mg/L) (#/100ml) (mg/L) 50050 80082 80082 00530 00530 00400 74055 50060 00620 Code Mon.Site INF-01 EFA-01 EFA-01 EFA-01 EFA-01 EFA-01 **INF-01** EFA-01 FLW-01 0.012 7.3 2.2 1 2 0.013 3 0.013 7.4 4 0.013 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 0.009 10 11 0.009 7.5 1.7 0.007 7.5 2.0 12 13 0.007 7.5 1.9 0.006 2.0 2.0 7.5 1.0 1.9 1.9 14 15 0.008 7.5 1.9 16 0.008 17 0.008 7.4 1.8 0.008 18 7.4 1.8 19 0.006 7.4 1.7 20 0.010 21 0.081 7.7 1.0 1.0 22 0.029 7.5 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 7.7 29 0.019 1.9 0.022 30 0.022 31 PLANT STAFFING Day Shift Operator Class Certification No. 13832 Name: Jerry Hahn Evening Shift Operator Class Certification No. Name: Name: Night Shift Operator Certification No Class Lead Operator Class: В Certification No.: Name: Steve Fuller Percolation / Evaporation ponds Type of Effluent Disposal or Reclaimed Water Reuse Limited Wet Weather Discharge Activated Yes Not Applicable If yes, cumulative days of wet weather discharge No:

^{*} Attach additional sheets if necessary to list all certified operators



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

PERMITTEE NAME:

Aqua Utilities Florida, incorporated

PERMIT NUMBER

FLA011045

MAILING ADDRESS

1343 Northeast 17th Road

LIMIT.

Final

REPORT: Monthly

Ocala, Fl 34470

CLASS SIZE:

N/A

GROUP: Domestic

aid, 1134470

MONITOR GROUP NUMBER MONITOR GROUP DESC:

R001

2 Percolation, lincluding Influent

FACILITY:

Rosalie Oaks WWTP

NO DISCHARGE FROM SITE

LOCATION

Camp Mack Raod & Silver Oaks Drive

Lake Wales, Fl 33853

MONITORING PERIOD

09/01/2008

09/30/2008

COUNTY.	Po

Parameter		Quantity or Loading	Units	(Quality or Concentration	Units	No	Frequency	Sample Type
							Ex	of Analysis	
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	0 019					0		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD					5 Days/Week	Elapsed Time Mete
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	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			2 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			2.8	2.8		0		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement			30 0 (Mo Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

Leartify 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. Lam 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 813-267-2074 DATE (YY/MM/DD)

Steve Fuller / Senior Facility Operator

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

Steve + ella

08/10/21

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME

Rosalie Oaks WWTP

Permit NO FLA011045

DISCHARGE POINT NO ROO1

MONTH/YEAR

September-2008

Parameter		Quantity or Loading	Units	Qu	ality or Concentratio	n	Units	No	Frequency	Sample Typ
								Ex	of Analysis	
pH	Sample Measurement			7.2	7.5			0		
PARM Code 00400 A Mon Site No. EFA-01	Permit Requirement			6.0 (Min.)	85 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			3.3				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	U	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			0.64				0		
PARM Code 00620 A Mon Site No. EFA-01	Permit Requirement			12.0 (Max.)			mg/L		Monthly	Grab
Flow	Sample Measurement	0.015366844						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			100%				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 Code49019 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 09/01/2008 To 09/30/2008 Flow (MGD) CBOD5 (mg/L) CBOD5 (mg/L) TSS (mg/L) TSS (mg/L) Fecal Coliform TRC (For Nitrate (SU.) Disinfect) Bacteria (mg/L) (#/100ml) (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 0 086 7.5 1.8 1 2 7.5 1.7 0 030 7.4 3 0.023 1.8 4 0.021 7.5 1.7 5 7.3 1.5 0.021 6 0.022 7 0.022 8 0.022 7.4 1.5 0.017 7.2 9 1.8 10 0.015 7.4 1.6 7.3 11 0.024 1.7 0.021 2.8 7.4 0.64 12 20 10 1.7 0.017 13 14 0.017 0.017 74 1.8 15 0.016 7.5 2.2 16 17 0.016 7.4 1.9 7.4 2.0 18 0.012 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 7.2 26 0.013 1.3 27 0.012 28 0.012 29 0.012 7.4 1.0 30 0.012 7.3 1.1 PLANT STAFFING. C Day Shift Operator Certification No. 13832 Name: Jerry Hahn Class Evening Shift Operator Class Certification No Name. Night Shift Operator Class Certification No Name В Certification No 8937 Name Steve Fuller Lead Operator Class Percolation / Evaporation ponds Type of Effluent Disposal or Reclaimed Water Reuse

Limited Wet Weather Discharge Activated. Yes Not Applicable If yes, cumulative days of wet weather discharge

^{*} Attach additional sheets if necessary to list all certified operators



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

PERMITTEE NAME

Agua Utilities Florida incorporated

PERMIT NUMBER:

FLA011045

MAILING ADDRESS

1343 Northeast 17th Road

LIMIT CLASS SIZE: Final

MONITOR GROUP NUMBER:

N/A

R001

MONITOR GROUP DESC:

FACILITY: LOCATION Rosalie Oaks WWTP

Ocala, FI 34470

NO DISCHARGE FROM SITE

2 Percolation, lincluding Influent

Camp Mack Raod & Silver Oaks Drive Lake Wales, FI 33853

MONITORING PERIOD From:

10/01/2008 To:

REPORT Monthly

GROUP Domestic

COUNTY:	Polk					10/01/200		10.	101	31/2006
Parameter		Quantity or Loading	Units		Quality or Concentration		Units	No Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.012						0	88.17	
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 Mete
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				()		
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.)		rng/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

TELEPHONE NO

DATE (YY/MM/DD)

Steve Fuller / Operator III

813-267-2074

08/11/17

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:

Rosalie Oaks WWTP

Permit NO FLA011045

DISCHARGE POINT NO ROO1

MONTH/YEAR

October-2008

Parameter		Quantity or Loading	Units	Qu	ality or Concentration		Units	No.	Frequency	Sample Type
211								Ex	Analysis	
рН	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	32	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			3.7				()		
PARM Code 74055 Y Mon Site No. EFA-01	Permit Requirement			200 (An. Avg.)			#/100mL		Monthly	Calculated
Coliform, Fecal	Sample Measurement			5.0		5.0		()		
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			mgЛ		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 Code49019 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) Fecal Coliform TRC (For Nitrate (SU) Disinfect) Bacteria (mg/L) (#/100ml) (mg/L) 50050 80082 Code 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 Certification No. 4370 Name: Dan Sherwood Evening Shift Operator Class Certification No. Name. Night Shift Operator Class Certification No. Name: Name: Steve Fuller Lead Operator Class: В Certification No. 8937 Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds Limited Wet Weather Discharge Activated Yes Not Applicable If yes, cumulative days of wet weather discharge

^{*} Attach additional sheets if necessary to list all certified operators



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

PERMITTEE NAME

Aqua Utilities Florida incorporated

PERMIT NUMBER:

CLASS SIZE:

FLA011045

MAILING ADDRESS

1343 Northeast 17th Road

LIMIT:

Final

N.

MONITOR GROUP NUMBER

NO DISCHARGE FROM SITE

N/A R001 REPORT Monthly
GROUP Domestic

Ocala FI 34470

MONITOR GROUP DESC

2 Percolation, lincluding Influent

FACILITY LOCATION

Rosalie Oaks WWTP

Camp Mack Raod & Silver Oaks Drive

MONITORING PERIOD

From 11/01/2008

11/30/200

Lake Wales, Fl 33853
COUNTY: Polk

COUNTY.	Polk								
Parameter		Quantity or Loading	Units	Q	uality 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	0.011					0		
PARM Code 50050 I Mon Site No FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD					5 Days/Week	Elapsed Time Mete
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			6.2	6.2		0		
PARM Code 80082 A Mon Site No EFA-01	Permit Requirement			30.0 (Mo Avg.)	60.0 (Max.)	mg/L	367	Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.2			()		
PARM Code 00530 Y 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 A Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo Avg.)	60 0 (Max.)	mg/L	73.4	Monthly	Grab

Locatify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true accurate and complete. Lam aware 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 DE AUTHORIZED AGENT

TELEPHONE NO.

DATE (YY/MM/DD)

Steve Fuller / Senior Facility Operator

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

813-267-2074

08/12/19

1 1

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME

Rosalie Oaks WWTP

Permit NO FLA011045

DISCHARGE POINT NO ROO1

MONTH/YEAR

November-2008

Parameter		Quantity or Loading	Units	Qua	lity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
рН	Sample Measurement			7.4	7.7			0	(C. 0011 Ma. 2 M - 100	
PARM Code 00400 A Mon Site No EFA-01	Permit Requirement			6 0 (Min.)	8.5 (Max.)		SU	~20	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	Grati
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.1				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			1.3				0		
PARM Code 00620 A Mon Site No. EFA-01	Permit Requirement			12 0 (Max.)			mg/L		Monthly	Grab
Flow	Sample Measurement	0.015038489						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			100%				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 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 11/01/2008 To: 11/30/2008

MONTON	NG PERIOD	11/01	72000	10.	11/30/.	2000			
	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 Mon Site	50050 FLW-01	80082 EFA-01	80082 INF-01	00530 EFA-01	00530 INF-01	00400 EFA-01	74055 EFA-01	50060 EFA-01	00620 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			50000000000000000000000000000000000000	***************************************		······································		

PLANT STAFFING							
Day Shift Operator	Class	A	Certification No	4370	Name	Dan Sherwood	***************************************
Evening Shift Operator	Class	1	Certification No.		Name		
Night Shift Operator	Class		Certification No		Name:		
Lead Operator	Class	В	Certification No.	8937	Name:	Steve Fuller	
Type of Effluent Disposal	or Reclaimed	Water Reuse	Percolation / Evaporation pon-	ds			
Limited Net Weather Discharge	Activated Yes		No Not Applicable	If yes cumpl	ative days of wel	weather discharge	

^{*} Attach additional sheets if necessary to list all certified operators



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

PERMITTEE NAME

Agua Utilities Florida, incorporated

Camp Mack Raod & Silver Oaks Drive

PERMIT NUMBER

FLA011045

MAILING ADDRESS 1343 Northeast 17th Road LIMIT:

Final

CLASS SIZE

N/A

REPORT. Monthly GROUP: Domestic

Ocala, FI 34470

MONITOR GROUP NUMBER: MONITOR GROUP DESC.

R001

FACILITY

LOCATION

Rosalie Oaks WWTP

Lake Wales, FI 33853

MONITORING PERIOD

2 Percolation, lincluding Influent

NO DISCHARGE FROM SITE.

12/01/2008

12/31/2008

	Polk								
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 Meta
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2	.8			0		·
PARM Code 80082 Y Mon Site No EFA-01	Permit Requirement			0 0 Avg)		mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement	i in	2	.4	2.4	£	()		
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement			0 0 Avg.)	60 0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		3	3			0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement			0.0 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	00 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. Lam aware that there are significant penalties for submitting talse information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF AUTHORIZED AGENT

TELEPHONE NO

DATE (YY/MM/DD)

Steve Fuller / Operator III

813-267-2074

09/01/12

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME

Rosalie Oaks WWTP

Permit NO FLA011045

DISCHARGE POINT NO ROO1

MONTHMEAR

December-2008

Parameter		Quantity or Loading	Units	Qu	ality or Concentration	on	Units	No. Ex	Frequency of	Sample Type
								ΕX	Analysis	
рН	Sample Measurement			7.4	7.6			()		
PARM Code 00400 A Mon Site No EFA-01	Permit Requirement			6 0 (Min.)	8.5 (Max.)		ŞU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			3.7				()		
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			1.4				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 (Mc 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 Code49019 P Mon. Site No. OTH-01	Permit Requirement	Report (Mo_Total)					Gallons		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

PermitNum	And the last

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) ecal Coliform TRC (For Nitrate (SU) Disinfect) Bacteria (mg/L)(#/100ml) (mg/L)Code 50050 80082 80082 00530 00530 00400 74055 50060 00620 INF-01 Mon Site FLW-01 EFA-01 INF-01 EFA-01 EFA-01 EFA-01 EFA-01 EFA-01 0.013 7.4 1 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 0 1 0 7 0.010 8 0.010 7.5 1.6 9 0.011 7.4 1.5 10 0.011 7.5 1.5 7.4 11 0.005 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 2.2 22 7.5 0.009 23 0.011 7.5 2.1 24 0.006 7.4 1.8 25 0.010 7.5 1.6 26 7.5 1.8 0.012 27 0.011 28 0.011 29 7.4 2.0. 0.011 30 7.4 2.1 0.008 31 0.011 7.6 2.0 PLANT STAFFING Day Shift Operator Class: Certification No 4370 Name Dan Sherwood Evening Shift Operator Class Certification No Name Night Shift Operator Class Certification No 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 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, Ft 32399-2400

PERMITTEE NAME	PE	RM	T	TEE	NAN	1E
----------------	----	----	---	-----	-----	----

Aqua Utilities Florida, incorporated

PERMIT NUMBER:

FLA011045

MAILING ADDRESS

1343 Northeast 17th Road

LIMIT:

Final

REPORT: Monthly

Ocala, FI 34470

CLASS SIZE:

N/A R001 GROUP: Domestic

MONITOR GROUP NUMBER: MONITOR GROUP DESC:

. ,...

2 Percolation, lincluding Influent

FACILITY:

Rosalie Oaks WWTP

NO DISCHARGE FROM SITE:

LOCATION

Camp Mack Raod & Silver Oaks Drive

MONITORING PERIOD

From: 01/01/2009

To:

01/31/2009

Lake Wales, FI 33853

Parameter		Quantity or Loading Units Quality or Concentration		ality or Concentration	Units	No. Ex	Frequency of	Sample Type	
Flow	Sample Measurement	0.011		-			0	Analysis	
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.015 (An, Avg.)	MGD					Monthly	Calculated
Flow	Sample Measurement	0,010	Other Control of the				0		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD					5 Days/Week	Elapsed Time Mete
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.)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	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			3.4			0	The second secon	
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement		1	2.0	2.0		0	indiaminio de los e latin	
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement		A CONTRACTOR OF THE CONTRACTOR	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 tem + wille	813-267-2074	09/02/24
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference	e all attachments here):	none discount	a Maria

FLA0126F 11 DW2P

- 1 -(

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:

Rosalie Oaks WWTP

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

MONTHMEAR

January-2009

Parameter		Quantity or Loading	Units	Qua	ality or Concentration	n	Units	No. Ex	Frequency of Analysis	Sample Typ
рН	Sample Measurement			7.2	7.5			0		
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)		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		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 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 01/01/2009 To: 01/31/2009 Nitrate ecal Coliform TRC (For Flow (MGD) CBOD5 (mg/L) CBOD5 (mg/L) TSS (mg/L) TSS (mg/L) (SU) Disinfect.) Bacteria (mg/L) (#/100ml) (mg/L) 74055 50060 00620 Code 50050 80082 80082 00530 00530 00400 EFA-01 EFA-01 **INF-01** EFA-01 INF-01 EFA-01 EFA-01 EFA-01 Mon.Site FLW-01 7.5 2.5 0.013 7.5 2.5 2 0.012 0.009 3 4 0.009 2.2 7.2 5 0.009 120 2.0 78 7.3 1.0 2.4 2.6 2.0 6 0.008 7.4 2.2 7 0.007 7.5 2.1 8 0.011 7.4 2.0 9 0.012 10 0.012 0.012 11 7.2 1.8. 0.012 12 0.010 7.3 2.0 13 7.4 1.8 0.007 14 2.0 0.008 7.3 15 0.008 7.2 2.1 16 0.011 17 18 0.011 7.3 2.2 19 0.011 7.4 2.0 20 0.012 21 0.013 7.3 2.0 7.4 2.2 22 0.007 7.4 2.1 23 0.010 24 0.012 25 0.012 26 0.012 7.3 2.0 27 0.010 7.4 2.1 0.008 7.3 2.1 28 2.1 0.006 7.3 29 2.0 30 0.019 7.4 31 0.007 PLANT STAFFING: Name: Dan Sherwood Day Shift Operator Class: Certification No : 4370 Evening Shift Operator Class: Certification No.: Name: Night Shift Operator Class: Certification No.: Name: 8937 Name: Steve Fuller Class: B Certification No.: Lead Operator Type of Effluent Disposal or Reclaimed Water Reuse Percolation / Evaporation ponds No. Not Applicable // If yes, cumulative days of wet weather discharge Limited Wet Weather Discharge Activated Yes

* Attach additional sheets if necessary to list all certified operators

To:

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, Ft. 32399-2400

PERMITTEE NAME MAILING ADDRESS: Agua Utilities Florida, incorporated 1343 Northeast 17th Road

PERMIT NUMBER:

FLA011045

Final

REPORT: Monthly

Ocala, FI 34470

CLASS SIZE

LIMIT:

N/A R001 GROUP: Domestic

MONITOR GROUP NUMBER:

MONITOR GROUP DESC:

2 Percolation, lincluding Influent

FACILITY: LOCATION Rosalie Oaks WWTP

NO DISCHARGE FROM SITE:

From:

Camp Mack Raod & Silver Oaks Drive

Lake Wales, FI 33853

MONITORING PERIOD

02/01/2009

02/28/2009

COUNTY:	Polk									
Parameter		Quantity or Loading	Units	Qual	ity or Conc	entration	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 Mete
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

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

Permit NO FLA011045

DISCHARGE POINT NO: R001

MONTH/YEAR

February-2009

Parameter		Quantity or Loading	Units	Qu	ality or Concent	ration		Units	No. Ex	Frequency of Analysis	Sample Type
рН	Sample Measurement			7.2	7.4				0		
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)			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		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			2.0					0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement			12.0 (Max.)				mg/L		Monthly	Grab
Flow	Sample Measurement	0.010831714							0		
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Me 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								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 Code49019 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

02/01/2009 To: 02/28/2009 MONITORING PERIOD TRC (For Nitrate Fecal Coliform Flow (MGD) CBOD5 (mg/L) CBOD5 (mg/L) TSS (mg/L) TSS (mg/L) Disinfect.) (mg/L) (SU) Bacteria (#/100ml) (mg/L) 50060 00620 00400 74055 80082 80082 00530 00530 50050 Code EFA-01 EFA-01 EFA-01 EFA-01 INF-01 EFA-01 INF-01 Mon Site FLW-01 EFA-01 0.015 1 7.4 2.0 2 0.015 2.0 5.2 7.4 1.0 2.1 2.0 3 0.013 7.4 2.0 4 0.010 7.4 1.9 5 0.013 7.4 1.8 6 0.008 7 0.014 8 0.014 9 0.014 7.4 1.6 7.4 1.8 10 0.008 0.008 7.4 1.6 11 2.0 7.4 12 0.007 0.011 7.4 1.8 13 0.018 14 15 0.018 2.0 7.3 16 0.018 7.4 1.8 17 0.007 2.0 7.4 18 0.016 7.4 2.0 19 0.008 2.0 7.4 20 0.018 21 0.012 22 0.012 7.3 1.9 23 0.012 7.3 2.0 24 0.010 7.2. 1.8 25 0.011 7.3 1.7 26 0.010 27 0.021 7.3 1.8 0.007 28 29 30 31 PLANT STAFFING: Name: Dan Sherwood 4370 Certification No. Day Shift Operator Class: Name: Evening Shift Operator Class: Certification No. Certification No. Name: Night Shift Operator Class: 8937 Name: Steve Fuller B Certification No.: Lead Operator Class: Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds

*	Attach	additional	sheets if	necessary	/ to	list i	all	certified	operators

FLA012669-001-DW2P

Limited Wet Weather Discharge Activated Yes

No

Not Applicable If yes, cumulative days of wet weather discharge



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

MONITOR GROUP NUMBER:

PERMITTEE NAME:

Aqua Utilities Florida, incorporated

PERMIT NUMBER:

CLASS SIZE:

FLA011045

MAILING ADDRESS

1343 Northeast 17th Road

LIMIT:

Final

From:

N/A R001

REPORT: Monthly
GROUP: Domestic

FACILITY:

Rosalie Oaks WWTP

Ocala, FI 34470

MONITOR GROUP DESC:
NO DISCHARGE FROM SITE:

2 Percolation, lincluding Influent

LOCATION:

Camp Mack Raod & Silver Oaks Drive

Lake Wales, FI 33853

MONITORING PERIOD

03/01/2009

To:

03/31/2009

	Edito Fraiba, 1. 00000			INOTH OTHER	0 / 61116	1 10111.	03/01/201		I Q.	03/	31/2009
COUNTY:	Polk									2000 CO	***************************************
Parameter		Quantity or Loading	Units		Quality of	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 Met
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.)		rng/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 tene I ul

813-267-2074

09/04/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:

Rosalie Oaks WWTP

Permit NO.: FLA011045

DISCHARGE POINT NO : R001

MONTH/YEAR

March-2009

Parameter		Quantity or Loading	Units	Quali	ity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
рН	Sample Measurement			7.2	7.5			0		
PARM Code 00400 A Mon Site No EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max)		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		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			7.3				0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement			12.0 (Max.)			mg/L		Monthly	Grab
Flow	Sample Measurement	0 009730538						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 Code49019 P Mon, Site No. OTH-01	Permit Requirement	Report (Mo. Total)					Gallons		Monthly	Calculated

DAILY SAMPLE RESULTS - PART P

PermitNumber:

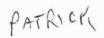
FLA011045

Facility Name:

Rosalie Oaks WWTP

03/31/2009 03/01/2009 To: MONITORING PERIOD TRC (For Nitrate Flow (MGD) CBOD5 (mg/L) CBOD5 (mg/L) TSS (mg/L) ecal Coliform (SU) Disinfect) (mg/L) Bacteria (#/100ml) (mg/L) 80082 80082 00530 00530 00400 74055 50060 00620 50050 Code INF-01 EFA-01 INF-01 EFA-01 EFA-01 EFA-01 EFA-01 EFA-01 Mon.Site FLW-01 1 0.010 7.3 2.0 2 0.010 7.4 2.1 3 0.006 2.1 7.3 4 0.008 1.0 2.2 7.3 5.6 7.2 5 0.007 2.2 7.3 2.2 6 0.007 7 0.008 8 800.0 2.2 7.2 9 0.008 7.3 2.2 10 0.005 2.1 7.4 11 0.009 7.5 1.8 12 0.007 1.5 7.5 13 0.007 14 0.007 15 0.007 7.4 1.6 0.007 16 1.5 7.5 0.006 17 7.4 1.8 18 0.006 7.5 2.0 19 0.006 7.4 1.7 20 0.006 21 0.007 22 0.007 7.3 1.9 23 0.007 2.0 7.3 24 0.008 7.2 1.8 25 0.006 2.0 26 0.009 7.3 7.3 1.6 27 0.006 28 0.007 29 0.007 7.3 1.8 0.007 30 7.3 1.8 0.006 31 PLANT STAFFING: Name: Dan Sherwood 4370 Certification No. Day Shift Operator Class: Certification No. Name: Evening Shift Operator Class Certification No. Name: Night Shift Operator Class 8937 Name: Steve Fuller В Certification No.: Lead Operator Class Type of Effluent Disposal or Reclaimed Water Reuse. Percolation / Evaporation ponds Not Applicable If yes, cumulative days of wet weather discharge Limited Wet Weather Discharge Activated Yes

^{*} Attach additional sheets if necessary to list all certified operators



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

PERMITTEE NAME:

Aqua Utilities Florida, incorporated

PERMIT NUMBER:

FLA011045

MAILING ADDRESS:

1343 Northeast 17th Road

LIMIT

Final

CLASS SIZE:

N/A

MONITOR GROUP NUMBER: R001

GROUP: Domestic

REPORT: Monthly

FACILITY:

Rosalie Oaks WWTP

Ocala, FI 34470

NO DISCHARGE FROM SITE:

2 Percolation, lincluding Influent

LOCATION:

Camp Mack Raod & Silver Oaks Drive

Lake Wales, FI 33853

MONITORING PERIOD

MONITOR GROUP DESC

04/01/2009

To: 04/30/2009

00....

COUNTY:	Polk								
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	0.006					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			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			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			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			5.8	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 of persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. Lam aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF AUTHORIZED AGENT

TELEPHONE NO

DATE (YY/MM/DD)

Steve Fuller / Operator III

813-267-2074

09/05/12

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:

Rosalie Oaks WWTP

Permit NO: FLA011045

DISCHARGE POINT NO.: R001

MONTH/YEAR

April-2009

Parameter		Quantity or Loading	Units	Qua	ality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
рН	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 Code49019 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

MONITORI	NG PERIOD	04/01/	2009	To:	04/30/2	2009			
	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	TSS (mg/L)	pH (S ∪)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)
Code Mon Site	50050 FLW-01	80082 EFA-01	80082 INF-01	00530 EFA-01	00530 INF-01	00400 EFA-01	74055 EFA-01	50060 EFA-01	00620 EFA-01
1	0.006		- Address - Anna -			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 ST	TAFFING:		······································						
Day Shift	Operator	Class	A		Certification No.	4370	Name:	Dan Sherwoo	d
Evening S	hift Operator	Class		_ C	Certification No.		Name:		
Night Shif	t Operator	Class		C	Certification No.:		Name:	***************************************	
Lead Ope	rator	Class	В	C	Certification No.:	8937	Name:	Steve Fuller	
Type of Eff	fluent Disposal	or Reclaimed V	later Reuse:	Percolation /	Evaporation pon	ds			
Limited Wet \	Weather Discharge	a Activated Yes		No	Not Applicable	If yes, c	umulative days of wet	weather discharge	
* Attach ac	dditional sheets	s if necessary to	list all certified	operators.					



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

PERMITTEE NAME

Agua Utilities Florida, incorporated

PERMIT NUMBER:

CLASS SIZE:

FLA011045

MAILING ADDRESS:

1343 Northeast 17th Road

LIMIT:

Final

N/A

IN/A

MONITOR GROUP NUMBER:

R: **R001**

From

REPORT: Monthly
GROUP: Domestic

FACILITY:

Rosalie Oaks WWTP

Dally

Ocala, FI 34470

NO DISCHARGE FROM SITE:

MONITOR GROUP DESC:

2 Percolation, lincluding Influent

LOCATION

Camp Mack Raod & Silver Oaks Drive

Lake Wales, FI 33853

MONITORING PERIOD

05/01/2009

05/31/2009

COLINTY

COUNTY:	Polk								
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				9	5 Days/Week	Elapsed Time Mete
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	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			()		
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	4.4		0		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	10°C	Monthly	Grab

Leartify 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

A terre

813-267-2074

09/06/18

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

- 1 /

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:

Rosalie Oaks WWTP

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

MONTH/YEAR May-2009

Parameter		Quantity or Loading	Units	Quality or Concentration	1	Units	No.	Frequency of	Sample Type
рН		2					Ex	Analysis	
pri	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.	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	U	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%	6			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	- and and a	
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Report			mg/l		Annual Each January	Grab
Sludge Production, Total	Sample Measurement						0	and a strong y	
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 05/01/2009 To: 05/31/2009 Nitrate Flow (MGD) CBOD5 (mg/L) CBOD5 (mg/L) TSS (mg/L) TSS (mg/L) TRC (For ecal Coliform (SU) Bacteria Disinfect.) (mg/L) (#/100ml) (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 7.3 1.2 0.006 1 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 7.2 1.8 7 0.006 8 0.006 7.1 1.5 9 0.002 10 0.002 7.2 1.6 11 0.002 7.0 1.8 0.005 12 7.1 1.6 13 0.003 7.0 1.5 0.003 2.0 14 7.1 1.6 15 0.003 16 0.003 17 0.003 0.003 7.0 1.8 18 7.0 1.6 0.008 19 7.2 1.8 20 0.003 7.1 2.0 21 0.063 7.0 1.8 22 0.006 23 0.003 24 0.003 7.0 1.6 25 0.003 26 0.005 7.1 1.8 7.0 1.6 27 0.055 7.1 1.5 28 0.016 7.0 1.6 29 0.005 7.0 1.8 0.068 30 31 0.068 PLANT STAFFING: 4370 Name Dan Sherwood Day Shift Operator Class Certification No. Name: **Evening Shift Operator** Certification No. Class: Night Shift Operator Certification No. Name: Class: Certification No.: 8937 Name: Steve Fuller Lead Operator Class: В Type of Effluent Disposal or Reclaimed Water Reuse Percolation / Evaporation ponds Not Applicable If yes, cumulative days of wet weather discharge Limited Wet Weather Discharge Activated Yes No.

^{*} Attach additional sheets if necessary to list all certified operators



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

PERMIT NUMBER.

FLA011045

MAILING ADDRESS

1343 Northeast 17th Road

LIMIT:

Final

REPORT: Monthly

Ocala, FI 34470

CLASS SIZE:

N/A

GROUP Domestic

MONITOR GROUP NUMBER: MONITOR GROUP DESC:

R: R001
2 Percolation, lincluding Influent

Ortoor Domest

FACILITY:

Rosalie Oaks WWTP

NO DISCHARGE FROM SITE:

_ _ _ _

LOCATION:

Camp Mack Raod & Silver Oaks Drive

Lake Wales, FI 33853

MONITORING PERIOD

06/01/2009

To: 06/30/2009

COUNTY: Polk

COUNTY	Polk							
Parameter		Quantity or Loading	Units	C	Quality or Concentration	Units N		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	1	
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Elapsed Time Mete
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	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	2.0	0		
PARM Code 00530 A Møn. 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 AGEN

TELEPHONE NO.

DATE (YY/MM/DD)

Steve Fuller / Operator III

Steve + will

813-267-2074

09/07/24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:

Rosalie Oaks WWTP

Permit NO.: FLA011045

DISCHARGE POINT NO : R001

MONTH/YEAR

June-2009

Parameter		Quantity or Loading	Units	Qu	ality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
рН	Sample Measurement			7.0	7.3			0		
PARM Code 00400 A Mon Site No EFA-01	Permit Requirement	*		6 0 (Min.)	8.5 (Max.)		SU		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			1.4				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			3.7				0		
PARM Code 00620 A Mon Site No EFA-01	Permit Requirement			12.0 (Max.)			mg/L		Monthly	Grab
Flow	Sample Measurement	0.009556701						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			тдЛ		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

PermitNumber:

FLA011045

Facility Name:

Rosalie Oaks WWTP

To: 06/30/2009 MONITORING PERIOD 06/01/2009 TRC (For Flow (MGD) CBOD5 (mg/L) CBOD5 (mg/L) TSS (mg/L) Fecal Coliform Nitrate (S U.) Disinfect.) Bacteria (mg/L) (#/100ml) (mg/L) 00530 00530 00400 74055 50060 00620 50050 80082 80082 Code INF-01 EFA-01 EFA-01 EFA-01 EFA-01 INF-01 EFA-01 Mon Site EFA-01 FLW-01 7.1 1.8. 1 0.068 1.0 1.5 3.7 2.0 7.2 2 0.008 2.0 7.0 1.9 3 0.009 7.1 1.8 4 0.012 7.1 1.1. 5 0.012 6 0.010 7 0.010 1.8 8 0.010 7.2 2.0 9 0.157 7.1 2.0 10 0.035 7.0 7.1 11 can't read 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 7.1 1.5 16 can't read 7.2 1.6 17 can't read 7.3 1.8 18 can't read 7.2 1.6 19 can't read 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 7.1 1.6 can't read 26 can't read 7.0 1.8 27 can't read 28 can't read 7.2 29 can't read 1.6 30 can't read 7.2 1.5 31 PLANT STAFFING: Certification No.: 4370 Name: Dan Sherwood Day Shift Operator Class: Certification No.: **Evening Shift Operator** Class: Name: Night Shift Operator Certification No.: Name: Class: Name: Steve Fuller Lead Operator Class: B Certification No.: 8937 Type of Effluent Disposal or Reclaimed Water Reuse Percolation / Evaporation ponds Limited Wet Weather Discharge Activated, Yes: Not Applicable If yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary to list all certified operators



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

PERMITTEE NAME:

Aqua Utilities Florida, incorporated

PERMIT NUMBER:

FLA011045

MAILING ADDRESS:

1343 Northeast 17th Road

LIMIT:

Final

CLASS SIZE:

N/A

R001

MONITOR GROUP NUMBER: MONITOR GROUP DESC:

2 Percolation, lincluding Influent

FACILITY:

Rosalie Oaks WWTP

Ocala, FI 34470

NO DISCHARGE FROM SITE:

LOCATION

Camp Mack Raod & Silver Oaks Drive

Lake Wales, FI 33853

MONITORING PERIOD From

07/01/2009

To:

07/31/2009

REPORT: Monthly

GROUP: Domestic

COUNTY:	Polk					077017200		10.	077	31/2009
Parameter		Quantity or Loading	Units		Quality or Concentration	n	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 Mete
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	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	2.0			0		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)		mg/i.	y	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

09/08/14

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:

Rosalie Oaks WWTP

Permit NO.: FLA011045

DISCHARGE POINT NO. R001

MONTH/YEAR

July-2009

Parameter		Quantity or Loading	Units	Qua	lity or Concentration		Units	No Ex	Frequency of Analysis	Sample Type
рН	Sample Measurement			7.1	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			1.3				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			0.8				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			1.8				0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement			12.0 (Max.)			mg/L		Monthly	Grab
Flow	Sample Measurement	0.011333333						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							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 Code49019 P Mon Site No. OTH-01	Permit Requirement	Report (Mo. Total)					Gallons		Monthly	Calculated

PermitNumber:

FLA011045

Facility Name: Rosalie Oaks WWTP

MONITORI	NG 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-0
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					7.0		4.0	
13	can't read					7.3		1.2	
14	can't read					7.2 7.1		1.4	
15	can't read					7.1		1.6 1.5	
16 17	can't read					7.2		1.4	
18	can't read					1.5		1.7	
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					7.3.4		***	
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						7.4		1.0	
PLANT ST	AFFING:						1997 - CTO T. 1992 - T. 1997 -		
Day Shift (Operator	Class	A		Certification No	4370	Name	Dan Sherwood	d
Evening S	hift Operator	Class			Certification No.		Name		
Night Shift	Operator	Class			Certification No		Name		
Lead Oper	ator	Class	В		Certification No.:	8937	Name	Steve Fuller	
Type of Effi	uent Disposal	or Reclaimed V	Vater Reuse	Percolation	/ Evaporation pone	st			

^{*} Attach additional sheets if necessary to list all certified operators



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

PERMIT NUMBER:

FLA011045

MAILING ADDRESS:

1343 Northeast 17th Road

LIMIT:

Final

N/A

CLASS SIZE: MONITOR GROUP NUMBER.

R001

MONITOR GROUP DESC:

2 Percolation, lincluding Influent

FACILITY: LOCATION Rosalie Oaks WWTP

Lake Wales, FI 33853

Ocala, FI 34470

Camp Mack Raod & Silver Oaks Drive

MONITORING PERIOD

NO DISCHARGE FROM SITE:

08/01/2009 From

08/31/2009

To:

REPORT Monthly

GROUP: Domestic

	Lake Wales, 1100000								
COUNTY:	Polk								
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	0.010					0		
PARM Code 50050 1 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD					5 Days/Week	Elapsed Time Me
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	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			3.2	3.2		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. Lam aware that there are significant penalties for submitting false information, including the possibility of fine and imprisorment for knowing violations

NAME/TITLE OF AUTHORIZED AGENT

TELEPHONE NO.

DATE (YY/MM/DD)

Steve Fuller / Operator III

813-267-2074

09/09/25

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:

Rosalie Oaks WWTP

Permit NO: FLA011045

DISCHARGE POINT NO: R001

MONTH/YEAR

August-2009

Parameter	***************************************	Quantity or Loading	Units	Q	uality	or Concentration	on	Units	No. Ex	Frequency at	Sample Typ
рН	Sample Measurement			7.1		7.5			0	Analysis	
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement			6.0 (Min.)		8.5 (Max.)		SU		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		()		
PARM Code, 74055 A Mon, Site No. EFA-01	Permit Requirement			Report (Mo. Geo. Mean)			800 (Max.)	#/100mL	*	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.8					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			1.3					0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement			12.0 (Max.)				mg/L		Monthly	Grab
Flow	Sample Measurement	0 011							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								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 Code49019 P Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)						Gallons		Monthly	Calculated

PermitNumber:

FLA011045

Facility Name: Rosalie Oaks WWTP

MONITORI	NG PERIOD	08/01/	/2009	To:	08/31/2	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		8.0	
19	can't read					7.4		2.0	
20	can't read					7.4		8.0	
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 S	TAFFING:							100 MT	2
Day Shift		Class:	A	-	Certification No.:			Dan Sherwoo	
	Shift Operator	Class:		-	Certification No.:	Company of the Compan			
	t Operator	Class:		-	Certification No.:	0007	Name:	Stove Fuller	
Lead Ope		Class	В		Certification No.:	8937	Name:	Steve Fuller	
		or Reclaimed V	Vater Reuse		/ Evaporation pon		9 t 4	N. 9 63 19	
Limited Wet	Weather Discharge	Activated Yes		No	Not Applicable	. If yes, o	cumulative days of wet	weather discharge	

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



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

PERMITTEE NAME:

Agua Utilities Florida, incorporated

Camp Mack Raod & Silver Oaks Drive

PERMIT NUMBER:

FLA011045

MAILING ADDRESS:

1343 Northeast 17th Road

LIMIT:

Final

CLASS SIZE:

N/A

REPORT: Monthly GROUP Domestic

Ocala FI 34470

MONITOR GROUP NUMBER:

R001

2 Percolation, lincluding Influent

MONITOR GROUP DESC:

FACILITY: LOCATION Rosalie Oaks WWTP

Lake Wales, FI 33853

MONITORING PERIOD

NO DISCHARGE FROM SITE:

09/01/2009

09/30/2009

COUNTY:	Polk	8					-		
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 Mete
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	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

TELEPHONE NO.

DATE (YY/MM/DD)

Steve Fuller / Operator III

813-267-2074

09/10/18

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:

Rosalie Oaks WWTP

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

MONTH/YEAR

September-2009

Parameter		Quantity or Loading	Units	Qual	ity or Concentration		Units	No.	Frequency of	Sample Typ
								Ex	Analysis	
pH	Sample Measurement			7.1	7.5			()		
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		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		()		
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			2.7				0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement			12.0 (Max.)			mg/L		Monthly	Grab
Flow	Sample Measurement	0.0113333333						0		
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	0.015 (3-Ma 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							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 Code49019 P Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)					Gallons		Monthly	Calculated

PermitNumber:

FLA011045

Facility Name:

Rosalie Oaks WWTP

09/01/2009 To: 09/30/2009 MONITORING PERIOD Flow (MGD) CBOD5 (mg/L) CBOD5 (mg/L) TSS (mg/L) TSS (mg/L) Fecal Coliform TRC (For Nitrate рН (SU) Bacteria Disinfect.) (mg/L) (#/100ml) (mg/L)00400 74055 50060 00620 50050 80082 80082 00530 00530 Code EFA-01 EFA-01 EFA-01 EFA-01 INF-01 EFA-01 INF-01 Mon Site FLW-01 EFA-01 7.2 1.8 1 can't read 7.4 2.0 2 can't read 7.3 2.2 2.7 3 3.4 1.0 can't read 7.2 2.0 4 can't read 5 can't read 6 can't read 7 7.4 2.0 can't read 0.6 8 7.3 can't read 7.4 9 can't read 1.0 7.5 1.1 10 can't read 7.4 1.2 11 can't read 12 can't read 13 can't read 7.4 1.5 14 can't read 15 can't read 7.4 1.3 7.3 1.6 16 can't read 1.8 7.2 17 can't read can't read 7.3 1.6 18 19 can't read 20 can't read 7.2 1.8 21 can't read 7.1 22 can't read 1.6 7.2 23 can't read 1.8 7.3 1.8 24 can't read 2.0 7.2 1.5 25 can't read 26 can't read 27 can't read 28 can't read 7.4 1.8 7.3 29 can't read 1.6 30 can't read 7.3 2.0 31 PLANT STAFFING Name: Dan Sherwood Day Shift Operator Class Certification No.: 4370 **Evening Shift Operator** Class: Certification No.: Name: Night Shift Operator Class Certification No. Name: Lead Operator В Certification No.: Name: Steve Fuller Class Type of Effluent Disposal or Reclaimed Water Reuse. Percolation / Evaporation ponds Limited Wet Weather Discharge Activated Yes Not Applicable If yes, cumulative days of wet weather discharge No.

* Attach additional sheets if necessary to list all certified operators



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

PERMIT NUMBER

FLA011045

MAILING ADDRESS

1343 Northeast 17th Road

LIMIT:

Final

Ocala, Fl 34470

CLASS SIZE:

N/A

MONITOR GROUP NUMBER:

R001

REPORT: Monthly

GROUP: Domestic

FACILITY:

Rosalie Oaks WWTP

MONITOR GROUP DESC: NO DISCHARGE FROM SITE:

MONITORING PERIOD

From

LOCATION

Camp Mack Raod & Silver Oaks Drive

10/01/2009

2 Percolation, lincluding Influent

To: 10/31/2009

Lake Wales FI 33853

Polk

COUNTY: Parameter Quantity or Loading Units Quality or Concentration No. requency Sample Type of Ex Analysis Flow Sample Measurement 0.010 0 PARM Code 50050 0.015 Permit Requirement MGD Mon. Site No. FLW-01 Monthly Calculated (An. Avg.) Flow Sample Measurement 0.010 0 PARM Code 50050 Report Permit Requirement MGD Mon. Site No. FLW-01 5 Days/Week Elapsed Time Meter (Mo. Avg.) BOD. Carbonaceous 5 Sample Measurement day, 20C 0 25 PARM Code 80082 20.0 Permit Requirement Mon. Site No. EFA-01 mg/L Monthly Calculated (An. Avg.) BOD, Carbonaceous 5 Sample Measurement 2.0 day, 20C 2.0 0 PARM Code 80082 A 30.0 60.0 Permit Requirement Mon. Site No. EFA-01 ma/L Monthly Grab (Mo. Avg.) (Max.) Solids, Total Suspended Sample Measurement 0 4.6 PARM Code 00530 20.0 Permit Requirement Mon. Site No. EFA-01 mq/L Monthly Calculated (An Avg.) Solids, Total Suspended Sample Measurement 4.4 44 0 PARM Code 00530 A 30.0 60.0 Permit Requirement Mon. Site No. EFA-01 mg/L (Mo Avg.) Monthly Grab (Max.)

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

NAME/TITLE OF AUTHORIZED AGENT

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

SIGNATURE OF AUTHORIZED AGENT

TELEPHONE NO

DATE (YY/MM/DD)

Steve Fuller / Operator III

813-267-2074

09/11/16

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:

Rosalie Oaks WWTP

Permit NO: FLA011045

DISCHARGE POINT NO.: R001

MONTH/YEAR

October-2009

Parameter		Quantity or Loading	Units	Qua	ality or Concentra	ation	Units	No. Ex	Frequency of Analysis	Sample Typi
рН	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	35	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			3.3				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							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 Code49019 P Mon. Site No OTH-01	Permit Requirement	Report (Mo. Total)					Gallons		Monthly	Calculated

PermitNumber:

FLA011045

Facility Name:

Rosalie Oaks WWTP

To: 10/31/2009 MONITORING PERIOD 10/01/2009 Fecal Coliform TRC (For Nitrate Flow (MGD) CBOD5 (mg/L) CBOD5 (mg/L) TSS (mg/L) TSS (mg/L) (SU.) Bacteria Disinfect) (mg/L) (#/100ml) (mg/L) 74055 50060 00620 Code 50050 80082 80082 00530 00530 00400 EFA-01 EFA-01 EFA-01 Mon.Site FLW-01 EFA-01 **INF-01** EFA-01 **INF-01** EFA-01 3.3 2.0 7.1 1.0 2.2 1 can't read 7.2 2.1 2 can't read 3 can't read 4 can't read 2.0 7.1 5 can't read 7 1 2.0 6 can't read 7 7.2 1.6 can't read 1.5 7.1 can't read 8 2.2 9 7.3 can't read can't read 10 can't read 11 7.2 2.1 can't read 12 2.0 7.2 13 can't read 7.1 2.0 can't read 14 2.1 7.0 15 can't read 2.0 7.1 16 can't read 17 can't read 18 can't read 7.2 1.6 19 can't read 1.8 7.4 20 can't read 7.2 1.9 21 can't read 7.2 1.6 22 can't read 1.8 7.2 23 can't read 24 can't read 25 can't read 7.3 2.0 26 can't read 7.3 1.8 27 can't read 7.2 2.0 28 can't read 2.2 7.3 29 can't read 7.3 2.1 30 can't read 31 PLANT STAFFING Name: Dan Sherwood Certification No. 4370 Day Shift Operator Class Name: Certification No. Evening Shift Operator Class Name: Certification No. Night Shift Operator Class: Name: Steve Fuller В Certification No.: 8937 Lead Operator Class: Percolation / Evaporation ponds Type of Effluent Disposal or Reclaimed Water Reuse: If yes, cumulative days of wet weather discharge Not Applicable Limited Wet Weather Discharge Activated Yes * Attach additional sheets if necessary to list all certified operators



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

PERMITTEE NAME:

Aqua Utilities Florida, incorporated

PERMIT NUMBER:

FLA011045

MAILING ADDRESS:

1343 Northeast 17th Road

LIMIT:

Final

Ocala, FI 34470

CLASS SIZE:

N/A

R001

MONITOR GROUP NUMBER:

MONITOR GROUP DESC:

2 Percolation, lincluding Influent

FACILITY:

Rosalie Oaks WWTP

NO DISCHARGE FROM SITE:

From:

LOCATION

Camp Mack Raod & Silver Oaks Drive

Lake Wales, FI 33853

MONITORING PERIOD

11/01/2009

REPORT: Monthly

GROUP: Domestic

COUNTY:	Polk									
Parameter		Quantity or Loading	Units	(Quality or Conce	entration	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			()		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)		mg/L	V	Monthly	Grab

Learlify under penalty of law that this document and all attactiments 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

TELEPHONE NO.

DATE (YY/MM/DD)

Steve Fuller / Operator III

813-267-2074

09/12/16

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:

Rosalie Oaks WWTP

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

MONTHYEAR

November-2009

Parameter		Quantity or Loading	Units	Qua	lity or Concentral	tion	Units	No.	Frequency of	Sample Typ
								Ex	Analysis	
рН	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									
PARM Code, 74055 A Mon. Site No. EFA-01	Permit Requirement			1.0 Report (Mo. Geo. Mean)		1.0 800 (Max.)	#/100mL	0	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/Permi Capacity) x 100	t 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 Code49019 P Mon. Site No. OTH-01	Permit Requirement	Report (Ma. Total)					Gallons		Monthly	Calculated

PermitNumber:

FLA011045

Facility Name:

Rosalie Oaks WWTP

11/01/2009 To: 11/30/2009 MONITORING PERIOD Fecal Coliform TRC (For Nitrate Flow (MGD) CBOD5 (mg/L) CBOD5 (mg/L) TSS (mg/L) рН (SU) Bacteria Disinfect.) (mg/L) (#/100ml) (mg/L) 50060 00530 00400 74055 00620 00530 Code 50050 80082 80082 EFA-01 EFA-01 EFA-01 **INF-01** EFA-01 Mon.Site FLW-01 EFA-01 **INF-01** EFA-01 1 can't read 1.8 7.3 2 can't read 7.3 2.0 3 can't read 1.8 4 can't read 7.2 8.2 7.3 1.0 2.1 5 can't read 4.8 7.2 1.8 6 can't read 7 can't read 8 can't read 9 7.3 1.6 can't read 7.3 2.0 10 can't read 7.2 1.0 12.0 11 can't read 7.2 1.8 12 can't read 7.3 2.1 13 can't read can't read 14 15 can't read 2.0 7.3 16 can't read 7.3 1.6 17 can't read 1.8 7.3 18 can't read 7.3 1.5 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 1.6 7.2 24 can't read 7.3 1.8 25 can't read 7.3 1.6 26 can't read 7.2 1.8 can't read 27 28 can't read 29 can't read 7.3 2.0 30 can't read 31 PLANT STAFFING Name: Dan Sherwood Certification No.: 4370 Day Shift Operator Class: Name: Certification No.: Evening Shift Operator Class: Name: Certification No.: Night Shift Operator Class: Name: Steve Fuller Certification No.: B Lead Operator Class: Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds If yes, cumulative days of wet weather discharge Not Applicable

FLA012669-001-DW2P

Limited Wet Weather Discharge Activated Yes:

^{*} Attach additional sheets if necessary to list all certified operators



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

PERMITTEE NAME

Agua Utilities Florida, incorporated

PERMIT NUMBER:

FLA011045

MAILING ADDRESS

1343 Northeast 17th Road

LIMIT:

Final

REPORT: Monthly

Ocala FI 34470

CLASS SIZE:

N/A

GROUP: Domestic

MONITOR GROUP NUMBER MONITOR GROUP DESC:

R001

FACILITY: LOCATION Rosalie Oaks WWTP

NO DISCHARGE FROM SITE:

2 Percolation, lincluding Influent

Camp Mack Raod & Silver Oaks Drive

Lake Wales, FI 33853

MONITORING PERIOD

12/01/2009

12/31/2009

	2010 11000, 1100000			IN CHAIR	OILIMOD	I TOITE	12/01/200	,	10.	1 2.7	31/2009
COUNTY:	Polk										
Parameter		Quantity or Loading	Units		Quality or C	oncentration		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 Met
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			0		
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60 (Ma			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	2.1				0		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement			30 0 (Mo. Avg.)	60. (Ma:			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. Lam aware that there are significant penalties for submitting false information, including the possibility of time and imprisonment for knowing violations.

NAME/TITLE OF AUTHORIZED AGENT

TELEPHONE NO

DATE (YY/MM/DD)

Steve Fuller / Operator III

813-267-2074

10/01/22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:

Rosalie Oaks WWTP

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

MONTH/YEAR

December-2009

Parameter		Quantity or Loading	Units	Qua	lity or Concentra	ation		Units	No.	Frequency of	Sample Type
211									Ex	Analysis	
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.	·V	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		n		
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			1.3					0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement			12.0 (Max.)				mg/L		Monthly	Grab
Flow	Sample Measurement	0.009666667							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	1	
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement			Report				mg/l		Annual Each January	Grab
Sludge Production, Total	Sample Measurement								0	modern sammany.	
PARM Code49019 P Mon. Site No. OTH-01	Permit Requirement	Report (Mo_Total)						Gallons		Monthly	Calculated

PermitNumber:

FLA011045

Facility Name:

Rosalie Oaks WWTP

To: 12/31/2009 MONITORING PERIOD 12/01/2009 Fecal Coliform Nitrate TRC (For Flow (MGD) CBOD5 (mg/L) CBOD5 (mg/L) TSS (mg/L) TSS (mg/L) (SU) Bacteria Disinfect.) (mg/L) (#/100ml) (mg/L) 00530 00400 74055 50060 00620 50050 80082 80082 00530 Code Mon.Site FLW-01 EFA-01 INF-01 EFA-01 INF-01 EFA-01 EFA-01 EFA-01 EFA-01 7.3 2.0 1 can't read 7.2 2.0 2 can't read 3 2.0 2.0 7.3 1.0 1.8 1.3 can't read 7.3 2.0 4 can't read 5 can't read 6 can't read 7.2 2.0 7 can't read 7.3 1.6 8 can't read 1.8 9 can't read 7.2 7.3 1.3 10 can't read 1.5 11 7.4 can't read 12 can't read 13 can't read 7.4 1.4 14 can't read 7.3 1.6 15 can't read 7.3 1.8 16 can't read 7.3 1.8 17 can't read 7.4 1.9 18 can't read 19 can't read 20 can't read 7.4 1.0 21 can't read 7.5 2.0 22 can't read 1.8 23 can't read 7.3 1.9 7.3 24 can't read 7.4 2.0 25 can't read 26 can't read 27 can't read 1.8 7.3 28 can't read 7.4 1.6 29 can't read 1.5 7.4 30 can't read 7.4 31 PLANT STAFFING Name: Dan Sherwood 4370 Day Shift Operator Class Certification No. Certification No. Name: Evening Shift Operator Class: Certification No. Name: Night Shift Operator Class: Name: Steve Fuller В Certification No: 8937 Lead Operator Class Percolation / Evaporation ponds Type of Effluent Disposal or Reclaimed Water Reuse If yes, cumulative days of wet weather discharge No Not Applicable. Limited Wet Weather Discharge Activated. Yes Attach additional sheets if necessary to list all certified operators



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

PERMIT NUMBER:

CLASS SIZE:

FLA011045

MAILING ADDRESS:

1343 Northeast 17th Road

LIMIT:

Final

N/A

REPORT. Monthly GROUP Domestic

Ocala, FI 34470

MONITOR GROUP NUMBER:

R001

MONITOR GROUP DESC:

2 Percolation, lincluding Influent

FACILITY:

Rosalie Oaks WWTP

NO DISCHARGE FROM SITE:

LOCATION: Camp Mack Raod & Silver Oaks Drive

Lake Wales, FI 33853

MONITORING PERIOD From:

01/01/2010

To:

01/31/2010

COUNTY:	Polk			WOME	J I LINOD	11011.	01/01/2010		10.	- 01/	31/2010
Parameter		Quantity or Loading	Units	(Quality or C	oncentration		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 Met
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. (Ma			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			10.0	10.	0			0		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60 (Ma			mg/L	V	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

TELEPHONE NO.

DATE (YY/MM/DD)

Steve Fuller / Operator III

813-267-2074

10/02/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:

Rosalie Oaks WWTP

Permit NO: FLA011045

DISCHARGE POINT NO.: R001

MONTHMEAR

January-2010

Parameter		Quantity or Loading	Units	Qu	ality or Concentra	ation	Units	No. Ex	Frequency of Analysis	Sample Typ
рH	Sample Measurement			7.2	7.5			0		
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		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.	U	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/i		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 Code49019 P Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)					Gallons		Monthly	Calculated

PermitNumber:

FLA011045

Facility Name:

Rosalie Oaks WWTP

MONITORING PERIOD 01/01/2010 To: 01/31/2010 Fecal Coliform Flow (MGD) CBOD5 (mg/L) CBOD5 (mg/L) TSS (mg/L) TSS (mg/L) TRC (For Nitrate рН (SU) Bacteria Disinfect) (mg/L) (#/100ml) (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 7.3 1 can't read 1.8 2 can't read 3 can't read 4 7.4 can't read 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 7.5 8 can't read 2.2 9 can't read 10 can't read 11 can't read 7.4 2.0 2.1 7.4 12 can't read 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 7.3 2.0 18 can't read 7.4 2.0 19 can't read 7.3 1.8 20 can't read 140 7.3 130 1.8 21 can't read 7.5 2.1 22 can't read 23 can't read 24 can't read 7.3 1.8 25 can't read 7.2 1.6 26 can't read 27 can't read 7.3 1.6 28 can't read 7.4 1.8 can't read 7.3 1.6 29 30 can't read 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	В	Certification No.:	8937	Name:	Steve Fuller	
Type of Effluent Disposal	or Reclaimed V	Water Reuse:	Percolation / Evaporation ponds	5			
Limited Wet Weather Discharge	Activated Yes	1	No Not Applicable	If yes, cumu	lative days of wet v	weather discharge	

^{*} Attach additional sheets if necessary to list all certified operators

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

PERMIT NUMBER:

FLA011045

MAILING ADDRESS

1343 Northeast 17th Road

LIMIT:

Final

CLASS SIZE

N/A

REPORT: Monthly GROUP: Domestic

Ocala, FI 34470

MONITOR GROUP NUMBER: MONITOR GROUP DESC:

R001

FACILITY: LOCATION

Rosalie Oaks WWTP

NO DISCHARGE FROM SITE:

2 Percolation, lincluding Influent

Camp Mack Raod & Silver Oaks Drive Lake Wales, FI 33853

MONITORING PERIOD

COUNTY:	Polk			MONITORING	PERIOD	From:	02/01/20	10	_ To:	02/2	28/2010
Parameter		Quantity or Loading	Units	Q	uality or Co	oncentration	a	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.010							0	Allalysis	
PARM Code 50050 Y Mon. Site No. FLW-01 Flow	Permit Requirement	0.015 (An. Avg.)	MGD							Monthly	Calculated
FIOW	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
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.6					0	\$18750,7000 to \$1000000 to \$20.00000000000000000000000000000000000	Meters
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.			mg/L	U	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.)				rng/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.)			mg/L	J	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

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

813-267-2074

10/03/26

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:

Rosalie Oaks WWTP

Permit NO.: FLA011045

DISCHARGE POINT NO : R001

MONTH/YEAR

February-2010

Parameter		Quantity or Loading	Units	Qual	ty or Conce	ntration	Units	No. Ex	Frequency of Analysis	Sample Typ
рН	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			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			1.0				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			0.039				0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement	Control of Marine Conf.		12.0 (Max.)			mg/L		Monthly	Grab
Flow	Sample Measurement	0.010333333		A Prince of the control of				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 Code49019 P Mon. Site No. OTH-01	Permit Requirement	Report (Mo. Total)					Gallons		Monthly	Calculated

PermitNumber:

FLA011045

Facility Name:

Rosalie Oaks WWTP

MONITORING PERIOD 02/01/2010 To: 02/28/2010 TSS (mg/L) Flow (MGD) CBOD5 (mg/L) CBOD5 (mg/L) TSS (mg/L) рН Fecal Coliform TRC (For Nitrate (SU.) Bacteria Disinfect.) (mg/L) (#/100ml) (mg/L) 50050 80082 80082 00530 00530 00400 74055 50060 00620 Code Mon.Site FLW-01 EFA-01 INF-01 EFA-01 INF-01 EFA-01 EFA-01 EFA-01 EFA-01 7.4 1 can't read 1.1 2 7.2 can't read 1.0 3 7.2 can't read 1.4 9.0 20.0 7.3 1.0 2.0 0.039 4 can't read 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 7.3 2.2 can't read 11 can't read 7.4 2.1 12 can't read 7.3 2.2 13 can't read 14 can't read 7.2 15 can't read 1.8 16 can't read 7.2 1.9 7.2 1.8 17 can't read 7.3 1.6 18 can't read 19 7.3 1.5 can't read 20 can't read 21 can't read 7.2 1.6 22 can't read 7.3 1.8 23 can't read 7.3 1.5 24 can't read 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: Name: Dan Sherwood Day Shift Operator Class: Certification No.: 4370 Certification No.: **Evening Shift Operator** Class: Name: Night Shift Operator Class: Certification No.: Name: Lead Operator Class: Certification No.: Name: Steve Fuller Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds Limited Wet Weather Discharge Activated: Yes Not Applicable If yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary to list all certified operators

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

Camp Mack Raod & Silver Oaks Drive

PERMIT NUMBER:

FLA011045

MAILING ADDRESS:

1343 Northeast 17th Road

LIMIT:

Final

REPORT: Monthly

Ocala, FI 34470

CLASS SIZE:

N/A R001 GROUP: Domestic

MONITOR GROUP NUMBER: MONITOR GROUP DESC: NO DISCHARGE FROM SITE:

2 Percolation, lincluding Influent

FACILITY:

Rosalie Oaks WWTP

03/01/2010

LOCATION:

Lake Wales, Fl 33853

MONITORING PERIOD

From

To:

03/31/2010

COUNTY: Polk

Parameter		Quantity of	r Loading	Units	Qua	lity or Concentra	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				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				4.0	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				7.5				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				29.0	29.0			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	SIGNATURE OF AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Steve Fuller / Operator III	Store Friller	813-267-2074	10/04/28

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



DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:

Rosalie Oaks WWTP

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

MONTH/YEAR

March-2010

Parameter		Quantity o	r Loading	Units	Qual	ity or Concentra	ation	Units	No. Ex	Frequency of Analysis	Sample Type
рН	Sample Measurement								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				3.1				0		
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		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	a minutinatinatina 10 mana		etigali (ann ille et mille e	Report (Mo. Total)			Percent	-	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			1	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

PermitNumber: FLA011045 Facility Name: Rosalie Oaks WWTP

MONITORING PERIOD 03/01/2010 To: 03/31/2010 Flow (MGD) CBOD5 (mg/L) CBOD5 (mg/L) Fecal Coliform TRC (For TSS (mg/L) TSS (mg/L) Nitrate (S U.) Bacteria Disinfect.) (mg/L) (#/100ml) (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 29.0 9.000 4.0 26 0.039 10 9.000 9.000 11 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 9.000 31 PLANT STAFFING: Day Shift Operator Certification No.: 4370 Name: Dan Sherwood Class: Evening Shift Operator Class: Name: Certification No.: Night Shift Operator Class: Certification No.: ___ Name: Certification No.: 8937 Lead Operator Class: В Name: Steve Fuller Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds Limited Wet Weather Discharge Activated: Yes: No: * Attach additional sheets if necessary to list all certified operators.

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

PERMIT NUMBER:

FLA011045

MAILING ADDRESS:

1343 Northeast 17th Road

LIMIT:

Final

N/A

From

REPORT: Monthly GROUP: Domestic

Ocala, FI 34470

CLASS SIZE:

R001

MONITOR GROUP NUMBER: MONITOR GROUP DESC:

2 Percolation, lincluding Influent

FACILITY:

Rosalie Oaks WWTP

NO DISCHARGE FROM SITE:

LOCATION:

Camp Mack Raod & Silver Oaks Drive

MONITORING PERIOD

04/01/2010

To:

COUNTY

Lake Wales, FI 33853 Polk

04/30/2010

Parameter		Quantity o	r Loading	Units	Qı	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.)		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	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.)		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	Stee Jules	813-267-2074	10/05/13

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:

Rosalie Oaks WWTP

Permit NO.: FLA011045

DISCHARGE POINT NO.: R001

MONTH/YEAR

April-2010

Parameter		Quantity of	or Loading	Units	Qual	ty or Concentr	ration	Units	No. Ex	Frequency of Analysis	Sample Type
рН	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)	en de la company de la comp La company de la	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

PermitNumber:

FLA011045

Facility Name:

Rosalie Oaks WWTP

MONITORING PERIOD 04/01/2010 To: 04/30/2010 Flow (MGD) | CBOD5 (mg/L) | CBOD5 (mg/L) | Fecal Coliform Nitrate TSS (mg/L) TSS (mg/L) TRC (For (S U.) Bacteria Disinfect.) (mg/L) (#/100ml) (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 2.1 5 7.000 7.2 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 7.3 16 6.000 1.8 17 5.000 18 5.000 19 5.000 7.3 2.0 20 7.3 5.000 1.4 7.3 21 6.000 1.5 22 7.3 1.6 6.000 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 7.3 1.6 28 5.000 29 7.3 1.5 5.000 30 7.3 1.4 5.000 31 PLANT STAFFING: Certification No.: 4370 Day Shift Operator Class: Name: Dan Sherwood Name: Evening Shift Operator Class: Certification No.: Night Shift Operator Certification No.: Class: Name: Lead Operator Class: В Certification No.: 8937 Name: Steve Fuller Type of Effluent Disposal or Reclaimed Water Reuse: Percolation / Evaporation ponds Limited Wet Weather Discharge Activated: Yes: Not Applicable:

If yes, cumulative days of wet weather discharge No: * Attach additional sheets if necessary to list all certified operators.



Florida Department of Environmental Protection

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

August 13, 2009

Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

Mr. Glenn Labrecque, President Aqua Utilities Florida, Inc. 1343 Northeast 17th 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.

Mr. Glenn Labrecque Rosalie Oaks WWTF Facility ID No. FLA011045 - Polk County Page 2 of 3

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.
- 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.

Mr. Glenn Labrecque Rosalie Oaks WWTF Facility ID No. FLA011045 - Polk County Page 3 of 3

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.

Sincerely,

Stephen G. Thompson Engineering Specialist

Domestic Wastewater Program

Attachment

cc Aqua Utilities (email)

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

ame and Physical Location of Facility WAFR ID: County Betry Date/Time osalic Oaks WWTF FLA011045 Polk 7.30.09 / 1025' Ner Oaks Drive Phone @ Exit Date/Time ake Wales, FL 33853 ame(s) of Field Representatives(s) Title Phone P													
Ner Oaks Drive													
ame (s) of Field Representatives(s) Title Phone eve Fuller, Licensed Operator stricia Williams, Title Phone @ Operator Certification # lenn Labrecque President quan Utilities Florida, Inc. 143 Northeast 17th Road cala, FL 34470 spection Type C E I Samples Taken(Y/N): N @ Sample ID#: Samples Split (Y/N): Domestic Industrial Were Photos Taken(Y/N): N @ Log book Volume: @ Page PERMITIS/ORDERS SELEMONITORING EXCILATY OPERATIONS FEFTI ENI/DISPOSAL PROGRAME													
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D 1. ♦ Permit NE 3. Laboratory IC 6. Facility Site Review NE 9. ♦ Effluent Quality													
A 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													
Facility and/or Order Compliance Status: In-Compliance Out-Of-Compliance X Significant-Out-Of-Compliance													
Recommended Actions:													
ame(s) and Signature(s) of Inspector(s) District Office/Phone Number Date													
Stephen G. Thompson Stephen J. Shy SWD/813 632 7600 x318 8/11/09													
Stephen S. Ismenson													
Signature of Reviewer District Office/Phone Number Date SWID / 913 744 6100 v303													
Jan 59 - Mars Stylope SWD/813 744 6100 x392 8/11/09													
Jae Sq - 41 108													
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Facility:	Rosalie Oal	ks	1			Permit No.	FLA011045				Reviewer	S. G. Thon	pson	-
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	
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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.

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 <u>PAFarris@aquaamerica.com</u>. 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





I. Gene	ral Information for the N	Month/Year of:	May-08				
	tive System Name	Village Water		- 74.50 - 17	PWS Identi	fication Number	6532779
Consecu	tive System Type:	Community	Non-Transient	Non-Co	mmunity	Transient Non-Comm	unity
Number	of Service Connections at	End of Month: 170			Total Population Served	at End of Month:	493
	tive System Owner.	Aqua Utilities Florida					
Contact l	Person	Steve Fuller			Contact Person's Title	Sn. Facilities Operator	r
Contact	Person's Mailing Address.	415 West Daughtery Rd				State FL	Zip Code 33810
Contact I	Person's Telephone Numb	er 813-267-2074			Contact Person Person's	Fax Number	863-853-4937
Contact	Person's E-Mail Address	slfuller@aquaamerica.c	com				
II Daile	Data for the Month/Ye	ar of: May-08					
CONTRACTOR OF THE PERSON.	The same of the sa	Maintained in Distribution System:	X Free Chlo	rine	☐ Combined	Chlorine (Chloramin	es) Chlorine Dioxide
Type or	Districtant Residual .	Tanhanica in 1934 fodeon 5 ystem			1		
	Lowest Residual				Lowest Residual		
Day	Disinfectant Concentration			Day	Disinfectant Concentration		
of the	at Remote Point in	Emergency or Abnormal Operating Condition	ns, Repair or Maintenance	of the	at Remote Point in	Emergency or Abnorma	al Operating Conditions, Repair or Maintenance
Month	Distribution System, mg/L	Work that Involves Taking Water System Co	imponets Out of Operation	Month	Distribution System, mg/L	Work that Involves Tal	king Water System Componets Out of Operation
1	1.3			17			
2	12			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	12	Main pipe break on BWN. Samples pulle	ed and passed	29	1.4		
14	1.4	All OK		30	1.3		
15	1.3			31			
16	1.3						
	Name and Administration of the Control of the Contr	report on behalf of the consecutive sy	stem identified in Part	Lof this	report certify that the	e information provide	ed in this report is true and accurate to
			stem identified in rait	1 ()1 11115	report. rectary martin	e intornation provide	in mis report is true and accurate to
the best	of my knowledge and b	ener 16-09-07 6	teve Fuller			B-7519	
	ten tull					License Number or Ti	11.
Signature	and Date	P	rinted or Typed Name			License Number of 11	tic
			Page	1			
	52-555 900(4) agust 28 2003		Tage !		9		anner





I. Gene	ral Information for the N	Month/Year of: June-08				
Consecu	tive System Name	Village Water		PWS Identi	fication Number	6532779
	tive System Type	X Community Non-Transie	nt Non-Co		Transient Non-Comn	nunity
Number	of Service Connections at	End of Month. 170		Total Population Served	at End of Month	493
Consecu	tive System Owner	Aqua Utilities Florida				
Contact		Steve Fuller			Sn. Facilities Operato	
	Person's Mailing Address	415 West Daughtery Rd			State FL	Zip Code 33810
	Person's Telephone Numb			Contact Person Person's	Fax Number	863-853-4937
Contact	Person's E-Mail Address	slfuller@aquaamerica.com				
II. Daily	Data for the Month/Ye	ar of: June-08				
Type of	Disinfectant Residual N	Maintained in Distribution System:	lorine	Combined Combined	Chlorine (Chloramir	nes) Chlorine Dioxide
	Lowest Residual			Lowest Residual		
Day	Disinfectant Concentration		Day	Disinfectant Concentration		
of the	at Remote Point in	Emergency or Abnormal Operating Conditions, Repair or Maintenance		at Remote Point in	Emergency or Abnorm	nal Operating Conditions, Repair or Maintenance
Month	Distribution System, mg/L	Work that Involves Taking Water System Componets Out of Operation		Distribution System, mg/L		king Water System Componets Out of Operation
1	1.3		17	1.2		
2	1.3		18	11		
3	1.4		19	1.1		
4	1.2		20	10		
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	12		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		_			
l am du	y authorized to sum this	report on behalf of the consecutive system identified in Par	t of this	report Certify that the	e information provid	ed in this report is true and accurate to
	of my knowledge and h		1 1 01 0113	report recruity mai in	c information provid	ed in this report is tide and accurate to
the best,	12 hr + hall	7-10-08 Steve Fuller			B-7519	
<u> </u>	and Date	Printed or Typed Name			License Number or T	A-La
Signature	and Date	rimed of Typed Name			Execuse Number of 1	itie
	52-555 900(4) inust 28 2003	Page	1			



	System Name:		July-08				
Number of Se		Village Water			PWS Identif	fication Number:	6532779
	System Type:	X Community	Non-Transient	Non-Co	mmunity	Transient Non-Commi	mity
Conconting	rvice Connections at	End of Month: 191			Total Population Served	at End of Month:	554
Consecutive 3	System Owner:	Aqua Utilities Florida					
Contact Perso		Steve Fuller			Contact Person's Title:	Sn. Facilities Operator	
Contact Perso	on's Mailing Address:	415 West Daughte	y Rd.		City: Lakeland	State: FL	Zip Code: 33810
	n's Telephone Numb				Contact Person Person's	Fax Number:	863-853-4937
Cantact Perso	n's E-Mail Address:	slfuller@aquaam	erica.com				
II. Daily Dat	a for the Month/Ye	ear of: July-0	8				en en de la companya
ACTION AND DESCRIPTION OF THE PERSONS ASSESSMENT OF THE PERSONS ASSESS		Maintained in Distribution Syste	em: X Free Chlo	orine	☐ Combined	Chlorine (Chloramir	es) Chlorine Dioxide
of the	Lowest Residual infectant Concentration at Remote Point in tribution System, mg/L	Emergency or Abnormal Operating C Work that Involves Taking Water Sys		Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		al Operating Conditions; Repair or Maintenance ing Water System Componets Out of Operation
and the second	1.2	Trong state and	Total Compositor Control Control	17	1.2	71 012 1110 1117 77 70 7 100	
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. Gene	eral Information for the	Month/Year of: August-08								
Consecu	itive System Name:	Village Water		PWS Identi	fication Number: 6532779					
Consecu	itive System Type:	X Community Non-Transier	nt Non-Co	mmunity	Transient Non-Community					
Number	of Service Connections at	End of Month: 191		Total Population Served	at End of Month: 554					
Consecu	itive 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 Numb	per: 813-267-2074		Contact Person Person's	Fax Number: 863-853-4937					
Catact	Person's E-Mail Address:	slfuller@aquaamerica.com								
D-088	II. Daily Data for the Month/Year of: August-08									
, manuscript contract			1							
Type of	Disinfectant Residual	Maintained in Distribution System: X Free Ch	Torine	Combined	Chlorine (Chloramines) Chlorine Dioxide					
	Lowest Residual			Lowest Residual						
Day	Disinfectant Concentration		Day	Disinfectant Concentration						
of the	at Remote Point in	Emergency or Abnormal Operating Conditions, Repair or Maintenance		at Remote Point in	Emergency or Abnormal Operating Conditions; Repair or Maintenance					
Month	Distribution System, mg/L	Work that Involves Taking Water System Componets Out of Operation		Distribution System, mg/L	Work that Involves Taking Water System Componets Out of Operation					
1	1.2	A second	17		2					
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										
Lamdu	y authorized to sign this	s report on behalf of the consecutive system identified in P	net Loftle	to consider a south of their	the information monthled in this report is true and ecourate					
			art i oi iii	is report. I certify that t	the information provided in this report is true and accurate					
to the bo	est of my knowledge and	a bellet.								
					B-7519					
Signatur	e and Date	Printed or Typed Name			License Number or Title					
	62-555.900(4) ugust 28, 2003	Page	1							



I. Gene	eral Information for the	Month/Year of:	eptember-08				
Consecu	itive System Name:	Village Water			PWS Identif	Teation Number:	6532779
Consecu	itive System Type:	X Community	Non-Transient	Non-Co	mmunity	Transient Non-Commu	inity
Number	of Service Connections at	End of Month: 191		***************************************	Total Population Served	at End of Month:	554
Consecu	itive System Owner:	Aqua Utilities Florida			A		
Contact		Steve Fuller			Contact Person's Title:	Sn. Facilities Operator	
Contact	Person's Mailing Address:	415 West Daughtery Rd.				State: FL	Zip Code: 33810
Contact	Person's Telephone Numb	er: 813-267-2074			Contact Person Person's	Fax Number:	863-853-4937
C act	Person's E-Mail Address:	slfuller@aquaamerica.c	om				
The Soll	. Data familia Maush/Va		0				
	y Data for the Month/Ye						
Type of	Disinfectant Residual N	Maintained in Distribution System:	X Free Chlo	orine	☐ Combined	Chlorine (Chloramin	es) Chlorine Dioxide
	Lowest Residual	Live to the second seco				87	
Day	Disinfectant Concentration			Decision	Lowest Residual		
of the	at Remote Point in	F	D	Day	Disinfectant Concentration		
Month	Distribution System, mg/L	Emergency or Abnormal Operating Condition Work that Involves Taking Water System Cor		of the Month	at Remote Point in Distribution System, mg/L		Il Operating Conditions; Repair or Maintenance ing Water System Componets Out of Operation
1	1.2	Work that hivolves Taking water System Cor	ilponeis Out of Operation	17	1.1	WORK that involves Taki	ing water System Componets Out of Operation
2	1,2			18	1.1		
3	1.3			19	1.2		
4	1,2	The state of the s		20	1.4		
5	1.2			21			
6	1.2			22	1.1		
7				23	1.1		
8	1.1			24	1.2		
9	****			25	1		
0				26	1.2		
11	1.1			27	1.2		
12	1.1			28			
13				29	1.3		
14				30			
15	1.2						
16					1		
I am dul	y authorized to sign this	report on behalf of the consecutive sy	stem identified in Par	rt I of th	is report. I certify that t	he information provi	ded in this report is true and accurate
to the be	st of my knowledge and	1 belief 8-08 st					
707	en tulla	10-5-00 St	eve Fuller			B-7519	
Signature	and Date	Pr	inted or Typed Name	7		License Number or Titl	le
	52-555 900(4) igust 28, 2003		Page I				



I. Gene	ral Information for the l	Month/Year of:	October-08				
Consecu	tive System Name:	Village Water		**************	PWS Iden	tification Number:	6532779
Consecu	tive System Type:	X Community	Non-Transient	Non-Co	mmunity	Transient Non-Commun	nity
Number	of Service Connections at	End of Month: 191			Total Population Serve	d at End of Month:	554
Consecu	tive System Owner:	Aqua Utilities Florida					
Contact I		Steve Fuller				Sn. Facilities Operator	
	Person's Mailing Address:			******************************	City: Lakeland	State: FL	Zip Code: 33810
	Person's Telephone Number				Contact Person Person	's Fax Number:	863-853-4937
C act I	Person's E-Mail Address:	slfuller@aquaamerica.	com				
II. Daily	Data for the Month/Ye	ear of: October-08					
Type of	Disinfectant Residual N	Maintained in Distribution System:	X Free Chlo	rine	☐ Combine	d Chlorine (Chloramine	s) Chlorine Dioxide
							17 17 18 18 18 18 18 18 18 18 18 18 18 18 18
Desc	Lowest Residual Disinfectant Concentration			Day	Lowest Residual Disinfectant Concentration		
Day of the	at Remote Point in	Emergency or Abnormal Operating Condition	ns: Renair or Maintenance	of the	at Remote Point in		Operating Conditions; Repair or Maintenance
Month	Distribution System, mg/L	Work that Involves Taking Water System Co		Month	Distribution System, mg/		ng Water System Componets Out of Operation
1				17	1.0		<u> </u>
2				18			
3	1.0			19			
4 4				20	1.2		
5				21			
6	1.1			22	1.0		
7				23			
8	1.1			24	1.1		
9				25			
·	0.7			26	1.0		
11				27	1.		
12 13	1.0			29	1.1		and a second
14	1.0			30	 		
15	1.1			31	1.4		
16	1 . 1				A		
		keen aan aan aan aan aan aan aan aan aan					
			U-UC-U-D-				
		s report on behalf of the consecutive s	ystem identified in Pai	rt I of th	is report. I certify tha	t the information provid	led in this report is true and accurate
to the be	st of my knowledge and	a bellet.	C. O			D. 7510	
			teve Fuller			B-7519 License Number or Title	
Signature	and Date	l'	rinted or Typed Name			License Number of Title	

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I. Gene	ral Information for the I	Month/Year of:	November-08					
Consecut	ive System Name:	Village Water			PWS Identit	ication Number:	6532779	
Consecut	ive System Type:	X Community	Non-Transien	t Non-Co	mmunity	Transient Non-Commu		
Number	of Service Connections at	End of Month: 191			Total Population Served	at End of Month:	554	
Consecut	ive System Owner:	Aqua Utilities Florida						
Contact I		Steve Fuller				Sn. Facilities Operator		
Contact I	Person's Mailing Address:	415 West Daught	ery Rd.			State: FL	Zip Code: 33810	
Contact I	Person's Telephone Numbe				Contact Person Person's	Fax Number:	863-853-4937	
C 'act l	Person's E-Mail Address:	slfuller@aquaan	nerica.com					
II. Daily	Data for the Month/Ye	ear of: Nove	mber-08					
		Maintained in Distribution Syst	tem: X Free Chl	orine	☐ Combined	Chlorine (Chloramin	es) 🔲 Chlori	ne Dioxide
	Lowest Residual				Lowest Residual			
Day	Disinfectant Concentration			Day	Disinfectant Concentration	F .1	1 Occasion Conditions I	\\
of the	at Remote Point in	Emergency or Abnormal Operating		of the Month	at Remote Point in Distribution System, mg/L	Emergency or Abnorma Work that Involves Taki		
Month	Distribution System, mg/L	Work that Involves Taking Water S	ystem Componets Out of Operation	17	0.8	WORK HIRE HIVOIVES TAKE	ing water System Compa	nets Out of Operation
1				18	0.0			
3	L.I			19	1.0			
4	1.0			20	1.0			
5	1.0			21	0.8			
6	1.1			22	1			
7	1.1	****		23				
8	*.1			24	0.9			
9				25				
7	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 du	v authorized to sign this	s report on behalf of the conse	cutive system identified in Pa	art of th	is report. certify that	the information provi	ded in this report is	true and accurate
			curre system ruemmed in a		as reported recently that	ine micrimation provi		
to the be	Stor my knowledge and	d belief. 2 12-15-08	Steve Fuller			B-7519		
	and Date	7 10 13 30	Printed or Typed Name			License Number or Tit	10	
Signature	and Date		rimed or typed Name			Dieense (unioe) of the		

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I. Gene	eral Information for the	Month/Year of:	December-08							
Consecu	tive System Name:	Village Water			PWS Identi	fication Number:	6532779			
Consecu	tive System Type:	X Community	Non-Transien	t Non-Co	mmunity	Transient Non-Comm	nunity			
Number	of Service Connections at	End of Month: 191			Total Population Served	at End of Month:	554			
Consecu	tive System Owner:	Aqua Utilities Florida				***************************************				
Contact	Person:	Steve Fuller			Contact Person's Title:	Sn. Facilities Operato	or			
Contact	Person's Mailing Address:	415 West Daug	zhtery Rd.		City: Lakeland	State: FL	Zip Code: 33810			
Contact	Person's Telephone Numb	er: 813-267-2074			Contact Person Person's	Fax Number:	863-853-4937			
C act	Person's E-Mail Address:	slfuller@aqua	america com							
D-300	I Daily Data for the Manth Warr of December 08									
AMERICAN SECURITION AND ADDRESS OF	II. Daily Data for the Month/Year of: December-08									
Type of	Disinfectant Residual N	Maintained in Distribution S	ystem: X Free Chl	orine	Combined	Chlorine (Chlorami	ines)			
						,				
I IS	Lowest Residual				Lowest Residual					
Day	Disinfectant Concentration at Remote Point in	F 10		Day	Disinfectant Concentration	•*************************************	10			
of the Month	Distribution System, mg/L		ng Conditions; Repair or Maintenance r System Componets Out of Operation	of the Month	at Remote Point in Distribution System, mg/L		nal Operating Conditions; Repair or Maintenance sking Water System Componets Out of Operation			
2VIOIIGI	1.2	Work that hivorves Taking water	System Componers Out of Operation	17	0.8	WORK that hivolves 1a	iking water System Componers Out of Operation			
2	1.4			18	0.0					
3	1.0			19	1.0					
4	1.0			20	1.0					
5	1.0			21						
6	1.0			22	1,0					
7				23	1.0					
8	1.0			24	1.0					
9				25						
7	1.0			26	1.0	Angele de la companie				
11				27						
12	1.0			28						
13	1.0		Company of the compan	29	1.0					
14				30						
15	1.0			31	1.1					
16										
ESSENCED DE LA COMPANSION DE LA COMPANSI										
						, , , , , , , , , , , , , , , , , , , ,				
	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 be	the best of my knowledge and belief. Steve Fuller B-7519									
***************************************		1-1-01	Steve Fuller			B-7519				
Signature	and Date		Printed or Typed Name			License Number or T	itle			
			£%							
	52-555 900(4) igust 28: 2003		Page	1						



I. Gene	ral Information for the	Month/Year of: J	anuary-09				
	live System Name:	Village Water			PWS Identil	ication Number:	6532779
Consecut	ive System Type:	X Community	Non-Transient	Non-Cor	nmunity	Transient Non-Commu	mity
Number	of Service Connections at	End of Month: 191			Total Population Served	at End of Month:	554
Consecut	ive System Owner:	Aqua Utilities Florida					
Contact I	Person:	Steve Fuller			Contact Person's Title:	Sn. Facilities Operator	
Contact I	Person's Mailing Address:	415 West Daughtery Rd.			City: Lakeland	State: FL	Zip Code: 33810
Contact I	Person's Telephone Numbe				Contact Person Person's	Fax Number:	863-853-4937
(act l	Person's E-Mail Address:	slfuller@aquaamerica.co	om				
II. Daily	Data for the Month/Ye	ar of: January-09					
, and the same of		Maintained in Distribution System:	X Free Chlo	rine	Combined	Chlorine (Chloramine	es) Chlorine Dioxide
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Condition Work that Involves Taking Water System Cor		Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		d Operating Conditions; Repair or Maintenance ing Water System Componets 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	1.2		
)				26 27	1.2		
11	1.1			28	1.2		
12				29	1.2		
13 14	0.1			30	1.2		
15	1.0			31	1 - 44		
16	0.9			21	1		
10	0.7						
Lam du	y authorized to sign this	s report on behalf of the consecutive sy	ystem identified in Par	rt I of th	is report. I certify that	he information provi	ded in this report is true and accurate
			Commence and an analysis and a second		and the second of the second o	The state of the s	er makke i kuli umakenim jakus t aun mesi jake jake kulima jema se kusi kina kenel mesi i asa i make me
2	est of my knowledge and	7-5-09	teve Fuller			B-7519	
	and Date		rinted or Typed Name	***************************************		License Number or Tit	le
20.0			2.1				

190



Consec		Month/Year of: February-09			
Consec	utive System Name:	Village Water		PWS Identi	fication Number: 6532779
Consec	utive System Type:	X Community Non-Transien	t Non-Co		Transient Non-Community
Numbe	r of Service Connections at	End of Month: 191		Total Population Served	at End of Month: 554
Consec	utive System Owner:	Aqua Utilities Florida			
	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
	Person's Telephone Number	er: 813-267-2074		Contact Person Person's	Fax Number: 863-853-4937
C tact	Person's E-Mail Address:	slfuller@aquaamerica.com			
II. Dail	y Data for the Month/Ye	ear of: February-09	***************************************		
Туре о	f Disinfectant Residual N	Maintained in Distribution System: X Free Chl	orine	☐ Combined	Chlorine (Chloramines)
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 Componets 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 Componets Out of Operation
1			17		
2	1.2		18	1.0	
3	1		19		
4	1.3		20	1.1	
5	1.3		21		
7	1.3		22		
8	 		23 24	1.2	
9	1.1		25	1.2	
1	1.1		26	1.2	
11	1.1		27	1.1	
12			28	1.1	
13	1.1		29		
14			30		
15			31		
16	1.2			A	
to the b	ly authorized to sign this est of my knowledge and the first the sign this e and Date	report on behalf of the consecutive system identified in Pal belief. Steve Fuller Printed or Typed Name	rt I of th		the information provided in this report is true and accurate B-7519 License Number or Title

DEP Form 62-555.900(4) Effective August 28, 2003



Effective August 28, 2003

I. Gene	ral Information for the	Month/Year of:	March-09				
Consecu	tive System Name:	Village Water			PWS Identi	ication Number:	6532779
Consecut	tive System Type:	X Community	Non-Transien	t Non-Co	mmunity	Transient Non-Commi	unity
Number	of Service Connections at	End of Month: 191			Total Population Served	at End of Month:	554
Consecut	tive System Owner:	Aqua Utilities Florida					
Contact I	Person:	Steve Fuller			Contact Person's Title:	Sn. Facilities Operator	r
	Person's Mailing Address:		ery Rd.			State: FL	Zip Code: 33810
	Person's Telephone Numb				Contact Person Person's	Fax Number:	863-853-4937
C 'act l	Person's E-Mail Address:	slfuller@aquaar	merica.com				
II. Daily	Data for the Month/Ye	ear of: Marc	ch-09			***************************************	
Type of	Disinfectant Residual	Maintained in Distribution Sys	tem: 🔲 🗓 Free Chl	orine	☐ Combined	Chlorine (Chloramir	nes)
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Work that Involves Taking Water S			Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		al Operating Conditions; Repair or Maintenance ting Water System Componets 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		
)				26			
11	1.2			27	1.2		
12				28			
13 14	1.0			29 30	1.1		
15				31	<u> </u>		
16	1.1			31	<u> </u>		
10	1.1			J			
to the be	st of my knowledge and	s report on behalf of the conservation $4-2-09$	Steve Fuller	art I of th		B-7519	ided in this report is true and accurate
Signature	and Date		Printed or Typed Name			License Number or Tit	tle
DEP Form 6	2-555 900(4)		Page	1			



I. Gene	eral Information for the	Month/Year of: Ap	ril-09				
Consecu	itive System Name:	Village Water			PWS Identi	fication Number:	6532779
Consecu	itive System Type:	X Community	Non-Transient N	lon-Cor	mmunity	Transient Non-Comm	unity
Number	of Service Connections at	End of Month: 191			Total Population Served	at End of Month:	554
Consecu	itive System Owner:	Aqua Utilities Florida					
Contact	Person:	Steve Fuller			Contact Person's Title:	Sn. Facilities Operato	г
Contact	Person's Mailing Address:	415 West Daughtery Rd.			City: Lakeland	State: FL	Zip Code: 33810
Contact	Person's Telephone Numb	er: 813-267-2074			Contact Person Person's	Fax Number:	863-853-4937
C tact	Person's E-Mail Address:	slfuller@aquaamerica.con	n				
D-SET	Date Control Manual IV	A					
AND REPORT OF THE PARTY OF THE	y Data for the Month/Ye		NI W OUT :			011 1 (011 1	
Type of	Disinfectant Residual I	Maintained in Distribution System:	X Free Chlori	ine	Combined	Chlorine (Chloramii	nes) Chlorine Dioxide
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Work that Involves Taking Water System Comp		Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		al Operating Conditions; Repair or Maintenance sing Water System Componets Out of Operation
1.00	1.1		49	17	1.1		
2			38	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			
2	1.2			26			
- 11				27	1.2		
12				28			
13	1.1			29	1.1		
14				30			
15	1.2			31	l		
16							
I am du	ly authorized to sign this	s report on behalf of the consecutive syst	tem identified in Part	I of th	is report. I certify that	the information prov	ided in this report is true and accurate
to the b	est of my knowledge and	d belief,	e Fuller			B-7519	- Francisco de la constitución d
	e and Date		ted or Typed Name			License Number or Ti	tle
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I. Gene	ral Information for the	Month/Year o	of:	May-09							
Consecu	tive System Name:	Village Water	•						fication Number:	6532779	
	tive System Type:	X	Community	☐ No	n-Transient	Non-Co			Transient Non-Commu	nity	
Number	of Service Connections at	End of Month:	: 191				Total Popu	ilation Served	at End of Month:	554	
Consecu	tive System Owner:	Aqua Utilities	Florida			***************************************					
Contact		Steve Fuller					Contact Pe		Sn. Facilities Operator	· · · · · · · · · · · · · · · · · · ·	
	Person's Mailing Address:		415 West Daughtery R	d.			City:		State: FL	Zip Code:	
	Person's Telephone Numb	er:	813-267-2074				Contact Pe	erson Person's	Fax Number:	863-853-493	37
C tact	Person's E-Mail Address:		slfuller@aquaameric	a.com							
II. Daily	Data for the Month/Ye	ar of:	May-09								
Type of	Disinfectant Residual M	Aaintained in	Distribution System:	X	Free Chlo	rine		Combined	Chlorine (Chloramine	es)	Chlorine Dioxide
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		Abnormal Operating Condi			Day of the Month	Disinfectan at Reme	t Residual t Concentration ote Point in 1 System, mg/L			ditions; Repair or Maintenance on Componets 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		0.8			
13	0.6					30		0.8			
14	0.0					31					
15 16	0.8					31	<u> </u>				
i am dui	y authorized to sign this	s report on be	nan of the consecutiv	e system ident	inied in Pai	t I of th	is report.	certify that i	me miormation provi	ded in tins re	port is true and accurate
to the be	est of my knowledge and	d belief.	06	6 P.II					D 2210		
		0-0		Steve Fuller					B-7519		
Signature	e and Date			Printed or Typ	oed Name				License Number or Titl	ie	

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I. Gene	eral Information for the	Month/Year of: J	une-09				
Consecu	ıtive System Name:	Village Water		***************************************	PWS Identi	fication Number:	6532779
Consecu	itive System Type:	Community	Non-Transient	Non-Co	mmunity	Transient Non-Comm	nunity
Number	of Service Connections at	End of Month: 191			Total Population Served	at End of Month:	554
Consecu	itive System Owner:	Aqua Utilities Florida					
Contact	Person:	Steve Fuller			Contact Person's Title:	Sn. Facilities Operato	nt.
Contact	Person's Mailing Address:	415 West Daughtery Rd.			City: Lakeland	State: FL	Zip Code: 33810
Contact	Person's Telephone Numb	er: 813-267-2074			Contact Person Person's	Fax Number:	863-853-4937
Cartact	Person's E-Mail Address:	slfuller@aquaamerica.co	<u>om</u>				
D- Call	y Data for the Month/Yo	ear of: June-09					
		Maintained in Distribution System:	X Free Chlo	rina	Combined	Chlorine (Chlorami	nes) Chlorine Dioxide
Type of	Distillectant Residual i	T Distribution System.	LAJ FIEE CIIIC	nne	T Combined	Chlorine (Chloraini	nes)
	Lowest Residual				Lowest Residual		
Day	Disinfectant Concentration			Day	Disinfectant Concentration		
of the	at Remote Point in	Emergency or Abnormal Operating Condition	is; Repair or Maintenance	of the	at Remote Point in	Emergency or Abnorm	nal Operating Conditions; Repair or Maintenance
Month	Distribution System, mg/L	Work that Involves Taking Water System Cor		Month	Distribution System, mg/L		king Water System Componets Out of Operation
100	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 du	est of my knowledge an	s report on behalf of the consecutive sy	ystem identified in Pa	rt I of th	is report. I certify that	the information prov	rided in this report is true and accurate
to the be	est of my knowledge an	d belief.					
		- / - / - St	eve Fuller			B-7519	
Signature	e and Date	Pr	rinted or Typed Name			License Number or Ti	itle
	00.555.000141		p				
	62-555,900(4) ugust 28, 2003		Page 1				



Effective August 28, 2003

I. Gene	ral Information for the	Month/Year of: July-09				
Consecu	tive System Name:	Village Water		PWS Identi	fication Number:	6532779
Consecu	tive System Type:	X Community Non-Transien	t Non-Co	mmunity	Transient Non-Comm	nunity
Number	of Service Connections at	End of Month: 191	***************************************	Total Population Served	at End of Month:	554
Consecu	tive System Owner:	Aqua Utilities Florida	15444411111111111111111111111111111111			
Contact		Steve Fuller		Contact Person's Title:	Sn. Facilities Operato	or
	Person's Mailing Address:	415 West Daughtery Rd.		City: Lakeland	State: FL	Zip Code: 33810
	Person's Telephone Numb			Contact Person Person's	Fax Number:	863-853-4937
	Person's E-Mail Address:	slfuller@aquaamerica.com				
II. Daily	Data for the Month/Ye					
Type of	Disinfectant Residual N	Maintained in Distribution System:	orine	Combined	Chlorine (Chlorami	nes) 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 Componets Out of Operation		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		nal Operating Conditions; Repair or Maintenance king Water System Componets Out of Operation
1 (12) 1 (2) (2)	1.0	To the second se	17	1.1		A control of the cont
2	1.0		18			
3			19			
4	0.8		20	1.1		
5	<u> </u>		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	······································					
to the be	y authorized to sign thi est of my knowledge an the holds and Date	s report on behalf of the consecutive system identified in P d belief. Steve Fuller Printed or Typed Name	art I of th		the information prov B-7519 License Number or T	
DEP Form	52-555.900(4)	Page	1			



I. Gene	eral Information for the	Month/Year of: A	ugust-09	***************************************			
Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner,	tive System Name:	Village Water			PWS Identif	fication Number:	6532779
Consecu	tive System Type:	X Community	Non-Transient	Non-Cor	mmunity	Transient Non-Comm	unity
Number	of Service Connections at	End of Month: 191			Total Population Served	at End of Month:	554
Consecu	tive System Owner:	Aqua Utilities Florida					
Contact	Person:	Steve Fuller			Contact Person's Title:	Sn. Facilities Operato	r
Contact	Person's Mailing Address:	415 West Daughtery Rd.		~~~~	City: Lakeland	State: FL	Zip Code: 33810
Contact	Person's Telephone Numb	er: 813-267-2074		Minimento de Limitado	Contact Person Person's	Fax Number:	863-853-4937
Cact	Person's E-Mail Address:	slfuller@aquaamerica.co	<u>m</u>				
II Dails	y Data for the Month/Ye	ear of: August-09					
processing the second second		Maintained in Distribution System:	X Free Chlo	rine	Combined	Chlorine (Chlorami	nes)
130001	Districciant residual i	Taintained in Distribution System:	ad free cine	THE	La Comonica	Chlorine (Chloraini	ics) — emornic Dioxide
	Lowest Residual				Lowest Residual		
Day	Disinfectant Concentration			Day	Disinfectant Concentration		
of the	at Remote Point in	Emergency or Abnormal Operating Conditions	Repair or Maintenance	of the	at Remote Point in	Emergency or Abnorm	al Operating Conditions; Repair or Maintenance
Month	Distribution System, mg/L	Work that Involves Taking Water System Com	ponets Out of Operation	Month	Distribution System, mg/L	Work that Involves Tal	king Water System Componets Out of Operation
1.0				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			
1	1.1			26	1.0		
- [1]				27			
12	1.1			28	1.0		
13				29			
14	1.1			30			
15				31	1.1		
16							
Lam du	v authorized to sign this	s report on behalf of the consecutive sys	ctem identified in Par	t Lofth	is report. Leartify that t	he information prov	idad in this sapart is true and geourgte
			stem identified in rai	t i oi tii	is report. Teertify that i	ne information prov	ided in this report is true and accurate
to the be	est of my knowledge and	9-4-09 Ste	F 11			D 7510	
			eve Fuller			B-7519	
Signature	and Date	1/11	nted or Typed Name			License Number or Ti	ue
DEP Form	62-555.900(4)		Page 1				
	igust 28, 2003						



Effective August 28, 2003

I. Gene	eral Information for the	Month/Year of:	September-09				
Consecu	tive System Name:	Village Water			PWS Identif	ication Number:	6532779
Consecu	tive System Type:	X Community	Non-Transient	Non-Co	mmunity	Transient Non-Comm	unity
Number	of Service Connections at	End of Month: 191			Total Population Served	at End of Month:	554
Consecu	tive System Owner:	Aqua Utilities Florida					
Contact	Person:	Steve Fuller			Contact Person's Title:		
	Person's Mailing Address:					State: FL	Zip Code: 33810
	Person's Telephone Numb			***************************************	Contact Person Person's	Fax Number:	863-853-4937
Cract	Person's E-Mail Address:	slfuller@aquaamerica.co	<u>om</u>				
n- all	Data for the Month/Ye	ear of: September-0	19	***************************************			
Telephone and the party of the		Maintained in Distribution System:	X Free Chlo	orine	Combined	Chlorine (Chloramii	nes)
	Lowest Residual				Lowest Residual		
Day	Disinfectant Concentration			Day	Disinfectant Concentration		
of the	at Remote Point in	Emergency or Abnormal Operating Condition		of the	at Remote Point in		al Operating Conditions, Repair or Maintenance
Month	Distribution System, mg/L	Work that Involves Taking Water System Cor	mponets Out of Operation	Month 17	Distribution System, mg/L	work that involves 1 a	king Water System Componets Out of Operation
2	1.1			18	1.2		
3	1.1			19	1.2		
4	1.0			20			
5	1.0			21	1.0		
6				22	1		
7	1.1			23	1.1		
8				24			
9	1.1			25	1.()		
				26			
	1.0			27			
12				28	1.0		
13				29			
14	1.1			30	1.1		
15				31			
16	1.1						
Days (
Lam du	v authorized to sign this	s report on behalf of the consecutive sy	vstem identified in Pa	rt I of th	is report. I certify that	the information prov	yided in this report is true and accurate
	est of my knowledge and						
Δ	en tulla	10-1-09 St	teve Fuller			B-7519	
Signature	and Date	Pr	rinted or Typed Name			License Number or Ti	itle
DEP Form	62-555.900(4)		Page	I			



I. Gene	ral Information for the	Month/Year of:	October-09						
A STATE OF THE PARTY OF THE PAR		Village Water					fication Number:	6532779	
Consecu	tive System Type:	X Community	Non-Transien	Non-Co		The state of the s	Transient Non-Commu	ınity	
Number	of Service Connections at	End of Month: 191			Total Pop	ulation Served	at End of Month:	554	
Consecut	tive System Owner:	Aqua Utilities Florida							
Contact 1	Person:	Steve Fuller			Contact P		Sn. Facilities Operator		
Contact I	Person's Mailing Address:	415 West Daughtery	Rd.		City:	Lakeland	State: FL	Zip Code:	
Contact l	Person's Telephone Number	er: 813-267-2074			Contact P	erson Person's	Fax Number:	863-853-49	937
C net l	Person's E-Mail Address:	sifuller@aquaamer	ica.com					and the second s	
II Dails	Data for the Month/Ye	ar of: October	-09						
		Maintained in Distribution System		orine		Combined	Chlorine (Chloramin	es)	Chlorine Dioxide
Type or					T				
	Lowest Residual			5,000	Lowe	est Residual			
Day	Disinfectant Concentration			Day	Disinfectar	nt Concentration			
of the	at Remote Point in	Emergency or Abnormal Operating Cor		of the		note Point in			nditions; Repair or Maintenance
Month	Distribution System, mg/L	Work that Involves Taking Water Syste	m Componets Out of Operation	Month	Distributio	on System, mg/L	Work that Involves Tak	ing Water Syste	m Componets 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	-				
				26		1.1			
11				27		1.0			
12	1.0			28		1.0			
13				30	 	0.8			
14	1.1			31		0.0			
15	1.0			31		1			
16	1.0			J					
I am dul	y authorized to sign this	s report on behalf of the consecut	ive system identified in Pa	irt I of th	is report.	I certify that t	the information provi	ided in this re	eport is true and accurate
to the be	est of my knowledge and	d belief.							
	true + relle	11-6-09	Steve Fuller	A. D. A.		7///	B-7519		
Signature	and Date		Printed or Typed Name				License Number or Tit	le	
			wa)3350 Jul						
	62-555.900(4) ugust 28, 2003		Page	Ţ					



Effective August 28, 2003

I. Gene	eral Information for the	Month/Year of:	November-09	***************************************			
Consecu	tive System Name:	Village Water			PWS Identi	fication Number:	6532779
Consecu	tive System Type:	X Community	Non-Transient	Non-Co	mmunity	Transient Non-Comn	nunity
Number	of Service Connections at	End of Month: 191			Total Population Served	at End of Month:	554
Consecu	tive System Owner:	Aqua Utilities Florida					
Contact	Person:	Steve Fuller	Christian Co. Declaration in the State Co. Carl Service Conference of The State Conference	. Nov. 10.1	Contact Person's Title:	Sn. Facilities Operato	Or .
Contact	Person's Mailing Address:	415 West Daughtery Rd.	ACCOUNTY OF A SPECIAL DESIGNATION AS A SPECIAL DESIGNATION OF SECURIOR OF SECU		City: Lakeland	State: FL	Zip Code: 33810
Contact	Person's Telephone Numb	er: 813-267-2074			Contact Person Person's	Fax Number:	863-853-4937
Contact	Person's E-Mail Address:	slfuller@aquaamerica.c	<u>om</u>				
III. all	Data for the Month/Ye	ear of: November-0	9			***************************************	
A STATE OF THE PARTY OF THE PAR		Maintained in Distribution System:	X Free Chlo	orine	Combined	Chlorine (Chlorami	nes)
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Condition Work that Involves Taking Water System Cor	is; Repair or Maintenance	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnorm	nal Operating Conditions; Repair or Maintenance iking Water System Componets 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	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	
8				24			
9	1.0			25	1.1		
				26			
1 .4	1.0			27	1.0		
12				28			
13	1.0			29			
14				30	1.0		
15				31			
16	1.0				<u></u>		
to the be	est of my knowledge and	d belief. 12 40 - 09 St	teve Fuller	rt I of th		B-7519	vided in this report is true and accurate
Signature	and Date	Pr	rinted or Typed Name			License Number or T	itle
DEP Form	52-555.900(4)		Page	1			



I. Gene	eral Information for the	Month/Year of:	December-09				
Consecu	itive System Name:	Village Water		W	PWS Identi	fication Number:	6532779
Consecu	itive System Type:	X Community	Non-Transien	t Non-Co	mmunity	Transient Non-Comm	unity
Number	of Service Connections at	t End of Month: 191			Total Population Served	at End of Month:	554
Consecu	itive System Owner:	Aqua Utilities Florida		vermente de la colonia. Vermente			
Contact		Steve Fuller			Contact Person's Title:	Sn. Facilities Operato	Γ
Contact	Person's Mailing Address	: 415 West Daughtery	Rd.		City: Lakeland	State: FL	Zip Code: 33810
	Person's Telephone Numb	per: 813-267-2074			Contact Person Person's	Fax Number:	863-853-4937
Connect	Person's E-Mail Address:	slfuller@aquaamer	ica.com				
D. ATT	y Data for the Month/Ye	ear of: Decembe	o= 00				
		Maintained in Distribution System				OLL : (OLL :	`
Type of	Disinfectant Residual	Maintained in Distribution System	: LAJ Free Chic	orine	Combined	Chlorine (Chlorami	nes) Chlorine Dioxide
	Lowest Residual			51	Lowest Residual		
Day	Disinfectant Concentration			Day	Disinfectant Concentration		
of the	at Remote Point in	Emergency or Abnormal Operating Con	ditions: Renair or Maintenance	of the	at Remote Point in	Emergency or Ahnorm	al Operating Conditions; Repair or Maintenance
Month	Distribution System, mg/L	Work that Involves Taking Water System		Month	Distribution System, mg/L		king Water System Componets Out of Operation
1		**************************************		17	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,000 300 2000 100	ang rada opporte compones out of operation
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		
				26			
1	1.0			27			
12				28	1.0		
13				29			
14	1.0			- 30	1.1		
15				31			
16	1.2			***************************************			
		and the second second					
i am dui	y authorized to sign this	s report on behalf of the consecuti	ve system identified in Pa	rt I of th	is report. I certify that t	he information prov	ided in this report is true and accurate
to the be	est of my knowledge and	d belief.					
		1-5-10	Steve Fuller			B-7519	
Signature	and Date		Printed or Typed Name			License Number or Ti	tle
	52-555.900(4)		Page	l			
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

I. Gene	ral Information for the	Month/Year of:	January-10				
	tive System Name:	Village Water			PWS Ident	ification Number:	6532779
	tive System Type:	X Community	Non-Transient	Non-Co	mmunity	Transient Non-Comm	nunity
Number	of Service Connections at	End of Month: 191			Total Population Served	l at End of Month:	554
Consecu	tive System Owner:	Aqua Utilities Florida					
Contact		Steve Fuller			Contact Person's Title:	Sn. Facilities Operato	
	Person's Mailing Address:		Rd.		City: Lakeland	State: FL	Zip Code: 33810
	Person's Telephone Numb				Contact Person Person's	Fax Number:	863-853-4937
Contact	Person's E-Mail Address:	slfuller@aquaamer	ica.com				
II. Daily	Data for the Month/Ye	ear of: January	·-10				
Type of	Disinfectant Residual N	Maintained in Distribution System	i: X Free Chlo	rine	☐ Combined	Chlorine (Chlorami	nes)
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Cor Work that Involves Taking Water Syste		Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnorm	nal Operating Conditions; Repair or Maintenance king Water System Componets 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 11	1.0			26			
12	1.0			27	1.0		
13	1.1			29	1.0		
14	1,1			30	1.0		
15	1.1			31			
16	1.1			31	L	L	
10							
to the be	y authorized to sign this st of my knowledge and the full and Date		Steve Fuller	rt I of th	is report. I certify that	the information prov B-7519 License Number or Ti	vided in this report is true and accurate
Signature	and Date		Printed or Typed Name			License Number or 11	itie

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I. Gen	eral Information for the	Month/Year of:	February-10				
	itive System Name:	Village Water			PWS Identi	fication Number:	6532779
	itive System Type:		Non-Transient	Non-Co	nmunity	Transient Non-Commu	unity
Number	of Service Connections at	End of Month: 191			Total Population Served	at End of Month:	554
	itive System Owner:	Aqua Utilities Florida					
Contact		Steve Fuller			Contact Person's Title:	Sn. Facilities Operator	
	Person's Mailing Address:				City: Lakeland	State: FL	Zip Code: 33810
	Person's Telephone Numb				Contact Person Person's	Fax Number:	863-853-4937
Contact	Person's E-Mail Address:	slfuller@aquaamerica.c	<u>com</u>				
II. Dail	y Data for the Month/Ye	ear of: February-10		ili de la companya del companya de la companya de la companya del companya de la			
Type of	Disinfectant Residual N	Maintained in Distribution System:	X Free Chlo	orine	Combined	Chlorine (Chloramin	es) Chlorine Dioxide
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Condition Work that Involves Taking Water System Con		Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnorma	al Operating Conditions; Repair or Maintenance ing Water System Componets Out of Operation
1	1.0			17	1.0		
2				18			
3	1.0			19	1.2		
4				20			
5	1.1			21			
7				22	1.2.		
	1 1			23			
8	1.1			24	1.0		
10	1.1			25 26	1 1		
11	1.1			27	1.1		
12	1.0			28			
13				29			
14				30			
15	1.0			31			
- 16							
to the be	y authorized to sign this est of my knowledge and	St	ystem identified in Par eve Fuller inted or Typed Name	t I of thi		the information provi B-7519 License Number or Tit	

DEP Form 62-555.900(4) Effective August 28, 2003



I. Gene	eral Information for the	Month/Year of:	March-10				
Consecu	itive System Name:	Village Water			PWS Identil	ication Number:	6532779
Consecu	tive System Type:	X Community	Non-Transient	Non-Cor	mmunity	Transient Non-Commo	inity
Number	of Service Connections at	End of Month: 191			Total Population Served	at End of Month;	554
Consecu	tive 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 Numb	er: 813-267-2074			Contact Person Person's	Fax Number:	863-853-4937
Contact	Person's E-Mail Address:	slfuller@aquaamerica	com				
II. Daily	y Data for the Month/Ye	ar of: March-10			***************************************		
Type of	Disinfectant Residual N	Maintained in Distribution System:	X Free Chlo	orine	Combined	Chlorine (Chloramin	nes) Chlorine Dioxide
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Condition Work that Involves Taking Water System C		Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		al Operating Conditions; Repair or Maintenance ing Water System Componets Out of Operation
1	1.1	The second secon		17	1.0		
2				18			
3	1.1			19	0.9		
4				20		·	The state of the s
5	1.0			21			
6				22	1.0		
7				23			
8	1.0			24	0.8		
9				25			
10	1.0			26	0.9		
11.65				27			
12	0.9			28			
13				29	1.0		
14				30			
15	0.8			31	1.0		
16							
I am du	ly authorized to sign this	s report on behalf of the consecutive d belief.	system identified in Pa	rt I of th	is report. I certify that	the information prov	ided in this report is true and accurate
			Steve Fuller			B-7519	
Signature	e and Date		Printed or Typed Name			License Number or Tit	tle

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	ral Information for the	Month/Year of: April-10			
	tive System Name:	Village Water		PWS Identit	fication Number: 6532779
	tive System Type:	X Community Non-Transien	it Non-Co		Transient Non-Community
************	of Service Connections at			Total Population Served	at End of Month: 554
	tive System Owner:	Aqua Utilities Florida			
Contact I		Steve Fuller			Sn. Facilities Operator
	Person's Mailing Address:	415 West Daughtery Rd.		<u></u>	State: FL. Zip Code: 33810
	Person's Telephone Numb			Contact Person Person's	Fax Number: 863-853-4937
Contact i	Person's E-Mail Address:	slfuller@aquaamerica.com			
II. Daily	Data for the Month/Ye	ar of: April-10	***************************************		
Type of	Disinfectant Residual N	Maintained in Distribution System:	orine	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 Componets Out of Operation		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 Componets Out of Operation
11			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	
4.4			27		
11	1.0				
12	1.0		28	1.0	
12 13			29		
12	1.0			1.0	

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DRINKIN	NG WATER BACTERIOLO	GICAL	SAMPI	LEUC	JLLE	CHO	IN AND LAD	SURATU	(I KEPUR	CHING FO	KIVIAI
	nt Pkwy, • Jacksonville, FL 32216 • 904.363.9350 • Fa Palm Ave. • Tampa, FL 33619 • 813.630.9616 • Fax 8						Archer Road - Gainesvil IIvd., Ste. 1016 - Attamo				E53076
Relinquish B Received By: Report Number	Colphil	_Date: Date: <u>ଫ</u>		Time:_ _Time:_	09.	00	Lab f Analy Sample Acce Sample Prese Disinfectant	performing this Receipt Date & T ysis Date & Time otance Criteria: rvation:	Lab Use On s analysis is che me:	or Check on the above the check of the check	 _°C _mg/L
Analysis Red	quested: (please check all that ap Coliform Test		Other:				9				
System Addres System or Own	e: VILLAGE WAT s: 4411 MAINE A per's Phone #: 863-858 DAN Sherax	1c- - 25	٥٠/				Fax #:	863-	3 2 1 PARK 853. 813-3	4937	702
Community Private We	(check only one) y Water System □ Noncomm □ Swimming mpling: (check only one) □ Routine C	Pool		Repeat		Nontrar Bottled Replac		nity Water Syst		Limited Use S	ystem
Reason tot Sa						· · · ·					
Sample Number	To be completed by col Sample Point (Location or Specific Address)		Collection Time		Dis- infect Res'd (mg/L)	Нq	Y B		thod: 5/5/6 Fecat or E. coli		Lab Sample
1	2530 DAWN HTS	4/21/10	130	Ø	1.4			A			Number
3	2826 SECURITY LN PDG	1	120	D	12			A			
(cc	Average of disinfectant residuals for omplete for community and nontransient noncup to and including 4,900. Do not include ray	ommunity sys	stems serving	population	on (1 i	35)	All tesi Date PWS N	ts are performed lotified by lab o	inistrative Code F in accordance wit if positive result	h NELAC standa s	rds.
Person perform	sidual Analysis Method: DPD Color ing analysis is: (please check one of below operator (# 2857) by a cert operator (#)	1)	Employe	-			Lab Signat	ure: <u>//)</u>	f positive result () _Time:		
	STEVE FULL STEVE FULL 415 W. DAUG LAKELANU, F	on to Rec ER hTER	×Rd				Satisfactory Incomplete to Repeat Sarr Replacemer Date Reviewed b	Collection Information Required in Samples Record Record Technology (Collection Record	mation	OOH USE ONL	Y

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



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,

Rafael Reyes

Engineering Specialist III

XC: PWS # 6532779 Correspondence File



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

FLA013087

June 15, 2009

June 14, 2014

FLA013087-005-DW3P/NR

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMIT NUMBER:

PA FILE NUMBER:

ISSUANCE DATE:

EXPIRATION DATE:

PERMITTEE:

Aqua Utilities Florida, Inc.

RESPONSIBLE AUTHORITY:

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-00l 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 PERMIT NUMBER: FLA013087
PERMITTEE: Aqua Utilities Florida, Inc.

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.8:

			Reclaimed Water Limitations							
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	
рН	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-01	
Coliform, Fecal	#/100ML	Maximum	200	<u>-</u>	•	800	Monthly	Grab	EFA-01	See Cond.l.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	

PA File No. FLA013087-005-DW3P/NR

FACILITY: Village Water WWTF PERMIT NUMBER: FLA013087

PERMITTEE: Aqua Utilities Florida, Inc.

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)]

Village Water WWTF

PERMIT NUMBER:

FLA013087

PERMITTEE:

Aqua Utilities Florida, Inc.

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						
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.l.B.3, 5
Percent Capacity, (3MADF/Permitted Capacity) x 100	%	Maximum	٠	Report	-	-	Monthly	Calculation	FLW-01	
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	-	Report	-	-	Annually ¹	Grab	INF-01	See Cond.1.B.4
Solids, Total Suspended	MG/L	Maximum	-	Report	-	-	Annually ¹	Grab	INF-01	See Cond.I.B.4

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

PERMIT NUMBER: FLA013087

FACILITY: Village Water WWTF
PERMITTEE: Aqua Utilities Florida, Inc.

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	first day of month – last day of	28 th day of following month		
Toxicity	month			
Quarterly	January 1 - March 31	April 28		
	April 1 – June 30	July 28		
	July 1 – September 30	October 28		
	October 1 – December 31	January 28		
Semiannual	January 1 – June 30	July 28		
	July 1 December 31	January 28		
Annual	January 1 December 31	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 28th of the month following the month of operation at the addresses specified below:

FACILITY: Village Water WWTF PERMIT NUMBER: FLA013087

PERMITTEE: Aqua Utilities Florida, Inc.

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

- 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, usc, 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]

FACILITY: Village Water WWTF PERMIT NUMBER: FLA013087
PERMITTEE: Aqua Utilities Florida, Inc.

5. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant

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	4.	Signature of Hauler
	Management Facility or Treatment Facility		
5.	Signature of Responsible Party at Source	5.	Signature of Responsible Party at
	Facility		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

to Rule 62-640.880(2)(d), F.A.C. [62-640.880(2)(d)]

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]

FACILITY: Village Water WWTF PERMITTEE: Aqua Utilities Florida, Inc.

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

PERMITTEE: Aqua Utilities Florida, Inc.

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
Submit a report detailing the relationship between flows to the ponds, water level in the ponds, rainfall and water	12 months after permit issuance
levels in the piezometers, with the capacity of the RIBs.	

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

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

VIII. OTHER SPECIFIC CONDITIONS

- 1. The permittee shall apply for renewal of this permit at least 180 days before the expiration date of the permit using the appropriate forms listed in Rule 62-620.910, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C. The existing permit shall not expire until the Department has taken final action on the application renewal in accordance with the provisions of 62-620.335(3) and (4), F.A.C. [62-620.335(1)-(4)]
- 2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-610.850(1)(a) and (2)(a)]
- 3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8) and 62-640.400(6)]
- 4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction and conveyance of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. [62-604.130(3)]
- 5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550] [62-620.610(20)]

PERMIT NUMBER: FLA013087

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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
- Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
- Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
- d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment: or
- e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health and safety problems.

[62-604.130(54)]

- 7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. [62-610.518(1)] [and 62-600.400(2)(b)]
- 8. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. [62-701.300(1)(a)]
- 9. The Permittee shall provide verbal notice to the Department as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department in a written report within 7 days of the sinkhole discovery. [62-4.070(3)]
- 10. The permittee shall provide adequate notice to the Department of the following:
 - 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)]

PERMITTEE: Aqua Utilities Florida, Inc.

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;

PERMITTEE: Aqua Utilities Florida, Inc.

b. Have access to and copy any records that shall be kept under the conditions of this permit;

- 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

PERMITTEE: Aqua Utilities Florida, Inc.

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.
 - 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, climinate, and prevent recurrence of the noncompliance.

PERMIT NUMBER: FLA013087

FACILITY: Village Water WWTF
PERMITTEE: Aqua Utilities Florida, Inc.

a. The following shall be included as information which must be reported within 24 hours under this condition:

- Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
- Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
- 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
- 4. Any unauthorized discharge to surface or ground waters.
- b. Oral reports as required by this subsection shall be provided as follows:
 - For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:
 - a) Name, address, and telephone number of person reporting;
 - 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;
 - Description of area affected by the discharge, including name of water body affected, if any; and
 - Other persons or agencies contacted.
 - 2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.
- 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)]

PERMITTEE: Aqua Utilities Florida, Inc.

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:
 - 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 1X. 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
 - The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.

PERMITTEE: Aqua Utilities Florida, Inc.

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

TYRONY FITAL PROTECTION

Jeffry S. Greenwell, P.E.

Water Facilities Administrator Southwest District Office



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:

415 West Edaughtery Rd.

LIMIT:

Final N/A

GROUP: Domestic

Lakeland FLA, 33809

CLASS SIZE: Three Month Average Daily Flow:

0.033

IIIC

Monitoring Group Number

R001(Perc/Evap Ponds)

44% CAPACITY WAFR NO: 15196

FACILITY:

Village Water WWTP

Eaton Park, Fl. 33801

PLANTSIZE/TREATMENT TYPE:

LOCATION:

4411 Main Ave.

NO DISCHARGE FROM SITE:

dmr date 5/08

COUNTY:	Polk			MONITORING PER	NODFrom:	05/01/2008	To:		05/31/2008		
Parameter		Quantity of Load	ding Units	Qua	ality or Concentration		Units	No.	Frequency of	Sample	Туре
								Ex.	Analysis		
Flow	Sample Measurement	0.033						0			2
PARM Code 50050 Y Mon.Site No.INF-01	Permit Requirement	0.075 (Annual Avg)	mgd						Report Monthly	Calcula Roll.An.	
Flow	Sample Measurement	0.0	131					0			
PARM Code 50050 1 Mon.Site No.INF-01	Permit Requirement	REP (Mo.	mad						5 Days / Week	Elapsed Meter	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.9				0			
PARM Code 80082 Y MON. Site No EFA-01	Permit Requirement			20.0 (Ап.Avg.)			MG/L		Report Monthly	Calcula Roll.An.	100000
BOD, Carbonaceous 5 day, 20C	Sample Measurement			5.6		5.6		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	•7		4.2				0			
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement	1"		20.0 (An.Avg.)	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		MG/L	,	Report Monthly	Calcula Roll.An.	

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

813-267-2074

08/06/17

Facility Name: Village V	Vater					Monitoring Group N		WAFR: 15196				
Parameter		Quantity of Loading	ng	Units Quality or	Concentration	n		Units	No. Ex.	Frequency Analysis	Sample T	у
Solids, Total Suspended		Sample Measurement			5.0		5.0		0	o was an a company of the company of		
PARM Code 00530 1 Mon.Site No.EFA-01		Permit Requirement			30 .Avg.)		60.0 (Max	x) MG/L		Monthly	Grab	
pH		Sample Measurement			7.0		7.2		0			
PARM Code 00400 Site No.EFA-01	Mon.	Permit Requirement			6.0 ⁄lin.)		8.5(Max)	SU		5 Days / Week	Grab	
Coliform, Fecal		Sample Measurement			5.2				0			
PARM Code 74055 Y Mon.Site No.EFA-01		Permit Requirement			200 Avg.)			#/100mL		Report Monthly	Calculate Roll.An.Av	
Coliform, Fecal		Sample Measurement			1.0		1		0			
PARM Code 74055 1 Mon.Site No.EFA-01		Permit Requirement			eport eoMean)		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	: <u>400</u> 1 54).5 (in.)	number of each ref		MG/L	,	5 Days / Week	Grab	
Nitrate		Sample Measurement					12.5		0			
Parm Code 08520 1 SiteNo. EFA-01	Mon	Permit Requirement					12.0 (Max.)	MG/L		Monthly	Grab	
BOD, Carbonaceous 5 day, 200		Sample Measurement	n në	M	NR				0			
Parm Code 80082 G Mon.Site No 01	o. INF-	Permit Requirement		An	nual ruary)			MG/L		Annual	Grab	
TSS		Sample Measurement		м	NR				0			
PARM Code 00530 G Mon.Site No.INF-01	** ******	Permit Requirement	******	An	nual ruary)			MG/L		Annual	Grab	-

Permit Number: FLA013087

Month/Year: April-08

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100:

0.033 44%

Village waterWWTP (R001)

-				waterWWTI						
	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	a mary				7.0		1.7		
2	0.036					7.1		1.7		
3	0.019									
4	0.019									
5	0.029	-			Alsaksi.	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	X 140°.	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:	В	Certification No.:	8937	Name:	Steve Fuller
Day Shift Operator	Class:	C	Certification No.:	13832	Name:	Jerry Hahn
Day Shift Operator	Class:		Certification No.:		Name:	
Day Shift Operator	Class:		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.:	10.500	Name:	
Type of Effluent Dispos	al or Reclaimed	Water Reus	e: Evaporation / Perculatio	n Ponds		
Limited Wet Weather D	Discharge Activa	ted: YeL	N Not Applicable:	_ If	yes, cumulative days	of wet weather discharge
* Attach additional shee	ets if necessary	to list all certi	fied operators.			

DEP FILE NO.: FLA013087-002-DW3P



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

PERMITTEE NAME

Aqua Utilities Florida

PERMIT NUMBER

FLA013087

REPORT: Monthly

MAILING ADDRESS:

6960 Professional Parkway East

LIMIT:

Final N/A

GROUP: Domestic

Sarasota, Fl. 34240

CLASS SIZE: Three Month Average Daily Flow:

0.035

IIIC

46% capacity

Monitoring Group Number

R001(Perc/Evap Ponds)

WAFR NO: 15196

FACILITY:

Village Water WWTP

PLANTSIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

dmr d ate 6/08

LOCATION:

4411 Main Ave. Eaton Park, Fl. 33801

COUNTY	Polk		MONITORING PERIOD	D-From:	06/01/2008	To:		06/30/2008		
Parameter		of Loading Un	its Quality	y or Concentration	2	Units	No.	Frequency of	Sample	Туре
							Ex.	Analysis		
Flow	Sample Measurement 0.034						0			
PARM Code 50050 Y Mon. Site No. INF-01	Permit Requirement 0.075 (Annual Avg)	m	gd					Report Monthly	Calcula Roll.An	
Flow	Sample Measurement	0.038					0			
PARM Code 50050 1 Mon.Site Na.INF-01	Permit Requirement	REPORT (Mo.Avg.)	gd					5 Days / Week	Elapsed Mete	
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	Calcul Roll.An	
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0		2.0		0			
PARM Code 80082 I MON. Site No. EFA-01	Permit Requirement	American — — — activities of the control of the con	30.0 (Mo. Avg.)		60.0 (Max.)	MG/L		Monthly	Gra	dı
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	Calcul Roll.An	

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

813-267-2074

08/07/21

Facility Name: Village Water	er WWTP	PERMIT NU	PERMIT NUMBER: FLA013087 Monitoring Group				WAFR: 15196		
Parameter		Quantity of Loading	Units	Quality or Concentra	ation	Units	No.	Frequency of	Sample Typ
							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.Av	rg.)	60.0 (Max) MG/L		Monthly	Grab
рН	Sample Measurement		7.2		7.5		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		3.1				0		
PARM Code 74055 Y Mon.Site No.EFA-01	Permit Requirement		200 (An. Av			#/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		Repo (Mo. Geol		800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		0.6				0		
PARM Code 50060 1 Mo Site No. EFA-01	n. Permit Requirement		0.5 (Min.			MG/L		5 Days / Week	Grab
Nitrate	Sample Measurement				0.047		0		
Parm Code 08520 1 Mo SiteNo. EFA-01	n Permit Requirement	7. 4 . 2 0			12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/	70!			0		
Parm Code 80082 G Mon.Site No. IN	F- Permit Requirement		Annu (Februa	al		MG/L		Annual	Grab
TSS	Sample Measurement		#DIV	70 !			0		
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement		Annu (Februa	100	4	MG/L		Annual	Grab

Permit Number: FLA013087

Month/Year: June-08

Three-month Average Daily Flow:

0.035

(TMADF/Permitted Capacity)x100:

460/6

Village waterWWTP (R001)

75			Village v	waterWWTI						
	Flow (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	ŤŠS (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	1	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	200	1.5		
8	0.022									
9	0.022			1 10 25 - 100		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	ļ	
15	0.027								1	
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	1	-
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		1	-		7.5		2.0	-	-
29	0.036						-			+
30	0.036				1	7.4		1.5		

PLANT STAFFING:							
Lead Operator	Class:	В	Certification No.:	8937	Name:	Steve Fuller	
Day Shift Operator	Class	С	Certification No.:	13832	Name:	Jerry Hahn	
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

If yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary to list all certified operators

DEP FILE NO.: FLA013087-002-DW3P



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

PERMITTEE NAME:

Agua Utilities Florida

PERMIT NUMBER:

FLA013087

REPORT. Monthly

MAILING ADDRESS:

6960 Professional Parkway East

LIMIT:

Final N/A

GROUP Domestic

Sarasota, Fl. 34240

CLASS SIZE: Three Month Average Daily Flow:

0.039

52 % capacity

FACILITY:

Village Water WWTP

Eaton Park, Fl. 33801

Monitoring Group Number PLANTSIZE/TREATMENT TYPE:

R001(Perc/Evap Ponds) IIIC

WAFR NO: 15196

LOCATION:

4411 Main Ave.

NO DISCHARGE FROM SITE

dmr date 7/08

COUNTY:	Polk			MONITORING PERIODFrom:	07/01/2000	To:		07/21/2000	2001
Parameter		Quantity of Loading	Units	Quality or Concentration		Units	No.	Frequency of	Sample Type
							240		
Flow							Ex.	Analysis	
7.07	Sample Measurement	0.035					0		
PARM Code 50050 Y Man 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 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	<u> </u>		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

Locatify 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

DATE (YY/MM/DD)

Steve Fuller Operator III

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO. 813-267-2074

813-267-2074

08/08/26

Facility Name: Village Wa			IUMBER: FLA013087	Monitoring Group NO.: R001		WAF	R: 15196	
Parameter	Qua	antity of Loading	Units Quality or Concentration	on	Units	No. Ex.	Frequency Analysis	Sample Typ
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 (Ma	ax) MG/L		Monthly	Grab
рН	Sample Measurement		7.1	7.5		0		
PARM Code 00400 Mo Site No.EFA-01	n. 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 M Site No. EFA-01	on. Permit Requirement		0.5 (Min.)		MG/L		5 Days / Week	Grab
Nitrate	Sample Measurement			3.1		0		
Parm Code 08520 1 Mo SiteNo. 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. If 01	NF- 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

Permit Number: FLA013087

Month/Year: July-08

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100:

0.039 52%

Village waterWWTP (R001)

				waterWWTI			P. C			
	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)	TŠS (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				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	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		—45; VK 3 5 1.50							
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:	В	Certification No.:	8937	Name:	Steve Fuller
Day Shift Operator	Class:		Certification No.:		Name:	
Day Shift Operator	Class:	<u>-</u>	Certification No.:		Name:	
Day Shift Operator	Class:		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.:		Name:	
Type of Effluent Disposa	al or Reclaimed	Water Reuse: E	Evaporation / Perculation	Ponds		
Limited Wet Weather Di	scharge Activa	ted: YeL N	Not Applicable:] 1	f yes, cumulative days of	wet weather discharge
* Attach additional sheet	ts if necessary	to list all certified	d operators.			

DEP FILE NO : FLA013087-002-DW3P



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

58 % capacity

Three Month Average Daily Flow: Monitoring Group Number

0.044 R001(Perc/Evap Ponds)

WAFR NO: 15196

FACILITY: LOCATION Village Water WWTP

Eaton Park, Fl. 33801

4411 Main Ave.

PLANTSIZE/TREATMENT TYPE NO DISCHARGE FROM SITE:

dmr c ate 8/08

COUNTY:	Polk				MONITORING PERIOD-From:	00/01/2006	To:	•	20/04/2000	200	18
Parameter		Quantity of	Loading	Units	Quality or Concentr	ation	Units	No.	Frequency of	Sample	Туре
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	Calcula Roll.An.	
Flow	Sample Measurement		0.047					0			
PARM Code 50050 1 Mon.Site No.INF-01	Permit Requirement		REPORT (Mo.Avg.)	mgd					5 Days / Week	Elapsed Meter	
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	Calcula Roll.An.	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		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				4.1			0			
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)	.5	MG/L		Report Monthly	Calcula Roll.An.A	

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 property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. 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

813-267-2074

08/09/23

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

PA File No. FLA012773-002-DW2P

Versio

Facility Name: Village Wat	er WWTP	PERMIT NUMBER: F	LA013087	Monitoring Group NO.: R00	01		WAF	R: 15196		
Parameter	Quantity of Lo	oading Units	Quality or Concentrati	on		Units	No. Ex.	Frequency Analysis	Sample	Туре
Solids, Total Suspended	Sample Measurement		2.0	2	2.0		0			
PARM Code 00530 1 Mon.Site No.EFA-01	Permit Requirement		30 (Mo.Avg.)	60.0	(Max)	MG/L		Monthly	Gra	ab
рН	Sample Measurement		7.1	7	.6		0			
PARM Code 00400 Mor Site No.EFA-01	Permit Requirement		6.0 (Min.)	8.5	(max)	SU		5 Days / Week	Gra	ab
Coliform, Fecal	Sample Measurement		3.1				0			
PARM Code 74055 Y Mon.Site No.EFA-01	Permit Requirement		200 (An. Avg.)			#/100mL		Report Monthly	Calcu Roll.Ar	
Coliform, Fecal	Sample Measurement		1.0		1		0			
PARM Code 74055 1 Mon.Site No.EFA-01	Permit Requirement		Report (Mo. GeoMean)		00 ax.)	#/100mL		Monthly	Gra	ab
Total Residual Chlorine (for Disinfection)	Sample Measurement		0.4				0			
PARM Code 50060 1 . Mo Site No. EFA-01	Permit Requirement		0.5 (Min.)			MG/L		5 Days / Week	Gra	ab
Nitrate	Sample Measurement			1	.5		0			
Parm Code 08520 1 Mor SiteNo. EFA-01	n Permit Requirement			12 (M:	2.0 ax.)	MG/L		Monthly	Gra	ab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!	, , ,	consult.		0			
Parm Code 80082 G Mon.Site No. IN 01	F. Permit Requirement		Annual (February)			MG/L		Annual	Gra	ab
TSS	Sample Measurement		#DIV/0!				0			
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement	2 - 4 <u>-4</u>	Annual (February)			MG/L		Annual	Gra	ıb

Permit Number: FLA013087 Month/Year: August-08

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100:

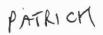
0.044 58%

				waterWWT		- 192				
	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									21.00
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	7411 16,008								
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										

Lead Operator	Class	В	Certification No.:	8937	Name:	Steve Fuller
Day Shift Operator	Class:	С	Certification No.:	13832	Name:	Jerry Hahn
Day Shift Operator	Class:		Certification No.:		Name:	
Day Shift Operator	Class		Certification No.:		Name:	
Chief Day Operator	Class:		Certification No.:		Name:	
Type of Effluent Dispos	al or Reclaimed	Water Reuse	Evaporation / Perculation	n Ponds		
Limited Wet Weather D	ischarge Activa	ted YeL.	N Not Applicable	If ye	es, cumulative days	of wet weather discha

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

DEP FILE NO . FLA013087-002-DW3P



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

PERMITTEE NAME

Agua Utilities Florida

Sarasota, Fl. 34240

PERMIT NUMBER:

FLA013087

REPORT: Monthly GROUP: Domestic

MAILING ADDRESS:

6960 Professional Parkway East

LIMIT: CLASS SIZE: Final

N/A

IIIC

Three Month Average Daily Flow:

0.470 R001(Perc/Evap Ponds)

62 % capacity WAFR NO: 15196

FACILITY:

Village Water WWTP

PLANTSIZE/TREATMENT TYPE:

LOCATION

4411 Main Ave.

NO DISCHARGE FROM SITE:

Monitoring Group Number

dmr date 9/08

Eaton Park, Fl. 33801

COUNTY:	Polk			MONITORING PERIODFrom:	09/01/2008	To:	0	9/30/2008	
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				F	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	F	Report Monthly	Calculated Roll.An.Avg.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.2	2.2		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			4.5			0		
PARM Code 00530 Y Mon Site No EFA-01	Permit Requirement			20.0 (An.Avg.)		MG/L	F	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.

Learlify 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

813-267-2074

08/10/27

Facility Name: Village	Wate	r WWTP	PERMIT NUI	MBER: FLA013087	Monitoring Group				WAF	R: 15196		
Parameter			Quantity of Loading	Units	Quality or Concentrate	tion		Units	No.	Frequency of	Sample	Туре
Colido Total Cusposadad									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	J.)	60.0	(Max)	MG/L		Monthly	Grab	o
pH		Sample Measurement		7.1		7.6	i		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	j.)			#/100mL		Report Monthly	Calcula Roll.An.A	
Coliform, Fecal		Sample Measurement		1.0		1			0			
PARM Code 74055 1 Mon.Site No.EFA-01		Permit Requirement		Report (Mo. GeoM		800 (Max		#/100mL		Monthly	Grab)
Total Residual Chlorine (for Disinfection)		Sample Measurement		1.0		,	250		0			
PARM Code 50060 1 Site No. EFA-01	Mon.	Permit Requirement		0.5 (Min.)				MG/L		5 Days / Week	Grab	1
Nitrate		Sample Measurement				0.54	1		0			
Parm Code 08520 1 SiteNo. EFA-01	Mon	Permit Requirement				12.0 (Max		MG/L		Monthly	Grab	
BOD, Carbonaceous 5 day, 20	C	Sample Measurement		#DIV/0		*,000			0			
Parm Code 80082 G Mon.Site N	lo. INF-	Permit Requirement		Annual (Februar				MG/L		Annual	Grab)
TSS		Sample Measurement		#DIV/0!					0			
PARM Code 00530 G Mon.Site No.INF-01		Permit Requirement	,	Annual (Februar				MG/L		Annual	Grab	

Permit Number: FLA013087 Month/Year: September-08

Three-month Average Daily Flow:

0.047

(TMADF/Permitted Capacity)x100:

6290

Village waterWWTP (R001)

				waterWWTI						
	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	1	
19	0.145					7.3		1.9		
20	0.048					7.4		2.0		
21	0.025			1	1					
22	0.025	1				7.4		2.0		
23	0.025			†	 	7.3		1.9		
24	0.059			†	<u> </u>	7.4	<u> </u>	2.2	1	
25	0.062					7.3		1.4		
26	0.049	 		†		7.6		1.0		
27	0.024			-		7.5		1.1	1	
28	0.032	 				1		1	1	
29	0.032					7.4		1.2		<u> </u>
30	0.032	+	1			7.4		1.4		
PLANT STA						1		1		
Lead Operat		Class	В	Cert	ification No.:	8937		Name:	Steve Ful	ler
Day Shift Op		Class			ification No.:		-	Name:		
Day Shift Op	erator	Class:		Cert	ification No.:		-:	Name:		
Day Shift Op	erator	Class:		Cert	ification No.:		_ :	Name:		

PLANT STAFFING:							
Lead Operator	Class	В	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: Yet N 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

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: CLASS SIZE

Final N/A

GROUP: Domestic

Sarasota, Fl. 34240

Three Month Average Daily Flow:

0.044

59% CAPACITY

FACILITY: LOCATION: Village Water WWTP

4411 Main Ave.

Monitoring Group Number PLANTSIZE/TREATMENT TYPE:

R001(Perc/Evap Ponds) IIIC

WAFR NO: 15196

Eaton Park, Fl. 33801

NO DISCHARGE FROM SITE

dmr date 10/08

COUNTY:	Polk			MONITORING PERIODFrom:	10/04/0000	To:		4040440000	200
Parameter		Quantity of Loading	Units	Quality or Conce	ntration	Units	No.	Frequency	Sample
Flow	Sample Measurement	0.037					Ex.	Analysis	
PARM Code 50050 Y Mon Site No.INF-01 Flow	Permit Requirement	0.075 (Annual Avg)	mgd				Ü	Report Monthly	Calculate Roll.An.Av
PARM Code 50050 1 Mon. Site No. INF-01	Sample Measurement Permit Requirement	0.040 REPORT	mgd				0	5 Days / Week	Elapsed Ti
BOD, Carbonaceous 5 day, 20C	Sample Measurement	(Mo.Avg.)		2.8			0	5 Days / Week	Meters
PARM Code 80082 Y MON. Site No. EFA-01 BOD, Carbonaceous 5 day, 20C	Permit Requirement			20.0 (An.Avg.)		MG/L		Report Monthly	Calculate Roll.An.Av
PARM Code 80082 MON.	Sample Measurement			2.0	2.0		0		
Site No. EFA-01 Solids, Total Suspended	Permit Requirement			(Mo. Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
PARM Code 00530 Y Mon.Site No.EFA-01	Sample Measurement Permit Requirement			4.3 20.0 (An.Avg.)		MG/L	0	Report Monthly	Calculate

ual 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

813-267-2074

08/11/19

Facility Name: Village Parameter	· rute			Monitoring Group NO.: R001			R: 15196	
		Quantity of Loading	Units Quality or Concentration		Units	No. Ex.	Frequency Analysis	Sample T
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
рН		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	(wiii.)		0		
PARM Code 74055 Y Mon.Site No.EFA-01		Permit Requirement	200 (An. Avg.)		#/100mL		Report Monthly	Calculate Roll.An.Av
Coliform, Fecal		Sample Measurement	12.0	12		0		KOII.AH.AI
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	(Max.)		0		
PARM Code 50060 1 Site No. EFA-01	Mon.	Permit Requirement	0.5 (Min.)		MG/L		5 Days / Week	Grab
Nitrate		Sample Measurement	·Venez,	6.1		0		
Parm Code 08520 1 SiteNo. EFA-01	Mon	Permit Requirement		12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 200	0	Sample Measurement	#DIV/0!	(Max.)		0		
Parm Code 80082 G Mon.Site No 11	o. INF-	Permit Requirement	Annual (February)		MG/L		Annual	Grab
SS		Sample Measurement	#DIV/0!			0		
ARM Code 00530 G on.Site No.INF-01	+	Permit Requirement	Annual (February)		MG/L		Annual	Grab

Permit Number: FLA013087

Month/Year: October-08

Three-month Average Daily Flow:

0.044

(TMADF/Permitted Capacity)x100:

590/0

Village waterWWTP (R001)

				waterWWTI					-200	
	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			
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		7 40
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		

Class	В	Certification No.:	8937	Name:	Steve Fuller
Class:	A	Certification No.:	4370	Name:	Dan Sherwood
Class:		Certification No.:		Name:	
Class		Certification No.:		Name:	
Class		Certification No.:		Name:	
	Class: Class: Class:	Class: A Class: Class:	Class: A Certification No.: Class: Certification No.: Class: Certification No.:	Class: A Certification No.: 4370 Class: Certification No.: Class: Certification No.:	Class: A Certification No.: 4370 Name: Class: Certification No.: Name: Class: Certification No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Perculation Ponds

If yes, cumulative days of wet weather discharge Limited Wet Weather Discharge Activated, Yel. Not Applicable:

* Attach additional sheets if necessary to list all certified operators

DEP FILE NO .: FLA013087-002-DW3P

When completed mail this repor	to: Department of	Environmental Protection	n Mail Station 3551	2600 Blair Stone Road	Tallahassee FI	32399-2400

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA013087

REPORT: Monthl

MAILING ADDRESS:

6960 Professional Parkway East

LIMIT:

Final

N/A

IIIC

GROUP: Domes

Sarasota, Fl. 34240

CLASS SIZE: Three Month Average Daily Flow:

53% OF CAF

Village Water WWTP

Monitoring Group Number PLANTSIZE/TREATMENT TYPE: R001(Perc/Evap Ponds) WAFR NO: 1

FACILITY:

NO DISCHARGE FROM SITE:

dmr date 11/

LOCATION:

4411 Main Ave.

Eaton Park, Fl. 33801

COUNTY:	Polk				MONITORING PER	IODFrom:	11/01/2008	To:		11/30/2
Parameter	Quantity of Loading			Units	Qua	ality or Concentra	tion	Units	No.	Frequ
									Ex.	Ana
Flow	Sample Measurement	0.038							0	
PARM Code 50050 Y Mon.Site No.INF-01	Permit Requirement	0.075 (Annual Avg)		mgd						Report
Flow	Sample Measurement		0.035						0	
PARM Code 50050 1 Mon.Site No.INF-01	Permit Requirement		REPORT (Mo.Avg.)	mgd						5 Days
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.0				0	
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Report
BOD, Carbonaceous 5 day, 20C	Sample Measurement				21.0		21.0		0	
PARM Code 80082 I MON. Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)		60.0 (Max.)	MG/L		Мо
Solids, Total Suspended	Sample Measurement				5.1				0	
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Report

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 t 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, accurathat 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.

Steve Fuller Operator III

Ston July

813-267-2074

Facility Name: Village Water	WWTP	PERMIT NU			NO.: R001		VVAF	R: 1519	
Parameter		Quantity of Loading	Units	Qua	lity or Concentrat	ion	Units	No.	Frequ (
								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		Мо
рН	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		Мо
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		Мо
BOD, Carbonaceous 5 day, 20C	Sample Measurement			#DIV/0!				0	
Parm Code 80082 G Mon.Site No. iNF	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

Permit Number: FLA013087 Month/Year: November-08

Three-month Average Daily Flow:

0.040

(TMADF/Permitted Capacity)x100:

Village waterWWTP (R001)

	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		74			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					☑ 7.4		1.5				
25	0.044					7 -		4 -				



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 N/A

GROUP: Domestic

Sarasota, Fl. 34240

CLASS SIZE Three Month Average Daily Flow:

0.038

50 % capacity

Monitoring Group Number

R001(Perc/Evap Ponds)

WAFR NO: 15196

FACILITY:

Village Water WWTP

PLANTSIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

IIIC

dmr date 12/08

LOCATION:

4411 Main Ave.

Eaton Park, Fl. 33801

COUNTY:	Polk				MONITORING PERIOD-From:		To:	•	10/24/2000	2008
Parameter		Quantity of	of Loading	Units	Quality or Cor	ncentration	Units	No.	Frequency of	Sample Typ
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		0.038					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	1			20.0 (An.Avg.)		MG/L		Report Monthly	Calculated Roll.An.Avg
BOD, Carbonaceous 5 day, 20C	Sample Measurement	A			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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO

DATE (YY/MM/DD)

Steve Fuller Operator III

813-267-2074

09/01/16

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

No. FLA012773-002-DW2P

1 2-9-04

Facility Name: Village Wat		PERMIT NUMBER: F		Monitoring Group NO.: RC	001			R: 15196	
Parameter	Quantity	of Loading Units	Quality or Concentratio	n		Units	No.	Frequency	Sample Ty
Solids, Total Suspended	Sample Measurement		9.6		9.6		Ex. 0	Analysis	
PARM Code 00530 1 Mon.Site No.EFA-01	Permit Requirement		30 (Mo.Avg.)	60.0	(Max)	MG/L		Monthly	Grab
рН	Sample Measurement		7.3		7.6		0		
PARM Code 00400 Moi Site No.EFA-01	Permit Requirement		6.0 (Min.)		8.5 ⁄lin.)	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)		300 1 ax.)	#/100mL		Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement		0.8		Brain-tracers .		0		
PARM Code 50060 1 Mo Site No. EFA-01	Permit Requirement		0.5 (Min.)			MG/L		5 Days / Week	Grab
Nitrate	Sample Measurement		o* ∪ 0 4000 €	0	.28		0		
Parm Code 08520 1 Mo SiteNo. EFA-01	n Permit Requirement				2.0 lax.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		#DIV/0!	,	ne with		0		
Parm Code 80082 G Mon.Site No. IN 01	F- 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

Permit Number: FLA013087 Month/Year: December-08

Three-month Average Daily Flow:

0.038

(TMADF/Permitted Capacity)x100:

50%

Village waterWWTP (R001)

			Village	waterWWT				Wall 1980 1		
	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				200.000.00					
7	0.021					7.5		1.6		i i
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	a				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		

		1				
PLANT STAFFING					7/1	
Lead Operator	Class	В	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.:	0.000 or 10 V	Name:	250.1
Type of Effluent Disposi Limited Wet Weather D			Evaporation / Perculation N Not Applicable:		, cumulative days	of wet weather discharg

* 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: CLASS SIZE: Final

GROUP: Domestic

Sarasota, Fl. 34240

Three Month Average Daily Flow:

N/A 0.035

46% capacity

Monitoring Group Number

R001(Perc/Evap Ponds)

WAFR NO: 15196

FACILITY: LOCATION: Village Water WWTP 4411 Main Ave.

Eaton Park, Fl. 33801

PLANTSIZE/TREATMENT TYPE:

IIIC

NO DISCHARGE FROM SITE:

dmr c ate 1/09

COUNTY:	Polk				MONITORING PER	HODFrom:	01/01/200	<u>9</u> To	1	01/31/2009	
Parameter		Quantity	of Loading	Units	Qua	ality or Concentrati	on	Units	No.	Frequency of	Sample Type
Flow						4			Ex.	Analysis	
riow	Sample Measurement	0.038							0		
PARM Code 50050 Y Mon.Site No.INF-01	Permit Requirement	0.075 (Annual Avg)		mgd		CONTRACTOR OF THE CONTRACTOR O				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	- Carlo					5 Days / Week	Elapsed Time Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement		30 (mag) - 4 (s. 2 mag) - 1 (mag) - 2 (mag)		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			· Vivilla	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.)	anaportino transfittati ili		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	Sterry + while	813-267-2074	09/02/24

Facility Name: Village V	Nater \	WWTP	PERMIT NUMBER: FLA013087 Monitoring Group NO.: R001				WAFR: 15196				
Parameter		Quantity of Loadir	ng Units	Quality or Concentratio	n.		Units	No. Ex.	Frequency Analysis	Sample Ty	
Solids, Total Suspended	Ş	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	5	Sample Measurement		7.1	7	.4		0			
PARM Code 00400 Site No.EFA-01	Mon.	Permit Requirement		6.0 (Min.)	8 (M)		SU		5 Days / Week	Grab	
Coliform, Fecal	5	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.Avç	
Coliform, Fecal	5	Sample Measurement		1.0	1.	.0		0			
PARM Code 74055 1 Mon.Site No.EFA-01		Permit Requirement		Report (Mo. GeoMean)	80 (Ma		#/100mL		Monthly	Grab	
Total Residual Chlorine (for Disinfection)	5	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	8	Sample Measurement			5	1		0			
Parm Code 08520 1 SiteNo. EFA-01	Mon	Permit Requirement			12 (Ma		MG/L		Monthly	Grab	
BOD, Carbonaceous 5 day, 200	C S	Sample Measurement		#DIV/0!				0			
Parm Code 80082 G Mon.Site N	No. INF-	Permit Requirement		Annual (February)			MG/L		Annual	Grab	
TSS	5	Sample Measurement		#DIV/0!				0			
PARM Code 00530 G Mon.Site No.INF-01		Permit Requirement		Annual (February)			MG/L		Annual	Grab	

Permit Number: FLA013087 Month/Year. January-09

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100:

0.035 4690

Village waterWWTP (R001)

TRC (For CBOD5 CBOD5 Fecal Flow TSS рН Nitrate TSS TSS (MGD) (mg/L) (mg/L) (mg/L) (Std. Coliform Disinfect.) (mg/L) (mg/L) (mg/L) Units) Bacteria (mg/L) (#/100ml) Code 50050 80082 80082 00530 00530 00400 74055 50060 00620 00530 FLW-01 EFA-01 INF-01 Mon.Site 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 0.016 7.2 11 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 0.044 7.2 28 2.1 29 0.037 7.3 2.0 0.043 7.4 2.1 30 31 0.042 7.3 1.8

PLANT STAFFING:						
Lead Operator	Class	В	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:		
T 5 F 50 + D	- l O l	151-4 D	E / D /-	Danie		

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Perculation Ponds

If yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary to list all certified operators

DEP FILE NO.: FLA013087-002-DW3P

Limited Wet Weather Discharge Activated. YeL N Not Applicable:

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

PERMITTEE NAME:

Agua Utilities Florida

PERMIT NUMBER:

FLA013087

R001(Perc/Evap Ponds)

REPORT Monthly

MAILING ADDRESS:

6960 Professional Parkway East

LIMIT:

Final NIA

IIIC

GROUP: Domestic

Sarasota, Fl. 34240

CLASS SIZE: Three Month Average Daily Flow:

0.035

46% capacity WAFR NO: 15196

FACILITY:

Village Water WWTP

PLANTSIZE/TREATMENT TYPE:

4411 Main Ave. LOCATION:

Eaton Park, Fl. 33801

NO DISCHARGE FROM SITE:

Monitoring Group Number

dmr date 2/09

COUNTY:	Polk				MONITORING PERIOD-From:	02/01/2009	To:		02/28/2009	
Parameter		Quantity of Loading		Units	Quality or Conce	y or Concentration		No.	Frequency of	Sample Type
	7							Ex	Analysis	
Flow	Sample Measurement	0.038						0		
PARM Code 50050 Y Mos. Sie No. INF-01	Permit Requirement	0.075 (Annual Avg)		mgd			Marie Commission (Marie Commission)		Report Monthly	Calculated Roll An Avg
Flow	Sample Measurement		0.035		2 (April 1997) April 1997 A			0		
PARM Code 50050 1 Mon Sile No INF-01	Permit Requirement		REPORT (Mo.Avg.)	mgd			100 100 100 100 100 100 100 100 100 100		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	***************************************	processor allowers are allowers.		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 I MON. Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60 0 (Max.)	MG/L	80 - LE	Monthly	Grab
Solids, Total Suspended	Sample Measurement				5.7	- The second		C		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement			\$1,000 P(1) 4) 1-	20.0 (An.Avg.)	HATTER THE STATE OF THE STATE O	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 saw that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT. TELEPHONE NO

DATE (YYMM/DD)

Steve Fuller Operator III

813-267-2074

09/03/11

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

PA File No. FLA012773-002-DW2P Version 2-9-04

Facility Name: Village Water	WWTP					WAFR: 15196			
Parameter	Quantity of Load	ling Units	Quality or Concentration	î	Units	No. Ex	Frequency Analysis	Sample Ty	
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	
PΗ	Sample Measurement		7.2	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		3.7			0			
PARM Code 74055 Y Mon.Site No.EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL		Report Monthly	Calculate Roll An Av	
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 Mon Site No. EFA-01	Permit Requirement		0.5 (Min.)		MG/L		5 Days / Week	Grab	
Nitrate	Sample Measurement			0.048		0			
Parm Code 08520 1 Mon SiteNo: EFA-01	Permit Requirement	N		12.0 (Max.)	MG/L		Monthly	Grab	
BOD, 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 Man 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

Three-month Average Daily Flow:

0.035

Month/Year: February-09

(TMADF/Permitted Capacity)x100:

4640

				waterWWTi	P (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				5-10-11-51 (PP-1-31-31-31-31					
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:	8	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:	
W 7 27 221 . Ph.		1114 4 17		Character		

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Perculation Ponds Limited Wet Weather Discharge Activated: YeL N 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:

Agua Utilities Florida

PERMIT NUMBER:

FLA013087

REPORT: Monthly

MAILING ADDRESS:

6960 Professional Parkway East

LIMIT:

Final

GROUP. Domestic

Sarasota, Fl. 34240

CLASS SIZE

N/A 0.033

IIIC

Three Month Average Daily Flow: Monitoring Group Number

R001(Perc/Evap Ponds)

44% capacity

FACILITY:

Village Water WWTP

Eaton Park, Fl. 33801

PLANTSIZE/TREATMENT TYPE:

WAFR NO: 15196

LOCATION:

4411 Main Ave.

NO DISCHARGE FROM SITE:

dmr date 3/09

COUNTY:	Polk				MONITORING PERIODFrom:	03/01/2009	To:		03/31/2009	TTTTCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC
Parameter	gagaran an a	Quantity o	f Loading	Units	Quality or Concentration		Units	No.	Frequency of	Sample Typ
								Ex.	Analysis	
Flow	Sample Measurement	0.038						0	Assayo S	
PARM Code 50050 Y Mon Site No INF-01	Permit Requirement	0.075 (Annual Avg)		mgđ					Report Monthly	Calculated Roll.An.Avg
Flow	Sample Measurement		0.034					0		
PARM Code 50050 1 Manustre No.74F-01	Permit Requirement		REPORT (Mo.Avg.)	mgd					5 Days / Week	Elapsed Tim Meters
BOD, Carbonaceous 5 day, 200	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				4.1	4.1		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				7.1			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 month's average.

Locatify 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 anguiry 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/00)

Steve Fuller Operator III

813-267-2074

09/04/23

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

Facility Name: Village	vvater.							
Parameter		Quantity of Loading	Units Quality or Concentration	n	Units	No Ex.	Frequency Analysis	Sample Ty
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
piri		Sample Measurement	7.2	7.5		0		
PARM Code 00400 Sits 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	Calculate Roll An Av
Coliform, Fecal		Sample Measurement	54.0	54.0		0		
PARM Code 74055 1 Mor. Ste 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
Nerate		Sample Measurement		9.0		٥		
Parm Code 98520 1 SiteNo. EFA-01	Mon	Permit Requirement		12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 2	OC.	Sample Measurement	#DIV/0!			0		
Parm Code 80082 G Mon Site 01	No. INF	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:

(TMADF/Permitted Capacity)x100: ロリグロ

				waterWWTi					117	w.
	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				- Valenteis	7.4		2.0		
15	0.022									
16	0.022					7.4		2.1		
17	0.040					7.3		1.8	9,000 0,000 0,000	
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	В	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:	
	scharge Active	ated: Yeu	E. Evaporation / Perculation N: Not Applicable a fied operators		cumulative days	of wet weather dischar

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:

Agua Utilities Florida

PERMIT NUMBER:

FLA013087

REPORT: Monthly

MAILING ADDRESS

6960 Professional Parkway East

LIMIT: CLASS SIZE Final N/A

GROUP: Domestic

Sarasota, Fl. 34240

Three Month Average Daily Flow:

0.034

IIIC

45% capacity

Monitoring Group Number

R001(Perc/Evap Ponds)

WAFR NO: 15196

FACILITY: LOCATION: Village Water WWTP

Eaton Park, Fl. 33801

4411 Main Ave.

PLANTSIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE

dmr d ate 4/09

COUNTY:	Polk			MONITORING PERIODFrom:	04/01/2009	To:		04/30/2009	
Parameter		Quantity of Loading	Units	Quality or Concentration		Units	No.	Frequency of	Sample Ty
							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	0.033					0		
PARM Code 50050 1 Morr. Site No. INF-01	Permit Requirement	REPORT (Mo.Avg.)	mgď					5 Days / Week	Elapsed Tin 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 Av
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.7	4.7		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			8.1			Ö		
PARM Code 00530 Y Mon Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)		MG/L		Report Monthly	Calculated Roll An Avo

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 gallier 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, so the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO

DATE (YYMM/DD)

Steve Fuller Operator III

813-267-2074

09/05/14

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

Facility Name: Village W	/ater	WWTP PERMI		WAFR: 15196				
Parameter		Quantity of Loading	Units Quality or Concentration		Units	No. Ex.	Frequency Analysis	Sample T
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
рН		Sample Measurement	6.8	7.3		0		
PARM Code 00400 N 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	Calculate Roll An A
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		
	Mon.	Permit Requirement	0.5 (Min.)		MG/L		5 Days / Week	Grab
Nitrate		Sample Measurement		1 9		0		
Parm Code 08520 1 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. 01	. INF.	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		Annuai	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: (TMADF/Permitted Capacity)x100:

0.034 450/0

	<i></i>			waterWWTi				2,	0137	
	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	1.0	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		5.771
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										

Class	В	Certification No.:	8937	Name:	Steve Fuller
Class.	A	Certification No.:	4370	Name	Dan Sherwood
Class.		Certification No.:		Name:	
Class:		Certification No :		Name:	
Class.	***************************************	Certification No.:		Name:	
	Class Class Class	Class A Class Class	Class: A Certification No.: Class: Certification No.: Class: Certification No.:	Class: A Certification No.: 4370 Class: Certification No.: Class: Certification No.:	Class. A Certification No.: 4370 Name Class. Certification No.: Name Class: Certification No.: Name

* Attach additional sheets if necessary to list all certified operators

DEP FILE NO.: FLA013087-002-DW3P

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Perculation Ponds

Limited Wet Weather Discharge Activated Yec. N. Not Applicable .

If yes, cumulative days of wet weather discharge

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

0.036

48% Capacity

Three Month Average Daily Flow: Monitoring Group Number

R001(Perc/Evap Ponds)

WAFR NO: 15196

FACILITY:

Village Water WWTP

PLANTSIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

IIIC

dmr d ate 5/09

LOCATION:

4411 Main Ave.

Eaton Park, Fl. 33801

COUNTY:	Polk				MONITORING PERI	ODFrom:	05/01/2009	To		05/31/2009	
Parameter	Quantity of Loading			Units	Units Quality or Concentration				No.	Frequency of	Sample Ty
File			7						Ex.	Analysis	
Flow	Sample Measurement	0.039							0		
PARM Code 50050 Y Mon Stee MuniF-01	Permit Requirement	0.075 (Annual Avg)		mod						Report Monthly	Calculated Roll.An.Avg
Flow	Sample Measurement		0.041						0		
PARTIN Code 50050 1 Majo Bile No. RVF-01	Permit Requirement		REPORT (Mo.Avg.)	mgd					0.01	5 Days / Week	Bapsed Tin Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.0			No.	0		
PARM Code 80082 Y MON Sile No. EFA-01	Permit Requirement				20,0 (An.Avg.)			MGAL		Report Monthly	Calculated Roll An Av
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0		2.0		0	S Andrews of State of	
PARM Code 89982 j MON. Sile No. EFA.01	Permit Requirement				30.0 (Mo. Avg.)	nd.	60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		77.6.4	200 CHO. 2 2085.3	7.8				0		
PARM Code (USSE) Y Mon.Sile Ng.EFA201	Permit Requirement				20.0 (An.Avg.)	and the second second		MGAL		Report Monthly	Colorados Rodi An Av

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/MW/DD)
Steve Fuller Operator III	Street Bulls	813-267-2074	10/07/12

Facility Name: Village Water V	VWTP		PERMIT NUM	MBER: FL	A013087	Monitoring Group N	IO.: R001		WAF	R: 15196	
Parameter		Quantity of Loadin	ng	Units	Quality or Concentration	n		Units	No. Ex.	Frequency Analysis	Sample Ty
Solids, Total Suspended	Sample Measurement				2.0		2.0		0		
PARM Code 00530 1 Mon. Site No.EFA-01	Permit Requirement				30 (Ma.Avg.)		60.0 (Max)	MG/L		Monthly	Grab
рН	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 Roff.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	9.14	Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement				1.0			E	0		
PARM Code 50060 1 Mon. Site No. EFA-01	Permit Requirement			(4)	0.5 (Min.)			MG/L		5 Days / Week	Grab
Nitrate	Sample Measurement					3	10.0		0		
Parm Code 08520 1 Mon Skeno. EFA-01	Permit Requirement						12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement	• 1	17.00		#DIV/0!				0		
Parm Code 80062 .G Mon. Site No. INF- 01.	Permit Requirement			,	Annual (February)			MG/L		Annel	Grieb
TSS	Sample Measurement				#DIV/0!				0		
PARTM Code 00530 G Mon. Site No. INF-01	Permit Requirement	, - 1 k			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)

				waterWWTF	P (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									
1 1	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				3	7.0		1.8		
26	0.059					7.2		1.9		
27	0.052	1000 400				7.1		1.8		77
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:	В	Certification No.:	8937	Name:	Steve Fuller
Day Shift Operator	Class:	Α	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 W	ater Reuse: Evapo	ration / Perculation Ponds			

Limited Wet Weather Discharge Activated: Yes: Lio: Not Applicable:

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

If yes, cumulative days of wet weather discharge

PATRICK

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

CLASS SIZE:

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

Sarasota, Fl. 34240

PERMIT NUMBER:

FLA013087

REPORT: Monthly GROUP: Domestic

MAILING ADDRESS:

6960 Professional Parkway East

LIMIT:

Final

N/A

Monitoring Group Number

R001

LOCATION:

FACILITY:

Village Water WWTP 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:	06/01/2009	To:		06/30/2009	
Parameter		Quantity of Loading	Units	Quality or Concentration	n	Units	No.	Frequency of	Sample Type
							Ex.	Analysis	
Flow, To R-001	Sample Measurement	0.040					0		
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.045 (AADF)	mgd					Monthly	Calculation
Flow, To R-001	Sample Measurement	0.049					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			6.0			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			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			7.9			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			3.8	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

813-267-2074

09/07/27

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

Facility Name: Village Water WWTP

Monitoring Group NO.: R001

PERMIT NUMBER: FLA013087

(February)

Polk County MONITORING PERIOD-From: 06/01/2009 To: 06/30/2009 Parameter Quantity of Loading Units Units Frequency Sample Type Quality or Concentration Ex. Analysis pH 7.0 Sample Measurement 73 PARM Code 00406 6.0 8.5 Permit Requirement SU 5 Days / Week Grab Site No.EFA-01 (Min.) (Min.) Coliform, Fecal Sample Measurement 6.3 PARM Code 74055 Y 200 Permit Requirement #/100mL Monthly Calculation Mon. Site No. EFA-01 (An. Avg.) Coliform, Fecal Sample Measurement 1.0 1.0 PARM Code 74055 A Report 800 Permit Requirement #/100mL Monthly Grab Mon.Site No.EFA-01 (Mo. GeoMean) (Max.) Total Residual Chlorine (for Sample Measurement 1.0 Disinfection) PARM Code 50060 A 0.5 Permit Requirement MG/L 5 Days / Week Grab Site No. EFA-01 (Min.) Nitrogen, Nitrate, Total (as N) Sample Measurement 9.8 Parm Code 00620 A 12.0 Permit Requirement MG/L Monthly Grab SiteNo. EFA-01 (Max.) Flow, Total Plant Sample Measurement 0.041 PARM Code 50050 Q 0.075 Permit Requirement MGD Monthly Calculation Mon.Site No.FLW-01 (3MRAF) Percent Capacity, (3MADF/Permitted Capacity) x 100 Sample Measurement 55 PARM Core 00180 | Mon. Permit Requirement Monthly Calculation Site No. FLW-01 Report BOD, Carbonaceuos 5 day, 20C Sample Measurement #DIV/0! PARM Code 80082 G Mon. Site Annually Permit Requirement mg/L Grab No. INF-01 Report (February) Solids, Total Suspended Sample Measurement #DIV/0! PARM Code 50050 Q Annually Permit Requirement Report mg/L Grab

Mon. Site No. FLW-01

Permit Number: FLA013087

Facility:

Village Water WWTF

Month Period: From: 6/1/09 6/30/09 To: 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	15 THE STEEL S			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:	Α	Certification No.:	4370	Name:	Dan Sherwood
Evening Shift Operator	Class:		Certification No.:		Name:	***************************************
Night Shift Operator	Class:		Certification No.:		Name:	***************************************
Lead Operator	Class:	В	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:

Agua Utilities Florida

PERMIT NUMBER:

FLA013087

REPORT: Monthly

MAILING ADDRESS

6960 Professional Parkway East

LIMIT CLASS SIZE: Final N/A

GROUP: Domestic

Sarasota, Fl. 34240

Monitoring Group Number

R001

П

FACILITY: LOCATION Village Water WWTP

MONITORING GROUP DESC

RIB (R-001), including Influent

4411 Main Ave.

Eaton Park, Fl. 33801

NO DISCHARGE TO R-001.

COUNTY:	Polk			MONITORING PERIODFrom:	07/01/2009	To:		07/31/2009	
Parameter		Quantity of Loading	Units	Quality or Concentration		Units	No.	Frequency of	Sample Typ
							Ex.	Analysis	
Flow, To R-001	Sample Measurement	0.040					0		
PARM Code 50050 Y Mon Site No. FLW-G1	Permit Requirement	0.045 (AADF)	mgd					Monthly	Calculation
Flow, To R-001	Sample Measurement	0.053					0		
PARM Code 50050 Mon Site No.FLW-01	Permit Requirement	REPORT (Mo.Avg.)	mgd					5 Days / Week	Elapsed Tin Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement			6.0			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			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			8.0			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			3.0	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

813-267-2074

09/08/17

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

No. FLA013087-005-DW3P/NR DE _rm 62-620.910(10), Effective November 29, 1994

Facility Name: Village Water WWTP

Monitoring Group NO.: R001 PERMIT NUMBER: FLA013087

Facility Name: Village VI	ater vvvv i P			IVIO	ittoring Group 140.	11001				
Polk County				MONITORING	PERIOD-From: 07/	01/2009	To:	07/31		
Parameter		Quantity of Loading	Units	Quality	or Concentration		Units	No.	Frequency of	Sample T
								Ex.	Analysis	
рН	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	Calculatio
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				,	in the same	Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x	100 Sample Measurement									
PARM Core 00180 I Mc Site No. FLW-01	Permit Requirement			Report			%		Monthly	Calculati
BOD, Carbonaceuos 5 day, 200	Sample Measurement									
PARM Code 80082 G Mon No. INF-01	n. 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

Permit Number: FLA013087

Month Period: From:

7/1/09

To: 7/31/09

Facility:

Village Water WWTF

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	11,11,11,11,11,11,11,11,11,11,11,11,11,	
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	İ	
20	0.062				7.2	1.0	İ	
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		What are sufficient to the suf		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	STAF	FING:

Day Shift Operator	Class:	Α	Certification No.:	4370	Name:	Dan Sherwood
Evening Shift Operator	Class:		Certification No.:		Name:	
Night Shift Operator	Class:		Certification No.:		Name:	
Lead Operator	Class:	В	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

Monitoring Group Number

R001

FACILITY: LOCATION: Village Water WWTP 4411 Main Ave.

MONITORING GROUP DESC:

RIB (R-001), including Influent

Eaton Park, Fl. 33801

NO DISCHARGE TO R-001

COUNTY:	Polk			MONITORING PERIODFrom:		08/01/2009	To:		08/31/2009	
Parameter		Quantity of Loading	Units	Quality or Cond	centration		Units	No.	Frequency of	Sample Typ
Flow, To R-001	Sample Measurement	0.040						Ex.	Analysis	
	Sample Weasurement	0.040						0		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.045 (AADF)	mgd						Monthly	Calculation
Flow, To R-001	Sample Measurement	0.052						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			6.3				0		Meters
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)			MG/L	U	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			5.2		5.2		0		
PARM Code 80062 A MON. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)		60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			8.2		V. COMPA		n		
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

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

Facility Name: Village Water WWTP

Monitoring Group NO.: R001 PERMIT NUMBER: FLA013087

	Monitoring Group NO.: R001				Group NO.: RUU1	PERMIT				
Polk County				MONITORING PERIOD	DFrom: <u>08/01/2009</u>	To: <u>08/31/2009</u>				
Parameter		Quantity of Loading	Units	Quality or Con-	centration	Units	No.	Frequency of	Sample	
рН							Ex.	Analysis		
in the second se	Sample Measurement			7.2	7.4		0			
PARM Code 00406 A Mo 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 Mor Site No. EFA-01	n. 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 Mor SiteNo. 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 Mon. Site No. FLW-01	Permit Requirement			Report		%		Monthly	Calculation	
BOD, Carbonaceuos 5 day, 20C	Sample Measurement							77.		
ARM Code 80082 G Mon. Site lo. INF-01				Report		mg/L		Annually	Grab	
olids, Total Suspended	Sample Measurement			Noport				(February)		
ARM Code 50050 Q Ion Site No.FLW-01	Permit Requirement			Report		mg/L		Annually (February)	Grab	

Permit Number: FLA013087

Month Period: From:

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

0.049

0.033

0.033

0.046

0.050

0.052

0.062

0.089

0.052

0.055

0.055

0.072

0.063

0.050

0.100

8/1/09

To: 8/31/09 Facility:

Village Water WWTF

County: Polk

	***************************************							18070
	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		

1.6

1.9

1.8

1.6

1.8

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1.4

1.6

1.5

1.8

1.6

1.4

1.6

7.4

7.4

7.4

7.3

7.4

7.3

7.2

7.4

7.3

7.4

7.3

7.4

7.3

11	29	0.038							
	30	0.038			7.4	1.0			
	31	0.054			7.4	1.6			
Р	LANT STAF	FING:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************					
D	ay Shift Ope	erator	Class:	Α	Certification No.:	4370	Name	Dan Sherwood	
E	vening Shift	Operator	Class:		Certification No.:		Name:		
N	ight Shift Op	perator	Class:		Certification No.:		Name:		_
L	ead Operato	or	Class:	В	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

PERMIT NUMBER:

FLA013087

REPORT: Monthly

MAILING ADDRESS:

6960 Professional Parkway East

LIMIT:

Final

GROUP: Domestic

Sarasota, Fl. 34240

CLASS SIZE:

N/A

Monitoring Group Number

R001

FACILITY: LOCATION: Village Water WWTP 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: 09/01/2009 To: 09/30/2009

Parameter		Quantity of Loading	Units	Quality or Conc	entration	Units	No.	Frequency of	Sample Type
Flow, To R-001							Ex.	Analysis	
	Sample Measurement	0.042					0		
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.045 (AADF)	mgd					Monthly	Calculation
Flow, To R-001	Sample Measurement	0.059					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 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			7.8	, verman		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

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

Facility Name: Village Water WWTP

Monitoring Group NO.: R001

PERMIT NUMBER: FLA013087

MONITORING PERIOD-From: 09/01/2009 To: 09/30/2009 Polk County

FOIR County	County WONTORING FERIOD-F10III. 95/61/2003				Units				
Parameter		Quantity of Loading	Quantity of Loading Units Quality or Concentration				No.	Frequency of	Sample Typ
							Ex.	Analysis	
рН	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		Q		
Parm Code 00620 A Mon SiteNo. 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	Calculatio
Percent Capacity, (3MADF/Permitted Capacity) x 100	Sample Measurement			700					
PARM Core 00180 I Mon. Site No. FLW-01	Permit Requirement			73% Report		%		Monthly	Calculation
BOD, Carbonaceuos 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

Permit Number: FLA013087

Month Period: From:

9/1/09

To: 9/30/09

Facility:

Village Water WWTF

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	1			7.5	1.6		
13	0.054				42			
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	900						
21	0.046				7.3	1.6		
22	0.064	***************************************		1	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						L		

PLANT STAFFING:						
Day Shift Operator	Class:	A	Certification No.:	4370	Name:	Dan Sherwood
Evening Shift Operator	Class		Certification No.:	200400-00000000000000000000000000000000	Name:	
Night Shift Operator	Class:		Certification No.:		Name:	
Lead Operator	Class	В	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, Ft. 32399-2400

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA013087

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:	10/01/2009	To:		10/31/2009	
Parameter		Quantity of Loading	Units	Quality or Concentration	on	Units	No.	Frequency of	Sample Typ
Flow, To R-001							Ex.	Analysis	
	Sample Measurement	0.043					0		
PARM Code 50050 Y Mon Site No. FLW-01	Permit Requirement	0.045 (AADF)	mgd					Monthly	Calculation
Flow, To R-001	Sample Measurement	0.051					0		
PARM Code 50050 I Mon. Site No.FLW-01	Permit Requirement	REPORT (Mo.Avg.)	mgd					5 Days / Week	Elapsed Time
BOD, Carbonaceous 5 day, 20C	Sample Measurement			6.3			0		weters
PARM Code 80082 Y MON. Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)		MG/L	0	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.3	2.3		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			8.1	(,		0		
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)		MG/L	Ü	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):

Facility Name. Village W	ater WWTP			Monitoring Group NO. R001		PERMIT I				
Polk County			MONITORING PERIOD-From: 10/01/2009				To. <u>10/31/2009</u>			
Parameter		Quantity of Loading	Units	Quality or Cor	ncentration	Units	No	Frequency of	Sample Typ	
							Ex.	Analysis		
рН	Sample Measurement			7.0	7.4		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			#DIV/01	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 Site No. EFA-01	Mon. 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 SiteNo. EFA-01	Mon Permit Requirement				12.0 (Max.)	MG/L		Monthly	Grab	
	Q									
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 1	00 Sample Measurement									
				73%						
PARM Core 00180 Moi Site No. FLW-01	n. Permit Requirement			Report		%		Monthly	Calculation	
BOD, Carbonaceuos 5 day, 200	Sample Measurement							8		
PARM Code 80082 G Mon No. INF-01	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		m g /L		Annually (February)	Grab	

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		5
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		MONEY TO THE TOTAL OF THE TOTAL
31	0.029				7.3	2.1		

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:	В	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:

Agua Utilities Florida

PERMIT NUMBER

FLA013087

REPORT: Monthly

MAILING ADDRESS

6960 Professional Parkway East

LIMIT: CLASS SIZE: Final N/A

GROUP: Domestic

Sarasota, Fl. 34240

Monitoring Group Number

R001

FACILITY: LOCATION Village Water WWTP 4411 Main Ave.

MONITORING GROUP DESC.

RIB (R-001), including Influent

Eaton Park, Fl. 33801

NO DISCHARGE TO R-001:

П

COUNTY:	Polk			MONITORING PERIODFrom:	11/01/2009	To:		11/30/2009	
Parameter	Quantity of Loading		Units	Quality or Concentration	on	Units	No.	Frequency of	Sample Ty
							Ex.	Analysis	
Flow, To R-001	Sample Measurement	0.043					0		
PARM Code 50050 Y Mart. Site No. FLW-01	Permit Requirement	0.045 (AADF)	mgd					Monthly	Calculation
Flow, To R-001	Sample Measurement	0.040					0		
PARM Code 50050 Mon.Site No.FLW-01	Permit Requirement	REPORT (Mo.Avg.)	mgd					5 Days / Week	Elapsed Tim Meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement	· · · · · · · · · · · · · · · · · · ·		4.7			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			2.3	20		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			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	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

813-267-2074

09/12/18

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

Monitoring Group NO.: R001 Facility Name: Village Water WWTP PERMIT NUMBER: FLA013087 Polk County MONITORING PERIOD--From: 11/01/2009 To: 11/30/2009

Parameter		Quantity of Loading	Units Quality or Co	encentration	Units	No.	Frequency of	Sample Type
рН						Ex.	Analysis	
	Sample Measurement		7.1	7.4		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		1.1			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			9.10		0		
Parm Code 00620 A SiteNo. EFA-01	Mon Permit Requirement			12.0 (Max.)	MG/L		Monthly	Grab
Flow, Total Plant	Sample Measurement	0.050				0		
PARM Code 50050 Q Mon.Site No.FLW-01	Permit Requirement	0.075 (3MRAF)	MGD				Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 1	00 Sample Measurement				Carried Control of Con			ulisasii (1874) quadril (1962-1944)
			66%					
PARM Core 00180 I Mo Site No. FLW-01	Permit Requirement		Report		%		Monthly	Calculation
BOD, Carbonaceuos 5 day, 200	Sample Measurement							
PARM Code 80082 G Mon No. INF-01	Site Permit Requirement		Report		mg/L		Annually (February)	Grab
Solids, Total Suspended	Sample Measurement		general and the state of the st					
PARM Code 50050 Q Mon, Site No.FLW-01	Permit Requirement		Report		mg/L		Annually (February)	Grab

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		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								

Lead Operator	Class:	В	Certification No.:	8937	Name:	Steve Fuller	
Night Shift Operator	Class		Certification No.:		Name:		
Evening Shift Operator	Class:	***************************************	Certification No :	*	Name:		
Day Shift Operator	Class	A	Certification No.:	4370	Name:	Dan Sherwood	
PLANT STAFFING:							

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

Sarasota, Fl. 34240

PERMIT NUMBER:

FLA013087

REPORT: Monthly GROUP: Domestic

MAILING ADDRESS:

6960 Professional Parkway East

LIMIT:

Final

CLASS SIZE:

N/A

Monitoring Group Number

R001

FACILITY: LOCATION: Village Water WWTP 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:	12/01/2009	To:	with miles and all	12/31/2009	
Parameter		Quantity of Loading	Units	Quality or Concentration	n	Units	No.	Frequency of	Sample Ty
Flow, To R-001	Compte Magazzament	0.042					Ex.	Analysis	
	Sample Measurement	0.043					0		
PARM Code 50050 Y Mon Site No. FLW-01	Permit Requirement	0.045 (AADF)	mgd					Monthly	Calculation
Flow, To R-001	Sample Measurement	0.044					0		
PARM Code 50050 Mon.Site No.FLW-01	Permit Requirement	REPORT (Mo.Avg.)	mgd					5 Days / Week	Elapsed Tim 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

813-267-2074

10/01/21

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

PA File No. FLA013087-005-DW3P/NR

DEP F 7 62-620.910(10), Effective November 29, 1994

Facility Name: Village Water WWTP

Monitoring Group NO : R001

X	Monitoring Group NO.: R00				PERMI	PERMIT NUMBER: FLA013087				
Polk County			MONITORING PERIOD-From: 12/01/2009			<u>)9</u> 1	To: <u>12/31/2009</u>			
Parameter		Quantity of Loading	Units	Quality or	Concentration	Units	No.	Frequency of	Sample T	
рН							Ex	Analysis		
	Sample Measurement			7.2	7.5		0			
Site No.EFA-01	Mon. Permit Requirement			6.0 (Min.)	8.5 (Min	211		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.)		#/100m		Monthly	Calculatio	
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	#/100m	L	Monthly	Grab	
Total Residual Chlorine (for Disinfection)	Sample Measurement			1.6			0			
	Mon. 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 M SiteNo. EFA-01	Permit Requirement				12.0 (Max.	MG/I	C	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					And the Control of th		Haran Haran Haran Haran Haran Haran Haran Haran Haran Haran Haran Haran Haran Haran Haran Haran Haran Haran Har		
PARM Core 00180 I Mon.				60%						
ite No. FLW-01	Permit Requirement			Report		%		Monthly	Calculation	
OD, Carbonaceuos 5 day, 20C	Sample Measurement									
PARM Code 80082 G Mon. Si lo. INF-01	Permit Requirement			Report		mg/L		Annually (February)	Grab	
olids, Total Suspended	Sample Measurement			F				())		
ARM Code 50050 Q fon.Site No.FLW-01	Permit Requirement	4		Report		mg/L		Annually (February)	Grab	

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		3191					
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	***************************************	<u> </u>		7.4	2.0		
19	0.037	***************************************			7.5	2.2		
20	0.029							
21	0.029				7.4	2.2		
22	0.049		1		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			1	7.4	2.0		***************************************
30	0.040				7.4	1.6		
31	0.059		T T	1	7.3	1.8		

PLANT STAFFING:							
Day Shift Operator	Class	Α	Certification No.:	4370	Name:	Dan Sherwood	
Evening Shift Operator	Class		Certification No.:		Name:		
Night Shift Operator	Class:		Certification No.:		Name:		
Load 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

CLASS SIZE:

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 GROUP: Domestic

MAILING ADDRESS:

6960 Professional Parkway East

LIMIT:

Final N/A

Sarasota, Fl. 34240

Monitoring Group Number

R001

FACILITY: LOCATION Village Water WWTP 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:	01/01/2010	To:		01/31/2010	
Parameter		Quantity of Loading	Units	Quality or Concentration	٦	Units	No.	Frequency of	Sample Ty
							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 Tin 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)

Facility Name: Village Water WWTP Monitoring Group NO.: R001 PERMIT NUMBER: FLA013087

Polk County			MONITORING PERIODFrom: 01/01/2010				To:			
Parameter		Quantity of Loading	Units	Quality or Con	centration		Units	No.	Frequency of	Sample Typ
								Ex.	Analysis	
рН	Sample Measurement			7.2		7.5		0		
PARM Code 00406 A Site No EFA-01	Mon. Permit Requirement			6.0 (Min.)		8.5 ⁄lin.)	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 Лах.)	#/100mL		Monthly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement			0.6				0		
	Mon. Permit Requirement			0.5 (Min.)			MG/L		5 Days / Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				2	2.50		0		
Parm Code 00620 A SiteNo. EFA-01	Mon Permit Requirement					12.0 Иах.)	MG/L		Monthly	Grab
Flow, Total Plant	Cample Managramont	0.040						0		
PARM Code 50050 Q Mon.Site No.FLW-01	Sample Measurement Permit Requirement	0.075 (3MRAF)	MGD					į.	Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 1	00 Sample Measurement			53%						
PARM Core 00180 I Mo Site No. FLW-01	n. Permit Requirement			Report			%		Monthly	Calculation
BOD, Carbonaceuos 5 day, 200	Sample Measurement									
PARM Code 80082 G Mon No. INF-01	Site Permit Requirement			Report			mg/L		Annually (February)	Grab
Solids, Total Suspended	Sample Measurement								(a)	
PARM Code 50050 Q Mon.Site No.FLW-01	Permit Requirement			Report			mg/L		Annually (February)	Grab

Permit Number: FLA013087

To:

Facility: Village Water WWTF

Month Period: From:

1/1/10

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		

PL	AN	TS	TA	FF	ING:

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

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:

CLASS SIZE:

FLA013087

REPORT: Monthly

MAILING ADDRESS:

6960 Professional Parkway East

LIMIT:

Final N/A

GROUP: Domestic

Sarasota, Fl. 34240

R001

Monitoring Group Number MONITORING GROUP DESC:

NO DISCHARGE TO R-001:

RIB (R-001), including Influent

FACILITY: LOCATION: Village Water WWTP 4411 Main Ave. Eaton Park, Fl. 33801

		2							
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 Typ
							Ex.	Analysis	
Flow, To R-001	Sample Measurement	0.043					0		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.045 (AADF)	mgd					Monthly	Calculation
Flow, To R-001	Sample Measurement	0.038					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			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	is and a		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):

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

Polk County					ODFrom: <u>02/01/2010</u>	To:	02/28	3/2010	
Parameter		Quantity of Loading	Units	Quality or Co	oncentration	Units	No.	Frequency of	Sample Type
рН	Sample						Ex	Analysis	
60.5	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		(1)	Report No. 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				0.039		0		
Parm Code 00620 A Mon SiteNo. EFA-01	Permit Requirement				12.0 (Max.)	MG/L		Monthly	Grab
		enterthine and the second of							
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 Mon. Site No. FLW-01	Permit Requirement	The second of th		Report		%		Monthly	Calculation
BOD, Carbonaceuos 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				(, coldal))	
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:

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		1					
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				1				
30								
0.4		 	†	Ť	†	1	1 -	

			***************************************	***************************************		
Lead Operator	Class	В	Certification No.:	8937	Name:	Steve Fuller
Night Shift Operator	Class:		Certification No.:	Commence Contribution on marks of integer	Name:	
Evening Shift Operator	Class:		Certification No.:		Name:	
Day Shift Operator	Class:	A	Certification No.:	4370	Name:	Dan Sherwood
PLANT STAFFING						

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

Monitoring Group Number

R001

FACILITY:

Village Water WWTP 4411 Main Ave.

MONITORING GROUP DESC:

RIB (R-001), including Influent

LOCATION:

Eaton Park, Fl. 33801

NO DISCHARGE TO R-001:

П

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 Typ
							Ex.	Analysis	
Flow, To R-001	Sample Measurement	0.044					0		
PARM Code 50050 Y Mon.Sile 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.Sile 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		I I I I I I I I I I I I I I I I I I I	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. Lam aware that there are significant penalties for submitting talse information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT. TELEPHONE NO

DATE (YYMM/DD)

Steve Fuller Operator Senior Facilities Operator

813-267-2074

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

				V2.610.73811	g Group NG. NGO			Lit. I Little 1000 r	
Polk County				MONITORING PERIO	D-From: 03/01/2010	To:	03/31	/2010	
Parameter		Quantity of Loading	Units	Quality or Co	ncentration	Units	No.	Frequency of	Sample 1
							Ex.	Analysis	
pH	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	Calculatio
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	enge i Projekovajav ja i		0.6	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 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	4		and all south productions	3.10		0		
Parm Code 00620 A Mon SiteNo. EFA-01	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	Calculatio
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, Carbonaceuos 5 day, 20C	Sample Measurement			MNR					
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement	and the state of t		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

DAILY SAMPLE RESULTS - PART B (R-001)

Permit Number: FLA013087

Facility: Village Water WWTF

Month Period: From:

3/1/10

3/31/10

To:

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	12 11			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:	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, Ft. 32399-2400

PERMITTEE NAME:

Agua Utilities Florida

PERMIT NUMBER:

FLA013087

REPORT: Monthly

MAILING ADDRESS:

6960 Professional Parkway East

LIMIT:

Final N/A

GROUP: Domestic

Sarasota, Fl. 34240

CLASS SIZE:

R001

Village Water WWTP

Monitoring Group Number

FACILITY: 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:	04/01/2010	To:		04/30/2010	
Parameter		Quantity of Loading	Units	Quality or Concentration		Units	No.	Frequency of	Sample Type
							Ex	Analysis	
Flow, To R-001	Sample Measurement	0.045					0		
PARM Code 50050 Y Mon.Sile No. FLW-81	Permit Requirement	0.045 (AADF)	mgd					Monthly	Calculation
Flow, To R-001	Sample Measurement	0.044		SEC. 22.1			0		
PARM Code 50050 I Mon.Site No.FLW-01	Permit Requirement	REPORT (Mo.Avg.)	mgd					5 Days / Week	Elapsed Time Maters
BOD, Carbonaceous 5 day, 20°C	Sample Measurement			3.8			0		
PARM Code 80082 Y MON, Site Na, EFA-01	Permit Requirement	# HH H H H H H H H H H H H H H H H H H		20.0 (An.Avg.)		MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			14.0	14 0		0	*	
PARM Code 80062 A MON, Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			7.6			0		
PARM Code 00530 Y Mon. Site No.EFA-01	Permit Requirement		•67-6: 666-650 566: 55	20.0 (An.Avg.)		MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			18.0	18.0			· ·	
PARM Code 00530 A Mon. Site No.EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Monthly	Grab

¹ Celiculated Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO

DATE (YYMM/DD)

Steve Fuller Operator Senior Facilities Operator

813-267-2074

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

racility Name: Village water	VVVVIP		Monitoring Group NO.: R001				PERMIT NUMBER: FLAU13087				
Polk County		MONITORING PERIOD	To: 04/30/2010								
Parameter		Quantity of Loading	Units	Quality or Conce	ntration	Units	No	Frequency of	Sample T		
							Ex	Analysis			
pH	Sample Measurement			7.0	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			9.6			0				
PARM Code 74055 Y Mon.Site No.EFA-01	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Calculatio		
Coliform, Fecal	Sample Measurement			51.0	51.0		0				
PARM Code 74055 A Mon.Site No.EFA-01	Permit Requirement		(Mc	Report p. 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				
Parm Code 00620 A Mon. SiteNo. 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	Calculatio		
Percent Capacity, (3MADF/Permitted Capacity) x 100	Sample Measurement			54%							
PARM Core 00180 Mon. Site No. FLW-01	Permit Requirement			Report		5/6		Monthly	Calculatio		
BOD, Carbonaceuos 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				Service Control			
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:

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

PA FILE NO.: FLA013087-005-DW3P/NR DEP Form 62-620 910(10). Effective November 29, 1994



Florida Department of Environmental Protection

fil Charlie Crist Governor

Jell Kettkamp 11 Covernor

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

January 31, 2008



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.	

Mr. John M. Lihvacik, President Village Water WWTF FLA013087-Polk County Page 2 of 3

- 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.

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: Village Water WWTF FLA013087 4411 Main Ave.		County	F	
ů .		County	Entry	Date/Time
4411 Main Ave.		Polk 1-23-08/ 1047 hou		
		Phone @ Exit Date/Time		
Eaton Park, FL 33801			1-23-	-08/1130 hours
Name(s) of Field Representatives(s) Title			1	Phone
Steve Fuller Operator			8	813-267-2074
Name and Address of Permittee or Designated Representative Title		Phone	@	Operator Certification #
John Lihvacik, Aqua Utilities Florida, Inc. Presi	ident			
PO Box 490310				
Leesburg, FL 34749				
Inspection Type C E I Samples Taken(Y/N): N	@ Sampl	e ID#:	San	nples Split (Y/N):
X Domestic Industrial Were Photos Taken(Y/N): Y		Log book Volume :		@ Page
FACILITY COMPLIANCE				Not Dealpored
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Revised: May 26, 2004

Facility: County: Application N	Village Wat Polk Io.	er				Permit No.	FLA913087	Expired:	1/22/2006	5	Reviewer Date:	Nick Noreika 1/24/2008		
Plant/R001	0.075	Flow	Flow		20	30	60	20	30	60	200		800	12
Mon/Yr	Flow aadf	3madf	madf	% Сар	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.: Photographed on: FLA013087 1-23-08

Type of Camera:

Fuji FinePix A800

Recording Media:

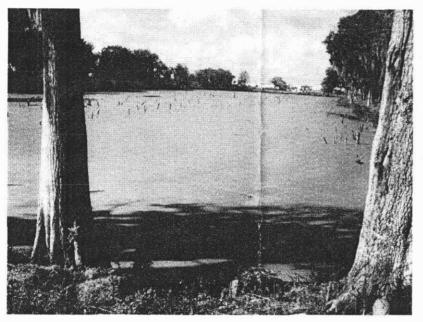
Fuji MemoryStick (E:)

Digital photos copied by:

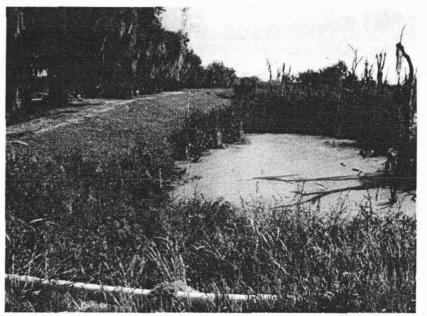
Nick Noreika

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 ¾ of the pond was clear of duckweed.



Pond #1 has heavy vegeattion 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 1-23-08

Photographed on: Type of Camera:

Fuji FinePix A800

Recording Media:

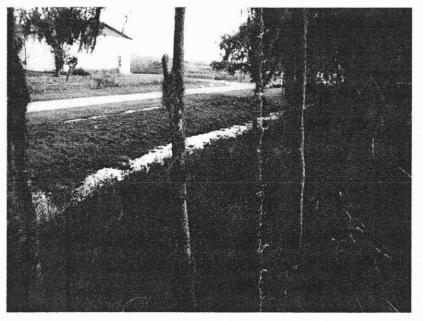
Fuji MemoryStick (E:)

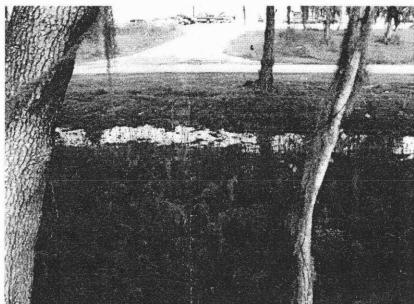
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Nick Noreika

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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 <u>PAFarris@aquaamerica.com</u>. Thank you.

Sincerely,

Patricle Farris

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

Enclosures: Compliance Schedules Cover Letter

RPZ Certification & Operators' Licenses

ce: Dennis Muldoon, via e-mail

Harry Householder, via e-mail Michael O'Reilly, via e-mail

A UA

Utilities Florida.

Aqua Utilities Florida, Inc. 1100 Thomas Avenue Leesburg, FL 34748 T: 352.787.0980 F: 352.787.6333 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. Thank you.

Sincerely,

Tricia Williams Utility Engineer

Aqua Utilities Florida, Inc.

Enclosure: BCI pond report, letter to DEP verifying disconnected sprayfield, screen shot and pictures of disconnect.

Kan's Bush Hag Service

1700 Eaton Drive Clearwater, Florida 33756

BACKFLOW PRE	VENTION DEVICE			TEST AND MAINTE	NANCE REPORT
To: Lanker Shere	GR. Anna Uti				
Atta: Cross-course	ction Control Section	······································			 _
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Kan's Bask +1 1700 Eaton Orlvi Cleanwater, Flori	•				
BACKFLOW PRI	EVENTION DEVICE	:		TEST AND MAINT	ENANCE REPORT
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comply with these	ondes or o regulati	of3.			
Make of device: §	krev		Size 1/2"		
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Serial Number: 14	17313				
Pressure drop acro	es first check valve:	6.6	PSL		
_		Pressure Devices			nam Breaker
	Double check dev	2 ^{se} check	Railef Valve	Air Inlet	Check Valve
initial Test	DC- Closed tight B RP — psid Lesked o	Closed Tight S RP -1.2 paid Leaked o	Opened at 2.8 psid	Opened at paid Did not openo	paid Lenked o
Repairs & Materials Used		ļ			
Test After Repair	DC- Closed Tight o RP - paid	Closed Tight o	Opened at	Opened aspsid	psid
The above is certif	ied to be true.			nd 1	100/2-
Firm Name: K	co's Bush Hog Servi	-	Certified Tester	1/6/1/1	

70, **8.** q

Pirm Address: 1700 Rates Drive

Clearwater FL 33754

EZEL 6149 18405

Cert. Tester No. 3441 Date: 9/11/07



Certified Operator Profile Search Results Florida Department of Environmental Protection

To View CEU's CLICK on LICENSE NUMBER.

NAME	LICENSE TYPE	LICENSE NUMBER	CLASS		ORIGINAL ISSUE DATE	EFFECTIVE DATE	EXPIRATION DATE
JERRY L. HAHN	WW	0013832	С	ACTIVE	10/19/2004	5/3/2007 10:39:34 AM	4/30/2009
JERRY L. HAHN	DW	0014331	С	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	0008937	В	ACTIVE	, .,	4/20/2007 10:07:58 AM	4/30/2009
STEVE L. FULLER, JR	DW	0007519	В		3/31/1993	4/20/2007 11:20:01 AM	4/30/2009

DEP Homepage Certified Operator Search

State of Florida

Department of Environmental Protection

ISSUED:

03/27/2007

LICENSE NO.: 0013244

E 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

309

State of Flariba

Department of Entironmental Projection

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

DISPOYER REQUESTS OF 1500

MICHAEL W. SOLE

State of Placida

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

PISPS NV 30 PHYSIPPS I FOR A Sec

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



Re:

Florida Department of **Environmental Protection**

Southwest District Office 13051 North Telecom Parkway Temple Terrace, Florida 33637-0926 Charles (E. J. Carrellan

led Kodkapin LE Concress

Madrid W. Sale Assurbiars

May 19, 2009

RECEIVED

MAY 2 1 70 by

Aqua Utilities

Florida Inc.

CERTIFIED MAIL NO.: 7008 0150 0003 4894 2548

RETURN RECEIPT REQUESTED

John Lihvarcik Aqua Utilities Florida, Inc. 1100 Thomas Avenue P.O. Box 490310 Leesburg, FL 34749

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, Jomas Arunindo

Thomas Gucciardo **Environmental Manager**

Domestic Wastewater Section

Enclosure

cc: Joe Squitieri, DEP, joe.squiteri@dep.state.fl.us

Patricia Williams, Aqua Utilities, prwilliams@aquaamerica.com

Then Phillips or this Phillips

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.

OGC File No. 06-2358 Page 2 of 6 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.

OGC File No. 06-2358 Page 3 of 6 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

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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.

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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.

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Date			

John M. Lihvarcik,

President - Southern Region Aqua Utilities, Inc.

OR RESPONDENTS:

10, 6, 2009

Roy H. Stehl Vice President

Aqua Utilities Florida, Inc.

2009, in Hillsborough County, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

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.

DAG/nn

cc:

Lea Crandall, DEP Mike Tanski, DEP

John Lihvarcik, CFO - Aqua Utilities Florida, Inc.

Patricia Williams, Utility Engineer - Aqua Utilities Florida, Inc.

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LETTER OF TRANSMITTAL

1100 Thomas Avenue Leesburg, FL 34748 Phone: (352) 787-0980 Fax: (352) 787-6333

TO: Jo	e Squitieri			DATE	3/16	/09	JOB NO:	
Fl	orida Dept. of E	Environmental Pro	otection	Projec	t: Vill	age Water	WWTF	
	3051 N Telecon	n Parkway FL 33637-0926		Second 2 2358	Amendn	nent to Conse	nt Order OGC	File No. 06-
	SENDING Shop Copy of letter	✓ Attached✓ Prints✓ Change or	Plar		e cove	er via Samples	· · · · · · · · · · · · · · · · · · ·	ollowing items:
COPIES				DESCRIPTIO	N			
_1	Aqua Utilities	Florida Consent	Order Check. C	heck #26314	47, \$24	,400.00		

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						·····		
			** - Hillion					
	RE TRANSMITT For approval	ED as checked be	low: For Review &	Comment		Amend an	d Resubmit	
	For your use		Make Correcti				_ copies for	distribution
\boxtimes	As requested		Rejected			Return	_corrected p	orints
REMARK	s:							
COPY TO	D: File			SIGNED				
					Patric	ia Williams		

If enclosures are not as noted, kindly notify us at once.

Utility Engineer

2462 FLORIDA DEPARTME	NT OF	CHECK PAYMENT NE	39 263147	DATE	03/05/09
INVOICE	DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET AMOUNT
06-2358 SECOND AMMEND	02/19/09		24,400.00		24,400.00
			5		
AQUA UTILITIES FLORIDA, INC.		TOTAL	\$24,400.00		\$24,400.00

Formerly AQUASOURCE UTILITY, INC. 762 LANCASTER AVE., BRYN MAWR, PA 19010.

Page 1 of 1

THIS DOCUMENT IS PRINTED IN BLUE INK. DO NO AQUA UTILITIES FLORIDA, INC.	OT ACCEPT UNLESS BLUE IS F PNC BANK, N.A. NEW JERSEY	55-277	3147 ECK NO.
Formerly AQUASOURCE UTILITY, INC. 762 LANCASTER AVE., BRYN MAWR, PA 19010 PAY Twenty four thousand four hundred and 00/100 Dollars	DATE 03/05/09	AMOUNT	
TO FLORIDA DEPARTMENT OF THE ORDER OF SOUTHWEST DISTRICT 13051 N TELECOM PARKWAY TEMPLE TERRACE FL 33637-0926	Sand P.	Ently	235\$



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