PUTNAM COUNTY

Palm Port WTF Palm Port WWTF

Docket No. 100330-WS

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

Florida

Volume 5 Book 2 Set 13 of 17

Part 2 of 5

Containing:

Permits
Monthly Operating Reports
Discharge Monitoring Reports
Sample Results
Correspondence

Aqua Utilities Florida, Inc.

07301 SEP-12

FPSC-COMMISSION CLUE 1



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

CERTIFIED NUMBER: 7004 0750 0003 3823 0158

August 24, 2004

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

SUBJECT: Consumptive Use Permit #8127

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

The above referenced permit is hereby transferred to Aqua Utilities Florida as the new permit holder, you are required to comply with all the conditions as noted in the permit. If you have any questions concerning the conditions of your permit, please contact Todd Eller, Supervising Regulatory Hydrologist, 386-329-4210.

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

Sincerely,

Glória Lewis, Director

Division of Permit Data Services

Enclosures:

Permit

Conditions of Issuance Compliance Forms

Well Tags

CC: District Permit File

Lynn Minor, Data Management Supervison

.... GOVERNING BOARD

40C-1.612 TRANSFER OF OWNERSHIP OF PERMIT

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

PERMIT NO. 8127

ORIGINAL PERMIT ISSUED: May 2, 2001
TRANSFER PROCESS DATE: August 19, 2004

PROJECT NAME: Palm Port

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 7.7 million gallons per year of ground water from the Floridan aquifer for the household use of 335 people.

LOCATION:

Site: Palm Port

Putnam County

Section(s): 40 Township(s): 9S Range(s): 27E

ISSUED TO:

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

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

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

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

PERMIT IS CONDITIONED UPON:

See conditions on attached "Exhibit A", dated May 2, 2001

AUTHORIZED BY: St. Johns River Water Management District

Department of Resource Management

Dwight Jenkins

Division Director

"EXHIBIT A" CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 8127 AQUA UTILITIES FLORIDA DATED MAY 2, 2001

- 1. District Authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
- 2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event a water shortage, is declared by the District Governing Board, the permittee must adhere to the water shortage restriction as specified by the District, even though the specified water shortage restrictions may be inconsistent with the terms and conditions of this permit.
- 3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District, or the appropriate local government pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification, or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
- 4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to eliminate the leak or make the system fully operational.
- 5. Legal uses of water existing at the time of the permit application may not be interfered with by the consumptive use. If unanticipated interference occurs, the District may revoke the permit in whole or in part to curtail or abate the interference unless the permittee mitigates for the interference. In those cases where other permit holders are identified by the District as also contributing to the interference, the permittee may choose to mitigate in a cooperative effort with these other permittees. The permittee must submit a mitigation plan to the District for approval prior to implementing such mitigation.
- 6. Off-site land uses existing at the time of permit application may not be significantly adversely impacted as a result of the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the permittee.
- 7. The District must be notified, in writing, within 30 days of any sale, conveyance, or other transfer of a well or facility from which the permitted consumptive use is made or within 30 days of any transfer of ownership or control of the real property at which the permitted consumptive use is located. All transfers of ownership or transfers of permits are subject to the provisions of section 40C-1.612, Florida Administrative Code.
- 8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
- 9. Total withdrawals from well number 1 (GRS ID 13972) (as listed on the application) must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of the monitoring using Form No. EN-50. The reporting dates each year will be as follows for the duration of the permit:

Reporting Period January - June July - December Report Due Date July 31 January 31

- 10. This permit will expire 20 years from the date of issuance.
- 11. Maximum annual withdrawal from the Floridan Aquifer for household type uses must not exceed 7.7 million gallons.
- 12. Well number 1 (GRS ID 13972) (as listed on the application) is equipped with a totalizing flow meter. This meter must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications.
- 13. All submittals made to demonstrate compliance with this permit must include the CUP number 8127 plainly labeled thereon.
- 14. Permittee must have all flow meters checked for accuracy at least once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/calibration.
- 15. The permittee must maintain all flow meters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.
- 16. The permittee must implement the Water Conservation Plan submitted to the District, and maintain these practices for the duration of the permit.
- 17. The lowest quality water source, such as reclaimed water and surface/storm water, must be used as irrigation water when deemed feasible pursuant to District rules and applicable state law.



DEP Form 62 75 900(3)Afternate

See Pages 4 for Instr			n managan de la llama de					
l. General Information	n for the Month/\	Year of: May, 2008						
A. Public Water System	n (PWS) Informa	ation						
PWS Name:	Palm Port					PWS Identification Number.	2540865	
PWS Type:	✓ Community	Non-Transient Non-Communit	ty 🔲 T	ransient Non-Com	munity [Consecutive		
Number of Service Connec	ctions at End of Month	109			Total	Population Served at End of N	Month: 375	
PWS Owner:	Aqua Utilities Florid	a						
Contact Person:	Brian Heath				Conta	ct Person's Title:	Area Manager	
'ontact Person's Mailing A	Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone	e Number:	(352) 787-0980			Conta	ct Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail A	ddress:	beheath@aquaamerica.com	£					
3. Water Treatment Pl	ant Information							
Plant Name:	Palm Port					Plant Telephone Number:	(352) 787	-0980
Plant Address:	East River Drive			2004-000	City: East Palatka	State: Florida	Zip Code:	32131
Type of Water Treatment b	y Plant:	✓ Raw Ground Water	Purchased Fini	shed Water				
Permitted Maximum Day (170,000				
Plant Category (per subsect	tion 62-699.310(4), F.,				Plant C	lass (per subsection 62-699.31	10(4), F.A.C.): C	
Licensed Operators		Name Name		License Class	License Number	Day((s) / Shift(s) Worked	
Lead/Chief Operator:	Paul Thompson			A	7251	Days 1st Shift		
Other Operators:	David Haring		ossin amerika 1994 - 19	С	14091	Days 1st Shift		
	Ralph Marriott			С	7527	Days 1st Shift		
l Certification by Lead	I/Chief Onewater		te November		ME TANK SUMPLEMENTS			
			1 1 1 1/1:	C 4 C41				~ 1
i, the undersigned wat	er treatment plant	operator licensed in Florida, am	the lead/chie	operator of the	water treatment pl	ant identified in part I o	t this report. I certif	y that the
		ne and accurate to the best of my						
		cable standards referenced in sub						
		pperator staffed or visited this pla						
		process performance records. Fu			these additional of	perations records to the	PWS owner so the P	WS owner can
retain them, together v	vith copies of this	report, at a convenient location i	for at least ten	years.				
		1 (357				
da		6 19108	Paul Thompson	n			A7251	
Signature and Date		1 1 2 3	Printed or Typ				License N	umber
							Enediac III	222232

Page 1

9

PWS I	lentification	n Number:		2540865		Plant Name:	Palm Port							
П	aily Data	for the N	Ionth/Year	of:	signatura nestro.	May, 2008								
			g Virus Inactiv				Chlorina Di	ovida	C Ozone	☐ Comb	sinad Chlori	ne (Chlorar	ninee)	
	raviolet R	-		r (Describe):			Chiorne Di	OXIGE.	1 Ozone	1 Come	med Cinon	ne (Cmora	111110.57	
-					***************************************	FT 10 2011		Cambia	od Chlorina	(Chloramine	-\ F	Chlorine I	Ninedak	
Type o	f Disinfee	ctant Resid	lual Maintai		ibution System:	▼ Free Chlo							JOXIGE	
				C	T Calculations, or	UV Dose, to	Demostate 1	Four-Log	, Virus Inac	tivation, if A	Applicable	*		
				2.12.3.3	Michigan Commence	CT Calc	ulations				UV	Dose		
				azarakia (ao			Lowest CT		ALC: NO.	enember.				
100 To 200				George India.		Disinfectant	Provided	6000						
	rs ni				Lowest Residual	Contact Time	Before or at	1816					Lowest Residual	DETERMINENT AND ADMINISTRAL PROPERTY.
	Days Plant Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer	700 Act 6	14 15 15 15		Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Control of the Contro	Hours plant	LINE TO THE STREET WHEN THE STREET		Before or at First	Point During	During Peak		6.5	Minimum CT	Operating	Required,	Remote Point in	
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm2	sec/cm ²	System, mg/L	Out of Operation
1	X	24.0	11,900		1.3								1.0	
2	X	24.0	10,400		1.8			managaran kanan kana					1.2	
3		24.0	16,000											
4		24.0	16,000											
5	Х	24.0	16,000		1.0								0.7	
6	X	24.0	11,500		1.4								1.0	
7	X	24.0	11,300		1.3								0.8	
- 8	X	24.0	14,600		1.2								0.8	
9	X	24.0	13,500		1.8								1.2	
10		24.0	12,833											
11		24.0	12,833							ļ			1.5	
12	X	24.0	12,833		1.6								1.3	
13	X	24.0	11,100		1.5				 				1.0	
14	X	24.0	20,000		1.5	······································		 					1.0	
15	Х	24.0	10,500 14,700		1.7			-	 				1.2	
- '0	Х	24.0 24.0	19,833		1.7			<u> </u>	 				1.2	
		24.0	19,833											
18	X	24.0	19,833		1.3					<u> </u>		†	1.1	
20	X	24.0	14,900		1.5				†				1.1	
21	X	24.0	14,800		0.4								0.2	
224	X	24.0	11,200		1.2								0.8	
23	X	24.0	11,800		1,2								0.8	
24		24.0	15,333											
- 25		24.0	15,333						1					
26	X	24.0	15,333	January Company	1.2								0.8	
27	X	24.0	13,600		1.9								1.4	
28	X	24.0	17,400		14								0.9	
29	X	24.0	11,500		1.4								0.9	
30	X	24.0	14,600		1.4								0.9	
31		24.0	15,533	V/243.07.07.07.03.08.0										
Total	al de Al community of a		446,833											
Avgerag	Α-		14,414											

20,000

Avgerage Maximum

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



See Pages 4 for Instructions.

5 900(3)Alternate

General Information	n for the Month/	Year of: June, 2	2008				
. Public Water Syster	n (PWS) Inform	ation					
PWS Name:	Palm Port				***************************************	PWS Identification Number:	2540865
PWS Type:	✓ Community	Non-Transient Non-Cor	mmunityT	ransient Non-Com	munity	Consecutive	
Number of Service Connec	ctions at End of Mont	th: 109			Total	Population Served at End of Mon	th: 375
PWS Owner:	Aqua Utilities Flori	da					
Contact Person:	Brian Heath			*	Cont	act Person's Title: Area	Manager
Contact Person's Mailing	Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephon	e Number:	(352) 787-0980			Conta	act Person's Fax Number. (352	787-6333
Contact Person's E-Mail A	ddress:	beheath@aquaamerica	.com				
Water Treatment Pl	ant Information			,			
Plant Name:	Palm Port		William Total			Plant Telephone Number:	(352) 787-0980
Plant Address:	East River Drive	2.1			City: East Palatka	State: Florida	Zip Code: 32131
Type of Water Treatment b	y Plant:	✓ Raw Ground Water	Purchased Fin	ished Water	***************************************		
Permitted Maximum Day (Operating Capacity of	f Plant, gallons per day:		170,000	***************************************		
Plant Category (per subsec	tion 62-699.310(4), F	F.A.C.):	IV		Plant C	Class (per subsection 62-699.310(4), F.A.C.): C
Licensed Operators	Gordania din basa A	Name		License Class	License Number	Day(s)	/ Shift(s) Worked
Lead/Chief Operator:	Paul Thompson			А	7251	Days 1st Shift	
Other Operators:	David Haring			С	14091	Days 1st Shift	
	Ralph Marriott			С	7527	Days 1st Shift	
			······································		The state of the s		
A Commission Commission							
Parallel and Company						1	
					-		
<u> </u>							
Certification by Lea	d/Chief Operato	r				Established Santagar	
L the undersigned was	ter treatment plan	t operator licensed in Floric	da, am the lead/chie	f operator of the	water treatment r	lant identified in part I of the	his report. I certify that the
		The state of the s				-	s used at this plant conform to NSF
AND COLUMN TO THE SECOND TO SECOND THE SECOND SECON							operations records for this plant
							used and chemical feed rates; and
A DESCRIPTION OF STREET	part William and the property of the property				these additional of	pperations records to the PW	VS owner so the PWS owner can
retain thom, together	with copies of this	s report, at a convenient loc	ation for at least ter	n years.			
		1010					
1 1		07/08/08	D. 173				A7251
			Paul Thompso	311			PAILS 1

Page (

PWS I	dentificatio	n Number:		2540865		Plant Name:	Palm Port							
Ш. Г	aily Data	for the N	Ionth/Year	of:		June, 2008								
-			g Virus Inacti		val:	<u> </u>	OLI : D		<i>t</i>	, , ,		(0) 1		
			C Othe			mornie į	Chiorine Di	oxide	1 Ozone	[Coml	nined Chlori	ne (Chlorai	nines)	
								* 05 1.1		221.1				
Type	of Disinfe	ctant Resid	dual Maintai		ibution System:					(Chloramine		Chlorine I	Dioxide	-
			STATE OF THE	() ()	T Calculations, or	UV Dose, to	Demostate 1	Four-Log	Virus Inac	tivation, if	Applicable ^e			
						CT Calc	ulations				UV	Dose		
			5 1 1 1 1 1 1				t	e de la compansión de l						
Lay of	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, mg		Minimum UV Dose Required, mW-	Lowest Residual Disinfectant Concentration at Remote Point in Distribution	Emergency or Abnormal Operating
the Month	(Place	in 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
1	7. 7	24.0		. unv, gpa				,	1					
2	X	24.0			1.5								1,1	
3	X	24.0	15,100		1.2								1.0	
4	X	24.0	14,300		1.2								0.8	
5	X	24.0	13,000		1.3								0.9	
6	X	24.0	14,500		1.3								0.8	
7		24.0	14,367											
- 8		24.0	14,367											
9	X	24.0	14,367		2.4								1.7	
10	Х	24.0	11,500		1.5								1.1	
11	X	24.0	14,900		1.3								0.9	
12	X	24.0	11,800		1.4				-	 			0.9	
13	X	24.0	14,600		1.6				<u> </u>	 			0.9	
14		24.0 24.0	12,967 12,967											
16	X	24.0	12,967		0.6	***************************************	 						0.3	
10	X	24.0	10,700		0.8				 				0.4	
18	X	24.0	11,300		0.8				 				0.4	
19	X	24.0	13,400		1.4							***************************************	0.8	
20	X	24.0	14,100		1.3				<u> </u>				0.7	
21		24.0	11,533											
22		24.0	11,533											
23	Х	24.0	11,533		1.2								0.7	
24	Х	24.0	11,100		1.3								0.7	
25	X	24.0	14,500		1.6								0.9	
26	Х	24.0	11,000		1.5								0.9	
27	Х	24.0	11,100		1.5								0.9	
28		24.0	13,500											
29		24.0	13,500											
30 \	X	24.0	13,500		1.3								0.8	
31		24.0				L	L	L	L	L				
otal	14 (10 -1 15)		410,600											
vgerag	e		13,245											

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

DEP Form 900(3)Alternate



DEP Form 6° 155, 900(3)Alternate

See Pages 4 for Insti General Information		Year of: July, 2008				
Public Water System		ation				
PWS Name:	Palm Port				PWS Identification Number:	2540865
PWS Type:	✓ Community	Non-Transient Non-Commun	ity Transient Non-Co	mmunity	Consecutive	
Number of Service Connec	ctions at End of Montl	h: 109		To	tal Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florid	da				
Contact Person:	Brian Heath		10 ANTON 10 SEE	Co	ntact Person's Title: Area M	anager
Contact Person's Mailing A		PO Box 490310		City: Leesburg	State: Florida	Zip Code: 34749
ontact Person's Telephon	e Number:	(352) 787-0980		Co	ntact Person's Fax Number: (352) 78	37-6333
ontact Person's E-Mail A		beheath@aquaamerica.com				
Vater Treatment Pl						
lant Name:	Palm Port				Plant Telephone Number	(352) 787-0980
ant Address:	East River Drive			City: East Palatl	a State: Florida	Zip Code: 32131
pe of Water Treatment b		✓ Raw Ground Water	Purchased Finished Water			
ermitted Maximum Day (170,000			
ant Category (per subsec					t Class (per subsection 62-699.310(4), F	
Licensed Operators		Name Name	License Clas	s License Numb	per Day(s)/S	hift(s) Worked
ead/Chief Operator.			A	7251	Days 1st Shift	
ther Operators:	David Haring		C	14091	Days 1st Shift	
	Ralph Marriott		C	7527	Days 1st Shift	
Lab Principle						
Philipson Confidence						
and the state of the state of						
andici adian bari	NCL: CO					
ertification by Lead	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.				wat down to Karling and the	
the undersigned wat	ter treatment plant	operator licensed in Florida, an	n the lead/chief operator of the	ne water treatmen	t plant identified in part I of this	report. I certify that the
formation provided	in this report is tr	ue and accurate to the best of my	y knowledge and belief. I ce	rtify that all drink	ing water treatment chemicals us	sed at this plant conform to N
ternational Standard	l 60 or other appli	cable standards referenced in su	bsection 62-555.320(3), F.A	.C. I also certify	that the following additional ope	rations records for this plant
ere prepared each da	ay that a licensed of	operator staffed or visited this p	lant during the month indicat	ed above: (1) red	ords of amounts of chemicals us	ed and chemical feed rates; a
) if applicable, appro	opriate treatment	process performance records. F	urthermore, I agree to provide	de these additiona	l operations records to the PWS	owner so the PWS owner can
tain them, together v	with copies of this	report, at a convenient location	for at least ten years			o mor bo mor built
/-8-1/-6-		, f	at least ton jours.			
		2/3/08	D. I. T.L.			
1/1			Paul Thompson			A7251
gnature and Date			Printed or Typed Name			License Number

Page V

PWS I	dentificatio	n Number		2540865		Plant Name:	Palm Port							
III. D	aily Data	for the M	lonth/Year	of:		July, 2008								
				vation/Remov	/al: ▽ Free C	hlorine [Chlorine Di	oxide	□ Ozone	[Comb	ined Chlori	ne (Chlorar	ninec)	
	traviolet R	75		r (Describe):			CHOING DI	O/dide	, (32.01.0	Contr	ined Cinorn	ne (Cinora	illics)	
en .						▼ Free Chlo	rine [Combin	ed Chlorine	(Chloramine	s) [Chlorine I	Dioxide	
Type (n Distille	I CLAIR RUSIU			T Calculations, or						1.74			
	Section 2				1 Calculations, of						UVI			
			Section 1			CI Calc		of the State of			e Contractor	199,0079.4		
			AND THE RESERVE OF THE PARTY OF			Way and the body	Lowest CT	15 167 14		14 (75)		Could the		
	整理 400			400000		Disinfectant	Provided					18000014		对的信息等因为大约与自由Wat
	Days Plant Staffed or		Net Quantity		Lowest Residual Disinfectant	Contact Time (T) at C	Before or at					Minimum	Lowest Residual Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
a i		Hours plant	Water		Before or at First	Point During	During Peak	20.00		Minimum CT	Operating	Required,		Conditions, Repair or Maintenance Work that
the	(Place	in -	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"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 3	X	24.0	10,100		1.3								0.8	
3 - 3	X	24.0 24.0	13,800 13,900		1.3 1.8	Ac -							0.8	
4	X	24.0	10,900		1.8								1.3	
5		24.0	14,733		***								1.2	
6		24.0	14,733	re-to-reliilere		ATTER TO THE PROPERTY OF THE PARTY OF THE PA								
5.76	Х	24.0	14,733		1.7								1.3	
8	X	24.0	10,600		1,5								1.2	
. 9	X	24.0	10,100		1.4								0.9	
10 = 11 0	X X	24.0 24.0	12,800 10,700		1.1					***************************************			0.8	
C*12 3	^_	24.0	13,233		1.0								0.5	
≇13 €		24.0	13,233		**************************************	an comme								
114%	Х	24.0	13,233		1.5								0.8	
15	Х	24.0	13,400		1.5								1.0	
16,	X	24.0	11,000		1.5								1.0	
	X	24.0 24.0	14,400		1.4								0.8	
19 2	X	24.0	16,400		1.4								V.8	
20		24.0	16,400											
21	Х	24.0	16,400		1.1								0.7	
22	X	24.0	10,200		1.5								0.9	
23	Х	24.0	29,000		1.2								0.7	
24	X	24.0	11,300		1.4								1.0	
25	Х	24.0	15,200		1.5								1.3	
26		24.0 24.0	12,300 12,300											
28	Х	24.0	12,300		0.4		-						0.2	
29	X	24.0	11,300		1.6								0.8	
30 -	X	24.0	10,600		1.6								1.0	
31	Х	24.0	15,600		1.6								1.3	
Total	4	2.54	414,900											

29,000

DEP Form 900(3)Alternate

Maximum

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

	181		
No.	MOTECTION	A SECTION AND ADDRESS OF	5.
To Market	A	A.K.	
\$	Va	- 1	
FLORIT	SA		
			2000

General Information for the Month/	Year of: August, 2008	***************************************			
		· · · · · · · · · · · · · · · · · · ·			
Public Water System (PWS) Informa PWS Name: Palm Port	Ition			DWC Identification Number	2540945
PWS Type: Community	Non-Transient Non-Community	Teansiant Nan Com		PWS Identification Number:	2540865
Number of Service Connections at End of Month		Transient Non-Com		Consecutive Consecutive	275
			Total	Population Served at End of Month	375
PWS Owner: Aqua Utilities Florid Contact Person: Brian Heath	d		Ic.	A D I Tit	f
	PO Box 490310		City: Leesburg	State: Florida Area N	Manager 24740
	(352) 787-0980				Zip Code: 34749
	beheath@aquaamerica.com		Conta	ict Person's Fax Number: (352)	787-6333
. Water Treatment Plant Information	perieatif@aquaamerica.com				
Plant Name: Palm Port				Plant Telephone Number:	(3.52) 787 0080
Plant Address: East River Drive			City Cast Defette		(352) 787-0980
Type of Water Treatment by Plant:	✓ Raw Ground Water Purc	hased Finished Water	City: East Palatka	State: Florida	Zip Code: 32131
Permitted Maximum Day Operating Capacity of I		170,000			
Plant Category (per subsection 62-699.310(4), F.		170,000	Plant C	class (per subsection 62-699.310(4),	F.A.C.): C
Licensed Operators		License Class	License Number		Shift(s) Worked
Lead/Chief Operator: Paul Thompson	- Truite	A License Class	7251	Days 1st Shift	Silit(5) WOIKEU
Other Operators: David Haring		C	14091	Days 1st Shift	
Ralph Marriott		C	7527	Days 1st Shift	
The state of the s			1321	Days 1st Sillit	
A CAMPACA AND A					
Principle of the Control of the Cont				 	

. Certification by Lead/Chief Operator			100000000000000000000000000000000000000		
I, the undersigned water treatment plant		lead/chief operator of the	water treatment p	lant identified in part I of this	report I certify that the
information provided in this report is tru	and accurate to the host of my know	wledge and bolief. I gorti	for that all deinlein	and identified in part 1 of this	and at this about an form to NCr
International Standard 60 or other anni-	ashle standards referenced in subsect	ing (2 555 220(2) F.A.C	Ty mai an drinkini	g water treatment chemicals to	ised at this plant conform to NSF
International Standard 60 or other applie					
were prepared each day that a licensed of					
(2) if applicable, appropriate treatment p			these additional o	perations records to the PWS	S owner so the PWS owner can
retain them, together with copies of this	report, at a convenient location for a	t least ten years.			
1 ×	09/08/08 Pai	1) Thompson			A7251
Signature and Date		nted or Typed Name			License Number
DEP Form 62-5-5- 900(3)Alternate		Page 1			(

PWS Ide	entificatio	n Number:		2540865		Plant Name:	Palm Port							
III. Da	ily Data	for the M	onth/Year	of:		August, 2008								
Particular September 1999	Name of Street or other Designation of			vation/Remov	val: ▼ Free C	Chlorine [Chlorine D	ioxide	☐ Ozone	☐ Comb	ined Chlori	ne (Chlora	nines)	
1		ladiation		r (Describe):										
L					ibution System:	Free Chlo	orine [Combin	ned Chlorine	(Chloramine	es) Γ	Chlorine I	Dioxide	
Type of	Distille	Ctant Resid		Team Dist	T Calculations, or								1 45.23.27	
				2,000 pt 200 C	T Calculations, or	or out	Demostate	Tour-Log	V II US III aC	arvation, ir	IIV	Dose		
		100	Net Quantity	2/2/2		CI Calc				Assessment of the second	4.2.2.42	0030	Maria Sale	ALLONDON STREET, STAN
	100	C-12-15-16-16		ericka esta	Lowest Residual Disinfectant Concentration (C)	10000	Lowest CT				army A	10.25	· section of the	Schiller and the same
Same	1400	1144	Marie Property	154444		Disinfectant	Provided				7-3-7			SERVICE HEROTOP, 120-
300 0000	Days Plant	413.33	特殊等	20 6 5 5	Lowest Residual	Contact Time			A-24			Minimum	Lowest Residual Disinfectant	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First			20 mm - 2	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
	Visited by	1 20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	of Thushed	190220000000000000000000000000000000000	Concentration (C) Before or at First	Measurement Point During	Customer During Peak			Minimum CT	Operating	Required,	Remote Point in	Land to the company of the Control o
		Hours plant	Water Producted,	Paul Flour	Customer During	Peak Flow,	Flow, mg-	Temp of	nH of Water	Required, mg		mW	Distribution	Involves Taking Water System Components
the	(Place *	Operation	gal	Rate ond	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²		System, mg/L	
Month 1	X)**;	24.0	9,400	June, Spu.	1.5	7,000	98 0.4410 407.22						1.0	
2		24.0	13,533					1						
3.		24.0	13,533					1						
4	X	24.0	13,533		2.2								1.7	
5	X	24.0	13,400		1.0								0.6	
6.6	X	24.0	8,300		1.0								0.6	
777	X	24.0	14,200		1.2								0,8	
- 8	X	24.0	14,600		0.8					<u> </u>			0.4	
9 4		24.0	14,000						****					
-10		24.0	14,000		0.8			 		 			0.4	
11	X	24.0	14,000 10,400	<u> </u>	1.0			-				 	0.7	
12	X	24.0	10,400		1.5		 	+		 		 	0.7	
14	X	24.0	10,300		1.6			 	 	 			0.8	
15	X	24.0	13,700		1.4			1					0.9	
16		24.0	12,967								***************************************			
F #		24.0	12,967											
18	X	24.0	12,967		1.1								0,5	
19	X	24.0	10,800		0.7								0.3	
20	X	24.0	11,400		1.2								0.7	
21	X	24.0	12,000		1.8			-			<u></u>		1.3	
22	X	24.0	16,000		1.7				-	<u> </u>			1.2	
23		24.0	11,633					 	 		 	<u> </u>	-	
24		24.0	11,633		1.2	I .	-	-		_		 	0.4	
25	X	24.0	11,633		1.3			 		 			0.9	
26	X	24.0	12,800 14,400		0.6			+	 	 		 	0.4	
28	X	24.0	12,900	 	0.9			 				1	0.4	
29	X	24.0	14,800		2.0			†					0.9	
30	2.5	24.0	16,200											
31		24.0	16,200											
	0.3 (2)		400,700	1						- and the second				
Avgerage			12,926	1										

16,200

700(3)Alternate

Avgerage

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



See Pages 4 for Instructions.

. General Informatio	on for the Month/	Year of: Septem	nber, 2008					
A. Public Water System	m (PWS) Informa	ition						
PWS Name:	Palm Port					PWS Identification Number	er: 2540865	
PWS Type:	✓ Community	Non-Transient Non-Com	nmunity T	ransient Non-Com	munity [Consecutive		
Number of Service Conne	ections at End of Month	109			Tot	al Population Served at End of	f Month: 375	
PWS Owner:	Aqua Utilities Florid	ia						
Contact Person:	Brian Heath				Cor	tact Person's Title:	Area Manager	
Contact Person's Mailing		PO Box 490310			City: Leesburg	State: Florida	Zip Code	: 34749
Contact Person's Telephor	ne Number:	(352) 787-0980			Cor	tact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail A		beheath@aquaamerica.	.com					
Water Treatment P	lant Information							
Plant Name:	Palm Port					Plant Telephone Number:	(352) 783	7-0980
Plant Address:	East River Drive				City: East Palatka	State: Florida	Zip Code	: 32131
Type of Water Treatment		✓ Raw Ground Water	Purchased Fin	ished Water				
Permitted Maximum Day	Operating Capacity of	Plant, gallons per day:		170,000				
Plant Category (per subsec			V			Class (per subsection 62-699.	.310(4), F.A.C.): C	
Licensed Operators		Name		License Class	License Number	r Da	y(s)/Shift(s) Worked	LINE HAR
Lead/Chief Operator:	Paul Thompson			A	7251	Days 1st Shift		
Other Operators:	David Haring			C	14091	Days 1st Shift		
	Ralph Marriott			C	7527	Days 1st Shift		
The second second								
	1							
Certification by Lea					E Seminar Market			
		operator licensed in Florid						
nformation provided	in this report is tru	ue and accurate to the best of	of my knowledge a	nd belief. I certi	ify that all drinki	ng water treatment chem	nicals used at this plan	t conform to NS
nternational Standard	d 60 or other appli	cable standards referenced	in subsection 62-53	55.320(3), F.A.C	C. I also certify t	hat the following addition	onal operations record	s for this plant
		operator staffed or visited th						
		process performance record						
		report, at a convenient loca			million addition	operations records to the	or was owner so mer	W S Owner can
Totalis anoly, peciner	mui copies or uns	report, at a convenient rock	ation for at reast ter	i years.				
10		10/10/12						
		- 10/08/08	Paul Thompso				A7251	
Signature and Date			Printed or Typ	ed Name			License N	umber
DEP Form 62,555, 900/31	Alternate			Page 1				

WS I	lentification	n Number:		2540865		Plant Name:	Palm Port							
II. D	aily Data	for the M	lonth/Year	of:	. 44.670. 2 x 542	September, 200)8							
	of Achievii		Virus Inactiv	vation/Remover (Describe):		hlorine	Chlorine Di	oxide	┌ Ozone	☐ Com	bined Chloris	ne (Chlorai	mines)	
						▼ Free Chlo	eins F	Combin	ed Chlorine	(Chloramin	es) [Chlorine I	Dioxide	
ype o	t Disinfe	ctant Resid	lual Maintaii		ibution System:								Jionade L	Personal Company of the Company of t
			a desire.		T Calculations, or					tivation, it	Applicable			e en la companya de
				Salar Salar	(69)683 AV. A	CT Calc	ulations	244.6	3.4	1	UV I	Jose		
			"特别是"			第 中位于10	Lowest CT	100	Service of	of the said	400			克斯曼斯尔拉斯尔斯克斯曼尔斯
		75.7		计等数寸程		Disinfectant	Provided			1, 14, 16	Programme and the second			
	Days Plant				Lowest Residual	Contact Time	Before or at		Action to the late		14 0 15 0 1		Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished	1.01.01.0	Concentration (C)	Measurement	Customer				Lowest	UV Dose Required,	Concentration at	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work
of ر۔	Operator	Hours plant	AND THE RESIDENCE OF A SECOND	toria de Salo	Before or at First	Point During	During Peak	Temp of		Minimum Cl Required, mg		mW-	Remote Point in Distribution	Involves Taking Water System Compone
the	(Place	in	Producted,	Peak Flow	Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg- min/L	Water OC	if Applicable	Cmin/I	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
fonth	*X") X	Operation 24.0	gal 16,200	Rate, gpd.	1.5	20 × minutes	2 HILLY 1	maicr, c	ii rippiicabic	7,000,000	in it social	3 SCO CIII	1.1	
2	X	24.0	20,100		1.4		<u> </u>						1.0	
3	X	24.0	15,300		1,2								0.6	
4	X	24.0	12,100		1.3								0.7	
5	X	24.0	16,400		1.9								1.3	
6		24,0	17,633											
7		24.0	17,633											
8	Х	24.0	17,633		1.0								1.0	
9	X	24.0	14,700		1.1					<u> </u>			0.8 2.0	Outage - Tank Cleaning and Inspection
10	X	24.0	11,300		3.0								0.2	Outage - Tank Cleaning and Inspection
11	X	24.0	17,400		0.6					<u> </u>			0.2	
12 13	Х	24.0 24.0	15,400 18,367		0.6						-			
14		24.0	18,367								1			and the state of t
15	X	24.0	18,367		0.7								0.6	
16	X	24.0	18,100		1.5	***************************************							0.7	
1.8	X	24.0	14,000		1.5								0.8	
. d 🍜	Х	24.0	13,700		1.5								0.8	
19 -	Х	24.0	14,500		1.6								0.9	
20		24.0	15,200								-			
21		24.0	15,200										0.9	
22	X	24.0	15,200		1.6					 	-		0.9	
23 24 -	X	24.0	15,000 15,800		1.8								0.9	
24 25	X	24.0 24.0	18,900		1.4					<u> </u>			0.9	
26	X	24.0	12,700		1.8								0.8	
27		24.0	16,733		1.0					†	1			
28		24.0	16,733											
29	Х	24.0	16,733		1.3								0.5	
30	X	24.0	15,000		1.5								0.6	
31		24.0											L	
			480,400											
geras	e.	ASSESSED A	15,497											

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

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DEP Form 62 775 900(3)Alternate

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



See Pages 4 for Instructions.

DEP Form 62-555, 900(3)Alternate

See Fages 4 101 Illsti									
l. General Information	ı for the Month/Y	Year of: October, 20	800						
A. Public Water Systen	n (PWS) Informa	tion							
PWS Name:	Palm Port					PWS Identification Num	ber: 2	540865	
PWS Type:	✓ Community	Non-Transient Non-Commu	nity7	Fransient Non-Com	munity	Consecutive		-	
Number of Service Connec	tions at End of Month:	: 109			То	tal Population Served at End	of Month: 3	75	
PWS Owner:	Aqua Utilities Florida	a							***************************************
Contact Person:	Edward Pellenz				Co	ntact Person's Title:	Manager of Oper	ations	
Contact Person's Mailing A	~	PO Box 490310			City: Leesburg	State: Florida	Z	ip Code: 3	34749
Contact Person's Telephone		(352) 787-0980			Co	ntact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail A		ejpellenz@aquaamerica.co	<u>om</u>						
B. Water Treatment Pl				The state of the s					
Plant Name:	Palm Port					Plant Telephone Number		352) 787-098	0
Plant Address:	East River Drive	1.12			City: East Palatk	a State: Florida	Z	ip Code: 3	32131
Type of Water Treatment b		Raw Ground Water	Purchased Fin						
Permitted Maximum Day C				170,000					
Plant Category (per subsect		A.C.): IV Name		Timesol		t Class (per subsection 62-699		C	
Lead/Chief Operator:	Daul Thompson	Name		License Class	License Numb		ay(s) / Shitt(s) v	orked:	
Other Operators:	David Haring			C	7251	Days 1st Shift			
	Ralph Marriott			C	7527	Days 1st Shift Days 1st Shift			
	Temph Wantott				1321	Days 1st Smit			
等的数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据								***************************************	
The second of the second state					***************************************				····

. C: C	VOI. 40								
I. Certification by Lead							7.5% 5.486		
i, the undersigned wat	er treatment plant	operator licensed in Florida, a	m the lead/chie	of operator of the	water treatmen	t plant identified in part	I of this report.	I certify th	at the
information provided	in this report is true	e and accurate to the best of m	ny knowledge a	nd belief. I certi	fy that all drink	ing water treatment cher	nicals used at th	is plant cor	nform to NSF
International Standard	60 or other applic	cable standards referenced in s	subsection 62-5.	55.320(3), F.A.C	. I also certify	that the following additi	onal operations	records for	this plant
were prepared each da	y that a licensed o	perator staffed or visited this p	plant during the	month indicated	l above: (1) rec	ords of amounts of chen	nicals used and o	chemical fe	eed rates; and
(2) if applicable, appro	opriate treatment p	process performance records.	Furthermore, I	agree to provide	these additiona	operations records to the	ne PWS owner s	o the PWS	owner can
retain them, together v	vith copies of this	report, at a convenient location	n for at least ter	n years.		9. 15. 40. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1			
		1 1							
. N		18/6/08	Paul Thompso	on			Δ	7251	
Signature and Date		1	Printed or Typ				-	cense Numbe	ar
120				CONTRACTOR OF TRACTOR			151	cense ivunio	

Page 1

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

Means of Achieving Four-Log Virus Inactivation/Removal:	Market Control of the	
Chloring Combined Chlorine		
Chloring	ramines)	
Combined Chlorine (Chloramines) Chlorine Chloramines	turinos)	
Days Plant Sufficient Disinfectant Disinfec	e Dioxide	
Days Plant Staffed of Net Quantity Staffed of Ne		- Committee
Visited by Correction Foundation Correctation Correctati		
Visited by Corrator Hours plant Water Effore or a First Point During Peak Flow Flow mg Flow mg Flow mg Married Flow mg F		
A		
Age Contentation (C) Conte		
Age Contentation (C) Conte	Lowest Residue	al Francisco d'Apprend Operation
Peak Flow Producted Peak Flow Peak Flow Flow mg Peak Flow Peak F	m Disinfectant	
Peak Producted Peak Pow Customer During Peak Flow Flow minutes min	Concentration a	at Emergency of Autoritian Operating
Trace Trac		Conditions, Repair or Maintenance Work the Involves Taking Water System Component
X		
X	0.6	
X	0.6	
24.0	0.7	7
5		
1.3		
S	0.7	
X	0.4	
10	1.2	
11	0.7	
12	0.7	7
13 X 24.0 16,400 0.7 14 X 24.0 16,800 0.7 15 X 24.0 15,100 0.6 16 X 24.0 15,800 0.8 18 24.0 14,933 0.8 19 24.0 14,933 0.6 20 X 24.0 13,800 1.0 22.9 X 24.0 13,600 1.1 23 X 24.0 13,300 0.6 24 X 24.0 13,300 0.6 24 X 24.0 14,733 26 24.0 14,733 2.4 28 X 24.0 14,900 2.2		
14 X 24.0 16,800 0.7 15 X 24.0 15,100 0.6 16 X 24.0 15,800 0.8 X 24.0 15,300 0.8 18 24.0 14,933 0.6 19 24.0 14,933 0.6 20 X 24.0 13,800 1.0 21 X 24.0 13,600 1.1 22 X 24.0 13,600 1.1 23 X 24.0 12,000 1.6 24 X 24.0 14,733 26 24.0 14,733 2.4 28 X 24.0 14,900 2.2	0.4	1
15	0.5	
6 X 24.0 15,800 0.8 X 24.0 15,300 0.8 18 24.0 14,933 19 24.0 14,933 0.6 20 X 24.0 13,800 1.0 21 X 24.0 13,600 1.1 22 X 24.0 13,600 1.1 23 X 24.0 12,000 1.6 24 X 24.0 13,300 0.6 25 24.0 14,733 2.4 26 24.0 14,733 2.4 28 X 24.0 14,900 2.2	0.4	
X 24.0 15,300 0.8 18 24.0 14,933 19 24.0 14,933 20 X 24.0 14,933 0.6 21 X 24.0 13,800 1.0 22 X 24.0 13,600 1.1 23 X 24.0 12,000 1.6 24 X 24.0 13,300 0.6 25 24.0 14,733 26 24.0 14,733 2.4 28 X 24.0 14,900 2.2	0.4	
18	0.4	4.
19 24.0 14,933 0.6 20 X 24.0 14,933 0.6 21 X 24.0 13,800 1.0 22 X 24.0 13,600 1.1 23 X 24.0 12,000 1.6 24 X 24.0 13,300 0.6 25 24.0 14,733 2.2 26 24.0 14,733 2.4 28 X 24.0 14,900 2.2		
21 X 24.0 13,800 1.0 22 X 24.0 13,600 1.1 23 X 24.0 12,000 1.6 24 X 24.0 13,300 0.6 25 24.0 14,733 26 24.0 14,733 27 X 24.0 14,733 28 X 24.0 14,900 2.2 2.2		
22	0.3	
93 X 24.0 12,000 1.6 24 X 24.0 13,300 0.6 25 24.0 14,733 26 24.0 14,733 27 X 24.0 14,733 2.4 28 X 24.0 14,900 2.2	0.5	
24 X 24.0 13,300 0.6 25 24.0 14,733 26 24.0 14,733 27 X 24.0 14,733 28 X 24.0 14,900 2.2 2.2	0.4	
25 24.0 14,733 26 27 X 24.0 14,733 2.4 28 X 24.0 14,900 2.2	0.8	
268	0.3	3
27 X 24.0 14,733 2.4 28 X 24.0 14,900 2.2		
28 X 24.0 14,900 2.2	2.2	2
	2.0	
	1.0	
29 X 24.0 16,800 1.2 30 X 24.0 8,800 1.6	0.5	
31 X 24.0 18,600 1.9	1.7	
otal 474,500		

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

19,900

Maximum

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



See Pages 4 for Instructions.

General Information		'ear of: November	, 2008							
. Public Water Syste					· · · · · · · · · · · · · · · · · · ·				ويرانمون أنماماندت	
PWS Name:	Palm Port						PWS Identification Numb	per: 2540	865	
PWS Type:	✓ Community	Non-Transient Non-Commi	unity T	ransient Non-Com	munity		Consecutive	2310		
Number of Service Conne	ections at End of Month					-	Population Served at End of	of Month: 375		<u> </u>
PWS Owner:	Aqua Utilities Florid	a								
Contact Person:	Edward Pellenz					Conta	ct Person's Title:	Manager of Operation	18	
'ontact Person's Mailing	Address:	PO Box 490310			City: Leesbur	g	State: Florida	Zip C		4749
Contact Person's Telephor	ne Number:	(352) 787-0980				Conta	ct Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail	Address:	ejpellenz@aquaamerica.co	<u>om</u>							
. Water Treatment P	Plant Information									
Plant Name:	Palm Port						Plant Telephone Number:	(352)	787-0980)
Plant Address:	East River Drive				City. East Pai	latka	State: Florida	Zip C	lode: 32	2131
Type of Water Treatment		✓ Raw Ground Water	Purchased Fin	ished Water						
Permitted Maximum Day	Operating Capacity of I	Plant, gallons per day:		170,000						
Plant Category (per subse							lass (per subsection 62-699		C	
		Name		License Class	License Nu	mber	and the second and Da	ay(s) / Shift(s) Wor	ked	
Lead/Chief Operator	Paul Thompson			A	7251	1	Days 1st Shift			
Other Operators:	David Haring			С	14091	ř.	Days 1st Shift			
holder from the way the	Ralph Marriott			C	7527	i	Days 1st Shift			
destribution and the second						i				
	3									
And an action of the second										***
Analysish Same Section										
Marin a mary										
A STATE OF THE STA										
				<u> </u>						
Certification by Lea	nd/Chief Operator		Earlier English (Elektrich) sie	eur (CAIP) (SELVE)		Sept. 18				IN SUPERIOR SERVICE
		operator licensed in Florida,	am the lead/chie	f aparatar of the	water treatm	ont a	lant identified in most	Lafthia ann a La	- 4: G - 41-	- 4 th-
information provided	l in this report is tru	a and accurate to the heat of	my brandadaa	ed ballace I and	Water Heating	ent b	iant identified in part	i of this report. I c	ermy ma	at the
Internation provided	i iii tiiis report is tru	e and accurate to the best of	ny knowledge al	nd belief. I cert	iry that all dri	nking	g water treatment cher	nicals used at this p	lant con	form to NS
international Standar	d 60 or other applic	able standards referenced in	subsection 62-53	55.520(3), F.A.(. I also certi	ly tha	at the following additi	onal operations rec	ords for	this plant
were prepared each d	lay that a licensed o	perator staffed or visited this	plant during the	month indicated	above: (1)	recor	ds of amounts of chen	nicals used and che	mical fee	ed rates; and
		rocess performance records.			these additio	nal o	perations records to the	ne PWS owner so the	ne PWS	owner can
retain them together	with copies of this	report, at a convenient location	on for at least ter	years.						
		11-								
-10		12/5/08	Paul Thompso	n				A725	1	
Signature and Date			Printed or Typ						se Number	г
DEP Form 62/ 900(3)Alternate			Page 1						(

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

PWS I	dentification	Number:		2540865		Plant Name:	Palm Port							
II. D	aily Data	for the N	lonth/Year	of:	Professional Control	November, 200)8							
			y Virus Inactiv					ovide	C Ozone	Com!	bined Chlori	ne (Chloran	nines)	
	traviolet R	C 1		r (Describe):		,	Choine O	CANAL.	, Ozone) Conn	DIRECT CHILDIN	ic (Ontonia	inics)	
		- 1			ibution System:	Free Chlo	rina I	Combin	ed Chlorine	(Chloramine	es) [Chlorine I	Dioxide.	
ype (of Disinfec	tam Kesic	luai Mailitai								4			
440	24035	46,554	a patridia		T Calculations, or									as reflect that its military and
	1	1963		programme and the second		CI Calc	ulations			50.50.60.00.00	TOV.	Jose		第二字外,其字书,是字条 以字卷。
			Allender Control Control				Lowest CT	19/19/19						
						Disinfectant	Provided	100.09 to 120						
12	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or	100	Net Quantity		Disinfectant ***	(T) at C	First	7.5	3.00		La chief de	Minimum	Disinfectant -	
	Visited by	465,520	of Finished	Sheka Shoka	Concentration (C),	Measurement	Customer		100		Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
ay of		Hours plant	Water		Before or at First	Point During	During Peak	100	200,000,000,000	Minimum CI		Required,	Remote Point in	Conditions, Repair or Maintenance Work
the	(Place	in-see			Customer During	Peak Flow,	Flow, mg-			Required, mg		mW	Distribution	Involves Taking Water System Componer
1onth	"X").	Operation	CORRECT TO STATE OF THE PARTY O	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	16,200				ļ							
2		24.0	16,200		0.0						<u> </u>		0.5	
3	X	24.0	16,200		0.9			-					1.6	
4	X	24.0	15,600		2.2		 	ļ		<u> </u>	 		0.6	
-5	X	24.0	15,800		1.0			-					0.6	
6	X	24.0	0		0.9		 			-			0.6	
7	X	24.0	14,900 15,533		0.9			 		 	-		0,0	
8 9		24.0	15,533		*					100				***
10	Х	24.0	15,533		1.0		 	-			<u> </u>		0,6	
11	X	24.0	14,700		1.4		 			<u> </u>	1		0.8	
12	X	24.0	15,200		0.8						-		0,6	
13	X	24.0	15,700		2.4			 					1.7	
14	X	24.0	14,400		2.1								1.6	
15	, A	24.0	20,900											
16		24.0	20,900					1000						
16-3 3163	Х	24.0	20,900		2.1								2.5	
18	Х	24.0	13,900		2.2								2.0	
19	Х	24.0	14,500		1.0								0.8	
20	Х	24.0	13,700		1.3								0.9	
21	Х	24.0	16,200		2.0								2,6	
22		24.0	15,767											
23		24.0	15,767											
24-	Х	24.0	15,767		0,8								0.5	
25	Х	24.0	17,400		0.9								0.5	
26	X	24.0	17,300		1.2								0.8	
27	Х	24.0	11,400		1.1					1			0.6	
28	Х	24.0	17,900		1.1								0.6	
29		24.0	16,600											
30		24.0	16,600											
31		24.0					<u></u>						L	
excession from the control	de de la companya de	and a commence of the commence	467,000											
merac	e ·	Charles and	15,567											

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

20,900

DEP Form 67 00(3)Atternate

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



Polymer Page 3 Due in December

arre .			.	· 700 0 0 0 1
30e	Pages 4	for	Instruct	lons.

DEP Form 62-FFF 900(3)Alternate

l. General Information	for the Month	Year of: De	cember, 2008							
A. Public Water System	a (PWS) Inform	ation								
PWS Name:	Palm Port				***************************************	***************************************	PWS Identification Numb	per:	2540865	
PWS Type:	☑ Community	Non-Transient Non	-Community	ransient Non-Com	munity		Consecutive			
Number of Service Connec	tions at End of Mont				***************************************	Total 1	Population Served at End of	of Month:	375	
PWS Owner:	Aqua Utilities Flori	da						***************************************		
Contact Person:	Edward Pellenz					Conta	et Person's Title:	Manager of O	perations	
ontact Person's Mailing A	Address:	PO Box 490310	<u> </u>		City: Le	esburg	State: Florida		Zip Code:	34749
Contact Person's Telephone	e Number:	(352) 787-0980	The state of the s			Contac	ct Person's Fax Number:	(352) 787-633	3	
Contact Person's E-Mail Ac	ddress:	ejpellenz@aquaame	rica.com	***************************************					***************************************	***************************************
3. Water Treatment Pla	ant Information									
Plant Name:	Palm Port					g-11-11-11-11-11-11-11-11-11-11-11-11-11	Plant Telephone Number:		(352) 787-09	980
Plant Address:	East River Drive			***************************************	City: Eas	st Palatka	State: Florida		Zip Code:	32131
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fin	ished Water	4		<u> </u>			
Permitted Maximum Day C	Operating Capacity of	Plant, gallons per day:		170,000			77			
Plant Category (per subsect	tion 62-699.310(4), F	(A.C.):	IV			Plant Cl	lass (per subsection 62-699	0.310(4), F.A.C.)	: C	
«Licensed Operators	(A)(1.25)(A)(A)(1.55)	Name		License Class	License	Number	Da	ay(s) / Shift(s)) Worked	
Lead/Chief Operator:	Paul Thompson	12%	0.5	Α .	72	251	Days 1st Shift	***************************************		
Other Operators:	David Haring	lst S	ş.	С	14	091	Days 1st Shift			
	Ralph Marriott	ist *		С	75	27	Days 1st Shift			
		7xx-								
Article and the second second										
18 WELVERY							2000 San			
Contification but I am	d/Chi-c Omanata		20 - 37 November 200							
I. Certification by Lead				C				T. C.L.	TC	
The first state of the first sta		t operator licensed in Fl		The state of the s					The state of the s	
		rue and accurate to the b								
		icable standards referen								
		operator staffed or visit								
(2) if applicable, appro	opriate treatment	process performance re	cords. Furthermore, I	agree to provide	these add	ditional of	perations records to the	ne PWS owne	r so the PW	S owner can
retain them, together v	with copies of this	s report, at a convenient	location for at least ter	n years.						
	2.50	, (
		01/08/09	Paul Thompso	on					A7251	
Signature and Date		<u> </u>	Printed or Typ					-	License Nun	ther
O				p. 10 (10 (10 (10 (10 (10 (10 (10 (10 (10						

Page 1

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

PWS I	dentification	Number:		2540865		Plant Name:	Palm Port							
II. D	aily Data	for the M	onth/Year	of:		December, 200)8				***************************************			
				vation/Remov	ral:	hlorine	Chlorine Di	ovide	[Ozone	Com!	ained Chlori	ne (Chlorar	nines)	
	traviolet R			r (Describe):		1	CHIOTHE DI	Oxide	1 Ozone	1 Com	med Chor	ne (Cinorai	aures)	
					Manage Commission of the Commi	▼ Free Chle	rina F	Combin	ed Chlorine	(Chloramine	18)	Chlorine I	Dioxide	
ype o	of Disinfec	tant Kesid	iuai Maintai	ned in Distr	ibution System:									
		200		C	T Calculations, or	UV Dose, to	Demostate I	our-Log	Virus Inac	tivation, if	Applicable:	1007491112 Aug		经基本的基本的基本
	1000	and the same				CT Calo					UV	Dose -		
	4.64		Net Quantity		Anna Landon	100 200	Lowest CT	20.00		0.5.5				
	niek benie	F 1940.35	144.59			Disinfectant	Provided		197-177 (5-4-)	Minimum CI	PR	910.50	10 100 150	regulation and a sub-
	Days Plant				Lowest Residual	Contact Time	Before or at	100		100			Lowest Residual	And the second course of the second s
	Staffed or		Net Quantity		Disinfectant i	(T) at C	First			1.50		Minimum		
. A	133,323,334		of Finished		Concentration (C)	Measurement:	Customer	1. 18	No. 1		Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
			Water	2000	Before or at First	- Point During	During Peak	Temp of	11 611	Minimum Cl	Operating UV Dose,	Required, mW-	Remote Point in	Conditions, Repair or Maintenance Work to Involves Taking Water System Componer
the 🐈	(Place	in	Producted,	- Peak Flow	Customer During	Peak Flow,	Flow, mg-	Water OC	pH of Water,	Required, mg min/L	UV DOSE,		System, mg/L	Out of Operation
1onth	, "X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L = 0.9	minutes	min/L	water, C	п Аррисаоте	SESSIBILITE:	mw-sec/cm	Sec/Citi	0.6	Out of Operation
1	X	24.0 24.0	16,600	-	1.3						 		0.8	
2 - 7	X	24.0	14,800 12,500		1.2		 				 		0.8	
4 ***	X	24.0	14,900		1.3								0.8	255
5	X	24.0	15,500		1.4		 				 		1.2	
6	Δ.	24.0	16,533	i									-	
7		24.0	16,533											±0
8	Х	+ 24.0	16,533	- 1	1.2	3 C	71-1-						1.1	o you want to
9	Х	24.0	12,400	6-1	1.1								0.7	(54° 2546).
10	Х	24.0	11,900		1.1				44	1			0.8	2 · 2
11	Х	24.0	15,000	1.0	2.2								1.5	
12	Х	24.0	15,300		1.5								1.1	
13		24.0	14,500											
14		24.0	14,500										0.0	
15	X	24.0	14,500		1.4								0.9	
15		24.0	13,000 16,300		1.3		-						1.0	
18	X	24.0 24.0	13,300		1.2								1.0	
19	X	24.0	15,000		1.2								1.0	
20 %	_^_	24.0	13,867		1,2									
21		24.0	13,867											
22	Х	24.0	13,867		0.9								0.6	
23	Х	24.0	18,100		1.5								0.9	
24	Х	24.0	11,800		1.4								0.9	
25	Х	24.0	14,000		1.3								0.8	
26	Х	24.0	18,400		1.1								0.6	
27		24.0	15,300											
28		24.0	15,300											
29	X	24.0	15,300		1.0						<u> </u>		0.5	
30	X	24.0	16,400		1,1								0.5	
31	X	24.0	13,700		1.1	L	<u> </u>	L	L		L	L	0.7	
stal			459,500											

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

18,400

DEP Form 67 00(3)Alternate

A. Is any polymer contain	of Polymer Containing ting the monomer acrylamide				on or Manganese Sequestrant for the Year: * 2008 I the polymer dose and the acry lamide level in the polymer are a	as
follows: Polymer Dose ppm =				Acrylamide Level, %'=		-
B. Is any polymer contain: polymer are as follows:	ing the monomer epichlorohy	drin used at the water treatme	ent plant?	✓ No F Yo	es, and the polymer dose and the epichlorohy drin level in the	
Polymer Dose ppm =				Epichlorohydrin Level, %1=		
C. Is any iron or mangane	ese sequestrant used at the wat	er treatment plant?	☑ No	Yes, and the type of s	sequestrant, sequestrant dose, ect., are as follows:	
Type of Sequestrant (po	olyphosphate or sodium silica	te):				
Sequestrant Dose, mg/I	L of phosphate as PO4 or mg/l	L of silicate as SiO ₂ =				
If sodium silicate is use	ed, the amount of added plus	naturally occurring silicate, in	n mg/L as SiO ₂ =			
polymer containing epi	Part IV of this report only with ichlorohydrin, and/or an iron a orohydrin levels may be based	and manganese sequestrant.				* * * * * * * * * * * * * * * * * * *

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



See Pages 4 for Instructions.

General Information		Year of: January, 20	09				
. Public Water Syster		tion				Tauran da da da da da	2510075
PWS Name:	Palm Port	TIN = = - IN E				PWS Identification Number	er: 2540865
PWS Type:	✓ Community	Non-Transient Non-Commur	ity [] Ir	ansient Non-Com		Consecutive	
Number of Service Connec					<u> </u>	otal Population Served at End of	Month: 375
PWS Owner:	Aqua Utilities Florid	a					
Contact Person:	Edward Pellenz				·	ontact Person's Title:	Manager of Operations
Contact Person's Mailing A		PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephon		(352) 787-0980			<u> </u>	ontact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail A		ejpellenz@aquaamerica.co	<u>n</u>				
Water Treatment Pl			***************************************				
Plant Name:	Palm Port				¥	Plant Telephone Number:	(352) 787-0980
Plant Address:	East River Drive				City: East Palat	ka State: Florida	Zip Code: 32131
Type of Water Treatment b	The state of the s	✓ Raw Ground Water	Purchased Finis				
Permitted Maximum Day (170,000			
Plant Category (per subsec						nt Class (per subsection 62-699.	X-23
*Licensed Operators		Name Name	经验的证据 证	License Class	License Num	ber Day	y(s)/Shift(s) Worked
Lead/Chief Operator:				Α	7251	Days 1st Shift	
Other Operators:	David Haring			С	14091	Days 1st Shift	
	Ralph Marriott			С	7527	Days 1st Shift	
	1						
						-	
Certification by Lead							
I, the undersigned wat	ter treatment plant	operator licensed in Florida, an	n the lead/chief	operator of the	water treatmen	nt plant identified in part I	of this report. I certify that the
information provided	in this report is tru	e and accurate to the best of m	y knowledge an	d belief. I certi	fy that all drinl	king water treatment chem	icals used at this plant conform to N
International Standard	d 60 or other applie	cable standards referenced in su	ibsection 62-55	5.320(3), F.A.C	C. I also certify	that the following addition	nal operations records for this plant
							icals used and chemical feed rates; a
							PWS owner so the PWS owner car
retain them together	with conies of this	report, at a convenient location	for at least ten	veare	mese addition	ii operations records to the	of was owner so the r was owner car
retain theyin, to gether,	with copies of this	report, at a convenient location	ioi ai icasi teli	years.			
12							
41		04/04/05	Paul Thompson				A7251
Signature and Date		* <u>X</u>	Printed or Type	ed Name			License Number
			-	01			
DEP Form 62-555, 900(3)/	Alternate			Page 1			(

PWS I	dentification	Number:		2540865		Plant Name:	Palm Port							
II. D	aily Data	for the N	lonth/Year	of:		January, 2009								
	THE REAL PROPERTY.	-		vation/Remov	ral: 🔽 Free C	hlorine [Chlorine Di	oxide	☐ Ozone	Com!	oined Chloris	ne (Chlorar	nines)	
	traviolet R			r (Describe):			Cinornic Di	Ordio	1 0110110	i com	med emorn	in ferioria	inites)	
						▼ Free Chlo		Combin	ed Chlorine	(Chloramine	(e) [Chlorine I	Navide	
	of Disinted	tant Resid	iual Maintai		ibution System:								TOXIGE	
-			in decidence		T Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, it	Applicable*			
				(de Colembia			ulations	1000	See See	en debe	J. UV I		harman me	and the substitute of the state
	43.1.2	Art die		To delicated	MARKET SET		Lowest CT	AAAAAA		101040298		100		
1	11115	Mary Arela	SHIP LINE	Kind the stay	WANTER OF	Disinfectant	Provided	100	AND LIKE	Action (S	an fraction	14 (14 (14 (14 (14 (14 (14 (14 (14 (14 (MARKET SER	Artificial Company of the Company of the
	Days Plant	(Addition			Lowest Residual	Contact Time	Before or at	10000			W		Lowest Residual	
	Staffed or	0.50	Net Quantity	E1-01-4-1951	Disinfectant	(T) at C	First	4 M.	Selection of the		200	Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer		5.224		Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
_ sf	Charles and the state of the st	Hours plant	CONTROL TO THE RESERVE TO THE RESERVE THE PARTY OF THE PA		Before or at First*	Point During	During Peak		6950	Minimum CT		Required,	Remote Point in	Conditions, Repair or Maintenance Work t
the	(Place	- in-	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Componer
Month	"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
1	X	24.0	15,200		1.1								0.7	
2.0	Х	24.0	16,900		1.2								0.7	
3.		24.0	16,733											
4		24.0	16,733											
. 5	Х	24.0	16,733		0,8								0.5	
6.	Х	24.0	14,700		0.8								0.5	
17	X	24.0	12,400		1.2			ļ					0.8	
- 8	X	24.0	12,800		0.8								1.3	
9 -	Х	24.0	19,300		1.6			 					1.3	
10		24.0 24.0	15,433 15,433					-						
11	х	24.0	15,433		2.6			 					2.4	
13	X	24.0	15,400		2.2			 					1.8	
14 >	X	24.0	13,000		1.9			 					1,6	
115	X	24.0	13,600		1,4								1.2	
16	Х	24.0	16,100		1.4								1.2	
19		24.0	13,300											
		24.0	13,300											
19	Х	24.0	13,300		1.3								1.0	
20	Х	24.0	24,400		1.2								1.0	
21 %	Х	24.0	4,000		1.2								0.8	
22	Х	24.0	13,500		1.2								0.9	
23	Х	24.0	13,300		1.2								0.9	
24		24.0	15,433											
25		24.0	15,433											
26	X	24.0	15,433		1.0								0.6	
27.3	X	24.0	15,500		1.3								0.8	
28	X	24.0	11,300		1.3								0.8	
29 = 20	X	24.0 24.0	12,100		1,1 1.0								0.8	
30	_ X	24.0	14,400 15,866		1.0			 					9,1	
otal		24.0	456,466				L	1	L	L	L		1	
vgerag			14,725											

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

DEP Form 62,5EF 900(3)Alternate

24,400



See Pages 4 for Insti								
l. General Information	n for the Month/	Year of: Febru	uary, 2009			***		
A. Public Water System	n (PWS) Informa	ation						
PWS Name:	Palm Port					PWS Identification Num	her:	2540865
PWS Type:	✓ Community	Non-Transient Non-C	ommunity	Transient Non-Com	munity	Consecutive		
Number of Service Connec		1: 109		-		Population Served at End of	of Month:	375
PWS Owner:	Aqua Utilities Florid	ia						
Contact Person:	Paul Thompson				Cont	act Person's Title:	Field Coordinat	tor
Contact Person's Mailing A	Address:	PO Box 490310			City: Leesburg	State: Florida		Zip Code: 34749
Contact Person's Telephone		(352) 787-0980			Conta	act Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail A		pdthompson@aquaan	nerica.com					
B. Water Treatment Pl	ant Information							
Plant Name:	Palm Port					Plant Telephone Number	:	(352) 787-0980
Plant Address:	East River Drive				City: East Palatka	State: Florida		Zip Code: 32131
Type of Water Treatment b		Raw Ground Water	Purchased F	inished Water				
Permitted Maximum Day (170,000				
Plant Category (per subsec			IV			class (per subsection 62-699		С
Licensed Operators		Name		License Class	License Number		ay(s)/Shift(s)	Worked
Lead/Chief Operator:				A	7251	Days 1st Shift		
Other Operators:	David Haring			C	14091	Days 1st Shift		
	Ralph Marriott			C	7527	Days 1st Shift		
CONTRACTOR SERVICES						<u> </u>		
						<u> </u>		
Substitution and the			***			 		
104 (104 May 10 10 10 10 10 10 10 10 10 10 10 10 10								
	L					<u></u>		***************************************
Certification by Lead	d/Chief Operator				STATE OF THE PARTY OF			
		operator licensed in Flor	rida am the lead/ch	ief operator of the	water treatment r	lant identified in part	Lof this report	Logrify that the
information provided	in this report is tru	ue and accurate to the bes	t of my knowledge	and belief I certi	fy that all drinkin	a water treatment cher	nicals used at t	this plant conform to?
International Standard	60 or other applic	cable standards reference	d in subsection 62	555 320(2) E A (Lolog cortificth	et the following additi	anal ananation	ans plant contoin to r
were prepared each de	that a licensed of	operator staffed or visited	this plant during th	so month indicate	. I also cellify the	at the following additi	onal operation	s records for this plant
(2) if applicable appr	aprieto tractment.	perator started or visited	a uns piant during ti	t month indicated	above. (1) recor	ds of amounts of chen	nicais used and	chemical feed rates;
(2) ii applicable, appro	opriate treatment p	process performance reco	ords. Furthermore,	agree to provide	these additional c	perations records to the	ne PWS owner	so the PWS owner ca
retain them, together v	viin copies of this	report, at a convenient lo	ocation for at least to	en years.				
		2/0/00						
		3 9 109	Paul Thomp					A7251
Signature and Date			Printed or T	yped Name				License Number
DEB E01 63 556 900/31/	Altaronta			Page 1				7

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

Marie of Activering Four-Log Virus Inactivation(Removal) Free Choirine Choirine Disorder Committee Choirine (Choramines) Chlorine Disorder Committee Choramines Chlorine Choramines Chlorine	PWS I	dentificatio	n Number:		2540865		Plant Name:	Palm Port							
Means of Achieving Four-Log Virus Inactivation (Chloramines)	III. D	Daily Data	for the N	lonth/Year	of:		February, 2009								
Property Property	7	-				The state of the s			ovide	[Ozone	Comb	sinad Chlori	na (Chlorar	nines)	
Type of Disinfectant Residual Maintained in Distribution System. For Free Normal For Free Normal							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CHIOTHIC DI	OAIGE	, Ozone	1 Come	med Cinon	ne (Cinorai	писэ	
Day First Net Quantity Concentration C	-						☑ Free Chlo	rine [Combin	ned Chlorine	(Chloremine	(s) [Chlorine I	Dioxide	
Days Fleen Day	Type	of Disinte	ctant Resid	Juai Maintai								1		Sign and the second	
Dys Flem Started to Operator Grant First Operator Grant First Operator O	100				************ (I Calculations, or									
Day Flent Surface Vestired by Vestir		80-60-63	100 Targ	and Self	1 () () () () ()		C1 Calc	Section of the Section of	1	l a said		UV		6,000	a finished to a state of the company of the con-
Day Fleir Visted by Vi	546			4.50	3430	Fare French	44.安全的	Lowest CT		1000000		of the second	18.2	9-3-4 Aug.	A. A
Visited by Operation Concentration (C) Operation Concentration (C) Operation Concentration (C) Operation Concentration at Conditions, Expansion (C) Operation Concentration at Conditions, Expansion (C) Operation Concentration at Conditions, Expansion (C) Operation Conditions, Expansion (C)		and the same	2.50		建筑等		Control of the Contro	140000000000000000000000000000000000000			24.50	对于 通	皇安于曹		中国国际发生的 计图片电影
Visited by Operation Concentration (C) Operation Concentration (C) Operation Concentration (C) Operation Concentration at Conditions, Expansion (C) Operation Concentration at Conditions, Expansion (C) Operation Concentration at Conditions, Expansion (C) Operation Conditions, Expansion (C)	32.4						CONTRACTOR STATE OF THE STATE O	The second secon				10 8 m 2	Minimum	A CONTRACTOR OF THE PARTY OF TH	
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Pack		A Committee of Balling Continues of Con-	CONTRACTOR AND ADDRESS OF THE PARTY.	A CONTRACTOR OF THE PROPERTY OF THE PARTY OF	5 7 4	regulation from the contract of the contract o	The Bertham Woman Co. Company Co. Co. Co.		D. Salakara	18.00 50 %	Minimum CT	9.50			
Mornis M	sthe		Contract of the Contract of th	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Peak Flow	Contraction of the Contraction o			Temp of						Involves Taking Water System Components
1318		A SECTION OF THE PROPERTY AND ADDRESS OF THE PARTY.	\$255 PERSON NO. 100 PERSON	The second secon	TO STATE OF THE PROPERTY OF TH	The state of the s			Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	
A				23,800											
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18			4						<u> </u>	 					
240 15,367									 	-			 		
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15		X				1.3								1.0	
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19 X 24.0 15,000 1.4 1.0						1.3								1.0	
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24 X 24.0 14,000 1.1 0.8 25 X 24.0 16,300 1.2 0.9 26 X 24.0 21,900 1.1 0.8 27 X 24.0 27,600 1.0 0.9 28 24.0 16,167 0.9 30 24.0 0.9 Total 450,167		- V			 	1 1	-		-		-			0.8	
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26 X 24.0 21,900 1.1 0.8 27 X 24.0 27,600 1.0 0.9 28 24.0 16,167 29 24.0 30 24.0 31 24.0 Total 450,167			<u> </u>											<u> </u>	
27 X 24.0 27,600 1.0 0.9 28 24.0 16,167 0.9 30 24.0 0.9 31 24.0 0.9 Total 450,167	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 1													0.8	
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Avgerage 14,522		********************************		14,522											

27,600

DEP Form 62 FTC 900(3)Alternate

Maximum

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



DEP Form 62-5

7(3)Alternate

See Pages 4 for Instructions.

General Information	n for the Month/\	Year of: Man	ch, 2009					
Public Water System		ntion				Dwe Harifa da Nan	2640975	
PWS Name:	Palm Port	I IN i in i				PWS Identification Numb	er: 2540865	
WS Type:	✓ Community	Non-Transient Non-C	ommunity []	ransient Non-Com		Consecutive	CN	-
umber of Service Connec					Tota	Population Served at End o	f Month: 375	
WS Owner:	Aqua Utilities Florid	ia						
ontact Person:	Paul Thompson					act Person's Title:	Field Coordinator	
ntact Person's Mailing		PO Box 490310			City: Leesburg	State: Florida	Zip Code: 347-	49
ontact Person's Telephon		(352) 787-0980		***************************************	Cont	act Person's Fax Number:	(352) 787-6333	
ontact Person's E-Mail A		pdthompson@aquaai	merica.com					
Vater Treatment Pl	ant Information							
ant Name:	Palm Port					Plant Telephone Number:	(352) 787-0980	
ant Address:	East River Drive				City: East Palatka	State: Florida	Zip Code: 321:	31
pe of Water Treatment b	y Plant:	✓ Raw Ground Water	Purchased Fin	ished Water				
rmitted Maximum Day (Operating Capacity of	Plant, gallons per day:	. W	170,000				,
ant Category (per subsec	tion 62-699.310(4), F.,	A.C.):	ΓV		Plant 0	Class (per subsection 62-699)	310(4), F.A.C.): C	
Licensed Operators		Name	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	License Class	License Number	· Da	y(s) / Shift(s) Worked	
ead/Chief Operator:	Paul Thompson			A	7251	Days 1st Shift		
ther Operators:	David Haring			C	14091	Days 1st Shift		
	Ralph Marriott			lc -	7527	Days 1st Shift		
				 		 		
ertification by Lead	I/Chiac On annatan							
the undersigned wat	er treatment plant	operator licensed in Flo	rida, am the lead/chie	f operator of the	water treatment p	lant identified in part I	of this report. I certify that t	the
formation provided	in this report is tru	e and accurate to the be	st of my knowledge as	nd belief. I certi	fy that all drinkin	g water treatment chem	icals used at this plant confo	orm to N
ernational Standard	60 or other applic	cable standards reference	ed in subsection 62-55	55.320(3), F.A.C	Lalso certify th	at the following addition	nal operations records for th	ic nlant
re prepared each da	v that a licensed o	pperator staffed or visited	d this plant during the	month indicated	lahova: (1) raco	de of amounts of cham	icals used and chemical feed	iis piant
if applicable appre	opriate treatment r	process partormana par	ands Eurthormore L	and to mucate	the little	us of afflounts of cheff	cais used and chemical feed	rates; a
tain them deasther	opriace deadlicht p	nocess performance rec	orus. ruruierinore, ra	agree to provide	mese additional o	perations records to the	e PWS owner so the PWS ov	wner car
tam thenk together v	viui copies of this	report, at a convenient l	ocation for at least ter	years.				
1								
1		-412109	Paul Thompso					
		T 1 1) 1 V 1	raui i nompso	n			A7251	

Page 1

27

PWS Id	entification	Number:		2540865		Plant Name	Palm Port							
			onth/Year	of:		March, 2009								
and the second second			Virus Inactiv		al: Free C	hlorine [Chlorine Di	oxide	□ Ozone	☐ Comb	bined Chlori	ne (Chlorar	nines)	
	raviolet Ra			r (Describe):			Cincinc o			. ~				
					ibution System:	Free Chl	orine T	Combin	ed Chlorine	(Chloramine	es) [Chlorine I	Dioxide	
ype o	1 Disinted	tant Resid	uai Maintaii	ned in Distri	T Calculations, or								I	
				C	I Calculations, or			-our-Log	VII US III ac	tivation, ii	UVI	Toce		
						CTCal	culations	I	I	ſ	- 01	Juse		
							Lowest CT							
	ε.					Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at				1	Minimum	Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First				Lowest	UV Dose	Disinfectant Concentration at	Emergency or Abnormal Operating
	Visited by		of Finished		Concentration (C)	Measurement	Customer			Minimum C'I	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work the
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak	Temp of	pH of Water,	Secure record and an extra contract.	1	mW-	Distribution	Involves Taking Water System Components
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow, minutes	Flow, mg- min/L	Water OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
Month	"X")	Operation 24.0	gal. 16,167	Rate, gpd.	Peak Flow, mg/L	minutes	MINT	raici, se			77.17 500 6111			
2	X	24.0	16,167		Ĭ.I						 		0.7	
3	X	24.0	12,800		1.0								0.6	
4	X	24.0	15,100		1.2								0.8	
5	X	24.0	15,600		1.3	***************************************							0.8	
6	X	24.0	12,400		1.2								0.9	
7		24.0	14,833											
8		24.0	14,833											
9	X	24.0	14,833		0.8								0.4	
10	X	24.0	17,700		1.0		<u> </u>						0.7 1.0	
11	X	24.0	12,300		1.6		-				_		1.0	
12	X	24.0 24.0	14,900 14,800		2.3 1.9		-						1.5	
14	X	24.0	15,233		1,7		 						1.72	
15		24.0	15,233				1							
16	X	24.0	15,233		1.3		†						1.0	
	X	24.0	18,100		1.2								1.0	
18	X	24.0	11,800		0.8								0.8	
19	Х	24.0	22,300		1.3								0.8	
20	X	24.0	13,000		1.2								0.9	
21		24.0	16,333											
22		24.0	16,333											
23	X	24.0	16,333		0.8		-						0.6	
24 25	X	24.0	12,100		1.4		-						0.8	
26	X	24.0	14,600 15,200		1,4		-						1.1	
27	$\frac{\lambda}{X}$	24.0	12,700		1.4								1.1	
28	A	24.0	15,900		1.3		 						1.0	
29		24.0	15,900											
30	X	24.0	15,900		1.1								0.8	
31	X	24.0	15,100		1.0								0.8	
otal	The said	- 61 62 60 2	469,734			•					***************************************	•	·	
J COLL														

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

22,300

DEP Form 52-5 3)Alternate

Maximum

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



See Pages 4 for Instructions.

PWS Type: Number of Service Connections PWS Owner: Aqu Contact Person: Paul Contact Person's Mailing Addres Contact Person's Telephone Num Contact Person's E-Mail Address Water Treatment Plant I Plant Name: Palm Plant Address: East Type of Water Treatment by Plan Permitted Maximum Day Operat Plant Category (per subsection 6: Licensed Operators Lead/Chief Operators: Davi Ralp Certification by Lead/Ch 1, the undersigned water tree	Im Port Community s at End of Month: ua Utilities Florida ul Thompson ess: Pomber: (3 ess: D Information m Port est River Drive ant. ating Capacity of Pl. 62-699.310(4), F.A.	Non-Transient Non-Co 109 O Box 490310 852) 787-0980 dthompson@aquaam	nerica.com Purchased	Finished Water 170,000 License Class A C C	City: Leesburg Co City: East Palatk	State: Florida ntact Person's Fax Number: (352) 78 Plant Telephone Number: a State: Florida t Class (per subsection 62-699.310(4), F	(352) 787-0980 Zip Code: 32131
Number of Service Connections PWS Owner: Aqu Contact Person: Paul Contact Person's Mailing Addres Contact Person's Telephone Num Contact Person's E-Mail Address Water Treatment Plant I Plant Name: Palm Plant Address: East Type of Water Treatment by Plan Permitted Maximum Day Operat Plant Category (per subsection 62 Licensed Operators Lead/Chief Operator: Davi Ralp Certification by Lead/Ch 1, the undersigned water tree	s at End of Month: ua Utilities Florida ul Thompson ess: P mber: (3 sss: P Information m Port st River Drive ant. ating Capacity of Pl. 62-699.310(4), F.A. ul Thompson vid Haring	O Box 490310 052) 787-0980 dthompson@aquaam Raw Ground Water ant, gallons per day: C.):	nerica.com Purchased	Finished Water 170,000 License Class A C	City: Leesburg Co City: East Palatk Plan License Numb 7251 14091	ntact Person's Title: Field Co State: Florida ntact Person's Fax Number: (352) 78 Plant Telephone Number: a State: Florida t Class (per subsection 62-699.310(4), Fier Days 1st Shift Days 1st Shift	Zip Code: 34749 87-6333 (352) 787-0980 Zip Code: 32131
PWS Owner: Aqu Contact Person: Paul Contact Person's Mailing Addres Contact Person's Telephone Num Contact Person's E-Mail Address Water Treatment Plant I Plant Name: Palm Plant Address: East Type of Water Treatment by Plan Permitted Maximum Day Operat Plant Category (per subsection 62 Licensed Operators Lead/Chief Operator: Davi Ralp Certification by Lead/Ch I, the undersigned water tree	ua Utilities Florida ul Thompson ess: P. mber: (3 sss: P Information m Port st River Drive ant. ating Capacity of Pl. 62-699.310(4), F.A. ul Thompson vid Haring	O Box 490310 352) 787-0980 dthompson@aquaam Raw Ground Water ant, gallons per day: C.):	Purchased	License Class A C	City: Leesburg Co City: East Palatk Plan License Numb 7251 14091	ntact Person's Title: Field Co	Zip Code: 34749 87-6333 (352) 787-0980 Zip Code: 32131
Contact Person: Paul Contact Person's Mailing Addres Contact Person's Telephone Num Contact Person's E-Mail Address Water Treatment Plant I Plant Name: Palm Plant Address: East Type of Water Treatment by Plan Permitted Maximum Day Operat Plant Category (per subsection 62 Licensed Operators Lead/Chief Operator: Davi Ralp Certification by Lead/Ch I, the undersigned water tree	ul Thompson ess: P mber: (3 sss: p Information m Port st River Drive ant. ating Capacity of Pl. 62-699.310(4), F.A. ul Thompson yid Haring	Assignment of the state of the	Purchased	License Class A C	City: Leesburg Co City: East Palatk Plan License Numb 7251 14091	State: Florida ntact Person's Fax Number: (352) 78 Plant Telephone Number: a State: Florida t Class (per subsection 62-699.310(4), Fler Days 1st Shift Days 1st Shift	Zip Code: 34749 87-6333 (352) 787-0980 Zip Code: 32131
Contact Person's Mailing Address Contact Person's Telephone Num Contact Person's E-Mail Address Water Treatment Plant I Plant Name: Palm Plant Address: East Type of Water Treatment by Plan Permitted Maximum Day Operat Plant Category (per subsection 6: Licensed Operators Lead/Chief Operators: Davi Ralp Other Operators: Davi Ralp Certification by Lead/Ch , the undersigned water tree	mber: (3 ss: D Information m Port st River Drive ant: ating Capacity of Pl. 62-699.310(4), F.A. all Thompson vid Haring	Assignment of the state of the	Purchased	License Class A C	City: Leesburg Co City: East Palatk Plan License Numb 7251 14091	State: Florida ntact Person's Fax Number: (352) 78 Plant Telephone Number: a State: Florida t Class (per subsection 62-699.310(4), Fler Days 1st Shift Days 1st Shift	Zip Code: 34749 87-6333 (352) 787-0980 Zip Code: 32131
Contact Person's Telephone Num Contact Person's E-Mail Address Water Treatment Plant I Plant Name: Palm Plant Address: East Type of Water Treatment by Plant Permitted Maximum Day Operat Plant Category (per subsection 6: Licensed Operators Lead/Chief Operators: Davi Ralp Other Operators: Davi Ralp Certification by Lead/Ch , the undersigned water tree	mber: (3 ss: D Information m Port st River Drive ant: ating Capacity of Pl. 62-699.310(4), F.A. all Thompson vid Haring	Assignment of the state of the	Purchased	License Class A C	City: East Palatk Plan License Numb 7251 14091	Plant Telephone Number: a State: Florida t Class (per subsection 62-699.310(4), Fleet Days 1st Shift Days 1st Shift	(352) 787-0980 Zip Code: 32131
Contact Person's E-Mail Address Water Treatment Plant I Plant Name: Palm Plant Address: East Type of Water Treatment by Plant Plant Category (per subsection 6: Licensed Operators Lead/Chief Operators: Paul Other Operators: Davi Ralp Certification by Lead/Ch the undersigned water tree	Information m Port st River Drive ant: ating Capacity of Pl. 62-699.310(4), F.A. all Thompson yid Haring	dthompson@aquaam ✓ Raw Ground Water ant, gallons per day: C.):	Purchased	License Class A C	City: East Palatk Plan License Numb 7251 14091	Plant Telephone Number: a State: Florida t Class (per subsection 62-699.310(4), Fleet Day(s) / Sl Days 1st Shift Days 1st Shift	(352) 787-0980 Zip Code: 32131
Water Treatment Plant I Plant Name: Palm Plant Address: East Type of Water Treatment by Plant Plant Category (per subsection 6: Licensed Operators Lead/Chief Operators: Davi Ralp Certification by Lead/Ch The undersigned water tree	Information m Port st River Drive ant. ating Capacity of Pl. 62-699.310(4), F.A. all Thompson wid Haring	Raw Ground Water ant, gallons per day:	Purchased	License Class A C	Plan License Numb 7251 14091	a State: Florida It Class (per subsection 62-699.310(4), Florida Day(s) / Slorida Days 1st Shift Days 1st Shift	Zip Code: 32131 F.A.C.): C
Plant Name: Palm Plant Address: East Type of Water Treatment by Plant Plant Category (per subsection 6: Licensed Operators Lead/Chief Operators: Davi Ralp Plant Category (per subsection 6: Licensed Operators: Davi Ralp Plant Category (per subsection 6: Licensed Operators: Davi Ralp Plant Category (per subsection 6: Licensed Operators: Davi Ralp Plant Category (per subsection 6: Licensed Operators: Davi Ralp Plant Category (per subsection 6: Licensed Operators: Paul Other Operators: Davi Ralp Plant Category (per subsection 6: Licensed Operators: Paul Other Operators: Davi Ralp Plant Category (per subsection 6: Licensed Operators: Paul Other Operators: Paul Other Operators: Paul Other Operators: Davi Ralp Plant Category (per subsection 6: Licensed Operators) Plant Category (per subsection 6: Licensed Operators) Paul Other Operators: Paul Other Oper	m Port st River Drive ant. ating Capacity of Pl. 62-699.310(4), F.A. al Thompson vid Haring	ant, gallons per day: C.):	IV	License Class A C	Plan License Numb 7251 14091	a State: Florida It Class (per subsection 62-699.310(4), Florida Day(s) / Slorida Days 1st Shift Days 1st Shift	Zip Code: 32131 F.A.C.): C
Plant Address: East Type of Water Treatment by Plant Plant Category (per subsection 6: Licensed Operators Lead/Chief Operators: Davi Ralp Certification by Lead/Chief the undersigned water tree	st River Drive ant. ating Capacity of Pl. 62-699.310(4), F.A. al Thompson vid Haring	ant, gallons per day: C.):	IV	License Class A C	Plan License Numb 7251 14091	a State: Florida It Class (per subsection 62-699.310(4), Florida Day(s) / Slorida Days 1st Shift Days 1st Shift	Zip Code: 32131 F.A.C.): C
Permitted Maximum Day Operate Plant Category (per subsection 62 Licensed Operators Lead/Chief Operators: Davi Ralp Certification by Lead/Chief, the undersigned water tree	ant. ating Capacity of Pl. 62-699.310(4), F.A. all Thompson yid Haring	ant, gallons per day: C.):	IV	License Class A C	Plan License Numb 7251 14091	t Class (per subsection 62-699.310(4), Feer Day(s) / Sl Days 1st Shift Days 1st Shift	F.A.C.): C
Permitted Maximum Day Operator Plant Category (per subsection 62 Licensed Operators Lead/Chief Operators: Davi Ralp Ralp Certification by Lead/Chief Chief David Ralp Certification by Lead/Chief Chief Chie	ating Capacity of Pl. 62-699.310(4), F.A. al Thompson vid Haring	ant, gallons per day: C.):	IV	License Class A C	License Numb 7251 14091	er Day(s) / Si Days 1st Shift Days 1st Shift	
Certification by Lead/Ch the undersigned water tree	62-699.310(4), F.A. ul Thompson vid Haring	C.):	The second secon	License Class	License Numb 7251 14091	er Day(s) / Si Days 1st Shift Days 1st Shift	
Licensed Operators Lead/Chief Operator: Paul Other Operators: Davi Ralp Certification by Lead/Ch the undersigned water tree	Il Thompson vid Haring		The second secon	A C	License Numb 7251 14091	er Day(s) / Si Days 1st Shift Days 1st Shift	
Davi Ralp Certification by Lead/Ch the undersigned water tree	vid Haring	Name		A C	7251 14091	Days 1st Shift Days 1st Shift	hift(s) Worked
Other Operators: Ralp Ralp Certification by Lead/Ch the undersigned water tree	vid Haring				14091	Days 1st Shift	
Ralp Certification by Lead/Ch the undersigned water tree							
Certification by Lead/Ch the undersigned water tree	ph Marriott			С	7527	Down Lat Chie	
the undersigned water tre						Days 1st Sillit	
the undersigned water tre							
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formation provided in thi							The Control of the Co
ntormation provided in thi	eatment plant o	perator licensed in Flor	ida, am the lead/c	hief operator of the	water treatmen	t plant identified in part I of this	report. I certify that the
•	is report is true	and accurate to the bes	t of my knowledge	e and belief. I cert	ify that all drink	ing water treatment chemicals us	sed at this plant conform to N
iternational Standard 60 c	or other applica	ble standards reference	d in subsection 62	2-555.320(3), F.A.(C. I also certify	that the following additional ope	erations records for this plant
ere prepared each day the	at a licensed op	erator staffed or visited	this plant during	the month indicate	d above: (1) rec	ords of amounts of chemicals us	ed and chemical feed rates; a
?) if applicable, appropria	ate treatment pr	ocess performance reco	ords. Furthermore	, I agree to provide	these additional	operations records to the PWS	owner so the PWS owner can
tain thern, together with c	copies of this re	eport, at a convenient lo	ocation for at least	ten years.			
	1	//		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
10		-16/09	Doul Thom				
gnature and Date		10/01	Paul Thom				A7251
grature and Date			Printed or	Typed Name			License Number
DEP Form 62 900(3)Alternate				Page 1			(

C

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

PWS Id	entification	n Number:		2540865		Plant Name:	Palm Port							
III. D	aily Data	for the M	lonth/Year	of:		April, 2009								
	THE RESERVE TO THE PERSON NAMED IN COLUMN	CONTRACTOR OF THE PARTY OF THE	y Virus Inactiv		CHI CHARLES WAS ASSESSED.		Chlorine Di	ovide	□ Ozone	Comb	ined Chlorir	ne (Chlorar	nines)	
	raviolet R			r (Describe):		11071110	Chorne Di	OMGC	1 020110	Come	med Chorn	ic (Cinorai	illics)	
-					ibution System:	▼ Free Chlo	rine [Combin	ed Chlorine	(Chloramine	s) [Chlorine I	Dioxide	
Type o	1 Disinted	Stant Resid	luai Maintaii										I	
				C	T Calculations, or			our-Log	virus inac	tivation, if A				.e. /
						CT Calc	ulations	Ι	T	1	UVI	Jose		4
							Lowest CT							
						Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at				4.		Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First				*	Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
- , of		Hours plant	Water		Before or at First	Point During	During Peak	Tamp of		Minimum CT		Required, mW-	Remote Point in	Conditions, Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-		if Applicable	Required, mg	UV Dose,	sec/cm ²	Distribution	Involves Taking Water System Components Out of Operation
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	water, C	II Applicable	min/L	mW-sec/cm ²	sec/cm	System, mg/L 0.6	Out of Operation
2	X	24.0 24.0	14,100 15,200		0.9				ļ				0.8	
3	X	24.0	14,700		0.9				 				0.8	
4	^_	24.0	16,200						ł				8.9	
5	_	24.0	16,200						<u> </u>					
6	X	24.0	16,200		1.0	<i>*************************************</i>							0.7	
7	X	24.0	15,100		1.1				<u> </u>				0.8	
8	X	24.0	14,300		1.0								0.7	
9	X	24.0	16,400		1.0	***************************************							0.7	
10	X	24.0	16,600		1.3								0.9	
11		24.0	17,600											
12		24.0	17,600									***************************************		
13	X	24.0	17,600		0.8								0.6	
14	X	24.0	11,000		0.8	Name and State a							0.6	
15	X	24.0	20,600		1.0								0.8	
16	X	24.0	20,100		0.8								0.8	
	Х	24.0	20,300		2.4			-					2.3	
18		24.0 24.0	18,733 18,733											
20	X	24.0	18,733		2.4								2.2	
21	X	24.0	11,300		2.2								1.9	
22	X	24.0	15,200		1.5								1.3	
23	X	24.0	11,400		1.3								1.0	
24	X	24.0	17,800		1.3	****							0.9	
25		24.0	15,767											
- 26		24.0	15,767											
27	X	24.0	15,767		1.3								0.9	
28	X	24.0	15,100		1.3								0.9	
29	X	24.0	12,600		1.2								0.9	
30	X	24.0	12,400		1.2								0.9	
31		24.0			l								L	
Total	6.50		479,100											
Avgerage		Charles Colonia	15,455											

20,600

DEP Form 6° 5 900(3)Alternate

Maximum

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

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TORTOWNANTHL	Y OPERATION REPORTED REPORTS	TREATING RAW	GROUND WATER O	R PURCHASED FINISHED WATER
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See Pages 4 for Instr			T						
. General Information	for the Month/Y	Year of: May, 2009	9						
A. Public Water System	(PWS) Informa	tion							
PWS Name:	Palm Port		***************************************			PWS Identification Num	her:	2540865	
PWS Type:	✓ Community	Non-Transient Non-Comm	nunity T	ransient Non-Com	munity	Consecutive		2570005	
Number of Service Connec						Population Served at End	of Month:	375	
PWS Owner:	Aqua Utilities Florida								
Contact Person:	Paul Thompson			***************************************	Conta	ict Person's Title:	Field Coordinat	or	
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida		Zip Code:	34749
Contact Person's Telephone	a Number:	(352) 787-0980				act Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Ad	ddress:	pdthompson@aquaameric	ca.com					***************************************	
. Water Treatment Pla	ant Information						-		
Plant Name:	Palm Port					Plant Telephone Number	,	(352) 787-09	80
Plant Address:	East River Drive				City: East Palatka	State: Florida		Zip Code:	32131
Type of Water Treatment by	y Plant:	Raw Ground Water	Purchased Fin	ished Water					
Permitted Maximum Day O				170,000				***************************************	
Plant Category (per subsect	ion 62-699.310(4), F.				Plant C	lass (per subsection 62-699	9.310(4), F.A.C.):	С	
Licensed Operators		Name		License Class	License Number	D:	ay(s) / Shift(s)	Worked	
	Paul Thompson			A	7251	Days 1st Shift			
Other Operators:	David Haring			C	14091	Days 1st Shift			
	Ralph Marriott			C	7527	Days 1st Shift			
BARRIO SERVICE									
									109-22-09
CARLES AND A									
. Certification by Lead	I/Chief Operator		and the first of the same of the same	200 100 200 200 200	Party Colors				
				6		1 1	· Cali		
i, the undersigned water	er treatment plant	operator licensed in Florida,	am the lead/chi	er operator of the	e water treatment p	plant identified in part	I of this repor	t. I certify	that the
information provided i	n this report is tru	ne and accurate to the best of	my knowledge	and belief. I cer	tify that all drinkin	ig water treatment che	emicals used at	this plant c	onform to NSF
International Standard	60 or other applic	cable standards referenced in	subsection 62-5	55.320(3), F.A.0	C. I also certify th	at the following addit	ional operation	is records fo	or this plant
were prepared each day	y that a licensed of	operator staffed or visited this	s plant during the	e month indicate	d above: (1) recor	rds of amounts of che	micals used an	d chemical	feed rates; and
		process performance records.			these additional of	operations records to t	he PWS owner	so the PW	S owner can
retain then, together w	vith copies of this	report, at a convenient locati	ion for at least te	n years.					
		101							
		- 6/X/09	Paul Thompso	м				A7251	
Signature and Date			Printed or Tyr				-	License Numb	2/*I'
25%		10		om 44,5 4,5 80 850				wiecins truff	
DEP Form 62 900(3)A	lternate			Page 1					



COLORES COMP.

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

PWS I	dentificatio	n Number:		2540865		Plant Name:	Palm Port				2 - 1			
	40.00	Manager Committee Committe	Ionth/Year	of:		May, 2009					· · · · · · · · · · · · · · · · · · ·		HILLIAN TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE	
			og Virus Inaci	CONTRACTOR OF THE PARTY OF THE		·	Chlorine Di		proc A	gunta				
	traviolet R			r (Describe):		inornic j	Chiorine Di	oxide	Ozone	Comb	ined Chlori	ne (Chlorai	nines)	
							· · · · ·		1.694.1	(C) 1	· · · · · · · · · · · · · · · · · · ·			
ype	of Disinfed	ctant Resid	lual Maintair		bution System:	Free Chlo				(Chloramine		Chlorine I	Dioxide	
			120	(T Calculations, or	UV Dose, to	Demostate	our-Log	Virus Inac	tivation, if a	Applicable			
			10.360.00			CT Calc	ulations				UV	Dose	3.5 (4.6 2.6)	
Day of		Hours plant			Lowest Residual Disinfectant Concentration (C) Before or at First	Disinfectant Contact Time (T) at C Measurement Point During	Lowest CT Provided Before or at First Customer During Peak			Minimum CT	Lowest Operating	Minimum UV Dose Required,	Lowest Residual Disinfectant Concentration at Remote Point in	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work th
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-			Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Component
Month	("X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, "C	if Applicable	min/L	mW-sec/cm ²	sec/cm*	System, mg/L	Out of Operation
1	X	24.0	19,400		1.1								0.8	
2		24.0	16,833											
3		24.0 24.0	16,833		1.3								0.0	
5	X	24.0	16,833 15,400		1.2		ļ						0.9	
6	X	24.0	12,600		1.0								0.9	
7	X	24.0	19,400		1.3								0.9	
8	X	24.0	16,400		1.1								0.8	
9		24.0	22,200		1.1								0,0	
10		24.0	22,200											
11	Х	24.0	22,200		1.2	***************************************							0.8	
12	X	24.0	22,000		0.9								0.6	
13	Х	24.0	28,000		1.1								0.8	
14	X	24.0	17,700		0.9								0.7	
15	Х	24.0	18,600		1.0								0.7	
		24.0	17,667											
1/		24.0	17,667											
18-	Х	24.0	17,667		0.6								0.3	
19	X	24.0	13,300		0.6								0.4	
20	X	24.0	14,900		0.8								0.6	
21	X	24.0	12,100		0.9								0.6	
22	X	24.0	16,000		2.0								1.7	
23		24.0	15,167											
25	X	24 0 24 0	15,167 15,167		1.7									
25 26	X	24.0	16,100		1.7								1.3	
27	X	24.0	11,900		1.6								1.1	
28	X	24.0	15,400		1.2								1.3	
29	X	24 0	11,300		1.5								1.0	
30		24.0	15,966		1.3								1.2	
31		24.0	15,966										-	
tal			528,032	1						1				
gerage			17,033											

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

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DEP Form 61

Maximum

100(3)Alternate

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

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2 Litera	PP-CS		1

See Pages 4 for Instructions.

	Palm Port						PWS Identification Numb	uar-	2540865	
WS Type:	✓ Community	Non-Transient Non-Com	munity	Transient Non-Com	munity		Consecutive	·	2340003	
umber of Service Connect					riarity	Total	Population Served at End o	f Month	375	
WS Owner:	Aqua Utilities Florie	la				Trotar	Topulation Served at Life o	i (victiui,	31.1	
ontact Person:	Paul Thompson					Conta	act Person's Title:	Field Coordinato	r	
ontact Person's Mailing A		PO Box 490310			City: Leesh		State: Florida		Zip Code:	34749
ontact Person's Telephone	Number:	(352) 787-0980			Twity: Least		act Person's Fax Number:	(352) 787-6333	cip code.	34,47
ontact Person's E-Mail Ad	dress:	pdthompson@aquaame	rica.com			10014	COLOCATO LA CALLACTE	(332)1010333		
Vater Treatment Pl	ant Information					***************************************				Commission of the Commission o
lant Name:	Palm Port						Plant Telephone Number:		(352) 787-09	980
lant Address:	East River Drive				City: East l	Palatka	State: Florida		Zip Code:	32131
ype of Water Treatment by	Plant:	✓ Raw Ground Water	☐ Purchased	Finished Water				1	- p	
ermitted Maximum Day O				170,000						
lant Category (per subsecti			V			Plant	Class (per subsection 62-69	9.310(4), F.A.C.):	С	
Licensed Operators		Name		License Class	License N			ay(s) / Shift(s)		
.ead/Chief Operator:	Paul Thompson			Α	7251		Days 1st Shift	707(-)		
other Operators:	David Haring			C	1409	1	Days 1st Shift			
	Ralph Marriott			C	7527		Days 1st Shift			
1										
formation provided	ter treatment plan in this report is to andurd 60 or other ach day that a lice	nt operator licensed in Florie rue and accurate to the best r applicable standards refere ensed operator staffed or vis	of my knowled enced in subsec- sited this plant ance records. F	lge and belief. I certion 62-555.320(3) during the month in Furthermore, I agree	tify that all , F.A.C. I andicated ab e to provide	drinki also ce ove: (ing water treatment cl	nemicals used a g additional op-	erations r	nt conform ecords for t
ant were prepared eates; and (2) if applic	able, appropriate, together with c	opies of this report, at a con	venient locatio	on for at least ten ye	ars.				\7251	

PWS k	PWS Identification Number: 2540865 Plant Name: Palm Port													
III. D	aily Data	for the M	onth/Year	of:		June, 2009								
Secretary of the last of the l			Virus Inactiv		al: Free C	hlorine =	Chlorine Di	oxide	Ozone	Comb	ined Chlori	ne (Chlorar	nines)	
	traviolet R			r (Describe):		,	Cinorine Di	OMGC	, Ozone	, como	and emora	ie (cinora	illiteo /	
-						▼ Free Chlo	-ina T	Combin	ed Chlorine	(Chloramine	e) F	Chlorine I	Diovide	
Type	of Disinted	ctant Resid	uai Maintair		bution System:								Г	
				(T Calculations, or			our-Log	Virus Inac	ivation, if A				
				CT Calculations UV Dose										
							Lowest CT							
						Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Lay of	Operator	Hours plant	Water		Before or at First	Point During	During Peak	Tempof	-11 -630/	Minimum CT	Operating UV Dose,	Required, mW-	Remote Point in Distribution	Conditions; Repair or Maintenance Work that Involves Taking Water System Components
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow, minutes	Flow, mg- min/L	Water OC	if Applicable	Required, mg min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
Month	"X") X	Operation 24.0	gal. 15,966	Rate, gpd.	Peak Flow, mg/L 1.3	minutes	min/L	water, C	п Аррисавіе	mur	m w-scoron	SCC/CIII	0.8	Out of operation
2	X	24.0	14,000		1.2								0.8	
3	X	24.0	15,000		1.1								0.8	
4	X	24.0	11,700		1.0								0.6	
5	X	24.0	14,400		1.1								0.7	
-6		24.0	19,367											
7		24.0	19,367											
8	X	24.0	19,367		0.6								0.3	
9	X	24.0	13,900		. 0.6								0.3	
10	X	24.0	12,100		0.8								0.5	
11	X	24.0 24.0	12,700 15,900		1,3								0.9	
13	_^_	24.0	14,633		1.4								<u> </u>	
14		24.0	14,633											
15	X	24.0	14,633		0,9								0.5	
16	X	24.0	11,600		0.9								0.3	
7	X	24.0	15,200		1.5								1.0	
	X	24.0	15,600		1.3								0.9	
19	X	24.0	12,400		1.3								0.9	
20		24.0	18,133											
21	v	24.0	18,133		0.9								0.5	
22	X	24.0 24.0	18,133 14,900		0.9								0.5	
24	X	24.0	11,800		1.2								0.7	
25	X	24.0	15,900		1.5								1.1	
26	X	24.0	18,600		2.4								1.9	
27		24.0	15,767											
28		24.0	15,767											
29	X	24.0	15,767		1.9								1.5	
30	X	24.0	12,600		1.5								1.1	
31		24.0												
Total			457,966											
Avgerag			14,773 19,367											
Maximu	H	5 - 4 St. 1 St. 1 St. 1	17,30/											

DEP Form 62- (3)Alternate

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



DEP Form 62-555 900(3)Alternate

See Pages 4 for Insti										
l. General Information	n for the Month/	Year of: July, 2009								
A. Public Water System	n (PWS) Informa	ation								
PWS Name:	Palm Port			,			PWS Identification Num	ber:	2540865	
PWS Type:	✓ Community	Non-Transient Non-Commun	ity 🔲 T	ransient Non-Com	munity		Consecutive			
Number of Service Connec	ctions at End of Montl	h: 109			***************************************	Total I	Population Served at End	of Month:	318	
PWS Owner:	Aqua Utilities Florid	da			*****************				***************************************	
Contact Person:	Paul Thompson					Contac	ct Person's Title:	Field Coordina	itor	
Contact Person's Mailing A	Address:	PO Box 490310			City:	Leesburg	State: Florida		Zip Code:	34749
Contact Person's Telephone	e Number:	(352) 787-0980				Contac	ct Person's Fax Number:	(352) 787-633.	3	
Contact Person's E-Mail A	The second secon	pdthompson@aquaamerica.	.com							
3. Water Treatment Pl	ant Information								,	
Plant Name:	Palm Port						Plant Telephone Number	:	(352) 787-0	980
Plant Address:	East River Drive				City:	East Palatka	State: Florida		Zip Code:	32131
Type of Water Treatment b		Raw Ground Water	Purchased Fini	shed Water						
Permitted Maximum Day (170,000						
Plant Category (per subsect	tion 62-699.310(4), F						lass (per subsection 62-69	9.310(4), F.A.C.)	С	
Licensed Operators		Name		License Class	Licen	se Number	D	ay(s) / Shift(s)	Worked	
Lead/Chief Operator:				Α		7251	Days 1st Shift			
Other Operators:	David Haring			С		14091	Days 1st Shift			
The Market Control of the Control of	Ralph Marriott			C		7527	Days 1st Shift			
His transfer of the sales and										
1										
	<u></u>				<u> </u>					
Certification by Lead	d/Chief Operator									ETAINS PARTY MEDICAL PROPERTY.
		operator licensed in Florida, an	a the lead/ahia	Consustan a Ctha		too o too o in t		1 6.1.	,	
information provided	in this report is tr	operator receised in Florida, and	the read/chie	t operator or the	water	treatment pi	iant identified in part	i of this repor	t. I certify	that the
International Standard	in this report is the	ue and accurate to the best of my	knowledge al	id bellet. I cent	iry that	all drinking	water treatment che	micals used at	this plant o	conform to NSF
international Standard	ou or other appli	cable standards referenced in su	osection 62-33	55.520(5), F.A.C	. lais	o certify tha	it the following addit	ional operation	is records f	for this plant
were prepared each da	iy that a licensed (operator staffed or visited this pl	lant during the	month indicated	d above	e: (1) record	ds of amounts of cher	nicals used an	d chemical	feed rates; and
(2) if applicable, appro	opriate treatment	process performance records. F	urthermore, 1 a	agree to provide	these a	idditional op	perations records to t	he PWS owner	r so the PW	VS owner can
retain them, together v	vith copies of this	report, at a convenient location	for at least ten	years.						
		- 8/7/09	Paul Thompson	n		and the state of t			A7251	
Signature and Date	30 OH 60 OH	7 7	Printed or Type	ed Name					License Nun	nber
										-

Page 1

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

PWS Id	lentification	n Number:		2540865		Plant Name:	Palm Port						
III. D	aily Data	for the M	lonth/Year	of:		July, 2009							
American in the second second			y Virus Inactiv				OUL : D:		pane		.631.1		
			**			.niorine	Chlorine Di	oxide \(\subseteq \text{Ozone} \)	I Comb	oined Chloria	ne (Chlorar	nines)	
-	traviolet R			r (Describe):									
Type o	of Disinfec	ctant Resid	lual Maintai	ned in Distr	ibution System:	Free Chlo	orine	Combined Chlorine	(Chloramine	(s) 1	Chlorine I	Dioxide	
				C	T Calculations, or	UV Dose, to	Demostate l	Four-Log Virus Ina	ctivation, if	Applicable*			
						CT Calc	ulations			UVI	Dose		
	E. 1												
			-				Lowest CT						
	D DI			1 (1 5)	Lowest Residual	Disinfectant Contact Time	Provided Before or at					Lowest Residual	
	Days Plant Staffed or		Net Quantity		Disinfectant	(T) at C	First				Minimum	Disinfectant	
	Visited by		of Finished	4 (Concentration (C)	Measurement	Customer			Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
of	Commence of the State of the St	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	(Place	ìn	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of pH of Water	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC if Applicabl	e min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
1	X	24.0	11,000		1.1							0,6	
2	X	24.0	16,100		1.3							0.9	
3	X	24.0	13,000		1.1							0.7	
4		24.0	15,567										
6		24.0 24.0	15,567 15,567		1.2		 		-			0.7	
7	X	24.0	15,600		1.2			 				0.7	
8	X	24.0	19,500		1.1			 	 			0.7	
9	X	24.0	9,200		1.4				 			0.8	
10	X	24.0	12,500		1.3				†			0.8	
11		24.0	14,500										
12		24.0	14,500										
13	Х	24.0	14,500		0.8							0.3	
14	X	24.0	24,700		1.1				<u> </u>			0.5	
15	X	24.0	11,700		1.4				<u> </u>			0.9	
16	X	24.0	14,400		1.4				 			1.0	
-	X	24.0 24.0	14,900 13,933		2.1			 	 			1.6	
19		24.0	13,933						 				
20	X	24.0	13,933		1.4				 			0.9	
21	X	24.0	13,800		1.4							0.8	
22	X	24.0	14,700		1.3							0.8	
23	Х	24.0	15,600		1.1							0.7	
24	Х	24.0	23,700		1.3							1.2	
25		24.0	15,100										
26		24.0	15,100										
27	X	24.0	15,100		0.8							0.5	
28	X	24.0	12,800		11				-			0.8	
29 30	X	24.0	11,200		12							0.8	
31	X	24.0	12,600		1.5							0.8	
Total		24.0	457,600		¥.3]			LL				0.8	
x Ostar		MARKET PROPERTY.	437,000										

24,700

DEP Form 67 900(3)Alternate

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



Public Water System	(PWS) Informa	ation				PWS Identification Numb	2540865
PWS Name	Palm Port					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	234000
WS Type	✓ Community	Non-Transient Non-Com	nmunity T	Transient Non-Comn		Consecutive Copulation Served at End of	f Month 318
Number of Service Connect	tions at End of Mont	th: 109			lotal l	opulation Served at End o	1 Worth. 310
PWS Owner:	Aqua Utilities Flori				I Control	rt Person's Title	Field Coordinator
Contact Person:	Paul Thompson					State Florida	Zip Code: 34749
ontact Person's Mailing A	ddress.	PO Box 490310			City: Leesburg	et Person's Fax Number:	(352) 787-6333
ontact Person's Telephone	Number:	(352) 787-0980			Contac	a reison's rax rumoer.	
ontact Person's E-Mail Ac	ldress:	pdthompson@aquaame	rica.com				
Vater Treatment Pla	ant Information	1				Plant Telephone Number	(352) 787-0980
lant Name:	Palm Port				City: East Palatka	State: Florida	Zip Code: 32131
lant Address:	East River Drive				City: East Falatka	State. 1 fortua	
ype of Water Treatment b	y Plant:	Raw Ground Water	Purchased Fir				
ermitted Maximum Day C	perating Capacity o	of Plant, gallons per day.		170,000	Plant C	lass (per subsection 62-69	9.310(4), F.A.C.). C
lant Category (per subsect	tion 62-699.310(4), I	1.73,8	V	License Class	4	D	ay(s) / Shift(s) Worked
Licensed Operators		Name'		A	7251	Days 1st Shift	
ead/Chief Operator:	Paul Thompson			C	14091	Days 1st Shift	
Other Operators:	David Haring			C	7527	Days 1st Shift	
	Ralph Marriott				7.2		
				+			
							*
Certification by Lea	d/Chief Operat	or					
The state of the s		1. 1 7.1	da, am the lead/ch	ief operator of the	e water treatment p	lant identified in part	I of this report. I certify that the
vere prepared each d	ay that a licensed	d operator statted or visited	this plant during u	Lagree to provide	these additional	operations records to	the PWS owner so the PWS owner co
	opriate treatmen	nt process performance recor	ds. Furthermore,	ragree to provide	t these additional s	peranons record	
2) if applicable, appr	ist remine of the	his report, at a convenient loc	cation for at least t	en years.			
2) if applicable, appretain them, together	with copies of th						
2) if applicable, appretain them, together	with copies of th	1 . 1					A7251

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

PWS I	PWS Identification Number: 2540865 Plant Name Palm Port III. Daily Data for the Month/Year of: August, 2009													
III. D	aily Data	for the N	lonth/Year	of:		August, 2009								
-		THE RESERVE OF THE PERSON NAMED IN COLUMN 1	y Virus Inactiv		ral: 🔽 Free C		Chlorine Di	ovida	Ozone	Camb	ined Chlorii	an (Chlorer	nínac)	
	traviolet R			r (Describe):		morme j	CHOING DI	JAIGC	1 Ozone	Come	inea Cmorn	ic (Cinora	ituics)	
-						₩ Free Chlo		Combin	ad Chlorina	(Chloramine	c) [Chlorina	Novida	
Type (of Disinfe	ctant Resid	lual Maintai		ibution System:								Tioxide	T
				C	T Calculations, or			our-Log	Virus Inac	tivation, if				
					,	CT Calc	ulations				UVI	Oose		
					Said 9 7 1		Lowest CT					2		
						Disinfectant	Provided							
	Days Plant			-	Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	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	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"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	13,500											
2		24.0	13,500										0.8	
3	X	24.0 24.0	13,500		1.2								0.7	
5	X	24.0	12,000		1.2								0.7	
6	X	24.0	12,600		1.1								0.6	
7	X	24.0	14,600		1.2								0.8	
8		24.0	15,633											
9		24.0	15,633											
10	X	24.0	15,633		0.3		12 . 12 m 1.53; 1.53						0.8	
11	X	24.0	13,200		1.2								0.8	
12	X	24.0	11,900		1.0								0.5	
13	X	24.0	12,900		. 1.0							····	0.6	
14	X	24.0	14,800		1.4								0.5	
15		24.0	14,900											
\vdash \dashv		24 0	14,900		2.6								2.2	
18	X	24.0	14,900 12,600		2.6								1.6	
19	$\frac{x}{x}$	24.0	15,200		1.7								1.4	
20	X	24.0	11,000		1.2			-					1.0	
21	X	24.0	10,300		1.9							***************************************	1.0	
22		24.0	13,633											
23		24.0	13,633											The state of the s
24	X	24.0	13,633		1.4								0.8	
25	X	24.0	15,000		1.3								0.8	
26	X	24.0	11,900		1,2								0.9	
27	X	24.0	12,100		1.2								0.8	
28	X	24.0	11,500		1.2								0.7	
29		24.0	13,367		1.2									
30	X	24 0	13,367		1.0								n.*	
Total		24.0	13,367 416,000		10]	1	1						0.5	
Avgerage	-		13,419											
Maximur	***		15,633											

DEP Form 62 0(3)Alternate

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

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



See Pages 4 for Instructions.

General Information	on for the Month	Year of: Septemb	per, 2009				
Public Water Syste	em (PWS) Inform	ation			-		
PWS Name:	Palm Port					PWS Identification Nu	mber: 2540865
PWS Type:	✓ Community	Non-Transient Non-Comr	nunity Trans	sient Non-Com	munity [Consecutive	
Number of Service Conne	ections at End of Mont	h: 109				Population Served at End	d of Month: 318
PWS Owner:	Aqua Utilities Flori	da					
Contact Person:	Paul Thompson				Conta	ct Person's Title:	Field Coordinator
Contact Person's Mailing		PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telepho		(352) 787-0980			Conta	ct Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail	THE PARTY OF THE P	pdthompson@aquaamer	ica.com				
Water Treatment P	'lant Information						
lant Name:	Palm Port					Plant Telephone Number	er: (352) 787-0980
lant Address:	East River Drive				City: East Palatka	State: Florida	Zip Code: 32131
ype of Water Treatment		✓ Raw Ground Water	Purchased Finishe	d Water			
ermitted Maximum Day			170	0,000			
lant Category (per subsec					Plant C	lass (per subsection 62-6	99.310(4), F.A.C.): C
Licensed Operators		Name	L	icense Class	License Number	I	Day(s) / Shift(s) Worked
ead/Chief Operator			A		7251	Days 1st Shift	
ther Operators:	David Haring		C		14091	Days 1st Shift	
	Ralph Marriott		C		7527 Days 1st Shift		
ertification by Lea							
the undersigned wa	ter treatment plant	operator licensed in Florida,	am the lead/chief op	erator of the	water treatment pl	ant identified in part	t I of this report. I certify that the
formation provided	in this report is tru	ue and accurate to the best of	my knowledge and b	belief. 1 certi	fy that all drinking	water treatment che	emicals used at this plant conform to NSI
ternational Standard	d 60 or other appli	cable standards referenced in	subsection 62-555.3	20(3), F.A.C	. I also certify tha	t the following addit	tional operations records for this plant
ere prepared each da	av that a licensed	operator staffed or visited this	s plant during the mo	nth indicated	above: (1) record	ls of amounts of the	micals used and chemical feed rates; and
) if applicable appr	conrigte treatment	process performance records	Furthermore Laure	e to provide	bese additional or	perations records to	the PWS owner so the PWS owner can
tain them together	with nanias of this	report, at a convenient locati	on for at least ten us	e to provide	inese additional of	etations records to i	the rws owner so the rws owner can
tani niedi, togenier	with copies of this	report, at a convenient locati	on for at least ten year	ars.			
()		00/7/09	Paul Thompson				A7251
gnature and Date			Printed or Typed N	ame			License Number
							(
DEP Form 62-555 900(3)	Alternate		Pag	ge l			

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

PWS I	PWS Identification Number: 2540865 Plant Name: Palm Port													
III. I	aily Data	ı for the N	Ionth/Year	of:		September, 200)9							
-			g Virus Inactiv		val: ▼ Free C				p.m			***************************************		
	traviolet R	770	-			.morme]	Chlorine D	oxide	☐ Ozone	Coml	bined Chlori	ne (Chlorai	mines)	
-			┌ Othe											
Type	of Disinfe	ctant Resid	dual Maintai		ibution System:	Free Chk				(Chloramine		Chlorine	Dioxide	
				(T Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inac	ctivation, if	Applicable	•		
						CT Calc						Dose	1	
													1	
						Disinfectant	Lowest CT Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT		Required,	Remote Point in	Conditions, Repair or Maintenance Work that
he	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
onth	"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	X	24.0		2017 - 27 V/V 14 20 20 W -0 1	1.2								0.9	
2	X	24.0			1.1								0.7	
3	X	24.0	12,600		1.1								0.7	
4	X	24.0	14,200		1.1								0.8	
5		24.0	13,233											
6		24.0	13,233		0.9								0.1	
7 8	X	24.0 24.0	13,233 15,400		1.1								0.4	
9	X	24.0	12,200		1.0								0.7	
10	X	24.0	11,900		1.2								0.7	
11	X	24.0	17,000		1.3								0.8	
12	- 3	24.0	12,833											
13		24.0	12,833											
14	Х	24.0	12,833		1.0								0.5	
15	X	24.0	13,000		1.1								0.5	
16	X	24.0	12,000		1.1								0.5	
, 17	Х	24.0	9,800		2.2								1.2	
18	X	24.0	10,600		1,8								1.2	
,		24.0	14,467											
20		24.0	14,467										1.0	
21	X	24.0	14,467		1.6								1.0	
22	X	24.0	12,000		1.6								1.0	
24	X	24.0	16,600 9,100		0.6								0.2	
25	X	24.0	10,900		0.8								0.3	
26	^	24.0	14,467		0.0								9.3	
27		24.0	14,467											
28	X	24.0	14,467		1.3								0.9	
29	X	24.0	12,700		1.3								0.9	
30	X	24.0	11,100		1.2								0.8	
31		24.0												
otal	a iduation of		392,600											
vgerage	respective		12,665											
Maximur	1		17,000											

DEP Form 5 900(3)Alternate

^{*} 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



DEP Form 62-555 900(3)Alternate

See Pages 4 for Instructions. I. General Information for the Month/Year of: October, 2009 A. Public Water System (PWS) Information PWS Name Palm Port PWS Identification Number 2540865 PWS Type: ✓ Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month Total Population Served at End of Month 318 PWS Owner Aqua Utilities Florida Contact Person: Paul Thompson Contact Person's Title: Field Coordinator Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: Florida Zip Code: 34749 ontact Person's Telephone Number (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 ontact Person's E-Mail Address pdthompson@aquaamerica.com B. Water Treatment Plant Information Plant Name: Palm Port Plant Telephone Number (352) 787-0980 Plant Address: East River Drive East Palatka State Florida Zip Code: 32131 Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day. 170,000 Plant Category (per subsection 62-699,310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators Name License Class | License Number Day(s) / Shift(s) Worked Lead/Chief Operator: Paul Thompson 7251 Days 1st Shift Other Operators: David Haring 14091 Days 1st Shift Ralph Marriott 7527 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. Paul Thompson A7251 Signature and Date Printed or Typed Name License Number

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

PWS I	WS Identification Number: 2540865 Plant Name: Palm Port													
П	aily Data	for the M	lonth/Year	of:	- No. 2012 (1974)	October, 2009								
			Virus Inactiv				Chlorine Di	ovide	Ozone	Comb	ined Chlorit	ae (Chloran	nines)	
I	traviolet R			r (Describe):		Thornic 3	CHOUNG DI	Oxide	1 CALCINE	Como	inea Cinora	ic (Cilional		
-					***************************************	▼ Free Chlo	rina	Combin	ed Chlorine	(Chloramine	s) [Chlorine I	Dioxide	
Type	of Disinted	etant Resid	lual Maintair	ned in Distr	bution System:								I	
				C	T Calculations, or			rour-Log	Virus inac	uvation, ii A	Applicable	<u> </u>		
						CT Calc	ulations				UVI	Jose		
						* '	Lowest CT							
						Disinfectant	Provided							
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
F		Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT		Required,	Remote Point in	Conditions, Repair or Maintenance Work that
	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg		mW-	Distribution	Involves Taking Water System Components
Month	"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	X	24.0	17,100		0.9								0,8	
2	X	24,0	12,900		1.4								1.1	
3		24.0	16,400										_	
4		24.0	16,400										0.8	
5	X	24.0	16,400		1.4								0.8	
6	X	24.0	15,500		1.3								0.9	
7	X	24.0	12,300		1.2								0.9	
8	X	24.0	14,800		1.3		<u> </u>						0.8	
9	Х	24.0	11,400		1.1									
10		24.0	14,700											
11	- X	24.0 24.0	14,700 14,700		1.0								0.6	
13	X	24.0	13,800		1.0								0.6	
14	X	24.0	12,600		1.2								0.7	
15	X	24.0	11,500		1.1								0.6	
16	X	24.0	20,600		1.2								0.8	
17	_ ^ _	24.0	14,767											
 ''		24.0	14,767											
- n	X	24.0	14,767		1.0								0.6	
20	X	24.0	15,700		1.1								0,6	
21	X	24.0	12,400		1.1								0.6	
22	X	24.0	15,900		1.0								0.5	
23	X	24.0	19,000		1.4								0.9	
24		24.0	16,600											
25		24.0	16,600											
26	Х	24.0	16,600		1.2								0.6	
27	X	24.0	15,700		1.1								0.6	
28	X	24.0	14,000		1.0								0.6	
29	X	24.0	14,500		1.3		·						0.8	
30	X	24.0	17,400		1.4								10	
31		24.0	13,533											
Total			468,033											

15,098

20,600

DEP Form 62 7 10(3)Alternate

Avgerage 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



See Pages 4 for Instructions.

General Information		fear of: November	r, 2009					
Public Water System	ı (PWS) Informa	tion						
PWS Name:	Palm Port					PWS Identification Num	ber: 2540865	***************************************
PWS Type:	✓ Community	Non-Transient Non-Commi	unityT	ransient Non-Com	munity _	Consecutive		
Number of Service Connect	tions at End of Month	: 109				Population Served at End	of Month: 318	
PWS Owner:	Aqua Utilities Florida	a						
Contact Person:	Paul Thompson				Con	tact Person's Title:	Field Coordinator	
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone	Number:	(352) 787-0980			A	tact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Ad	idress:	pdthompson@aquaameric	ca.com					
Water Treatment Pla	ant Information			· · · · · · · · · · · · · · · · · · ·	<u> </u>			
Plant Name:	Palm Port					Plant Telephone Number	: (352) 787	-0980
Plant Address:	East River Drive				City: East Palatka	State: Florida	Zip Code:	
Type of Water Treatment by		✓ Raw Ground Water	Purchased Fini	shed Water		1	Taih code	J41J1
Permitted Maximum Day O				170,000	**************************************			
Plant Category (per subsecti					Plant	Class (per subsection 62-699	9.310(4), F.A.C.): C	
Licensed Operators		Name		License Class	License Numbe		ay(s) / Shift(s) Worked	18.16.1.1.14.2
ead/Chief Operator:	Paul Thompson			A	7251	Days 1st Shift	a)(b) / Silit(b) Worked	
Other Operators:	David Haring			С	14091	Days 1st Shift		
	Ralph Marriott	-	***************************************	С	7527	Days 1st Shift		
			7					

						1		
		21				 		

						<u> </u>		
Certification by Lead	/Chief Operator					Commence of the Commence of th		Same and the
, the undersigned water	er treatment plant	operator licensed in Florida, a	am the lead/chief	operator of the	water treatment	plant identified in part	Lofthis report Lourtif	v that the
	n this report is true	e and accurate to the best of r	ny knowledge an	d belief 1 certi	fy that all drinkin	a water treatment chan	nicals used at this alant	conform to NCI
nformation provided in			cubocation 42 55	5 320(3) F A C	Lalso sortificth	g water treatment enem	meats used at this plant	Contonii to NSI
itormation provided in	60 or other applica	able standards referenced in o						for this plant
nformation provided in International Standard	60 or other applica	able standards referenced in s	plant during the	2.220(3), 1.21.C	. Taiso certify th	at the following addition	onal operations records	rior tins plant
nformation provided in International Standard Ivere prepared each day	60 or other applications of that a licensed of	perator staffed or visited this	plant during the	month indicated	above: (1) reco	rds of amounts of chem	nicals used and chemics	al food rates; and
nformation provided in nternational Standard were prepared each day 2) if applicable, appro	60 or other applicate that a licensed of operiate treatment properties that the second of the second	perator staffed or visited this rocess performance records.	plant during the Furthermore, I a	month indicated gree to provide	above: (1) reco	rds of amounts of chem	nicals used and chemics	al food rates; and
nformation provided in nternational Standard were prepared each day 2) if applicable, appro	60 or other applicate that a licensed of operiate treatment properties that the second of the second	perator staffed or visited this	plant during the Furthermore, I a	month indicated gree to provide	above: (1) reco	rds of amounts of chem	nicals used and chemics	al food rates; and
nformation provided in nternational Standard were prepared each day 2) if applicable, appro	60 or other applicate that a licensed of operiate treatment properties that the second of the second	perator staffed or visited this rocess performance records.	plant during the Furthermore, I a	month indicated gree to provide	above: (1) reco	rds of amounts of chem	nicals used and chemics	al food rates; and
nformation provided in nternational Standard were prepared each day 2) if applicable, appro	60 or other applicate that a licensed of operiate treatment properties that the second of the second	perator staffed or visited this rocess performance records.	plant during the Furthermore, I a	month indicated gree to provide years.	above: (1) reco	rds of amounts of chem	nicals used and chemica ne PWS owner so the P	al food rates; and
nformation provided in nternational Standard were prepared each day 2) if applicable, appro	60 or other applicate that a licensed of operiate treatment properties that the second of the second	perator staffed or visited this rocess performance records.	plant during the Furthermore, 1 a on for at least ten	month indicated gree to provide years.	above: (1) reco	rds of amounts of chem	nicals used and chemics	al feed rates; and WS owner can

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

PWS Id	lentificatio	n Number:		2540865		Plant Name:	Palm Port							
			ionth/Year	of:	George Side Schedule	November, 200)9							
Section 1997	The state of the s		y Virus Inactiv				Chlorine Di	ovida	□ Ozone	Comb	ined Chloria	a (Chlorer	ninae)	
1	raviolet R			r (Describe):		inorate ;	Chlorine Di	Oxide	Ozone	i Come	nnea Chiorii	ie (Cinorai	nines)	
-						▼ Free Chlo		Combin	ed Chlorine	(Chloramine	e) [Chlorine I	Navide	
Type c	1 Disinte	ctant Resid	iuai Maintai										TOAGE	
				<u> </u>	T Calculations, or			our-Log	Virus Inac	tivation, if /				
						CT Calc	ulations				UVI	Jose		
ay of the	Days Plant Staffed or Visited by Operator (Place		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 that Involves Taking Water System Components
Month	"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
1		24.0			· · · · · · · · · · · · · · · · · · ·									
2	X	24.0	20,300		2.8			,					1.8	
3	X	24.0	11,700		2.4								1.8	
4	X	24.0	9,000		1.5								1.3	
5	X	24.0	12,000		1.4								1.0	
- 6	X	24.0	14,000		1.5								1,0	
7		24.0	14,300											
8	37	24.0	14,300		1.4								1.0	
9	X	24.0	14,300 10,800		1.4								0.9	
11	X	24.0	13,800		1.3								0.9	
12	X	24.0	11,800		1.3								0.7	
13	X	24,0	16,000		1.4							<u></u>	0.7	
14	······	24.0	12,267											
15		24.0	12,267											
16	X	24.0	12,267		1.1								0.7	
7	Х	24.0	11,000		1.0								0.6	
18	X	24.0	14,500		1,4								1.1	and the second s
19	X	24.0	12,400		1.4								1.0	
20	X	24.0	12,400		1.3								0.9	
21		24.0	15,333											
22		24.0	15,333										1.0	
23	X	24.0 24.0	15,333 9,000		1.4								1.0	
25	X	24.0	12,500		1.3								1.0	
26	X	24.0	11,700		1.4								10	
27	X	24.0	18,700		1.4	·							1.1	
28		24 0	12,267		•									
29		24.0	12,267			·								
30	X	24.0	12,267		0.8								0.8	
31		24 0												
Total														
Avgerag			13,045											
Maximu	11		20,300											

^{*} 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



Polymer Page 3 Due in December

See Pages 4 for Instructions. I. General Information for the Month/Year of: December, 2009 A. Public Water System (PWS) Information PWS Name Palm Port PWS Identification Number: 2540865 PWS Type: ✓ Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month 109 Total Population Served at End of Month 318 PWS Owner. Aqua Utilities Florida Contact Person: Paul Thompson Contact Person's Title: Field Coordinator Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: Florida Zip Code: 34749 Contact Person's Telephone Number: (352) 787-0980 (352) 787-6333 Contact Person's Fax Number ontact Person's E-Mail Address. pdthompson@aquaamerica.com B. Water Treatment Plant Information Plant Name Palm Port (352) 787-0980 Plant Telephone Number Plant Address East River Drive City: East Palatka State Florida Zip Code: 32131 Type of Water Treatment by Plant: Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day 170,000 Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.) Licensed Operators Name License Class License Number Day(s) / Shift(s) Worked Lead/Chief Operator: Paul Thompson 7251 Days 1st Shift Other Operators: David Haring Days 1st Shift 14091 Ralph Marriott 7527 Days 1st Shift II. Certification by Lead/Chief Operator 1. the 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 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,

	300 Carto Samo Carto \$ 1 and 100	
1/1/10	Paul Thompson	A7251
Signature and Date	Printed or Typed Name	License Number

Page 1

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

PWS I	lentification			2540865	11011110	Plant Name:	Palm Port							
			lonth/Year	of:		December, 200	9							
The second second second	Annual Value of Particular Street		g Virus Inactiv		AND MAINTAINS OF THE PARTY OF T		Chlorine Di	oxide	C Ozone	T Comb	ned Chloria	ne (Chlorar	nines)	
1	raviolet R			т (Describe):		*								
-					ibution System:	Free Chk	orine	Combin	ed Chlorine	(Chloramine	es) [Chlorine I	Dioxide	
121/2	1 Distilled	T Test		C	T Calculations, or			our-Log	Virus Inac	tivation, if	Applicable*			
					r Carcalations, or		culations				UVI			
							T						-	
						D::::6:	Lowest CT							
	Davis Dlams				Lowest Residual	Disinfectant Contact Time	Provided Before or at						Lowest Residual	
	Days Plant Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
De of		Hours plant			Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-			Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"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
1	Х	24.0	11,300		1.0								0.6	
2	Х	24.0	11,300		1.1								0.6	
3	X	24 0	10,100		1.0								0.6	
4	X	24.0	12,500 11,967		1.3		ļ						0.0	
5		24.0 24.0	11,967											
7	X	24.0	11,967		2.1								1.6	
8	X	24.0	12,100		1.8								1.4	
9	X	24.0			1.3								0.8	
10	X	24.0	11,400		1.1								0,6	
11	X	24.0	8,300		1.2								0.6	
12		24.0	13,600											
13		24.0	13,600											
14	X	24,0	13,600		1.5								1.0	
15	X	24.0	10,800		1.5								1.0	
16	1 X	24.0	11,200		1.4						-		0.9	
17	X	24 0	11,800		1.1								0.6	
_	X	24.0 24.0	11,500		1.1								0.0	
20		24.0	13,167											
21	X	24.0	13,167		1.2								1.0	
22	X	24.0	10,300		. 06								0,3	
23	X	24.0	12,300		1.5								0.6	
24	X	24.0	15,600		1.6								0.9	
25	X	24.0	11,200		14								1.1	
26		24.0	13,367											
27		24.0	13,367											
28	X	24.0	13,367		12								0.9	
29	X	24.0	13,900		1.2								0.9	
30	X	24.0	11,100		1.0								1.0	
31 Total	х [24.0	12,000 377,200										1.0	J
Otal			377,200											

15,600

DEP Form 62

Maximum

70(3)Alternate

^{*} 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



Canada Information		Zarana Calabarana and Landard								
. General Information	n for the Month/Y	'ear of: January, 2	2010							
A. Public Water System	m (PWS) Informat	tion								
PWS Name:	Palm Port						PWS Identification	Number:	2540865	
PWS Type:	✓ Community	Non-Transient Non-Commu	unityT	ransient Non-Com	munity		Consecutive			***************************************
Number of Service Connec		109				Total	Population Served at	End of Month:	318	
PWS Owner:	Aqua Utilities Florida	ı								(O(GE)
Contact Person:	Paul Thompson					Conta	ct Person's Title:	Field Coordi	nator	
Contact Person's Mailing A		PO Box 490310			City: Lees	burg	State: Florida		Zip Code:	34749
Contact Person's Telephon		352) 787-0980				Conta	ct Person's Fax Num	ber. (352) 787-63	333	
Contact Person's E-Mail A		pdthompson@aquaameric	a.com							
. Water Treatment Pl	lant Information									
Plant Name:	Palm Port						Plant Telephone Nu	imber:	(352) 787-09	980
Plant Address.	East River Drive				City: East	Palatka	State: Florida		Zip Code:	32131
Type of Water Treatment b		Raw Ground Water	Purchased Fin	ished Water						
Permitted Maximum Day (170,000						***************************************
Plant Category (per subsect	tion 62-699.310(4), F.A					Plant C	lass (per subsection 6	2-699.310(4), F.A.C	(.): C	
Licensed Operators		Name		License Class	License N	lumber		Day(s) / Shift(s) Worked	
Lead/Chief Operator:				A	725	1	Days 1st Shift			
Other Operators:	David Haring			C	1409	1	Days 1st Shift			
	Ralph Marriott			C	7523	7	Days 1st Shift			
						4320 Jahr Vand Market		Andrew State of the State of th		
										Military and a second s
	300000000000000000000000000000000000000									
1									***************************************	
									majoritari da de la companio del la companio de la companio del la companio de la	
										The second secon
C-115 11 1 1	1/01 : 40									
Certification by Lead	1/Chief Operator									
i, the undersigned water	er treatment plant o	perator licensed in Florida, a	im the lead/chies	f operator of the	water treat	ment pl	ant identified in	part I of this repo	ort. I certify t	that the
information provided i	in this report is true	and accurate to the best of n	ny knowledge ar	nd belief. I certi	fy that all d	Irinking	water treatment	chemicals used a	t this plant co	on form to NSF
International Standard	60 or other applica	able standards referenced in s	subsection 62-55	5.320(3), F.A.C	. I also cer	rtify tha	t the following ac	dditional operation	ons records fo	or this plant
were prepared each da	y that a licensed op	perator staffed or visited this	plant during the	month indicated	labove: (1) record	is of amounts of	chemicals used a	nd chemical	feed rates: and
(2) if applicable, appro	opriate treatment pr	ocess performance records.	Furthermore, I a	gree to provide	these addit	ional or	perations records	to the PWS own	er so the PW	S owner con
retain them together w	vith copies of this re	eport, at a convenient location	n for at least ten	vears	mese addre	ionai o _i	retutions records	to the 1 W 5 0 WII	CI 30 the I W	3 Owner can
		. 1	ii ioi at icast tell	years.						
12	- Continue of Windowski Control Control	03 102 15								
<u> </u>		00 108 110	Paul Thompson					TO TO THE PARTY OF	A7251	·
Signature and Date			Printed or Type	ed Name					License Num	ber
				-						
DEP Form 62,555 900(3)A	ternate			Page 1						

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

PWS I	dentificatio	n Number		2540865		Plant Name	Palm Port							
man	baily Data	for the N	Ionth/Year	of:		January, 2010							~	American contract the second contract to the
			g Virus Inacti		unli F7 Cara (p					Constitution of the Consti
1						norme	Chlorine Di	oxide	☐ Ozone	[Comb	oined Chlori	ne (Chlorai	mines)	
j			Othe								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Type o	of Disinfe	ctant Resid	dual Maintai	ned in Distr	ibution System:	Free Chle	orine [Combin	ed Chlorine	(Chloramine	(s)	Chlorine I	Dioxide	
	1		1		CT Calculations, or	r UV Dose, to	Demostate 1	Four-Log	Virus Inac	tivation, if	Applicable'	*		
							culations					Dose		
					I .	T T	7		T T	1		I	1	
							Lowest CT							
						Disinfectant	Provided						, n	
	Days Plant			1	Lowest Residual	Contact Time	Before or at					Minimum	Lowest Residual Disinfectant	
	Staffed or		Net Quantity		Disinfectant Concentration (C)	(T) at C Measurement	First Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Davine	Visited by	Hours plant	of Finished Water		Before or at First	Point During	During Peak		1	Minimum CT	Operating	Required,	Remote Point in	
Day of the	Operator (Place	in	Producted,	Peak Flow	Customer During	Peak Flow.	Flow, mg-	Temp of	pH of Water	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"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
1	X	24.0		raic, gpa	1.1				7.				13	
2		24.0	14,767											
3		24.0	14,767			 								
4	Х	24.0	14,767		1.3								0.9	
5	X	24.0	11,400		1.0					,			0.7	
6	X	24.0	16,400		1.3								1.0	
7	X	24.0	12,800		1.4								0.9	
8	X	24.0	15,400		1.3								1.0	
9		24.0	15,600											
10		24.0	15,600											
11	X	24.0	15,600		1.3	m							1.0	
12	X	24.0	12,000		1.2								0.8	
13	X	24.0	13,100		1.3								1.0	
14	X	24.0	13,700		1.5								1.1	
15	X	24.0	13,100		1.5								1.1	
16		24.0	12,767											
17		24.0	12,767		1.7								1.2	
18 19	X	24 0 24 0	12,767 8,100		1.6								1.1	
20	X	24.0	14,600		1.4								1.1	
21	X	24.0	11,400		1.4								11	
22	X	24.0	12,300		1.5								1.1	
23		24.0	12,933		1.5									
24		24.0	12,933											
25	Х	24.0	12,933		1.3								1.0	
26	X	24.0	11,400		1.4					31116 131701 131			11	
27	X	24.0	10,700		1.4								11	
28	X	24.0	14,700		1.5								1.2	
29	X	24.0	9,500		1.4					1			11	
30		24.0												
31		24.0												
Total			382,100											
Avgerage			12,326											

16,400

DEP Form 62/ 100(3)Alternate

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



See Pages 4 for Instructions

. General Information		Vear of Februa	ry, 2010					
. General information	i for the Month/	real of.	19, 2010					
A. Public Water System	n (PWS) Informa	ation						
PWS Name:	Palm Port					PWS Identification Numb	per: 2540865	
PWS Type:	✓ Community	Non-Transient Non-Con	nmunity 1	Fransient Non-Com	munity	Consecutive		
Number of Service Connec		h: 109			Tota	Population Served at End o	of Month: 318	
PWS Owner:	Aqua Utilities Florid	la				termanife mente activi comunicate antico mente antico mente antico mente antico mente antico mente antico mente		
Contact Person:	Paul Thompson		······································		Cont	act Person's Title:	Field Coordinator	
Contact Person's Mailing	Address:	PO Box 490310			City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone		(352) 787-0980			Cont	act Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail A	ddress:	pdthompson@aquaame	erica.com					
. Water Treatment Pl	ant Information							
Plant Name:	Palm Port			***************************************		Plant Telephone Number:	(352) 787-0	980
Plant Address:	East River Drive				City: East Palatka	State: Florida	Zip Code:	32131
Type of Water Treatment b		✓ Raw Ground Water	Purchased Fin	nished Water				
Permitted Maximum Day (Plant, gallons per day:		170,000				
Plant Category (per subsec			V		Plant	Class (per subsection 62-699	0.310(4), F.A.C.): C	
Licensed Operators		Name	allowers and the second	License Class	License Number		ay(s) / Shift(s) Worked	
Lead/Chief Operator:				A	7251	Days 1st Shift	/ \	
Other Operators:	David Haring			С	14091	Days 1st Shift	······································	
	Ralph Marriott			С	7527	Days 1st Shift		
SPRESE PROFES OF COM-								
A STATE OF THE PERSON OF THE PARTY.								
		·	***************************************			1		
Commission of the				1				
								V V V MANAGEMENT OF THE PROPERTY OF THE PARTY OF THE PART
					**************************************			maniferentification della management
			rape with a true see and a second second	1				
	1					1		
. Certification by Lea	d/Chief Operato							
I, the undersigned wat	ter treatment plant	t operator licensed in Florid	la, am the lead/chie	ef operator of the	water treatment	plant identified in part	I of this report. I certify	that the
		ue and accurate to the best						
		cable standards referenced						
		operator staffed or visited the						
		process performance record						
					mese additional	operations records to th	ie rws owner so the rv	vs owner can
retain them, together v	with copies of this	report, at a convenient loca	ation for at least te	n years.				
		(-1.						
		- 3/9/10	Paul Thompse	on			A7251	
Signature and Date		, ,	Printed or Typ	ped Name			License Nui	mber
DEP Form F -55900(3)	Alternate			Page 1				(

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

PWS I	dentificatio	n Number:		2540865		Plant Name:	Palm Port							
III. D	aily Data	for the N	lonth/Year	of:	SOLVER STATE	February, 2010								
DESCRIPTION OF THE PERSON NAMED IN			g Virus Inacti		/al:	hlorine [Chlorine Di	oxide	┌ Ozone	┌ Comb	nined Chlori	ne (Chlorar	nines)	
	traviolet R		C Othe				Onto the Di	07444	,	, come	mica emori	ne (cinoria	1111037	
_						▼ Free Chlo	rine [Combin	ed Chlorine	(Chloramine	(s) [Chlorine I	Dioxide	
Type	n Distille	Clain Nesic	luai iviailitai										I de la companya de l	
	2556	6-4-1	1000		T Calculations, or			our-Log	virus inac	uvation, 117	Applicable UV		Secretary of Earl	Appropriate programme of the second
	CETTE	8846	STO ME	444 (344)	100000000000000000000000000000000000000	CT Calc	ulations			100 CM	UVI	Jose .	Garden et de	HEROTER BUTTER STORY
	200	40.5		the trees	100000000000000000000000000000000000000		Lowest CT	15 to 15	0-1145			1916/30	Company of the	4.图形含量的在外方面中中确定图
		14.4				Disinfectant	Provided		5.5			* charge 544	the second of the	
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity	E. C. C. C.	Disinfectant	(T) at C	First				Lowest	Minimum UV Dose	Disinfectant	And the second second second
	Visited by	Area area.	of Finished	4-1-6-0-8	Concentration (C)	Measurement	Customer	4000		Minimum	Operating	Required,	Concentration at Remote Point in	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that
Day of the	Operator (Place	Hours plant in	Water Producted,	Peak Flow	Before or at First Customer During	Point During Peak Flow,	During Peak Flow, mg-	Temp of	nH of Water	CT Required,	**************************************	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal,	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water. OC	if Applicable	mg-min/L	mW-sec/cm2	2.28% TETRACTOR	System, mg/L	Out of Operation
1	X	24.0	13,233	March Blog	1.4								1.1	
2	Х	24.0	8,700	8 3	1.3								1.0	
3	Х	24.0	11,500		1.3								1,0	
4	X	24.0	11,100		1.4								1.1	
d 5-€	Х	24.0	11,800		1.4	- Distriction - Control -							1.0	
6		24.0	13,600											
<i>- 0.7</i> (s)	77	24.0	13,600		1.4								1.0	
8 9	X	24.0 24.0	13,600 11,400		1.4								0.8	
10	X	24.0	10,300		1.3								0.9	
1125	X	24.0	12,200		1.3								0.9	
12	Х	24.0	13,300		1.3								1.0	
13		24.0	11,967											
14		24.0	11,967											
15	X	24.0	11,967		1.4								1.2	
16	X	24.0	11,600		0.9								1.0	
17	X	24.0 24.0	14,100 8,900		0.9								0.6	
18	X	24.0	15,900		1.0								0.7	
20		24.0	12,067		1.0			-					2.7	
21%		24.0	12,067											
22	Х	24.0	12,067		1.0								0.7	
23	Х	24:0	11,900		. 0.9								0.7	
24	X	24.0	12,200		0.9								0.6	
* 25	X	24.0	11,400		0.9								0.6	
26	Х	24.0	11,400		1.0								0.6	
27	2	24.0	12,533											
28		24.0 24.0	12,533											
-30		24.0						-						
31 -4		24.0												
Total		2,0	338,899						l					
Avgerag	e	100	10,932											

15,900

DEP Form 62-555 900(3)Alternate

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



DEP Form 62 900(3)Alternate

See Pages 4 for Instructions. General Information for the Month/Year of: March, 2010 A. Public Water System (PWS) Information PWS Name: Palm Port PWS Identification Number: 2540865 PWS Type: ✓ Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 109 Total Population Served at End of Month 318 PWS Owner Aqua Utilities Florida Contact Person: Paul Thompson Contact Person's Title: Field Coordinator Zip Code: 34749 Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: Florida (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 Contact Person's Telephone Number: Contact Person's E-Mail Address: pdthompson@aguaamerica.com B. Water Treatment Plant Information Plant Name: Palm Port Plant Telephone Number: (352) 787-0980 Plant Address: East River Drive City: East Palatka State: Florida Zip Code: 32131 ✓ Raw Ground Water Type of Water Treatment by Plant: Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 170,000 Plant Category (per subsection 62-699.310(4), F.A.C.): IV Plant Class (per subsection 62-699.310(4), F.A.C.): License Class | License Number | Licensed Operators Name Day(s) / Shift(s) Worked Lead/Chief Operator: Paul Thompson A 7251 Days 1st Shift Other Operators: David Haring 14091 Days 1st Shift Ralph Marriott 7527 Days 1st Shift 2 Year 19 (1905) 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. Paul Thompson A7251 Signature and Date Printed or Typed Name License Number

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

PWS Io	lentification	n Number:		2540865		Plant Name:	Palm Port							
III. D	aily Data	for the N	lonth/Year	of:	in speciment an arministra	March, 2010			-					
			Virus Inactiv		al: Free (Chlorine [Chlorine Di	oxide	☐ Ozone	☐ Comb	oined Chloris	ne (Chlorar	nines)	
	raviolet R		•	r (Describe):		*		~		,	711.0 4 C171013		,	
					ibution System:	▼ Free Chk	orine [Combin	ned Chlorine	(Chloramine	es)	Chlorine I	Dioxide	
Type c	Distilled	Tani Kesic	iuai iviailiuai		T Calculations, or								No. 10 TO VIOLEN	
				·	1 Calculations, of		culations	roui-Loi	virus mac	uvauon, 11 /	UV			Part of the second of the seco
						C1 Calc	Tulations		T .	And the second	UV.	T		la rene
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- 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	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work th Involves Taking Water System Components Out of Operation
Month	"X")	Operation 24.0	gal. 37,600	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, C	III Applicable	uig-murc	mw-sec/cm	Secrent	System, mg/L 0.7	Out of Operation
2	X	24.0	16,000		1.1		 		 				0.7	
3	X	24.0	5,600		1.1			†					0.7	
4	X	24.0	11,500		1.3								0.8	
5	Х	24.0	13,300		1,3								0.8	
6		24.0	12,400											
7		24.0	12,400											
8	Χ	24.0	12,400		1.4								1.0	
9	X	24.0	12,900		1.0								0.6	
10	X	24.0 24.0	18,200 8,500		1.3		 						1.0	
11	X	24.0	11,500		1.3		 	 	 		-		1.0	
13		24.0	12,733		****		1		 					
14		24.0	12,733				1		1					
15	Х	24.0	12,733		1,3								0.7	
16	X	24.0	11,200		1.2								0.3	
17	X	24.0	11,900		1.1								0.5	
18	Х	24.0	11,600		1.3								0.9	
19	Х	24.0	11,900		1.3				-				1.0	
20		24.0	13,566				 							
21	v	24.0 24.0	13,566 13,566		1.3		-						0.9	
23	X	24.0	9,900		1.3		 		-				0.9	
24	X	24.0	10,000		1.3								1.0	
25	X	24.0	10,600		1.3		 			***************************************			1.0	
26	X	24.0	12,000		1.3		 						1.0	
27		24.0	13,300							***************************************				
28		24.0	13,300											
29	Х	24.0	13,300		1.3								1.1	
30	X	24.0	11,000		1.2								1.0	
31	Х	24.0	11,700		1.4								0.9	
otal vgerag			402,898 12,997											
1aximu	m 🕠 🔠		37,600											

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

DEP Form 62/ 900(3)Alternate

A7251

License Number

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



Signature and Date

DEP Form 62-5" 900(3)Alternate

See Pages 4 for Instructions. I. General Information for the Month/Year of: April. 2010 A. Public Water System (PWS) Information PWS Identification Number 2540865 PWS Name: Palm Port ✓ Community Transient Non-Community Consecutive PWS Type: Non-Transient Non-Community Total Population Served at End of Month 318 Number of Service Connections at End of Month: 109 PWS Owner Aqua Utilities Florida Contact Person's Title: Field Coordinator Contact Person: Paul Thompson Contact Person's Mailing Address PO Box 490310 City: Leesburg State: Florida Zip Code: 34749 (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 Contact Person's Telephone Number: pdthompson@aguaamerica.com Contact Person's F-Mail Address: B. Water Treatment Plant Information Plant Name Palm Port Plant Telephone Number (352) 787-0980 Florida Zip Code: 32131 Plant Address: East River Drive City: East Palatka State: Purchased Finished Water Type of Water Treatment by Plant: ✓ Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 170,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) Licensed Operators Name License Class | License Number Day(s) / Shift(s) Worked Lead/Chief Operator: Paul Thompson Days 1st Shift 7251 Other Operators: David Haring 14091 Days 1st Shift Ralph Marriott 7527 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.

Page 1

Paul Thompson

Printed or Typed Name

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

WS Ic	lentification	n Number:		2540865		Plant Name:	Palm Port							
II. D	aily Data	for the N	lonth/Year	of:		April, 2010			***************************************					
STATE OF THE OWNER, TH	No.		Virus Inactiv				Chlorine Di	ovide	☐ Ozone	Comb	ined Chlorir	ne (Chloran	nines)	
	traviolet R			r (Describe):			CHOIDE D	Oxide	, Ozone	1 Com	mica Cinora	ic (Cincia)	inics)	
						▼ Free Chl	arias (T	Combin	ed Chlorine	(Chloramine	(c) [Chlorine I)iovide	
ype c	t Disinted	tant Resid	lual Maintair		ibution System:					Commence of a live material and make			roade	
				C	T Calculations, or	UV Dose, to	Demostate	Four-Log	Virus Inac	tivation, if				
						CT Cal	culations				UVI	Oose		
									3875					
						Dish-fratest	Lowest CT Provided							
	D N				Lowest Residual	Disinfectant Contact Time	Before or at						Lowest Residual	
	Days Plant		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	
	Staffed or Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant			Before or at First	Point During	During Peak			Minimum	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work th
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow.	Flow, mg-	Temp of	pH of Water,		UV Dose,	mW-	Distribution	Involves Taking Water System Component
Month	"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	X	24.0			1.3								0.9	
2	Х	24.0	21,800		1.3	····							0.8	
- 3		24.0	15,267		panantiation									
4		24.0	15,267											
5	X	24.0	15,267		1.1								0.8	
6	Х	24.0	11,900		0.5								0.2	
7	X	24.0	16,500		1.2								0.8	
8	X	24.0	6,700		1.2								0.8	
9	X	24.0	13,500		1.2								0.8	
10		24.0	15,000				_		ļ					
11		24.0	15,000										0.7	
12	X	24.0	15,000		1.2								0.7	
13 14	X	24.0 24.0	11,600		1.2				 				0.9	
15	x	24.0	12,000		1.2		-						0.9	
16.	X	24.0	9,300		1.2		-			***************************************			0.8	
17		24.0	13,800		1 . A								9.0	
18		24.0	13,800											
19	X	24.0	13,800		0.6								0.3	
20	X	24.0	10,900		0.6								0.3	
21	X	24.0	10,400		0.8								0.4	
22	X	24.0	13,200		1.2								0.9	
23	X	24.0	17,500		0.9								0,5	
24		24,0	15,933											
25		24.0	15,933											
26	X	24.0	15,933		0.8								0.4	
27	X	24.0	16,600		0.8								0.3	
28	X	24.0	10,400		1.4								0.9	
29	X	24.0	22,000		1.4								1.0	
30	X	24.0	14,000		1.0								0.9	
31		24.0	422.100					L	L				L	
tal			423,100											
vgerag	C C		13,648											

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

22,000

Maximum

5600 U.S. I North, Fort Pierce, FL 34946 Phone: (772) 465-8584

Date issued: March 31, 2009

To:

Will Fontaine

Aqua Utilities Florida, Inc. 930 S South State Road 19 Palatka, FL 321779394

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Palm Port Triannual Pri/Sec

[2134206]

Received:

3/11/09 12:25

Dear Will Fontaine:

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

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s: E96080, E83509

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

Respectfully submitted,

Eric Charest

HBEL, Inc. Laboratory Manager

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

5600 US 1 North ort Pierce, FL 34946

-DOH # E96080

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

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

Quality Control Summary

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Palm Port Triannual Pri/Sec

Received:

3/11/09 12:25

[2134206]

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

HBEL Sample

Method Narratives (If Applicable)

Number

Sample ID **Analytical Method** Description

Quality Control Summary

Method

HBEL Batch Analyte

Analytical Issue

EPA 505

PEST5302

2134206001 Decachlorobiphenyl

Surrogate - Outside acceptance Limits.

5600 US 1 North ort Pierce, FL 34946 ~DOH # E96080

Printed: 3/31/09

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



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

CERTIFICATE OF ANALYSIS [2134206]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Palm Port Triannual Pri/Sec

Parameter	Qualifier	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analysi	Lab ID
	134206001				Sampled: 03/10/0		Received			*************************
Sample ID: F	P.O.E. Grab				Matrix: Water	Results	reported on	Wet Weight I	Basis	
Odor - Dechlorinated		1.0	T.O.N.	1.0	EPA 140.1	WCDE18749	·	03/11/09 13:4	1 PA	E83509
pН		7.67	SU	0.200	EPA 150.1	WCGE30741		03/12/09 18:3	B GS	E96080
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META9287		03/19/09 16:0	B DM	E96080
Barium		0.016	mg/L	0.0018	EPA 200.7	META9287		03/19/09 16:0	B DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META9287		03/19/09 16:0	B DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META9287		03/19/09 16:0	B DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META9287		03/19/09 16:0	B DM	E96080
Copper		0.0036	mg/L	0.0014	EPA 200.7	META9287		03/19/09 16:08	B DM	E96080
Iron		0.026	mg/L	0.025	EPA 200.7	META9287		03/19/09 16:08	B DM	E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META9287		03/19/09 16:0	B DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META9287		03/19/09 16:0	B DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META9287		03/19/09 16:0	B DM	E96080
Sodium		75	mg/L	0.50	EPA 200.7	META9287		03/19/09 16:0	8 DM	E96080
Zinc		0.010 U	mg/L	0.010	EPA 200.7	META9287		03/19/09 16:08	B DM	E96080
Antimony		0.0015	mg/L	0.00082	EPA 200.9	META9283		03/18/09 21:2:	2 DM	E96080
Arsenic		0.0010 U	mg/L	0.0010	EPA 200.9	META9281		03/18/09 16:19	9 DM	E96080
.ead		0.00061 U	mg/L	0.00061	EPA 200.9	META9273		03/13/09 11:5	3 DM	E96080
elenium		0.0022 U	mg/L	0.0022	EPA 200.9	META9294		03/26/09 17:2	5 DM	E96080
rhallium		0.0010 U	mg/L	0.0010	EPA 200.9	META9298		03/27/09 11:4	B DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META9275	03/13/09 13:10	03/16/09 18:3	DM 0	E96080
Chloride		150	mg/L	5.0	EPA 300.0	IC7989		03/16/09 13:3	5 SP	E96080
Fluoride		0.21	mg/L	0.011	EPA 300.0	IC7987		03/12/09 13:0	3 JL	E96080
Nitrate as N		0.049	mg/L	0.0030	EPA 300.0	IC7987		03/12/09 13:0	3 JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC7987		03/12/09 13:0	3 JL	E96080
Sulfate		65	mg/L	1.4	EPA 300.0	IC7989		03/16/09 13:3	5 SP	E96080
1,2-Dibromo-3- chloropropane		0.0036 U	ug/L	0.0036	EPA 504.1	PEST5303	03/18/09 12:00	03/19/09 2:12	JL	E96080
1,2-Dibromoethane		0.0047 U	ug/L	0.0047	EPA 504.1	PEST5303	03/18/09 12:00	03/19/09 2:12	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST5302	03/17/09 12:00	03/18/09 1:38	JL	E96080
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST5302	03/17/09 12:00	03/18/09 1:38	JL	E96080
gamma-BHC (Lindan	e)	0.020 U	ug/L	0.020	EPA 505	PEST5302	03/17/09 12:00	03/18/09 1:38	JL	E96080
Heptachlor		0.036 U	ug/L	0.036	EPA 505	PEST5302	03/17/09 12:00	03/18/09 1:38	JL	E96080
Heptachlor epoxide		0.027 U	ug/L	0.027	EPA 505	PEST5302	03/17/09 12:00	03/18/09 1:38	JL	E96080
Methoxychlor		0.044 U	ug/L	0.044	EPA 505	PEST5302	03/17/09 12:00	03/18/09 1:38	JŁ	E96080
PCB		0.14 U	ug/L	0.14	EPA 505	PEST5302	03/17/09 12:00	03/18/09 1:38	JL	E96080
Toxaphene		0.60 U	ug/L	0.60	EPA 505	PEST5302	03/17/09 12:00	03/18/09 1:38	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST5300	03/15/09 8:00	03/17/09 1:58	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST5300	03/15/09 8:00	03/17/09 1:58	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST5300	03/15/09 8:00	03/17/09 1:58	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST5300	03/15/09 8:00	03/17/09 1:58	JL	E96080
[©] entachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST5300	03/15/09 8:00	03/17/09 1.58	JL	E96080

_5600 US 1 North
ort Pierce, FL 34946
, DOH # E96080

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Page 3 of 6

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

CERTIFICATE OF ANALYSIS [2134206]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Palm Port Triannual Pri/Sec

1,1 - Trichiorochane	Parameter	1 Qualifier Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
1,1,1-Trichlorochane	Picloram	0.23 U	ug/L	0.23	EPA 515.1	PEST5300	03/15/09 8:00	03/17/09 1:58	JĻ	E96080
1,1,2-Tinchloroethane	1,1,1-Trichloroethane	0.21 U	ug/L	0.21	EPA 524.2	VOC3062		03/24/09 12:52	WR	E96080
1.1-Dichloroethene 0.23 U ugl. 0.23 EPA 5242 VOC3062 032409 12:52 WR EE 1.2-A-Trichlorobenzene 0.41 U ugl. 0.41 EPA 5242 VOC3062 032409 12:52 WR EE 1.2-Dichloroethane 0.29 U ugl. 0.29 EPA 5242 VOC3062 032409 12:52 WR EE 1.2-Dichloroethane 0.29 U ugl. 0.40 EPA 5242 VOC3062 032409 12:52 WR EE 1.2-Dichloroethane 0.20 U ugl. 0.20 EPA 5242 VOC3062 032409 12:52 WR EE Benzene 0.20 U ugl. 0.24 EPA 5242 VOC3062 032409 12:52 WR EE Carbon tetrachloride 0.24 U ugl. 0.24 EPA 5242 VOC3062 032409 12:52 WR EE Cis-1.2-Dichloroethene 0.21 U ugl. 0.21 EPA 5242 VOC3062 032409 12:52 WR EE Eibybenzene 0.22 U ugl. 0.21 EPA 5242	1,1,2-Trichloroethane	0.44 U	•	0.44	EPA 524.2	VOC3062		03/24/09 12:52	WR	E96080
1.2.4-Trichlorobenzene				0.23	EPA 524.2	VOC3062		03/24/09 12:52	WR	E96080
1,2-Dichlorobenzene 1,2-Dichloropene 0,21 U ug/L 0,29 EPA 524 2 VOC3062 037409 1252 WR ES 1,2-Dichloropene 0,40 U ug/L 0,40 EPA 524 2 VOC3062 037409 1252 WR ES 1,4-Dichloropene 0,23 U ug/L 0,20 EPA 524 2 VOC3062 037409 1252 WR ES 1,4-Dichlorobenzene 0,20 U ug/L 0,20 EPA 524 2 VOC3062 037409 1252 WR ES ERDERINE 0,20 U ug/L 0,20 EPA 524 2 VOC3062 037409 1252 WR ES ERDERINE 0,20 U ug/L 0,21 EPA 524 2 VOC3062 037409 1252 WR ES Carbon Interachioride 0,24 U ug/L 0,21 EPA 524 2 VOC3062 037409 1252 WR ES ERDIPOR CARBON Ug/L 0,21 EPA 524 2 VOC3062 037409 1252 WR ES ERDIPOR CARBON Ug/L 0,21 EPA 524 2 VOC3062 037409 1252 WR ES ERDIPOR CARBON Ug/L 0,21 EPA 524 2 VOC3062 037409 1252 WR ES ERDIPOR CARBON Ug/L 0,21 EPA 524 2 VOC3062 037409 1252 WR ES ERDIPOR CARBON Ug/L 0,21 EPA 524 2 VOC3062 037409 1252 WR ES ERDIPOR CARBON Ug/L 0,21 EPA 524 2 VOC3062 037409 1252 WR ES ERDIPOR CARBON Ug/L 0,21 EPA 524 2 VOC3062 037409 1252 WR ES ERDIPOR CARBON Ug/L 0,21 EPA 524 2 VOC3062 037409 1252 WR ES ERDIPOR CARBON Ug/L 0,21 EPA 524 2 VOC3062 037409 1252 WR ES ERDIPOR CARBON Ug/L 0,21 EPA 524 2 VOC3062 037409 1252 WR ES ERDIPOR CARBON Ug/L 0,21 EPA 524 2 VOC3062 037409 1252 WR ES ERDIPOR CARBON Ug/L 0,24 EPA 524 2 VOC3062 037409 1252 WR ES ERDIPOR CARBON Ug/L 0,25 EPA 524 2 VOC3062 037409 1252 WR ES ERDIPOR CARBON Ug/L 0,35 EPA 524 2 VOC3062 037409 1252 WR ES ERDIPOR CARBON Ug/L 0,36 EPA 524 2 VOC3062 037409 1252 WR ES ERDIPOR CARBON Ug/L 0,36 EPA 524 2 VOC3062 037409 1252 WR ES ERDIPOR CARBON Ug/L 0,36 EPA 524 2 VOC3062 037409 1252 WR ES ERDIPOR CARBON Ug/L 0,36 EPA 524 VOC3062 037409 1252 WR ES ERDIPOR CARBON Ug/L 0,36 EPA 524 VOC3062 037409 037409 037409 1252 WR ES ERDIPOR CARBON Ug/L 0,36 EPA 524 VOC3062 037409 03740	•		_		EPA 524.2	VOC3062		03/24/09 12:52	WR	E96080
1,2.Dichloroethane 0,29 U ug/L 0,20 EPA 524 Z VOG3062 03/24/09 12-52 WR ES 1,2.Dichloropropane 0,40 U ug/L 0,40 EPA 524 Z VOG3062 03/24/09 12-52 WR ES Benzene 0,20 U ug/L 0,20 EPA 524 Z VOG3062 03/24/09 12-52 WR ES Carbon tetrachloride 0,24 U ug/L 0,24 EPA 524 Z VOG3062 03/24/09 12-52 WR ES Chlorobenzene 0,30 U ug/L 0,30 EPA 524 Z VOG3062 03/24/09 12-52 WR ES cis-1,2 Obichloroethene 0,21 U ug/L 0,21 EPA 524 Z VOG3062 03/24/09 12-52 WR ES Elhylbenzene 0,22 ug/L 0,21 EPA 524 Z VOC3062 03/24/09 12-52 WR ES Elhylbenzene 0,22 ug/L 0,21 EPA 524 Z VOC3062 03/24/09 12-52 WR ES Slyrene 0,21 U ug/L 0,24 EPA 524 Z VOC3062 03/24/09 12-52 WR ES Tetrachloroethene 0,24 U ug/L 0,24 EPA 524 Z VOC3062 03/24/09 12-52 WR ES <	1,2-Dichlorobenzene	0.21 U	-	0.21	EPA 524.2	VOC3062		03/24/09 12:52	WR	E96080
1,2-Dichloropropane 0.40 U ug/L 0.40 EPA 524 Z VOC2062 03/24/09 12:52 WR EE 1,4-Dichlorobenzene 0.23 U ug/L 0.23 EPA 524 Z VOC2062 03/24/09 12:52 WR EE Carbon tetrachioride 0.24 U ug/L 0.24 EPA 524 Z VOC2062 03/24/09 12:52 WR EE Chlorobenzene 0.30 U ug/L 0.30 EPA 524 Z VOC2062 03/24/09 12:52 WR EE Eithylbenzene 0.21 U ug/L 0.21 EPA 524 Z VOC2062 03/24/09 12:52 WR EE Eithylbenzene 0.22 U ug/L 0.21 EPA 524 Z VOC2062 03/24/09 12:52 WR EE Eithylbenzene 0.22 U ug/L 0.23 EPA 524 Z VOC2062 03/24/09 12:52 WR ES Interachioroethene 0.21 U ug/L 0.22 EPA 524 Z VOC2062 03/24/09 12:52 WR ES Total Xylenes 0.54 U ug/L 0.2	1,2-Dichloroethane		-	0.29	EPA 524.2	VOC3062		03/24/09 12:52	WR	E96080
1,4-Dichlorobenzene	1,2-Dichloropropane		-		EPA 524.2	VOC3062		03/24/09 12:52	WR	E96080
Benzene			-	0.23	EPA 524.2	VOC3062		03/24/09 12:52	WR	E96080
Carbon tetrachloride 0.24 U ug/L 0.24 EPA 524.2 VOC3062 03/24/09 12:52 WR EE Chlorobenzene 0.30 U ug/L 0.30 EPA 524.2 VOC3062 03/24/09 12:52 WR EE cis-1,2-Dichloroethene 0.21 U ug/L 0.21 EPA 524.2 VOC3062 03/24/09 12:52 WR EE Methylene chloride 0.23 U ug/L 0.23 EPA 524.2 VOC3062 03/24/09 12:52 WR EE Styrene 0.21 U ug/L 0.21 EPA 524.2 VOC3062 03/24/09 12:52 WR EE Styrene 0.24 U ug/L 0.22 EPA 524.2 VOC3062 03/24/09 12:52 WR EE Totlane 0.22 U ug/L 0.22 EPA 524.2 VOC3062 03/24/09 12:52 WR EE Totla Xylenes 0.54 ug/L 0.46 EPA 524.2 VOC3062 03/24/09 12:52 WR EE Totla Xylenes 0.35 U ug/L 0.36	Benzené		_		EPA 524.2	VOC3062		03/24/09 12:52	. WR	E96080
Chlorobenzene	Carbon tetrachioride				EPA 524.2	VOC3062		03/24/09 12:52	WR	E96080
cis-1,2-Dichloroethene 0.21 U ug/L 0.21 EPA 524.2 VOC3062 03/24/09 12:52 WR EE Elhylbenzene 0.22 u ug/L 0.21 EPA 524.2 VOC3062 03/24/09 12:52 WR ES Methylene chloride 0.23 U ug/L 0.21 EPA 524.2 VOC3062 03/24/09 12:52 WR ES Styrene 0.21 U ug/L 0.24 EPA 524.2 VOC3062 03/24/09 12:52 WR ES Tetrachloroethene 0.24 U ug/L 0.24 EPA 524.2 VOC3062 03/24/09 12:52 WR ES Total Xylenes 0.54 U ug/L 0.46 EPA 524.2 VOC3062 03/24/09 12:52 WR ES *ans-1,2-Dichloroethene 0.35 U ug/L 0.35 EPA 524.2 VOC3062 03/24/09 12:52 WR ES Vinyl chloride 0.32 U ug/L 0.36 EPA 524.2 VOC3062 03/24/09 12:52 WR ES Vinyl chloride 0.32 U ug/L 0.36 EPA 524.2 VOC3062 03/24/09 12:52 WR <	Chlorobenzene				EPA 524.2	VOC3062		03/24/09 12:52	. WR	E96080
Ethylbenzene 0.22						VOC3062		03/24/09 12:52	WR	E96080
Methylene chloride 0.23 U ug/L 0.23 EPA 524.2 VOC3062 03/24/09 12:52 WR ES Styrene 0.21 U ug/L 0.21 EPA 524.2 VOC3062 03/24/09 12:52 WR ES Tetrachloroethene 0.24 U ug/L 0.24 EPA 524.2 VOC3062 03/24/09 12:52 WR ES Total Xylenes 0.54 ug/L 0.46 EPA 524.2 VOC3062 03/24/09 12:52 WR ES Total Xylenes 0.54 ug/L 0.46 EPA 524.2 VOC3062 03/24/09 12:52 WR ES Total Xylenes 0.54 ug/L 0.46 EPA 524.2 VOC3062 03/24/09 12:52 WR ES Total Xylenes 0.35 U ug/L 0.35 EPA 524.2 VOC3062 03/24/09 12:52 WR ES Vinyl chloride 0.32 U ug/L 0.36 EPA 524.2 VOC3062 03/24/09 12:52 WR ES Alarzine 0.48 U ug/L 0.61 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG ES ES ES SVOC2746 03/14/09 8:					EPA 524.2	VOC3062		03/24/09 12:52	WR	E96080
Styrene	-		_		EPA 524.2	VOC3062		03/24/09 12:52	. WR	E96080
Tetrachioroethene	•		_		EPA 524.2	VOC3062		03/24/09 12:52	wr.	E96080
Toluene 0.22 U ug/L 0.22 EPA 5242 VOC3062 03/24/09 12:52 WR EST TOTAL Xylenes 0.54 ug/L 0.46 EPA 524.2 VOC3062 03/24/09 12:52 WR EST TOTAL Xylenes 0.55 U ug/L 0.35 EPA 524.2 VOC3062 03/24/09 12:52 WR EST TOTAL Xylenes 0.56 U ug/L 0.36 EPA 524.2 VOC3062 03/24/09 12:52 WR EST TOTAL Xylenes 0.56 U ug/L 0.36 EPA 524.2 VOC3062 03/24/09 12:52 WR EST TOTAL XYlenes 0.56 U ug/L 0.32 EPA 524.2 VOC3062 03/24/09 12:52 WR EST TOTAL XYlenes 0.56 U ug/L 0.51 EPA 524.2 VOC3062 03/24/09 12:52 WR EST TOTAL XYlenes 0.56 U ug/L 0.51 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG EST TOTAL XYlenes 0.56 U ug/L 0.51 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG EST TOTAL XYlenes 0.56 U ug/L 0.58 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG EST TOTAL XYlenes 0.56 U ug/L 0.58 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG EST TOTAL XYlenes 0.56 U ug/L 0.58 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG EST TOTAL XYlenes 0.56 U ug/L 0.58 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG EST TOTAL XYlenes 0.56 U ug/L 0.50 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG EST TOTAL XYlenes 0.56 U ug/L 0.50 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG EST TOTAL XYlenes 0.56 U ug/L 0.59 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG EST TOTAL XYlenes 0.56 U ug/L 0.59 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG EST TOTAL XYlenes 0.56 U ug/L 0.59 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG EST TOTAL XYlenes 0.56 U ug/L 0.59 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG EST TOTAL XYlenes 0.56 U ug/L 0.57 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG EST TOTAL XYlenes 0.56 U ug/L 0.59 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG EST TOTAL XYlenes 0.56 U ug/L 0.59 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG EST TOTAL XYlenes 0.56 U ug/L 0.59 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG EST TOTAL XYlenes 0.56 U ug/L 0.59 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG EST TOTAL XYlenes 0.56 U ug/L 0.59 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG EST TOTAL XYle	•				EPA 524.2	VOC3062		03/24/09 12:52	. wr	E96080
Total Xylenes 0.54 ug/L 0.46 EPA 524.2 VOC3062 03/24/09 12:52 WR ES Yans-1,2-Dichloroethene 0.35 U ug/L 0.35 EPA 524.2 VOC3062 03/24/09 12:52 WR ES Vinyl chloride 0.36 U ug/L 0.32 EPA 524.2 VOC3062 03/24/09 12:52 WR ES Allachlor 0.61 U ug/L 0.32 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG ES Alrazine 0.48 U ug/L 0.48 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG ES Benzo(a)pyrene 0.070 U ug/L 0.070 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG ES bis(2-ethylhexyl)phthalate 0.84 U ug/L 0.84 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG ES Di(2-ethylhexyl)adipate 0.68 U ug/L 0.84 EPA 525.2 SVOC2746 03/14/09 8:00			-		EPA 524.2	VQC3062		03/24/09 12:52	WR	E96080
Yans-1,2-Dichloroethene 0.35 U ug/L 0.35 EPA 524.2 VOC3062 03/24/09 12:52 WR EE /richloroethene 0.36 U ug/L 0.36 EPA 524.2 VOC3062 03/24/09 12:52 WR ES Vinyl chloride 0.32 U ug/L 0.32 EPA 524.2 VOC3062 03/24/09 12:52 WR ES Alachlor 0.61 U ug/L 0.61 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG ES Alrazine 0.48 U ug/L 0.48 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG ES Benzo(a)pyrene 0.070 U ug/L 0.070 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG ES bis(2-ethylhexyl)phthalate 0.68 U ug/L 0.84 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG ES Di(2-ethylhexyl)pathalate 0.68 U ug/L 0.30 EPA 525.2 SVOC2746 03/14/09 8:00			-		EPA 524.2	VOC3062		03/24/09 12:52	WR	E96080
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Vinyl chloride 0.32 U ug/L 0.32 EPA 524.2 VOC3062 03/24/09 12:52 WR EE Alachlor 0.61 U ug/L 0.61 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG EE Alrazine 0.48 U ug/L 0.48 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG ES Benzo(a)pyrene 0.070 U ug/L 0.070 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG ES bis(2-ethylhexyl)phthalate 0.68 U ug/L 0.68 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG ES Di(2-ethylhexyl)phthalate 0.68 U ug/L 0.68 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG ES Di(2-ethylhexyl)phthalate 0.68 U ug/L 0.30 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG ES Di(2-ethylhexyl)phthalate 0.68 U ug/L 0.30			-		EPA 524.2	VOC3062		03/24/09 12:52	2 WR	E96080
Alachlor			-		EPA 524.2			03/24/09 12:52	. WR	E96080
Alrazine 0.48 U ug/L 0.48 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG E8 Enzo(a)pyrene 0.070 U ug/L 0.070 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG E8 Enzo(a)pyrene 0.84 U ug/L 0.84 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG E8 ENZO(a)pyrene 0.68 U ug/L 0.68 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG E8 ENZO(a)pyrene 0.68 U ug/L 0.30 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG E8 ENZO(a)pyrene 0.30 U ug/L 0.30 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG E8 ENZO(a)pyrene 0.24 U ug/L 0.24 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG E8 ENZO(a)pyrene 0.63 U ug/L 0.63 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG E8 ENZO(a)pyrene 0.63 U ug/L 0.63 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG E8 ENZO(a)pyrene 0.63 U ug/L 0.41 EPA 531.1 HPLC2570 03/14/09 8:00 03/17/09 17:45 CG E8 ENZO(a)pyrene 0.63 U ug/L 0.13 EPA 531.1 HPLC2570 03/14/09 8:00 03/17/09 17:45 CG E8 ENZO(a)pyrene 0.63 U ug/L 0.13 EPA 531.1 HPLC2570 03/14/09 8:00 03/12/09 20:24 JJM E8 ENZO(a)pyrene 0.63 U ug/L 13 EPA 547 HPLC2571 03/14/09 8:00 03/12/09 20:24 JJM E8 ENZO(a)pyrene 0.63 U ug/L 2.8 EPA 548.1 SVOC2745 03/14/09 8:00 03/15/09 23:13 CG E8 ENZO(a)pyrene 0.64 Hz 0.64 Hz 0.65 EPA 549.2 HPLC2573 03/14/09 8:00 03/15/09 23:13 CG E8 ENZO(a)pyrene 0.65 EPA 549.2 HPLC2573 03/14/09 8:00 03/15/09 23:13 CG E8 ENZO(a)pyrene 0.65 EPA 549.2 HPLC2573 03/14/09 8:00 03/15/09 13:05 EPA 549.2 HPLC2573 03/14/09 8:00 03/15/09 23:13 CG E8 ENZO(a)pyrene 0.65 EPA 549.2 HPLC2573 03/14/09 8:00 03/15/09 23:13 CG E8 ENZO(a)pyrene 0.65 EPA 549.2 HPLC2573 03/14/09 8:00 03/15/09 23:13 CG E8 ENZO(a)pyrene 0.65 EPA 549.2 HPLC2573 03/14/09 8:00 03/15/09 23:13 CG E8 ENZO(a)pyrene 0.65 EPA 549.2 HPLC2573 03/14/09 8:00 03/15/09 23:13 CG E8 ENZO(a)pyrene 0.65 EPA 549.2 HPLC2573 03/14/09 8:00 03/15/09 23:13 CG E8 ENZO(a)pyrene 0.65 EPA 549.2 HPLC2573 03/14/09 8:00 03/15/09 13:15 EPA	•				EPA 525.2	SVOC2746	03/14/09 8:00	03/17/09 17:45	i CG	E96080
Benzo(a)pyrene 0.070 U ug/L 0.070 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG ES bis(2-ethylhexyl)phthalate 0.84 U ug/L 0.84 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG ES Di(2-ethylhexyl)pdipate 0.68 U ug/L 0.68 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG ES Hexachlorobenzene 0.30 U ug/L 0.30 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG ES Simazine 0.63 U ug/L 0.63 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG ES Carbofuran 0.41 U ug/L 0.63 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG ES Carbofuran 0.41 U ug/L 0.41 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG ES Oxamyl 0.13 U ug/L 0.41					EPA 525.2	SVOC2746	03/14/09 8:00	03/17/09 17:45	i CG	E96080
bis(2-ethylhexyl)phthalate 0.84 U ug/L 0.84 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG EE Di(2-ethylhexyl)adipate 0.68 U ug/L 0.68 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG ES Hexachlorobenzene 0.30 U ug/L 0.30 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG ES Hexachlorocyclopentadiene 0.24 U ug/L 0.24 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG ES Simazine 0.63 U ug/L 0.63 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG ES Carbofuran 0.41 U ug/L 0.63 EPA 525.2 SVOC2746 03/14/09 8:00 03/17/09 17:45 CG ES Carbofuran 0.41 U ug/L 0.41 EPA 531.1 HPLC2570 03/12/09 20:24 JJM ES Glyphosate 13 U ug/L 13 EPA 548.1					EPA 525.2		03/14/09 8:00	03/17/09 17:45	CG	E96080
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Total Dissolved Solids 490 mg/L 16 SM2540 C WCGE30733 03/12/09 12:25 SP E				1.8						E96080
										E96080
	Cyanide	0.0047 U	mg/L	0.0047	SM4500CN E		03/16/09 11.00			E96080
,	Surfactants as LAS,									E96080

_5600 US 1 North *ort Pierce, FL 34946 FDOH # E96080

Printed: 3/31/09

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



Page 4 of 6

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

CERTIFICATE OF ANALYSIS [2134206]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Palm Port Triannual Pri/Sec

Parameter	Qualifier Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2134206002 VOC TRIP BLANK			Sampled: Matrix: Water	Results	Received.			
1,1,1-Trichloroeth	ane 0.21 U	ug/L	0.21	EPA 524.2	VOC3062		03/24/09 17:16	WR	E96080
1,1,2-Trichloroeth	ane 0.44 U	ug/L	0.44	EPA 524.2	VOC3062		03/24/09 17:16	WR	E96080
1,1-Dichloroethen	e 0.23 U	ug/L	0.23	EPA 524.2	VOC3062		03/24/09 17:16	WR	E96080
1,2,4-Trichlorober	nzene 0.41 U	ug/L	0.41	EPA 524.2	VOC3062		03/24/09 17:16	WR	E96080
1,2-Dichlorobenze	ene 0.21 U	ug/L	0.21	EPA 524.2	VOC3062		03/24/09 17:16	WR	E96080
1,2-Dichloroethan	e 0.29 U	ug/L	0.29	EPA 524.2	VOC3062		03/24/09 17:16	WR	E96080
1,2-Dichloropropa	ine 0.40 U	ug/L	0.40	EPA 524.2	VOC3062		03/24/09 17:16	WR	E96080
1,4-Dichlorobenze	ene 0.23 U	ug/L	0.23	EPA 524.2	VOC3062		03/24/09 17:16	WR	E96080
Benzene	0.20 U	ug/L	0.20	EPA 524.2	VOC3062		03/24/09 17:16	WR	E96080
Carbon tetrachlori	ide 0.24 U	ug/L	0.24	EPA 524.2	VOC3062		03/24/09 17:16	WR	E96080
Chlorobenzene	0.30 U	ug/L	0.30	EPA 524.2	VOC3062		03/24/09 17:16	WR	E96080
cis-1,2-Dichloroet	hene 0.21 U	ug/L	0.21	EPA 524.2	VOC3062		03/24/09 17:16	WR	E96080
Ethylbenzene	0.21 U	ug/L	0.21	EPA 524.2	VOC3062		03/24/09 17:16	WR	E96080
Methylene chlorid	e 0.23 U	ug/L	0.23	EPA 524.2	VOC3062		03/24/09 17:16	WR	E96080
Styrene	0.21 U	ug/L	0.21	EPA 524.2	VOC3062		03/24/09 17:16	WR	E96080
Tetrachloroethene	0.24 U	ug/L	0.24	EPA 524.2	VOC3062		03/24/09 17:16	WR	E96080
Toluene	0.22 U	ug/L	0.22	EPA 524.2	VOC3062		03/24/09 17:16	WR	E96080
atal Xylenes	0.46 U	ug/L	0.46	EPA 524.2	VOC3062		03/24/09 17:16	WR	E96080
aans-1,2-Dichloro	ethene 0.35 U	ug/L	0.35	EPA 524.2	VOC3062		03/24/09 17:16	WR	E96080
Trichloroethene	0.36 U	ug/L	0.36	EPA 524.2	VOC3062		03/24/09 17:16	WR	E96080
Vinyl chloride	0.32 U	ug/L	0.32	EPA 524.2	VOC3062		03/24/09 17:16	WR	E96080

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

Q Sample held beyond the accepted holding time.

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

Printed: 3/31/09

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





Company: AQUA UTILITIES FLORIDA, INC.

Chain-of-C dy
and
Agreement to Perform Services

Method(s)	of courier
Shipment:	

PRESS HARD
COMPLETELY FILL OUT
ALL NON GREYED AREAS
PRINT LEGIBLY

Laboratory not responsible for ted in FDOH # E96080

ted information

____FDOH # E96080 5600 U.S. 1 North Fort Pierce, FL 34946



__X__FDOH # E83509 4155 St.Johns Pkwy,#1300

Address:		P.O. BOX	(490	310						V	IIGIA			Sanfor	d, FL 3	32771	
Phone:	(352) 435					34749 2) 787-6333	e-mail: <u>JDHaring@aquaamerica.</u> Standard Laborato X Turn Around Time	Com Ch	90C erature ecked N		For Lab U Custody Se Intact Y PRESER	als I	1	pH Checker	d N	LAB# <i>2)9</i>	1420b
Client Co	ntact:	David H	arin	g							12.22	VAIIV				Preservati	on Key
Project N	lame: Pal	mPort	6		:Tria	nnual 1° & 2°	Or	N N	SH		U NALYSES R	U	H STED	N		H=Hydrochloric Acid N=Nitric Acid	P=Phosphoric Acid ST=Sodium
	By: Ra	h r	,	iof	-		Rush in Business Day Requires Laboratory Approva		В		С	D	F	Q,		S=Sulfuric Acid SH=Sodium Hydroxide	Thiosulfate U=Unpreserved
LABID	COLLE		Sample Type*	MATRIX**	# Containers		LE DESCRIPTION (ill Appear On Report	10 & 20 METALS	1 5	DOINING	NO3, NO2, CL SO4, F, pH. Color, TDS, MBAS	ODOR	REG VOC'S	GROSS ALPHA, RAD 226/228		СОММ	ENTS
001	3-10-0	5 PM	G	DW	10	P.O.E.		1	1		1	1	3	3			
002					3	VOC TRIP BLA	ANKS						3				
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ally seeks or takes	Sample Typ	e: G=Grab	C=C	ompos	te		** Matrix: S=Solid SL=Sludge	DW=Drinkine	Wate	r G\	W=Ground W	ater SV	V=Surf	ace Wa	iter W	 W=Wastewater M=Ma	arine
Report Page	RELINQUISH DATE/TIME	1ED BY KO	lah,	Mas	ec Ar	[RELINQUISHED BY DEWER 1				RELINQI DATE/TI	UISHED MEクッ	BY// 109	123	2- 25	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ectoFolge
Page	RECEIVED E	3-11-i	4	Here.	00.		DATE/TIME 3-11-GF	112			RECEIVI DATE/TI				DY BY	Morriel 1/2 12 10	7 1030
	A			147	~ ~ /									- Arramental	CHAI	N PAGE 1	of 2

Method(s) of courier

USE BALL POINT PEN

ted information

FDOH # E96080

5600 U.S. 1 North Fort Pierce, FL 34946

CO IN ACCORD

__X__FDOH # E83509

CHAIN PAGE _2_ of _2_

Compan	ddress: P.O. BOX 490310						Shipment:	-		Softed		A1CE				# E83509 s Pkwy,#1300	ĸ
Address		P.O. BO	X 49	0310				-		Ÿ			Sec. 2 11.2	Sanfor	d, FL 3	32771	
	LEESBU	RG, FL			_Zip:	34749	e-mail: JDHaring@aquaamerica.com	Temp	GVC erature ecked		or Lab stody Si Intact			pH Checke		LAB# 219	Yoda
Phone:	(352) 43	5-4020	-	Fax:	(352	2) 787-6333	Standard Laboratory X Turn Around Time		N		Υ		· · · · ·	/ / ·			1200
Client Co	ntact:	David H	larin	g					Ī		RESER				Γ	Preservati	ion Kev
Project N	lame: Pa	Im Par	1		:Triar	nnual 1° & 2°	Or	ST	ST	ANAL	MCAAB YSES F			S	ST	H=Hydrochloric Acid N=Nitric Acid	P=Phosphoric Acid ST=Sodium
Sampled	Ву:	Kalph	n	lan	ciò		Rush in Business Days Requires Laboratory Approval	G Da	Н	J	X TES)	ATE)	ALL) N	N F	Р	S=Sulfuric Acid SH=Sodium Hydroxide	Thiosulfate U=Unpreserved
LAB ID	COLLE DATE	TIME	Sample Type*	MATRIX**	# Containers		LE DESCRIPTION Ill Appear On Report	504(EDB/DBPC	515.1	525.2	531 1(CARBAMATES)	547(GLYPHOSATE)	548(ENDOTHALL)	549(DIQUAT)	505	СОММ	ENTS
001	3-10-09	3 AM	G	DW	14	P.O.E.		3	1	1	1	1	3	1	3	•	
							The state of the s										
																The second secon	
	Sample Typ	e: G=Grab	C=Cc	omposit	te .		** Matrix S-Solid SI-Sludge DAV										
	RELINQUISH		7	Nos			** Matrix: S=Solid SL=Sludge DW: RELINQUISHED BY Wave No	THE RESIDENCE OF THE PERSON OF	vvater (Married Street, or other Designation of the London Street, Texas, Street, Stre	RELINQU		-	ce Wat	er WW	=Wastewater M=Ma	rine
of Too	DATE/TIME		9	10 00	AM	, DA	DATE/TIME 3-41-09 1/1	00 An			DATE/TIM	NE 31	1-08	12.	25	1441	19 Xell
RECEIVED BY FALL MOMENT RECEIVED BY 3-11-04 10 Gard Parsig R DATE/TIME 3-11-04 1000 Am D.								æ			RECEIVE DATE/TIN	DFOR	HBEL C	USTOD	Y BY	100/ B (11)	7/1/24

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

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

System Name: PALM PC	PWS I.D. #:	2540865
System Type (check one) Communit		
Address: EAST RIVER		
City: EAST PALATKA	State: FL	ZIP Code:
Phone #: 386 - 937 - 1143	Fax #: 386 3	
E-Mail Address:		
SAMPLE INFORMATION (to be completed by	sampler)	
Sample Number:	Location Code (if known):	
Sample Date: 03/10/09	Sample Time:	5:30 PM
Sample Location (be specific): P.O.E. Gra	ab	
Disinfectant Residual (Required when reporting		mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (C	Check all that apply)
Distribution	Routine Compliance (with 62-550)	Quarterly (Which Qtr?
Entry Point (to Distribution)	Confirmation of MCL Exceedence*	Special (not for compliance with 62-550
Plant Tap not for compliance with 62-550)	Composite of Multiple Sites**	Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample
Max Residence Time	Other:	
Ave Residence Time	Sampling Procedure Used or Other Co.	mments:
Near First Customer *See 62-550.500(6) for requirements a Note: See 62-550.512(3) for addition for Nitrate or Nitrite MCL exceed	al requirements attach a res	550(4) for requirements and sults page for each site.
Sampler's Name: RALP 1)	MARRIOTT	
Sampler's Phone #: 386 - 937 -	0187 Sampler's Fax #: 3	386-329-4977
Sampler's E-Mail Address:		
CERTIFICATION (to be completed by sampler)		
1, RALPH MARRIO	of ARILITY	OPERTUR.
Print Name	,	Print Title
do HEREBY CERTIFY that the above publ	ic water system and sample collection inf	formation is
completed and correct.	L-3	
Signature: Lakh Manual	Date: 4 -	14-09
Panartina Format 62 65	in 730 Effective January 1005 Povised January 2004	

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly) ATTACH A CURRENT DOH ANALYTE SHEET

VIII INOUIN CO	TATELLA DOLLAR	LITE OFFEET				
Lab Name:	HBEL, Inc.			Florida Cert	tification #:	E96080
Address:	5600 US 1	North		Certification Expira	ation Date:	06/30/2009
	Fort Pierce	, FL 34946		Phone #:	(772) 465-	8584
ANALYSIS I	NFORMATION	(to be completed by lab)	Date S	Sample(s) Received	l::	3/11/09
PWS ID (Fro	om Page 1):		Sampl	e Number (From Pa	age 1):	
Lab Assigne	d Report Numb	per or Job ID:	2	134206001		
Group(s) An	alyzed and Res	sults attached for compl	iance with C	hapter 62-550, F.A	.C. (Check al	I that apply):
	ganics	Synthetic Organics		Volatile Organics	78	sinfection Byproducts
- married distance	JI 17	All 30		✓ All 21		Trihalomethanes
	artial	∠ All Except Dioxin		Partial		Haloacetic Acids
1	litrate	Partial				Bromate
	litrite	Dioxin Only		Radionuclides		Chlorite
Α	sbestos Only	. If the state of		✓ Single Samp	ole	0
				Qtrly Compo	osite**	Secondaries
Were any ar	nalyses subcon	tracted? X Yes	No			XAII 14
If ves. please	e provide DOH	certification numbers:		E84129		Partial
	The state of the s	FOR EACH SUBCONTRAC	CTED LAB			
		CE	ERTIFICATION	NC		
1,	Eric Chares			Lab	oratory Mana	ger
	(Print Name)				(Print Title)	
		all attached analytical operatory Accreditation C			ed meet all re	equirements of the
	Alfoninemai Lai	Joratory Accreditation C	omerence (i	***		
Signature	4	Me Marey		Date:	31-Mar-09	All and the second seco
* Failure to pro in rejection of the	vide a valid and co he report, possible	urrent Florida DOH lab certifi e enforcement against the pu	ication number iblic water syst	and a current Analyte em for failure to sample	Sheet for the at e. and may result	tached analysis results will result
Bureau of Labo	oratory Services.				-, -,, -,,, -,, -, -, -, -, -, -, -, -,	
		mple dates locations for each		1		
	ection Info Sati		No No	Sample Analys	sis Info Satisfa	actory: Yes No
		Requested (circle or highli				ed (circle or highlight group(s) above
		equired (circle or highlight gro	3 20 50 A	(Ne)	portricquest	od (circle or nightight group(s) above
Reason(s):	MCL(s) E			etection(s)		Incomplete Report
	And the second s	Analyte Sheet(s)		ocation Unsatisfacto	ory	Analysis Unsatisfactory
Person Notif	fied:			Date	Notified:	
Comments:						
Date Review	ved:		DEP/DOH Re	eviewing Official:		
		Reporting Format 62-5	50.730 Effective	e January 1995, Revised Ja	nuary 2004	

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

VOLATILE ORGANICS 62 - 550.310 (4) (a)

Client:

Aqua Utilities Florida, Inc.

Workorder:

Palm Port Triannual Pri/Sec

Sample Location:

P.O.E. Grab

Sample Number:

2134206001

Sampling Date:

3/10/09 17:30

PWS ID (From Page 1):

Date Received:

3/11/09 12:25

Contan	n			Analysis		Analytical	Lab		Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qual.	Method	MDL	RDL	Date/Time	Cert #
2378	1,2,4-Trichlorobenzene	[70]	ug/L	0.41	U	EPA 524.2	0.41	0.5	3/24/09 12:52	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.5	3/24/09 12:52	E96080
2955	Total Xylenes	[10000]	ug/L	0.54	1	EPA 524.2	0.46	0.5	3/24/09 12:52	E96080
2964	Dichloromethane	[5]	ug/L	0.23	U	EPA 524.2	0.23	0.5	3/24/09 12:52	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	0.21	U	EPA 524.2	0.21	0.5	3/24/09 12:52	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	0.23	U	EPA 524.2	0.23	0.5	3/24/09 12:52	E96080
ገባ76	Vinyl chloride	[1]	ug/L	0.32	U	EPA 524.2	0.32	0.5	3/24/09 12:52	E96080
~77	1,1-Dichloroethene	[7]	ug/L	0.23	U	EPA 524.2	0.23	0.5	3/24/09 12:52	E96080
219	trans-1,2-Dichloroethene	[100]	ug/L	0.35	U	EPA 524.2	0.35	0.5	3/24/09 12:52	E96080
2980	1,2-Dichloroethane	[3]	ug/L	0.29	U	EPA 524.2	0.29	0.5	3/24/09 12:52	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	0.21	U	EPA 524.2	0.21	0.5	3/24/09 12:52	E96080
2982	Carbon tetrachloride	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.5	3/24/09 12:52	E96080
2983	1,2-Dichloropropane	[5]	ug/L	0.40	U	EPA 524.2	0.40	0.5	3/24/09 12:52	E96080
2984	Trichloroethene	[3]	ug/L	0.36	U	EPA 524.2	0.36	0.5	3/24/09 12:52	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	0.44	U	EPA 524.2	0.44	0.5	3/24/09 12:52	E96080
2987	Tetrachloroethene	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.5	3/24/09 12:52	E96080
2989	Chlorobenzene	[100]	ug/L	0.30	U	EPA 524.2	0.30	0.5	3/24/09 12:52	E96080
2990	Benzene	[1]	ug/L	0.20	U	EPA 524.2	0.20	0.5	3/24/09 12:52	E96080
2991	Toluene	[1000]	ug/L	0.22	U	EPA 524.2	0.22	0.5	3/24/09 12:52	E96080
2992	Ethylbenzene	[700]	ug/L	0.22	1	EPA 524.2	0.21	0.5	3/24/09 12:52	E96080
2996	Styrene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.5	3/24/09 12:52	E96080

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

5600 US 1 North Pierce, FL 34946 JH # E96080

Printed: 3/31/09

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



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

5600 U.S. I North, Fort Pierce, FL 34946 P≻ne: (772) 465-8584 Fax: (772) 467-1584

INORGANIC CONTAMINANTS 62 - 550.310 (1)

Client:

Aqua Utilities Florida, Inc.

Workorder:

Palm Port Triannual Pri/Sec

Sample Location:

P.O.E. Grab

Sample Number:

2134206001

Sampling Date:

3/10/09 17:30

Date Received:

3/11/09 12:25

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert#
1040	Nitrate as N	[10]	mg/L	0.049		EPA 300.0	0.0030	3/12/09 13:03	E96080
1041	Nitrite as N	[1]	mg/L	0.0022	U	EPA 300.0	0.0022	3/12/09 13:03	E96080
1005	Arsenic	[0.01]	mg/L	0.0010	U	EPA 200.9	0.0010	3/18/09 16:19	E84129
1010	Barium	[2]	mg/L	0.016		EPA 200.7	0.0018	3/19/09 16:08	E96080
1015	Cadmium	[0.005]	mg/L	0.00070	U	EPA 200.7	0.00070	3/19/09 16:08	E96080
_;20	Chromium	[0.1]	mg/L	0.0018	U	EPA 200.7	0.0018	3/19/09 16:08	E96080
<u></u>	Cyanide	[0.2]	mg/L	0.0047	U	SM4500CN E	0.0047	3/17/09 10:46	E96080
1025	Fluoride	[4]	mg/L	0.21		EPA 300.0	0.011	3/12/09 13:03	E96080
1030	Lead	[0.015]	mg/L	0.00061	U	EPA 200.9	0.00061	3/13/09 11:53	E96080
1035	Mercury	[0.002]	mg/L	0.000060	U	EPA 245.1	0.000060	3/16/09 18:30	E96080
1036	Nickel	[0.1]	mg/L	0.0020	U	EPA 200.7	0.0020	3/19/09 16:08	E96080
1045	Selenium	[0.05]	mg/L	0.0022	U	EPA 200.9	0.0022	3/26/09 17:25	E96080
1052	Sodium	[160]	mg/L	75		EPA 200.7	0.50	3/19/09 16:08	E96080
1074	Antimony	[0.006]	mg/L	0.0015	1	EPA 200.9	0.00082	3/18/09 21:22	E96080
1075	Beryllium	[0.004]	mg/L	0.00010	U	EPA 200.7	0.00010	3/19/09 16:08	E96080
1085	Thallium	[0.002]	ma/L	0.0010	U	EPA 200.9	0.0010	3/27/09 11:48	E96080

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

Printed: 3/31/09

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



^{*} Pesults 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 ceptable 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 ...aid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring peri

70 U.S. I North, Fort Pierce, FL 34946 e: (772) 465-8584 Fax: (772) 467-1584

SECONDARY CONTAMINANTS 62 - 550.320

Client:

Aqua Utilities Florida, Inc.

Workorder:

Palm Port Triannual Pri/Sec

Sample Location:

P.O.E. Grab

Sample Number:

2134206001

Sampling Date:

3/10/09 17:30

Date Received:

3/11/09 12:25

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1002	Aluminum	[0.2]	mg/L	0.0030	U	EPA 200.7	0.0030	3/19/09 16:08	E96080
1017	Chloride	[250]	mg/L	150		EPA 300.0	5.0	3/16/09 13:35	E96080
1022	Copper	[1]	mg/L	0.0036	ı	EPA 200.7	0.0014	3/19/09 16:08	E96080
1025	Fluoride	[2]	mg/L	0.21		EPA 300.0	0.011	3/12/093/12/09	E96080
1728	Iron	[0.3]	mg/L	0.026	ł	EPA 200.7	0.025	3/19/09 16:08	E96080
~32	Manganese	[0.05]	mg/L	0.0037	U	EPA 200.7	0.0037	3/19/09 16:08	E96080
<i>3</i> 0	Silver	[0.1]	mg/L	0.0010	U	EPA 200.7	0.0010	3/19/09 16:08	E96080
1055	Sulfate	[250]	mg/L	65		EPA 300.0	1.4	3/16/09 13:35	E96080
1095	Zinc	[5]	mg/L	0.010	U	EPA 200.7	0.010	3/19/09 16:08	E96080
1905	Color	[15]	CU	1.8	U	SM2120 B	1.8	3/12/09 13:15	E96080
1920	Odor - Dechlorinated	[3]	T.O.N.	1.0	ı	EPA 140.1	1.0	3/11/09 13:41	E83509
1925	pН	[6.5-8.5]	SU	7.67	Q	EPA 150.1	0.200	3/12/09 18:38	E96080
1930	Total Dissolved Solids	[500]	mg/L	490		SM2540 C	16	3/12/09 12:25	E96080
2905	Foaming Agents	[0.5]	mg/L	0.022	U	SM5540 C	0.022	3/13/09 14:17	E96080

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

F 1 US 1 North Pierce, FL 34946 FDOH # E96080 Printed: 3/31/09 4155 St. Johns Pkwy Suite 1300 Sanford, FL 32771 FDOH # E83509



^{*} 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 ceptable 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 id a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring peri

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

SYNTHETIC ORGANICS 62 - 550.310 (4) (b)

Client:

Aqua Utilities Florida, Inc.

Workorder:

Palm Port Triannual Pri/Sec

Sample Location:

P.O.E. Grab

Sample Number:

2134206001

Sampling Date:

3/10/09 17:30

PWS ID (From Page 1):

Date Received:

3/11/09 12:25

Contan ID	n Contam Name	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date/Time	DOH Lab Cert#
2005	Endrin	[2]	ug/L	0.10	U	EPA 505	0.10	0.01	3/17/09	3/18/09 1:38	E96080
2010	gamma-BHC (Lindane)	[0.2]	ug/L	0.020	U	EPA 505	0.020	0.02	3/17/09	3/18/09 1:38	E96080
2015	Methoxychlor	[40]	ug/L	0.044	U	EPA 505	0.044	0.1	3/17/09	3/18/09 1:38	E96080
2020	Toxaphene	[3]	ug/L	0.60	U	EPA 505	0.60	1	3/17/09	3/18/09 1:38	E96080
2031	Dalapon	[200]	ug/L	2.3	U	EPA 515.1	2.3	1	3/15/09	3/17/09 1:58	E96080
2032	Diquat	[20]	ug/L	1.9	U	EPA 549.2	1.9	0.4	3/17/09	3/24/09 14:43	E96080
2033	Endothall	[100]	ug/L	2.8	U	EPA 548.1	2.8	9	3/14/09	3/15/09 23:13	E96080
2034	Glyphosate	[700]	ug/L	13	U	EPA 547	13	6		3/16/09 13:52	E96080
2035	Di(2-ethylhexyl)adipate	[400]	ug/L	0.68	U	EPA 525.2	0.68	0.6	3/14/09	3/17/09 17:45	E96080
2036	Oxamyl	[200]	ug/L	0.13	U	EPA 531.1	0.13	2		3/12/09 20:24	E96080
2037	Simazine	[4]	ug/L	0.63	U	EPA 525.2	0.63	0.07	3/14/09	3/17/09 17:45	E96080
39	bis(2-ethylhexyl)phthalate	[6]	ug/L	0.84	U	EPA 525.2	0.84	0.6	3/14/09	3/17/09 17:45	E96080
/10	Picloram	[500]	ug/L	0.23	U	EPA 515.1	0.23	0.1	3/15/09	3/17/09 1:58	E96080
£_ +1	Dinoseb	[7]	ug/L	0.23	U	EPA 515.1	0.23	0.2	3/15/09	3/17/09 1:58	E96080
2042	Hexachlorocyclopentadiene	[50]	ug/L	0.24	U	EPA 525.2	0.24	0.1	3/14/09	3/17/09 17:45	E96080
2046	Carbofuran	[40]	ug/L	0.41	U	EPA 531.1	0.41	0.9		3/12/09 20:24	E96080
2050	Atrazine	[3]	ug/L	0.48	U	EPA 525.2	0.48	0.1	3/14/09	3/17/09 17:45	E96080
2051	Alachlor	[2]	ug/L	0.61	U	EPA 525.2	0.61	0.2	3/14/09	3/17/09 17:45	E96080
2065	Heptachlor	[0.4]	ug/L	0.036	U	EPA 505	0.036	0.04	3/17/09	3/18/09 1:38	E96080
2067	Heptachlor epoxide	[.2]	ug/L ug/L	0.038	U	EPA 505	0.030	0.04	3/17/09	3/18/09 1:38	E96080
2105	2,4-D	[70]	ug/L	0.22	U	EPA 515.1	0.027	0.02	3/17/09	3/17/09 1:58	E96080
2110	2,4,5-TP	[50]	ug/L	0.19	Ü	EPA 515.1	0.19	0.1	3/15/09	3/17/09 1:58	E96080
2274	Hexachlorobenzene	[1]	ug/L	0.30	U	EPA 525.2	0.30	0.1	3/14/09	3/17/09 17:45	E96080
2306	Benzo(a)pyrene	[.2]	ug/L	0.070	U	EPA 525.2	0.070	0.02	3/14/09	3/17/09 17:45	E96080
2326	Pentachlorophenol	[1]	ug/L	0.39	U	EPA 515.1	0.39	0.04	3/15/09	3/17/09 1:58	E96080
2383	PCB	[.5]	ug/L	0.14	U	EPA 505	0.14	0.1	3/17/09	3/18/09 1:38	E96080
2931	1.2-Dibromo-3-chloropropane		ug/L	0.0036	U	EPA 504.1	0.0036	0.02	3/18/09	3/19/09 2:12	E96080
2946	1,2-Dibromoethane	[.02]	ug/L	0.0047	Ū	EPA 504.1	0.0047	0.01	3/18/09	3/19/09 2:12	E96080
2959	Chlordane	[2]	ug/L	0.13	Ū	EPA 505	0.13	0.2	3/17/09	3/18/09 1:38	E96080
			-								

Reporting Format 62-550.730 Effective January 1995, Revised January 2007 NOTE: Results indicating non-detection with a reported lab MDL >50% of the MCL will not be accepted for compliance with 62-550.310(4)(b).

sults 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 acceptable 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.

O US 1 North Pierce, FL 34946 FDOH # E96080

Printed: 3/31/09

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



SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 B13-855-1844 fax 813-855-2218



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

March 31, 2009 Project No: 90397

Laboratory Report

FDEP Report form attached for the following samples:

Client Project Description:

2134206

Sample Number

90397.01

Sample Description

2134206 001Q

Date & Time Collected 03/10/09 17:30

Date & Time Received 03/13/09

08:45

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

FDOH Laboratory No. E84129 **NELAP Accredited**

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

Page 1 of 3

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLOSMAR, FL 34677 B13-855-1844 fex 813-855-2218

nelac

Harbor Branch Environmental Laboratory

2134206

Sample ID: 2134206 001Q

March 31, 2009

Sample No.: 90397.01

PWS ID:

ID:

Radionuclides 62-550.310(6)

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Contaminant	Contaminant			Analysis		Analytical		RDL	Analysis		Analysis	Certification
ID	Name	MCL	Units	Result	Qualifier	Method	Lab MDL	••	Error	Analysis Date	Time	#
4002	Gross Alpha (Incl. Uranium)	***	pCi/L	2.0	U1	EPA 900.0	2.0	3	1.7	03/27/09	16:56	E84129
4020	Radium-226	5*	pCi/L	0.4		EPA 903.1	0.06	1	0.2	03/23/09	14:00	E84129
4030	Radium-228	5*	pCi/L	0.3		EPA RA-05	0.3	1	0.2	03/26/09	16:25	E84129

^{*} Combined Limit

Page 2 of 3

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

If the results exceed 15 pCi/L, measurements for radium-226 and uranium are required.

^{*} Qualifiers:

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

Harbor Branch Environmental Laboratory

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

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

HARBOR B				TAL L	ABORAT	TORY						ALYSIS		*		COLLECTIO	ON REMARKS
PROJECT NAME		7720	10									PRESER	VATIVE	: 			
SAMPLE TYPE: (Composite = C	, Grab = G,			ntive: HCl =				•	Whi >	126 X	388 X	9				
MATRIX: Drinkin , Waste = W, (ng Water = DV Oil =O MATRIX	COLLEG	CTION			, Wastew			-	Gross A	BAD.	BAD				SAMPLE CO	OMMENTS
01	DW	9/10/09	тіме 1730	G	213	42	0600	118	Bottles 3	9 \	V				3-	ILP, I	tNUZ
					West Control of the C	***************************************											

70

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly) PARM PORT PWS I.D. #: 254086 System Name: System Type (check one) Community Nontransient Noncommunity Transient Noncommunity RIVER ROAD Address: SAST PALATRA City: State: ZIP Code: 386. 349. 9977 386-937-1143 Phone #: Fax #: E-Mail Address: SAMPLE INFORMATION (to be completed by sampler) Location Code (if known): Sample Number: Sample Date: Sample Time: Sample Location (be specific): VOC TRIP BLANK Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L Field pH: Sample Type (Check Only One) Reason(s) for Sample (Check all that apply) Routine Compliance (with 62-550) Distribution Quarterly (Which Qtr? Confirmation of MCL Exceedence* Entry Point (to Distribution) Special (not for compliance with 62-550) Plant Tap not for compliance with 62-550) Composite of Multiple Sites** Violation Resolution Clearance (permitting) Replacement (of Invalidated Sample) Raw (at well or intake) Max Residence Time Other: Ave Residence Time Sampling Procedure Used or Other Comments: Near First Customer *See 62-550.500(6) for requirements and restrictions. ** See 62-550.550(4) for requirements and Note: See 62-550.512(3) for additional requirements attach a results page for each site. for Nitrate or Nitrite MCL exceedences. ROLPH MARRIOTT Sampler's Name: Sampler's Fax #: 386-329-9917 Sampler's Phone #: 386 937 - 0187 Sampler's E-Mail Address: CERTIFICATION (to be completed by sampler) FARILITY PREATUR RALPH MARRIOTT. do HEREBY CERTIFY that the above public water system and sample collection information is

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

completed and correct.

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

LABORATORY CERTIFICATION INFORMATION (to be	pe completed by lab - Please type or print le	egibly)
ATTACH A CURRENT DOH ANALYTE SHEET		
Lab Name: HBEL, Inc.	Florida Certification	#: E96080
Address: 5600 US 1 North	Certification Expiration Dat	te: 06/30/2009
Fort Pierce, FL 34946	Phone #: (772)	465-8584
ANALYSIS INFORMATION (to be completed by lab)	Date Sample(s) Received::	3/11/09
PWS ID (From Page 1):	Sample Number (From Page 1):	
Lab Assigned Report Number or Job ID:	2134206002	
Group(s) Analyzed and Results attached for compliance		eck all that apply):
Inorganics Synthetic Organics	Volatile Organics	Disinfection Byproducts
All 17 All 30	V All 21	Trihalomethanes
Partial All Except Dioxin	Partial	Haloacetic Acids
Nitrate Partial	1 artiar	Bromate
Nitrite Dioxin Only	Radionuclides	Chlorite
Asbestos Only	Single Sample	
Assesses only	Qtrly Composite**	Secondaries
Were any analyses subcontracted? X Yes	No	All 14
If yes, please provide DOH certification numbers:	E84129	Partial
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTE		
	TIFICATION	
I, Eric Charest (Print Name)	, Laboratory I	pluming Automotive and a comment of the comment of
do HEREBY CERTIFY that all attached analytical data National Environmental Laboratory Accreditation Conf	a are correct and unless noted meet	,
Signature Jucillaries	Date: 31-Mar	r-09
* Failure to provide a valid and current Florida DOH lab certification rejection of the report, possible enforcement against the public Bureau of Laboratory Services. ** Please provide radiological sample dates locations for each quality and the services of the service	on number and a current Analyte Sheet for water system for failure to sample, and mauarter.	the attached analysis results will result
COMPLIANCE DETERMINATION (to be completed by DI		
Sample Collection Info Satisfactory: Yes N	Io Sample Analysis Info S	Satisfactory: Yes No
Replacement Sample(s) Requested (circle or highlight	group(s) above) Revised Report Rec	quested (circle or highlight group(s) above
Additional Monitoring Required (circle or highlight group((s) above)	
Reason(s): MCL(s) Exceeded Missing Analyte Sheet(s) Other:	Detection(s) Location Unsatisfactory	Incomplete Report Analysis Unsatisfactory
Person Notified:	Date Notifie	d:
Comments:		
	P/DOH Reviewing Official:	

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

zua Purc

AQUA PURE WATER & SEWAGE SERVICE, INC. 10865 East State Road 40

Silver Springs, Florida 34488-2349 (352) 625-2822, Ext. 30 Laboratory No. E83265

	FOR LAB USE ONLY
	TIME RECEIVED / DATE RECEIVED AND ANALYZED
RECEIVED BY:	App 2110 a 2129
SAMPLE PRESERVATION:	SONICE DINOT ON ICE 7-2°C
DISINFECTANT CHECK:	NOT DETECTED Dmg/L
THIS SAMPLE DOES NOT I	MEET THE FOLLOWING NELAC REQUIREMENT(S):
DATE/TIME PWS NOTIFIED I	BY LAB OF POSITIVE RESULTS:
PERSON NOTIFIED:	NOTIFIED BY:
DATE STATE NOTIFIED BY LA	AB OF E. coli POSITIVE RESULTS:
PAID CHECK OR RECE	IPT #:

	FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS Press Hard. (4) copies (Page 1 of 1)	PERSOI DATE S	DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: PERSON NOTIFIED: DATE STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS: J PAID CHECK OR RECEIPT *:							
SYSTEM NA	ME: Palm Fort		PWS ID	23408	65 SYSTEM PHO	NE:386	329	-1122		
YSTEM AD	DRESS: East Kiver Rol	EastH	dalk			COUNTY:_	EA_{ℓ}	914		
LIENT:/	qua Hilities Pla COLLECTO	R. Kalphy	Mari	41	COLLECTOR PH	ONE38/	-937	- 2177		
YPE OF SU	PPLY (Check Box):	□ Noncom	munity. V	Vater System	n. D Nontransient No	ncommun	ity Wat	er System		
EASON FO	R SAMPLING (Check Box): Routine Compliance	Other:e Repeat		acement	APR 26 2010	Well Surv	/ey			
AMPLE CO	DLLECTION DATE(S): 4-8-10	REN	MARKS:		Aqua Utilities Florida Inc.					
	TO BE COMPLETED BY SAMPLE CO	LLECTOR			TO BE COM Total coliform & E. coli)223B		
Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)	Lab Sample Number	Total coliform	E. coli	Data Qualifier ²		
27	Well	1030 AM	R	none	Submission Number: 1410 4426	4				
29	114 Magnolia	10 ³¹⁵ AM			11/04/127	A				
29	115 Cow Creek	11 02 AM		0.8	11104428	A				
community	f disinfectant residuals for routine and repeat samp and nontransient noncommunity systems serving popu ,900. Do not include raw or plant samples in the average	ulations up to and		PIG	Time(s) Analyzed:	om				
Disinfectar Person per A c	nt Residual Analysis Method: DPD Colorimetric rforming analysis is:	Other:mployed by a cer mployed by DEP		-1	TECHNICAL DIRECTOR			(2-1/) DATE		
Results: A = c DEP Sample	erformed in accordance with NELAC standards. oliforms are absent; P = coliforms are present Type Codes: D = Distribution (Routine Compliance); C = Reported Administrative Code Rule 62-160, Table 1	eat or Check; R = I	Raw; N ⇒ I	If you have a	resented herein relate only to the sa ny questions regarding this report, p outlion; P = Plant Tap; S = Spo	lease call Lisa	Saupp at (352) 625-2822		
NAME AND	MAILING ADDRESS OF PERSON/FIRM TO RECEIVE A LUA VILLE EST FLA 1100 Thomas Ave Leesburg Fla 34748	E REPORT	□ In □ Re □ Re	epeat Samp eplacement	ollection Information les Required Samples Required	DEI	P/DOH	USE ONLY		
	Leesburg F434748				by DEP/DOH:					
					g vvu			Revised 03/04		



Florida Department of **Environmental Protection**

Jeff Kottkamp

Lt. Governor

Charlie Crist

Governor

Secretary

Michael W. Sole

RECEIVED

JUL 14 2010

Aqua Utilities

Florida Inc.

Northeast District 7825 Baymeadows Way, Suite B200 Jacksonville, Florida 32256-7590 Phone: 904/807-3300 + Fax: 904/448-4366

July 2, 2010

SENT VIA MAIL

Mr. John Lihvarcik, President Aqua Utilities Florida, Inc. Post Office Box 490310 Leesburg, Florida, 34749

Putnam County - Potable Water Sanitary Survey 2010 Palm Port Subdivision WTP// PWS ID: 2540865

Dear Mr. Lihvarcik:

On July 16, 2010, a Sanitary Survey of the above referenced Community water system was conducted with the courteous assistance of Mr. David Haring, operator.

During the inspection, a faulty pressure gauge was observed at the hydropneumatic tank before entry to the distribution system in violation of FAC rule 62-555.320(15)(a)2. On June 23, 2010, an e-mail was received from Mr. David Haring indicating that the gauge has been replaced and pictures of the new pressure gauge were included for Department records. Thank you for your quick attention to this deficiency.

As a reminder, this system is required to monitor for the following parameters during 2010: Lead and Copper Tap Sampling in the timeframe of June through September and Total Coliform Bacteria with residual disinfection levels on a monthly basis.

Please contact me at (904) 807-3334 or Benjamin.Piltz@dep.state.fl.us if you have any questions.

Sincerely,

Ben Piltz

Environmental Specialist I

BRR:BLP:bp

State of Florida Department of Environmental Protection Northeast District

SANITARY SURVEY REPORT

Plant Name Paim Port Subdivision WTP	County Putnam PWS ID# 2540865
Plant Location 355 East River Road, East Palatka, Flor	rida 32131 Phone 386-937-1143
Owner Name Aqua Utilities Florida, Inc. // Mr. John Lih	varcik, President Phone 352-732-6027
	11 4 5
Designated Rep. Paul Thompson T	itle Operator Phone 386-937-1143
Facility Contact Paul Thompson T	itle Operator Phone 386-937-1143
Designated Rep. Paul Thompson This Survey Date 6/16/2010 Last Survey Date	8/2/2007 Last C.I. Date 6/18/09
PWS TYPE & CLASS: Community - (4D)	RAW WATER SOURCE
	☑ GROUND; Number of Wells 1
SERVICE AREA CHARACTERISTICS	SURFACE/UDI; Source
Residential Subdivision	PURCHASED from PWS ID #
Food Service: Yes No N/A	☐ Emergency Water Source
rood Service. Thes Tho MINA	Emergency Water Capacity
GENERAL INFORMATION	AUXILIARY POWER SOURCE
Number of Service Connections107	☐ Yes ☐ None ☒ Not Required
Population Served 375 Basis Operator	Source
Plant Design Capacity 42,917 gpd Basis Well Pump Capacity divided by 2.5.	Capacity of Standby (kW)
Basis Well Pump Capacity divided by 2.5.	_Switchover
Average Day (from MORs) 13,132 gpd	Standby Plan. Yes No
Max. Day (from MORs) <u>37,600 gpd</u> Total Storage Capacity <u>18,800 gallons</u>	Hrs Operated Under Load
Total Storage Capacity 18,800 gallons	What equipment does it operate?
Comments MOR estimations are based upon last 12	☐ Well pumps
month averages.	High Service Pumps
LOCATION	☐ Treatment Equipment
Latitude 29° 40' 59.2037" North	Satisfy 1/2 max-day demand? ☐Yes ☐No ☐Unk
Longitude 81° 37' 22.9405" West	Comments
GPS: Yes Date: Verified 6/29/2010	
Directions Take 195 south to exit 311(FL207) and head west	TREATMENT PROCESSES IN USE
towards East Palatka. Turn right onto Putnam County Blvd.	
Turn right onto East River Rd, and the plant is on the left.	Hypochlorination and aeration
	What additional treatment is needed?
OPERATION & MAINTENANCE	•
Certified Operator: ⊠ Yes ☐ No ☐ Not required	For control of what deficiencies?
Operator(s) & Certification Class-Number	•
Mr. Paul Thompson	
	DISTRIBUTION SYSTEM
O&M Log: ⊠Yes ☐No O&M Manual: ⊠Yes ☐No	Flow Measuring Device Flow Meter
Operator Visitation Frequency	Meter Size & Type 4" McCrometer
Hrs/day: RequiredActual	Backflow Prevention Devices: ☐ Yes ☐ No
Hrs/wk: RequiredActual	Cross-connections No cross connections observed.
Days/wk: Required 5 Actual 5	Cross-connection Control Program: Yes No
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A	Coliform Sampling Plan: ☑ Yes ☐ No Disinfection By-Product Plan: ☑ Yes ☐ No
MORs submitted regularly? Yes □ No □ N/A	Lead & Copper Tap Sampling Plan: Yes No
Data missing from MORs? No Yes N/A	Comments Plans are on file with the Department.
Complete operations, maintenance, and equipment logs are kept on site with sampling plans.	Meter was calibrated 6/4/2010
rouge and representance with sampling plans.	THE THE PROPERTY OF THE PARTY O

GROUND WATER SOURCE

per (PWS Identification)	2540865		
e (System Identification)	Well		
d	Unknown		
ed	265		
	29° 40′ 59.6970" N		
	81° 37' 23.1890" W		
) / Date (if applicable)	Y - Verified 1/13/09		
ell ID	AAC 1900		
er Level	Artesian		
d (if different than rated capacity)			
	Unknown		
ıtside casing)	Unknown		
outside casing)	6"		
outside casing)	Steel		
amination History	Most recent + in 2006		
on of well possible?	OK		
" Concrete Pad	OK		
Septic Tank	No hazards within setback.		
Reuse Water	No hazards within setback		
WW Plumbing	No hazards within setback		
Other Sanitary Hazard	No hazards within setback		
Туре	Centrifugal		
Manufacturer Name	Goulds		
Model Number	GT30		
Rated Capacity (gpm)	80		
Motor Horsepower	3		
g 12" above grade?	Yes		
g Sanitary Seal	Good condition		
r Sampling Tap	Smooth/downturned		
und Check Valve	Solenoid		
ısing	Secured fence		
t Protection Not required.			
	e (System Identification) d ed ed) / Date (if applicable) ell ID er Level id (if different than rated capacity) attside casing) outside casing) outside casing) amination History on of well possible? Concrete Pad Septic Tank Reuse Water WW Plumbing Other Sanitary Hazard Type Manufacturer Name Model Number Rated Capacity (gpm) Motor Horsepower g 12" above grade? g Sanitary Seal r Sampling Tap und Check Valve	d (System Identification) d Unknown ed 265 29° 40′ 59.6970″ N 81° 37′ 23.1890″ W y - Verified 1/13/09 ell ID AAC 1900 er Level Artesian d (if different than rated capacity) Unknown utside casing) utside casing) outside casing) Steel amination History on of well possible? Concrete Pad OK Septic Tank No hazards within setback Reuse Water No hazards within setback WW Plumbing No hazards within setback Type Centrifugal Manufacturer Name Goulds Model Number GT30 Rated Capacity (gpm) Motor Horsepower 3 g 12″ above grade? Tyes Good condition Secured fence Secured fence	e (System Identification) d Unknown ed 265 29° 40′ 59.6970″ N 81° 37′ 23.1890″ W y - Verified 1/13/09 er Level Artesian d (if different than rated capacity) Unknown utside casing) utside casing) outside casing) Steel amination History on of well possible? Concrete Pad OK Septic Tank No hazards within setback Reuse Water No hazards within setback WW Plumbing No hazards within setback Type Centrifugal Manufacturer Name Goulds Model Number Rated Capacity (gpm) Motor Horsepower g 12″ above grade? g 22″ above grade? g Secured fence Secured fence VW Plumbing Tap Smooth/downturned Secured fence Secured fence

COMMENTS No hazards observed within setback distances from the well.	

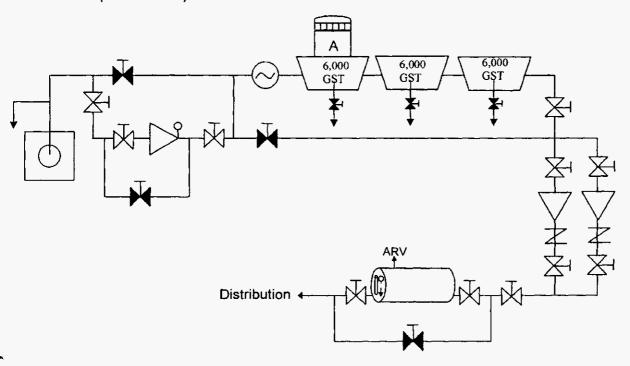
Tuna:	•		STURAGE FAU		Contact (E)	Floretod
Type: Hypo-Chlo Make Stenner X 2		17 and (each)	(B) Bladder (CW) (G) Ground (H) H			
Chlorine Feed Rate _			Tank Type/Nun		- T-	
Avg. Amount of Cl ₂ ga	as used	<u>N/A</u>	Capacity (gal)	18,00	00 5,000	
Chlorine Residuals: F			Material Material	Cncr		
Remote tap location _ DPD Test Kit: Or						
		lot Used Daily	Gravity Drain	Yes		
Injection Points Befo			By-pass Piping	Yes	- }	
Booster Pump Info N			Pressure Gauge	N/A	Yes	
Comments			Sight Glass or Level Indicator	N/A	L.J.	
Chlorine Gas Use Requirements	YES NO	Comments	Fittings for Sight Glass	N/A		
Qual System			Protected Open	ings Yes	Yes Yes	
Auta-switchover			PRV/ARV	AR\	/ Both	
Alarms:			On/Off Pressure	N/A	40/50	
Loss of Cl2			Access Padlock	ed Yes	Yes	
capability Loss of Cl ₂ residual			Height to Botton Elevated Tank	n of N/A	N/A	
Cl ₂ leak detection Scale			Height to Max. Water Level	N/A	N/A	
Chained Cylinders			Last Inspection			
Reserve Supply			Date (for tanks access manhole		8 2008	
Adequate Air-pak			Comments			
Sign of Leaks						
Fresh Ammonia				· · · · · · · · · · · · · · · · · · ·		
Ventilation						
Room Lighting						
Warning Signs						
Repair Kits			HIGH SERVICE			
Fitted Wrench			Pump Number	· · · · · · · · · · · · · · · · · · ·	2	
			Туре	Centrifugal	Centrifugal	
Housing/Protection		1	Make	Goulds	Goulds	7.00
			Model	3456	3456	
AERATION (Gases, Type <u>Cascade</u>			Capacity (gpm)	140	140	
Aerator Condition (totty 40 gpttr	Motor HP	7.5	7.5	
Bloodworm Presence	None obs		Date Installed	Unknown	Unknown	
Visible Algae Growth Protective Screen Co			Maintenance	Good	Good	
Comments Aerator is maintained regularly.	s in good con		Comments Pu	mps are ma	intained regu	ılariy.
•						

PWS ID# <u>2540865</u> Survey Date <u>6/16/2010</u>

COMPLIANCE MONITORING								
	Last Last	PUBLIC V	VATER SYSTEMS					
CONTAMINANT	Sampled	Date	COMMENTS					
Microbiological (Bacteria)	xxxxxxx	Monthly	2 distribution samples + 1 from each raw source (distribution number based upon the population served)					
Disinfectant Levels	xxxxxxx	Monthly	2 field readings (i.e. one taken with each microbiological sample that is taken from the distribution system). Only report the quarterly averages of the monthly readings.					
Disinfection Byproducts (DBPs)	2010	Quarterly	Total Trihalomethanes (TTHMs) & Haloacetic Acids (HAA5s) taken in accordance with your D/DBPR Monitoring Plan.					
Nitrate & Nitrite (as N)	2010	2011	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)					
Inorganic Contaminants	2009	2012	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)					
Volatile Organic Contaminants	2009	2012	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)					
Synthetic Organic Contaminants	2009	2012	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent). 2 quarterly samples required if >3,300 people served.					
Radionuclides	2009	2018	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)					
Secondary Standards	2009	2012	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)					
Lead and Copper	2007	2010	Samples taken from pre-approved sample plan sites.					
Asbestos	Waiver	2012 or Waiver	Samples taken from distribution. Waiver available if there is no asbestos pipe in the distribution system.					

Unless otherwise noted, all samples shall be representative of each source after treatment.

SCHEMATIC (not to scale):



PWS ID # <u>2540865</u> Survey Date <u>6/16/2010</u>

MONITORING VIOLATIONS	MCL VIOLATIONS
TTHMs sampled late	4 th Q 2009 TTHM exc.
DEFICIENCIES:	
Pressure gauge was observed to not be functioning of	on the hydro tank. A follow up email has been received
by the Department demonstrating replacement of the	faulty gauge.
0.00	
Den Mts	itle Environmental Specialist I Data 7/02/10
Ben Piltz	itle Environmental Specialist I Date 7/02/10
Approved by Blance R. Redriguez T	
Approved by Blanca R. Rodriguez	itle <u>Engineer Specialist IV</u> Date <u>7/02/10</u>
pianta K. Kuunguez	



Florida Department of **Environmental Protection**

Northeast District 7825 Baymeadows Way, Suite B200 Jacksonville, Florida 32256-7590 Phone: 904/807-3300 • Fax: 904/448-4366 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

PERMIT NUMBER:

FLA011742

Aqua Utilities Florida, Inc.

PA FILE NUMBER: ISSUANCE DATE: **EXPIRATION DATE:** FLA011742-008-DW3P

January 16, 2009 January 15, 2019

RESPONSIBLE AUTHORITY:

Mr. John M. Lihvarick President & COO Aqua Utilites Florida, Inc. 1100 Thomas Avenue Leesburg, FL 34748

Phone Number: (352) 435-4033

FACILITY:

Palm Port WWTF Dog Branch Road Off County Road 207A, west of East River East Palatka, FL 32131 **Putnam County**

Latitude: 29° 40' 53" N Longitude: 81° 37' 18" W

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), 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:

To operate an existing 0.040 million gallons per day (mgd) annual average daily flow (AADF) design capacity (limited to 0.030 mgd AADF permitted capacity by the design capacity of the reuse system) extended aeration activated sludge domestic wastewater treatment facility (WWTF) consisting of eight 5,000-gallon aeration basins, a secondary clarifier with a surface area of 78-ft², a 1,875-gallon chlorine contact chamber, and a 2,700-gallon aerobic digester. Final effluent is discharged to two percolation ponds with a total bottom surface area of 36,900 ft². The domestic wastewater residuals are transported to 412 Biosolids Processing Facility, FLA356697, and/or Central Process, FLA010776 for further treatment and final disposal.

FACILITY:

Palm Port WWTF

PERMITTEE:

Aqua Utilities Florida, Inc.

PERMIT NUMBER: EXPIRATION DATE:

FLA011742 January 15, 2019

REUSE:

Land Application: An existing 0.03 MGD annual average daily flow (AADF) permitted capacity rapid infiltration basin system (R-001). R-001 consists of two percolation ponds, with sprinkler heads mounted on the berms to increase evaporation, located approximately at latitude 29° 40′ 58" N, longitude 81° 37′ 30" 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 and reported in accordance with condition I.B.6:

			Reclaimed Water Limitations			Mon	itoring Requir	ements	·	
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow	MGD	Maximum	0.03	Report	-	-	5 Days/Week	Meter	INF-1	See Cond.I.A.3
Percent Capacity, (TMADF/Permitted Capacity) x 100	PERCENT	Maximum	-	Report	-	-	Monthly	Calculated	CAL-1	
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	-	60.0	Monthly	Grab	EFA-1	
Solids, Total Suspended	MG/L	Maximum	20.0	30.0	-	60.0	Monthly	Grab	EFA-1	
Coliform, Fecal	#/100ML	Maximum	Se	ee Permit Co	ondition I.A.	4.	Monthly	Grab	EFA-1	
рН	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-1	
Total Residual Chlorine (For Disinfection)	MG/L	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-1	See Cond.I.A.5
Nitrogen, Nitrate, Total (as N)	MG/L	Maximum	-	-	-	12.0	Monthly	Grab	EFA-1	

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 Site Number	Description of Monitoring Location
CAL-1	Calculated value.
EFA-1	Sample point immediately after disinfection.
INF-1	Prior to biological, chemical, physical treatment or dilution.

- 3. A meter shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
- 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. No more than 10 percent of the samples collected (the 90th percentile value) during a period of 30 consecutive days shall exceed 400 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. Note: To report the 90th percentile value, list the fecal coliform values obtained during the month in ascending order. Report the value of the sample that corresponds to the 90th percentile (multiply the number of samples by 0.9). For example, for 30 samples, report the corresponding fecal coliform number for the 27th value of ascending order. [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)]

FACILITY:

Palm Port WWTF

PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: EXPIRATION DATE:

FLA011742 January 15, 2019

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.6:

				Limita	ations		Mon			
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	-	Report	-	-	Monthly	Grab	INF-1	See Cond.I.B.3
Solids, Total Suspended	MG/L	Maximum	-	Report	•	-	Monthly	Grab	INF-1	See Cond.I.B.3

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

Monitoring	Description of Monitoring Location
Location Site	
Number	
INF-1	Prior to biological, chemical, physical treatment or dilution.

- 3. 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)]
- 4. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method to assure compliance with applicable water quality standards and effluent limitations in accordance with 40 CFR (Code of Federal Regulations) Part 136. All monitoring shall be representative of the monitored activity. [62-620.320(6)]
- 5. 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)]
- 6. 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's Northeast District Office 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	first day of month - last day of	28 th day of following
	month	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	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's Northeast District Office at the address specified in Permit Condition I.B. 7 by the twenty-eighth (28th) of the month following the month of operation.

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

7. 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 Northeast District Office at the address specified below:

Northeast District Office 7825 Baymeadows Way, Suite B200 Jacksonville, Florida 32256-7590

Phone Number - 904-807-3300 FAX Number - 904-448-4366

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 412 Biosolids Processing Facility, FLA356697, and/or Central Process, FLA010776, or a DEP-permitted Residual Management Facility or a DEP-permitted Wastewater Treatment Facility, or/and disposal in a Class I or II solid waste landfill. If the residual treatment facility is changed, a copy of the binding agreement between the Palm Port WWTF and the new residual treatment facility shall be submitted to the Department at least 30 days prior to transport of the residuals. [62-640.880(3)(c)]
- 2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5)]
- 3. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. [62-640.300(5)]
- 4. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(k)] & 41
- 5. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. [62-640.880(2)(d)]
- 6. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

Source Facility

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

Residuals Management Facility or Treatment Facility

- 1. Date and Time Received
- 2. Amount of Residuals Received
- 3. Name and ID Number of Source Facility
- 4. Signature of Hauler
- 5. Signature of Responsible Party at Residuals Management Facility or Treatment Facility

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)]

7. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department. [62-640.300(4)]

III. GROUND WATER REQUIREMENTS

Groundwater monitoring is not required at this time, in accordance with Rules 62-601 and 62-522, F.A.C.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part IV Rapid Infiltration Basins (R-001)

- 1. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. Rapid infiltration basins, percolation ponds, or trenches, and storage ponds shall be enclosed with a fence or otherwise designed with appropriate features to discourage the entry of animals and unauthorized persons. [62-610.518]
- 2. The annual average hydraulic loading rate to the percolation ponds with sprinkler heads mounted on the berm to increase evaporation shall be limited to a maximum of 1.3 inches per day (as applied to the entire bottom area). [62-610.523(3)]
- 3. 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)]
- 4. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.514 and 62-610.414]
- 5. 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 Northeast District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. [62-610.800(9)]

V. OPERATION AND MAINTENANCE REQUIREMENTS

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

A Class C or higher operator 1/2 hour/day for 5 days/week and one weekend visit. The lead operator must be a Class C operator, or higher.

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

2. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. [62-699.311(1)]

3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5)]

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

[62-620.350]

VI. SCHEDULES

Section VI is not applicable to this facility.

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

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

VIII. REOPENER CLAUSE

1. The permit shall be revised, or alternatively, revoked and reissued in accordance with the provisions contained in Rules 62-620.325 and 62-620.345 F.A.C., if applicable, or to comply with any applicable effluent standard

or limitation issued or approved under Sections 301(b)(2)(C) and (D), 304(b)(2) and 307(a)(2) of the Clean Water Act (the Act), as amended, if the effluent standards, limitations, or water quality standards so issued or approved:

- a. Contains different conditions or is otherwise more stringent than any condition in the permit/or;
- b. Controls any pollutant not addressed in the permit.
- 2. The permit shall be reopened to reevaluate, revise, or revoke the 10- year permit term if the facility is ranked minor out of compliance for two consecutive inspections and/or the facility is ranked significantly out of compliance for a single inspection.

IX. 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 X. 20. [62-604.550] [62-620.610(20)]
- 6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
 - d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or

e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health or safety problems.

[62-604.130(5)]

- 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)]

X. 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(7), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3)]
- 4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title

or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4)]

- 5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5)]
- 6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6)]
- 7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]
- 8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8)]
- 9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
 - b. Have access to and copy any records that shall be kept under the conditions of this permit;
 - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
 - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

[62-620.610(9)]

- 10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. [62-620.610(10)]
- 11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the

Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. [62-620.610(11)]

- 12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. [62-620.610(12)]
- 13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. [62-620.610(13)]
- 14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. [62-620.610(14)]
- 15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. [62-620.610(15)]
- 16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300 and the Department of Environmental Protection Guide to Wastewater Permitting at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2) for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. [62-620.610(16)]
- 17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
 - a. A description of the anticipated noncompliance;
 - b. The period of the anticipated noncompliance, including dates and times; and
 - c. Steps being taken to prevent future occurrence of the noncompliance.

[62-620.610(17)]

- 18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
 - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10), or as specified elsewhere in the permit.
 - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
 - c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.

d. Except as specifically provided in Rule 62-160.300, F.A.C., any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health Environmental Laboratory Certification Program (DOH ELCP). Such certification shall be for the matrix, test method and analyte(s) being measured to comply with this permit. For domestic wastewater facilities, testing for parameters listed in Rule 62-160.300(4), F.A.C., shall be conducted under the direction of a certified operator.

- e. Field activities including on-site tests and sample collection shall follow the applicable standard operating procedures described in DEP-SOP-001/01 adopted by reference in Chapter 62-160, F.A.C.
- f. Alternate field procedures and laboratory methods may be used where they have been approved in accordance with Rules 62-160.220 and 62-160.330, F.A.C.

[62-620.610(18)]

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

d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);

- e) Estimated amount of the discharge;
- f) Location or address of the discharge;
- g) Source and cause of the discharge;
- h) Whether the discharge was contained on-site, and cleanup actions taken to date;
- i) Description of area affected by the discharge, including name of water body affected, if any; and
- 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)]

- 21. The permittee shall report all instances of noncompliance not reported under Permit Conditions X. 17., 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition X. 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 X. 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 X. 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 X. 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 X. 22. a. through c. of this permit.

FACILITY:

Palm Port WWTF

PERMITTEE: A

Aqua Utilities Florida, Inc.

PERMIT NUMBER: EXPIRATION DATE:

FLA011742 January 15, 2019

[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 X. 20. of this permit; and
 - 4. The permittee complied with any remedial measures required under Permit Condition X. 5. of this permit.
- b. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.
- 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 Jacksonville, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Melissa m forg

Melissa M. Long, P.E.

Water Facilities Administrator

DATE: January 16, 2009

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

FLA011742

MAILING ADDRESS: PO Box 490310

LIMIT:

Final

REPORT: Monthly

FACILITY:

Palm Port WWTP

Leesburg, FL 34749

CLASS SIZE:

Minor

GROUP: Domestic

LOCATION:

MONITORING GROUP NUMBER: R-001

Dog Branch Road East Palatka, FL 32131 MONITORING GROUP DESC:

Rapid Infiltration [1

NO DISCHARGE FROM SITE:

COUNTY:	Putnam			RING PERIOD-From:	05/01/2008	To:		05/31/08	
Parameter		Quantity of Loading	Units	Quality or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C	Sample Measurement			2.4		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous five-day, 20° C	Sample Measurement			2.0	2.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement			2.4	1	mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement			2.0	2.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			5.8		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement		A DESCRIPTION OF THE PROPERTY	<1.0	<1.0	#/100mL	0	Monthly	Grab
ARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement			200 (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
H	Sample Measurement		7.2		7.5	S.U.	0	Daily, five days per week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement		6.0 (Min		8.5 (Max)	S.U.		Dally, five days per week	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)	
Paul Thompson, Lead Operator		386-937-1143	08	106	19	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	Calculated-Roll An Avg is the average of the current monthly average and the preceding	11 month's avreage.		1		

NELAC CERTIFICATION NUMBER(S)

DISCHARGE MONTORING REPORT - PART A (Coninued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

					MONITORING	PERIODFrom:	05/01/2008	To:		05/31/08	
Parameter		Quantity	of Loading	Units	G	uality or Co	ncentration		No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0		W (W)	mg/L	0	Daily, five days per week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min)			mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.81	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement	The state of the s					12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.016		mgd					0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.030 (An.Avg.)		mgd						Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.017	0.016	mgd					0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo. Avg)	mgd						Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			i i i i i i i i i i i i i i i i i i i		254		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					256		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						52.2%	Percent	0	Monthly	Calculated
PARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement						Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number:

FLA011742

Facility: Palm Port WWTP

ONITORING	3 PERIOD	From:	05/01/2008	To:	05/31	1/2008		County: P	utnam
	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nirtrogen, Nirtate, Total (as N) (mg/L)	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)
Code	80082	00530	74055	00400	50060	00620	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1				7.4	2.2		0.010		
2				7.5	2.2		0.023		
3				7.5	2.2		0.016		
4							0.015		
5				7.3	2.2		0 015		
6				7.4	2.2		0.013		
7			n' in trans y puint and principle of	7.4	2.2		0.009		
8				7.4	2.2		0.026		
9		1	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	7.4	2.2		0.017		
10	500.1 () () () () () () () () () (7.4	2.2		0.013	Marie and the Angeles and the control of the contro	
11							0.018	• • • • • • • • • • • • • • • • • • • •	
12				7.3	2.2	***************************************	0.018		Carama a reviewe wine 1765 to 1
13				7.3	2.2	***************************************	0.012		
14				7.3	2.2		0.023		
15				7.3	2.2		0.013		
16		1		7.4	2.2	***************************************	0.021		
17		(www.env) on errite sold continue receive		7.5	2.2-	**************************************	0.027		
18		***************************************					0.018		
19		**************************************		7.3	2.2		0.018		
20	2.0	2.01	<1.0	7.3	2.2	0.81	0.018	254	25
21			Adult action of the State of S	7.3	2.2		0.015		
22				7.3	2.2		0.015		
23				7.3	2.2		0.012		
24				7.3	2.2		0.022		
25							0.017		
26				7.2	2.2		0.017		
27				7.2	2.2		0.018		
28				7.3	2.2		0.020		
29				7.2	1.0		0.020		
30	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	70000		7.3	2.2		0.023		
31		***************************************		7.4	2.2		0.016	Marine 11 (1) - 1 (1) - 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (
Total							0.534		
Ло.Avg.	20	2U	10	7.3	1.9	0.03	0.017	8	
LANT STAF	FFING:	***************************************		man Manufelli (1900-1901)					
ay Shift Op	erators:	Class:	B	Ce	ertification No	12476	Name:	David Haring	
vening Shif	t Operators:	Class:	C	Ce	ertification No.	9320	Name:	Ralph Marriott	
	perators	Class:			ertification No		Name:		7
igni ornii o									

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66

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

CLASS SIZE:

FLA011742

MAILING ADDRESS:

ODRESS: PO Box 490310

LIMIT:

Final Minor REPORT: Monthly
GROUP: Domestic

FACILITY: LOCATION: Palm Port WWTP

Leesburg, FL 34749

MONITORING GROUP NUMBER: R-001

Dog Branch Road East Palatka, FL 32131

MONITORING GROUP DESC:

Rapid Infiltration

NO DISCHARGE FROM SITE:

[]

COUNTY: Putnam

nam MONITORING

MONITORING PERIOD-From: 06/01/2008

To: 06/30/08

0							06/01/2008	10		06/30/08	
Parameter	Andrewski visionansk	Quantity	of Loading	Units	(Quality or Concentrat	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous	Sample	**************************************				2.5	***************************************	mg/L	0	Monthly	Grab
five-day, 20° C	Measurement			-				my L	"	Wonting	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement		*			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous	Sample								1		
five-day, 20° C	Measurement		**************************************			2.2	2.2	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement	TOO TO THE PERSON WHEN IN HER TO SHEET AND THE STATE OF T			TO CONTRACT AND	Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement				7).37.40.	2.4		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement				***************************************	1.0	1.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement	**************************************			***************************************	Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					5.8	(IIICA)	#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement	***************************************		Province of the second		200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement		***************************************			<1	<1	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement		***************************************	and the second		200 (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
рН	Sample Measurement				7.1		7.5	S.U.	0	Daily, five days per week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement				6.0 (Min)		8.5 (Max)	S.U.	***************************************	Daily, five days per week	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/OD)
Paul Thompson, Lead Operator		386-937-1143	08/17/24
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments her	e). Calculated Roll An Ling, is the average of the current monthly average and the preceding		00101121

NELAC CERTIFICATION NUMBER(S):

1

Version 11/16

100

DISCHARGE MONTORING REPORT - PART A (Coninued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER .: R-001

				١	MONITORING	PERIOD-From:	06/01/2008	To:		06/30/08	
Parameter		Quantity	of Loading	Units		Quality or Cor	ncentration		No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1.6			mg/L	0	Daily, five days per week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min)			mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.52	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement						12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.016		mgd					0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.030 (An.Avg.)		mgd						Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.017	0.016	mgd					0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo.	mgd	A Commence of the Commence of					Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					204		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					266		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement		The state of the s				54.4%	Percent	0	Monthly	Calculated
PARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement						Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011742

Facility: Palm Port WWTP

MONITORIN	IG PERIOD	From:	06/01/2008	To:	06/3	0/2008		County: P	utnam
	CBOD₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nirtrogen, Nirtate, Total (as N) (mg/L)	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)
Code	80082	00530	74055	00400	50060	00620	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1					NOTICE TO BE A SERVICE OF THE SECOND OF THE	4	0.022		
2				7.3	2.2	ingular topoli — Sg	0.022		
3				7.3	2.2	Section of the second of	0.016		
4				7.4	2.2		0.020	W	
5				7.3	2.2	-0	0.017		
6				7.2	2.2		0.020		
7				7.3	2.2		0.021		
8							0.017		
9				7.1	2.2		0.017		
10	2.2	11	1U	7.4	2.2	0.52	0.015	204	266
11				7.2	2.2		0.023		
12		[[A64]		7.2	2.2		0.013		
13				7.1	2.2		0.019		
14				7.2	2.2		0.011		
15		an and the second secon	1.000		white it is not remained to the con-		0.017	the comment of the state of	
16	***************************************			7.3	2.2	CONTRACTOR OF THE PROPERTY OF	0.017		na delinia i i i i i i i i i i i i i i i i i i
17				7.4	2.2	the grant of the annual state of the same	0.021	i desta de la composição de la composiç	
18				7.4	2.2		0.013	SANCON CONTRACTOR CONT	anger a se diament signatur personal susual sussession in the
19		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE		7.3	2.2	0.000	0.017		
21				7.4	2.2	Configuration and the second s	0.025		
22				7.5	2.2	<u> </u>	0.012		
23				7.0	2.2		0.021	the principal principal appropriate the Artificial Street, or paper and place of the Principal Street, which we have the principal street, and the p	
24				7.2 7.3	2.2		0.021 0.020		
25	erenomen er Å			7.3	1.6		0.020		
26				7.2	2.2		0.018		
27				7.2	2.2		0.016		
28				7.3	2.2		0.010		
29				3.0	and the same		0.024		
30	-:			7.3	2.2		0.012		
31					Ku s Ku		0.012		
Total							0.532		
Mo.Avg.	2.2	1U	1U	7.3	1.8	0.02	0.017		9
PLANT STA									
Day Shift Op		Class	В	Ce	ertification No.	12476	Name	David Haring	
	ft Operators:	Class	С		ertification No.			Ralph Marriott	
Night Shift C		Class			ertification No.		Name		
Lead Operat		Class:	A		ertification No.			Paul Thompson	
Oporu	77.4 fo	0,000		00		1007	1101110		

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

PERMITTEE NAME:

Aqua Utilities Florida

Leesburg, FL 34749

PERMIT NUMBER:

CLASS SIZE:

FLA011742

MAILING ADDRESS:

PO Box 490310

LIMIT:

Final

REPORT: Monthly

FACILITY:

Minor

GROUP: Domestic

LOCATION:

Palm Port WWTP Dog Branch Road MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

Rapid Infiltration

East Palatka, FL 32131

NO DISCHARGE FROM SITE:

[]

MONITORING PERIOD-From:

07/31/08 07/01/2008 To: COUNTY: Putnam

Parameter		Quantity of Loading	Units	Quality or Concentrat	ion	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C	Sample Measurement			2.3		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous five-day, 20° C	Sample Measurement			<2.0	<2.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement			2.6		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement			2.0	2.0	mg/L	0	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			5.8		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			<1.0	<1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement			200 (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
рН	Sample Measurement		7.	1	7.5	S.U.	0	Daily, five days per week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement		6. (M		8.5 (Max)	S.U.		Daily, five days per week	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

triat triefe are signancarit periatries for submitting raise intermitation, incurring the possion						
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.		10	YE (YYMM/DD)	
Paul Thompson, Lead Operator		386-937-1143	80	08	26	
	A CALLANDER AND A CALLANDER AN	11 month's ausonna				

NELAC	CERT	IFICATION	N NUMBER(S):	-	
NELAC	CERT	IFICATION	N NUMBER(S):		

03

DISCHARGE MONTORING REPORT - PART A (Coninued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

Baramatar		Ourantitus	-			PERIODFrom:	07/01/2008	To:		07/31/08	6 I =
Parameter		Quantity	of Loading	Units	,	Quality or Concentration			No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.8			mg/L	0	Daily, five days per week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min)			mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						1.02	mg/L	0	Monthly	Grab
PARM Code 00620 Mon.Site No. EFA-1	Permit Requirement				***************************************		12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.016		mgd	***************************************				0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.030 (An.Avg.)	0	mgd			-			Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.017	0.017	mgd				***************************************	0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo.	mgd						Dally, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement	*			7777711Y11188844888888444444444444444444	185	***************************************	mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)	is a second	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					210		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, TMADF/Permitted Capacity) x 100	Sample Measurement						56.7%	Percent	0	Monthly	Calculated
PARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement				Trouble (Addrouble Addrouble Addrouble (Addrouble (Addrouble (Addrouble Addrouble (Addrouble (Addro		Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number:

FLA011742

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

Facility: Palm Port WWTP

County: Putnam

			Coliform Bacteria (#/100ML)	(SU)	TRC (For Disinfect) (mg/L)	Nirtrogen, Nirtate, Total (as N) (mg/L)	Flow (mgd)	(mg/L)	TSS (mg/L)
Code	80082	00530	74055	00400	50060	00620	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1				7.5	2.2		0.020		
2				7.2	2.2		0.020		
3			#9 #9 # - 1 TOO 1	7.3	2.2	gener of a	0.012		
4				7.4	2.2		0.011	•	
5				7.4	2.2		0.017		
6		***	21 A. M. L. St. 2				0.021		
7				7.2	2.2		0.021		
8		in the second		7.3	2.2	· ·	0.014		
9	<2.0	2.01	<2.0	7.4	2.2	1.02	0.013	185	210
10			and the second s	7.4	2.2		0.016	and an arrange of the second o	
11	economic concension to the salable constants		p two assumers to account on the sale of	7.3	2.2		0.016		
12				7.3	2.2		0.018		
13							0.015	<u> </u>	
14	AND THE PERSON AND PROPERTY OF STREET			7.3	2.2	100	0.015		
15	• • • • • • • • • • • • • • • • • • •	***************************************		7.3	2.2		0.026		
16	1			7.3	2.2		0.014		
17			***************************************	7.3	2.2		0.017	***************************************	The state of the s
18	inarmariani amang ut			7.3	2.0	I .	0.017	hardware or cancer appears.	
19				7.3	2.2		0.022	and the part of the same of the same	
20		1					0.022		
21				7.2	1.0		0.022		
22	America - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		No. 111-1-1-1111-1111-1111-1111-1111-1111	7.3	2.2		0.015		
23				7.3	1.6		0.018		
24				7.2	0.8	· · · · · · · · · · · · · · · ·	0.016		
25				7.5	2.2		0.014		
26	(A)			7.3	2.2		0.011		
27	Salara						0.019		
28				7.3	2.2		0.019		
29				7.2	2.2		0.016		
30	to equipment or equipment			7.1	2.2		0.016		
31				7.2	2.2		0.021		
Total							0.533		
Mo.Avg.	2U	2U	1U ₁	7.3	1.8	0.03	0.017	6	7

Day Shift Operators:	
Evening Shift Operators:	
Night Shift Operators:	
Lead Operator:	

Class:	В	
Class:	С	
Class:		
Class.	Δ	

Certification No.:	12476
Certification No.:	9320
Certification No.:	
Certification No.:	4894

Name:	David Haring	
Name:	Ralph Marriott	
Name:		
Name:	Paul Thompson	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

PERMITTEE NAME:

Aqua Utilities Florida

Leesburg, FL 34749

PERMIT NUMBER:

CLASS SIZE:

FLA011742

MAILING ADDRESS:

PO Box 490310

LIMIT:

Final Minor REPORT: Monthly GROUP: Domestic

FACILITY: LOCATION: Palm Port WWTP Dog Branch Road

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

Rapid Infiltration

East Palatka, FL 32131

NO DISCHARGE FROM SITE:

COLINTY Putnam

08/01/2008 MONITORING PERIOD--From:

08/31/08 To:

COUNTY:	Putnam			D	DINITORING	PERIOD-FIGHT	30/01/2000	10.		08/31/06	
Parameter		Quantity of Loading Units		Quantity of Loading Units Quality or Concentration		Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C	Sample Measurement					2.3		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous five-day, 20° C	Sample Measurement					2.6	2.6	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement					Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement					2.8		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement					20,0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement					3.0	3.0	mg/L	0	Monthly	Grab
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				49	Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				No. 20 (10 (10 (10 (10 (10 (10 (10 (10 (10 (1	5.8		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				50 (10)	200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement					<1.0	<1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement					200 (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
оН	Sample Measurement				7.0		7.6	S.U.	0	Daily, five days per week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement				6.0 (Min)		8.5 (Max)	S.U.		Dally, five days per week	Grab

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 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 of 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 of the information including the possibility of the p

		AND THE RESERVE AND ASSESSMENT OF THE PARTY				
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNAT	UNE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.		DAT	TE (YYMM/DO)
Paul Thompson, Lead Operator		X	386-937-1143	08	109	125
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments he	ere): Calculated-Roll An -Avg	is the average of the current monthly average and the preceding	11 month's avreage.	/	/	

NELAC CERTIFICATION NUMBER(S):

106

DISCHARGE MONTORING REPORT - PART A (Coninued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

						PERIODFrom:	08/01/2008	To:	No.	08/31/08	
Parameter	The Property and the Control of the	Quantity	antity of Loading Units Quality or Concentration			Quality or Concentration				Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement			AAA 400-40 AA 400-40 AA 44 AAA 400-40 AA	0.4			mg/L	2	Daily, five days per week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min)			mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				000.00.00.00.00.00.00.00.00.00.00.00.00		0.37	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement						12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.016		mgd					0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.030 (An.Avg.)		mgd						Dally, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.022	0.019	mgd	**************************************		The second secon		0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo.	mgd						Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement		-		and the second second	87		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					24		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement	±2°	Grand Control of Contr			Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						62.2%	Percent	0	Monthly	Calculated
PARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement						Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011742 Facility: Palm Port WWTP

MONITORING PERIOD From: 08/01/2008 To: 08/31/2008 County: Putnam CBOD₅ TSS Fecal TRC (For Nirtrogen, рН Flow CBOD5 (mg/L) Coliform (SU) (mg/L) Disinfect) Nirtate, Total (mgd) (mg/L) (mg/L) Bacteria (mg/L) (as N) (mg/L) (#/100ML) Code 80082 00530 74055 00400 50060 00620 50050 80082 00530 Mon.Site EFA-1 EFA-1 EFA-1 EFA-1 EFA-1 EFA-1 INF-1 INF-1 INF-1 7.3 2.2 0.013 2 7.3 2.2 0.015 3 0.022 4 7.2 2.2 0.022 5 7.2 2.2 0.013 6 7.5 2.2 0.010 7 7.6 2.2 0.012 8 7.5 2.2 0.022 9 7.3 0.8 0.013 10 0.020 11 7.5 2.2 0.020 12 7.5 2.2 0.017 13 7.5 2.2 0.014 14 7.5 2.2 0.016 15 7.3 2.2 0.021 16 7.3 2.2 0.016 17 0.023 18 7.3 2.2 0.023 19 7.3 2.2 0.027 20 7.3 2.2 0.019 21 2.6 3.01 <1.0 7.3 2.2 0.371 0.024 87 24 22 7.0 0.4 0.056 23 7.1 2.0 0.050 24 0.047 25 7.0 1.1 0.047 26 7.2 2.2 0.023 27 7.1 2.2 0.019 28 7.2 2.2 0.019 29 7.2 2.2 0.016 30 7.3 2.2 0.011 31 0.023 Total 0.692 Mo.Avg. 3.0 10 1.7 7.3 0.022 PLANT STAFFING

Day Shift Operators:	Class:	В	Certification No.:	12476	Name: David Haring	
Evening Shift Operators	Class:	С	Certification No.:	9320	Name: Ralph Marriott	
Night Shift Operators:	Class:		Certification No.:		Name	
Lead Operator:	Class	A	Certification No.:	4894	Name: Paul Thompson	-

3 Version: 11/10/2003

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

CLASS SIZE:

FLA011742

MAILING ADDRESS:

PO Box 490310

Leesburg, FL 34749

LIMIT:

Final Minor REPORT: Monthly GROUP: Domestic

FACILITY: LOCATION:

COLINITY

Palm Port WWTP

MONITORING GROUP NUMBER: R-001

Dog Branch Road East Palatka, FL 32131 MONITORING GROUP DESC:

Rapid Infiltration

NO DISCHARGE FROM SITE:

[]

MONITORING PERIOD--From:

09/01/2008

00/20/2000

COUNTY:	Putnam			MONITORING	PERIODFrom:	09/01/2008	To:		09/30/2008	
Parameter		Quantity of Loading	Units	Q	tuality or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C	Sample Measurement				2.7		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous five-day, 20° C	Sample Measurement				6.0	6.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement			Water 100 to 100	2.9	71 00000	mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement				2.0	2.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max)	mg/L	T-	Monthly	Grab
Coliform, Fecal	Sample Measurement			-	5.1		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement	# 100 mg			200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement	. ~			<1.0	<1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement				200 (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
рΗ	Sample Measurement			7.3		7.7	S.U.	0	Dally, five days per week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 (Min)		8.5 (Max)	S.U.		Dally, five days per week	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	SIGNATUR	E OF P	RINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	***************************************	/ DATE (YYMM/DD)
Paul Thompson, Lead Operator	T , \	1	Market Ma	386-937-1143	081	101	23
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calculate	ed-Roll An -Ave is	Re av	erage of the current monthly average and the preceding 1	1 month's avreage.	/	1	engan a designation of a second

NIEL AC	CERTIFICATION NUMBER(S):	
IACTUC	CENTILICATION NONDER(O).	

100

DISCHARGE MONTORING REPORT - PART A (Coninued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

				N.	MONITORING	PERIODFrom:	09/01/2008	То		09/30/2008	
Parameter		Quantity of Loading Ur			C	Quality or Con	centration		No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.0			mg/L	0	Daily, five days per week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min)	rja e		mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement	***************************************					2.44	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement					- A	12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.017		mgd					0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.030 (An.Avg.)		mgd	and the state of t					Dally, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.021	0.020	mgd					0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo.	mgd						Dally, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement		1			78	The second secon	mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			Balana		158		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						66.7%	Percent	0	Monthly	Calculated
PARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement						Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011742

Facility Palm Port WWTP

MONITORIN	G PERIOD	From:	09/01/2008	To:	09/30	0/2008		County: P	utnam
	CBOD₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nirtrogen, Nirtate, Total (as N) (mg/L)	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)
Code	80082	00530	74055	00400	50060	00620	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1				7.4	2.2		0.045		
2		The state of the s	4-Charles registrates and a second control of the second control o	7.5	2.2	in the same of the	0.021	Access to a constant and the second	
3			THE R. P. LEWIS CO. CO., LANSING MICH. 1997 CO., LANSI	7.5	2.2		0.016		
4				7.7	2.2		0.013		
5	***************************************			7.6	2.2		0.020		
6				7.5	2.2		0.022		
7							0.028	1	··· ·· · · · · · · · · · · · · · · · ·
8				7.6	2.2		0.028	***************************************	Company and a service of the service
9	1	1		7.6	2.2		0.016	***************************************	
10	i i			7.6	2.2		0.024		
11				7.6	2.2		0.019		
12		1		7.6	2.2		0.022		
13				7.6	2.0		0.021		
14							0.026		
15				7.5	2.2		0.026		
16				7.4	2.2		0.020		
17				7.4	2.2		0.018		
18				7.4	2.2		0.029		
19				7.4	2.2		0.016		
20				7.5	2.2		0.013		
21							0.032		
22			- 2000	7.4	2.2		0.032		
23	6.0	2.0 1	<1.0	7.4	2.2	2.44	0.020	78	158
24				7.4	2.2		0.023	4-11-11-11-11-11-11-11-11-11-11-11-11-11	
25				7.4	2.2		0.032		
26				7.4	2.2	1	0.016	1	
27				7.4	2.2	į	0.014		
28							0.019		
29				7.4	2.2		0.019	·	
30				7.3	2.2		0.011		
31									
Total							0.658		
Mo.Avg.	6.0	2U	10	7.5	1.8	0.08	0.021	3	5
PLANT STA	FFING:								
Day Shift Op	perators:	Class:	В	Ce	ertification No.	12476	Name	David Haring	
Evening Shif	ft Operators:	Class	С	Ce	rtification No.	9320	Name	Ralph Marriott	
Night Shift C	perators:	Class:			rtification No.	***************************************	Name		
Lead Operat		Class:	Α		ertification No.			Paul Thompson	
			······						

When Completed mall this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

CLASS SIZE:

FLA011742

MAILING ADDRESS:

PO Box 490310

LIMIT:

Final Minor

REPORT: Monthly GROUP: Domestic

FACILITY:

Palm Port WWTP

Leesburg, FL 34749

MONITORING GROUP NUMBER: R-001

Dog Branch Road LOCATION:

Rapid Infiltration MONITORING GROUP DESC:

East Palatka, FL 32131

NO DISCHARGE FROM SITE: []

COUNTY:	Putnam				MONITORING	PERIODFrom:	10/01/2008	To:		10/31/2008	
Parameter		Quantity	of Loading	Units	Q	uality or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C	Sample Measurement				The state of the s	2.8		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous five-day, 20° C	Sample Measurement	Section in the section of the sectio				3.6	3.6	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement					Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement					2.8		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement					20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement	Constitution (Pauline Checocont) y destinance cons				1.0	1.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement		Tarri Ha			Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement		K. P. V.			5,1		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement					200 (An. Avg.)		#/100mL	-	Monthly	Grab
Coliform, Fecal	Sample Measurement					<1.0	<1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement					200 (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
Ж	Sample Measurement				7.1		8.0	S.U.	0	Daily, five days per week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement				6.0 (Min)		8.5 (Max)	s.u.		Daily, five days per week	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	SIGNA	TURE OF PRINCIP	PAL EXECUTIVE O	OFFICER OR AUTHOR	IZED AGENT	TELEPHONE NO.		, DA	TE (YYMM/DD)
Paul Thompson, Lead Operator	1	1			•	386-937-1143	081	111	Iw
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calculate	d-Roll An Wo	is the average	of the current i	monthly average an	id the preceding 11	month's avreage	7	1	

NELAC CERTIFICATION NUMBER(S):

112

DISCHARGE MONTORING REPORT - PART A (Coninued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

Parameter		Quantity	of Loading	Units		N 1:4			No.	Frequency	Sample Type
rarameter		Quantity	or Loading	Units		Quality or Con	centration		Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement			-	1.8			mg/L	0	Daily, five days per week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min)			mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						5.95	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement						12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.017		mgd					0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.030 (An.Avg.)		mgd						Dally, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.022	0.022	mgd			A TO THE CONTROL AND ADDRESS OF THE CONTROL OF THE		0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo.	mgd	All and the second					Dally, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				=	122		mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement	s cyalir i vii			Ann. Jan. 2	Report (Mo.Avg.)		mg/L	***************************************	Monthly	Grab
Solids, Total Suspended	Sample Measurement		and the same of th			170		mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement	F				Report (Mo.Avg.)		mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						72.2%	Percent	0	Monthly	Calculated
PARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement						Report (Mo.Total)	Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number:

FLA011742

Facility: Palm Port WWTP

MONITORIN	G PERIOD	From:	10/01/2008	To:	10/3	1/2008		County: F	Putnam
	CBOD₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nirtrogen, Nirtate, Total (as N) (mg/L)	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)
Code	80082	00530	74055	00400	50060	00620	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1				7.3	2.2	and the same of th	0.016		
2	Commence and the control of the second of th	A CONTRACTOR OF THE PROPERTY O	an na a filipina a 16 Addina dipanta a ana ana ana ana ana ana ana ana a	7.5	2.2	* * * * * * * * * * * * * * * * * * *	0.018	*	
3				7.4	2.2		0.024		same decodes a constituir semi-rissis constituir singel
4			Ī	7.5	2.2		0.014		
5							0.026	ting a service and a service of the	
6				7.4	2.2	ORBINA CONTRACTOR OF THE PROPERTY OF THE PARTY OF THE PAR	0.026	CONTRACTOR	
7				7.4	2.2	or British to the contract contract of the contract contract where	0.028	-	ang ay an and a same a
8 9				7.4	2.2	Commence of the contract of th	0.017	· · · · · · · · · · · · · · · · · · ·	
10				7.4	2.2	00 B00,000	0.018		
11				7.3 7.4	2.2		0.020 0.016		
12				1.4	4.4		0.016	·	
13		CONTRACTOR		7.2	1.8	(1) \$ 1.1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	0.025	right to the second control of the second co	CONTRACTOR OF THE PROPERTY OF
14				7.3	2.0	andrew construction to the contract of the con	0.018	and the second contract of the second contrac	
15				7.3	2.2	*************************************	0.023		
16				7.4	2.2	CONTRACTOR	0.023	Market Control of the	- AND THE PROPERTY OF THE PROP
17		Access of the control		7.1	2.2	COLUMN TO THE PERSON NAMED IN COLUMN TO A PARTY OF THE PERSON NAMED IN COLUMN TO THE PERSON NAME	0.021		College Section
18		1	1	7.4	2.2	1	0.020	VALUE OF THE PARTY	
19							0.026		
20				7.4	. 2.2		0.026		
21			*	7.4	2.2		0.021		
22				7.4	2.2		0.023		
23				7.8	2.2	And the comment of the second of the comment of the	0.018		
24				7.8	2.2	1484 (144) E. L.	0.025		
25				7.4	2.2		0.023	and the same that the same tha	
26 27		****	ž				0.026	may be a series of the first of	- NAME - THE STREET AND STREET
28				7.6	2.2	00-8000 X 1000 X 1000 X 1000 X 100 X	0.026	Control of the second s	
29	3.6	1.01	<1.0	8.0	2.2		0.018	Charles and the contract of th	170
30				7.8 7.8	2.2	Commence and the second second second	0.029 0.019		
31	(1-1) <u>- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>	K.	The second secon	7.7	2.2	and the state of t	0.019	migration in the contract of t	
Totai				1.1	4.5		0.682		
Mo.Avg.	3.6	1U	10	7,5	1.9	0.19	0.022		5
PLANT STA									
Day Shift Op		Class:	В	Ce	ertification No.	12476	Name:	David Haring	
Evening Shift		Class:	С		ertification No.			Ralph Marriott	
Night Shift C		Class:			ertification No.		Name		
Lead Operat		Class:	Α		ertification No.			Paul Thompson	

3

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, 32256-7590

PERMITTEE NAME:

Aqua Utilities Florida

PERMIT NUMBER:

CLASS SIZE:

FLA011742

MAILING ADDRESS:

PO Box 490310 Leesburg, FL 34749 LIMIT:

Final Minor REPORT: Monthly GROUP: Domestic

FACILITY:

Palm Port WWTP

MONITORING GROUP NUMBER: R-001

LOCATION:

Dog Branch Road East Palatka, FL 32131 MONITORING GROUP DESC:

Rapid Infiltration

NO DISCHARGE FROM SITE: []

MONITORING PERIOD--From: 11/01/2008

COUNTY:	Putnam			MONITORING	PERIODFrom:	11/01/2008	To:		11/30/08	
Parameter		Quantity of Load	ding Units	a Q	uality or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C	Sample Measurement				2.7		mg/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement	2 Marie (1997) (20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous	Sample Measurement				<2.0	<2.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement				2.5		mg/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			,	20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement				3.0	3.0	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement		14.5		Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement	4 (100)			1.4		#/100mL	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement				200 (MoGeoMean)	800 Max	#/100mL	Parameter Company	Monthly	Grab
ЭН	Sample Measurement			7.3		7.8	S.U.	0	Daily, five days per week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 (Min)		8.5 (Max)	S.U.	m determina abrah	Dally, five days per week	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	SIGNATURA OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.		,	DATE (YY/MM/DD)	
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED POERT		+	7	1 -		
Paul Thompson, Lead Operator		386-937-1143	and the same	1/2	124	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). Calculated-Roll Ah-Avg. is the average of the current monthly average and the preceding	1 month's avreage.	ŧ	- 1	1	

NELAC CERTIFICATION NUMBER(S):

DISCHARGE MONTORING REPORT - PART A (Coninued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

Parameter	1	Quantitu	oflooding	Units		PERIODFrom:	11/01/2008	То	No.	11/30/08 Frequency	Sample Type
Parameter		Quantity	of Loading	Units	(Quality or Cor	icentration		Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	Daily, five days per week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min)			mg/L		Daily, five days per week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement	***************************************					4.19	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon.Site No. EFA-1	Permit Requirement				MINISTER CONTROL OF THE STATE O		12.0 Max	mg/L		Monthly	Grab
Flow	Sample Measurement	0.018		mgd					0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	0.030 (An.Avg.)		mgd	500 S 40 A A A A A A A A A A A A A A A A A A	0.000 0.000		***************************************		Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.021	0.021	mgd					0	Daily, five days per week	Recording flow meter and totalizer
PARM Code 50050 P Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (Three-Mo.	mgd	***************************************					Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement		The state of the s	***************************************	***************************************	273	· · · · · · · · · · · · · · · · · · ·	mg/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)	1807	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					356	4	mg/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)	The second secon	mg/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement		7	The second secon		***************************************	71.1%	Percent	0	Monthly	Calculated
PARM Code 00180 G Mon.Site No. CAL-1	Permit Requirement						Report (Mo.Total)	Percent		Monthly	Calculated

115

DAILY SAMPLE RESULTS - PART B

Permit Number:

FLA011742

Facility: Palm Port WWTP

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

	CBOD₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nirtrogen, Nirtate, Total (as N) (mg/L)	Flow (mgd)	CBOD5 (mg/L)	TSS (mg/L)
Code	80082	00530	74055	00400	50060	00620	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1	INF-1
1				7.7	2.2		0.024		
2	1			***************************************			0.029	**************************************	ANTONIO IL LITERIO DE LA CONTRACTORIO DE LA CONTRAC
3	· · · · · · · · · · · · · · · · · · ·			7.3	1.0		0.029	1	Anno was di me me me mana
4				7.6	2.2		0.021		
5		1		7.6	2.2		0.020		tomorphisms of Management vite in
6				7.5	2.2		0.019		Committee of Committee of the Action of the Committee of
7				7.6	2.2		0.026		***************************************
8			***************************************	7.4	2.2		0.022		
9			***************************************				0.026	***************************************	***************************************
10				7.7	2.2	***************************************	0.026		(() - () - () - () - () - () - () - ()
11	2.0 U+J	3.01	1.0 U	7.7	2.2	4.19	0.023	273 +	356
12				7.7	2.2		0.017		
13				7.8	2.2		0.022	, m	
14	**************************************		000	7.5	2.2		0.021		· · · · · · · · · · · · · · · · · · ·
15				7.4	2.2		0.022		((and ())) (and ()) (an
16			**************************************	CALLEGATION OF SALES MADE AND A STREET		e de como estados de como como como como como como como com	0.026		
17	and a second control of the second of the se	······································		7.4	2.2		0.026	K	
18	y a construction of the second		1	7.4	2.2	racional molecy — — — — — — — — — — — — — — — — — — —	0.019		
19	-		TO STATE OF THE ST	7.4	2.2	# 1	0.018	e - land year of the second of	
20	ng pandinakah, propositi di dipaganan panjanda di pada di P		0.001 (0.000 (((0.000 (4)) 1000 (40) - 1000 (100) (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (100) (1000 (1000 (100) (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (100) (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (100) (1000 (100) (100) (1000 (100) (1000 (100) (1000 (100) (100) (1000 (100) (100) (100) (100) (1000 (100) (100) (100) (100) (1000 (100) (100	7.5	2.2	WWW.com.com.com	0.020	C MODING BANK C MARKET CO. C.	
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22				7.5	2.2		0.020		
23				***************************************			0.015		33-13-2-K-2-1111
24				7.3	2.2		0.015	***************************************	Access to the second se
25	THE STATE OF THE S			7.4	2.2		0.017	1000 ments i 400 mars 3,000 m (s) — 40 m ments	
26	1			7.4	2.2		0.017		
27			per cent apartie (200) Long Troub Hear	7.5	2.2	readound to a la complete a factor of the control o	0.014		A SECTION AND ADDRESS OF THE PARTY OF THE PA
28	1			7.5	2.2	The second secon	0.024	Ny jerona ny kaominina dia mpikambana ao	
29				7.5	2.2		0.010		The second secon
30	AND STREET, ST	***************************************				- Total - Taxable - Caraba	0.016		
31									
Total	1	i i				i i	0.620		
Mo.Avg.	2U	3.0	1U	7.5	1.7	0.14	0.020		11

PLANT STAFFING:							
Day Shift Operators:	Class:	В	Certification No.:	12476	Name:	David Haring	
Evening Shift Operators:	Class:	С	Certification No.:	9320	Name:	Ralph Marriott	
Night Shift Operators:	Class:		Certification No.:		Name:		
Lead Operator.	Class:	Α	Certification No.:	4894	Name:	Paul Thompson	

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida, Inc.

PERMIT NUMBER

FLA011742

MAILING ADDRESS: Aqua Utilities Florida, Inc.

1100 Thomas Avenue

LIMIT: CLASS SIZE: Final N/A

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION:

COUNTY:

Leesburg, FL 34748 Palm Port WWTF

Dog Branch Road

Putnam

Off County Road 207A, west of East River

East Palatka, FL 32131

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

Rapid Infiltration Basin(s), including Influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 12/1/08

To 12/31/08

Parameter		Quantity	or Loading	Units	Qual	ity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.018		MGD					0	5 Days/Week	Meter
PARM Code 50050 Y Mon.Site No. EFA-1	Permit Requirement	0.03 (An.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	0.017	0.020	MGD					0	5 Days/Week	Meter
PARM Code 50050 A Mon.Site No. EFA-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo. Avg.)	MGD				I I		5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					67%		PER- CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Fire Cana 5.4	Report (Mo, Avg.)		PER- CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.9		MG/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3.7	3.7	MG/L	0	Monthly	Grab
PARM Code 80082 A Site No. EFA-1	Permit Requirement					30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
s, Total Suspended	Sample Measurement			F.		2.2		MG/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement					20,0 (An,Avg.)		MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
PAUL THOMPSON LEAD OPERATOR		352-787-098	09/01/23

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

Version: Januy DEP Form 62

910(10), Effective November 29, 1994

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DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Palin Port WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: 12/1/08

To 12/31/08

PERMIT NUMBER: FLA011742

Parameter		Quantity o	r Loading	Units	Qu	ality or Concentra	ntion	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				eleganic markey principal (and best of the Processor Section 1997)	<1.0	<1.0	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				-	30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					1.4		#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement		manus de la companya				<1.0	#/100ML	0	Monthly	Grab
I A Code 74055 A Mon.Site No. EFA-1	Permit Requirement						800 (Max.)	#/100ML		Monthly	Grab
pH	Sample Measurement				7.2		7.6	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-I	Permit Requirement				6,0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-I	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						4.0	MG/L	0	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-I	Permit Requirement						12.0 (Max.)	MG/L		Monthly	Gmb
BOD, Carbonaceous 5 day, 20C	Sample Measurement					282		MG/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					306		MG/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		MG/L		Monthly	Grab

DALL & SAMPLE RESULTS - PART B Facility:

Permit Number: Monitoring Period FLA011742

From: 12/1/08

To: 12/31/08

Palm Port WWTF

	Flow (MGD)	Percent Capacity, (TMADF/Permitted Capacity) x 100 (PERCENT)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)
Code	50050	00180	80082	00530	74055	00400	50060	00620	80082	00530 INF-1
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EFA-1 .015	CAL-1	EFA-1	EFA-1	EFA-1	EFA-1 7.3	EFA-1	EFA-1	INF-1	INF-I
2	.016			-		7.4	2.2			
3	.019			1		7.4	2.2			
4	.017		3.7	<1.0	<1.0	7.6	2.2	4.0	282	306
5	.016		, , , , , , , , , , , , , , , , , , ,	1		7.6	2.2			
6	.015					7.4	2.2+	 		
7	.015			<u> </u>		17.7				
						7.4	2.2			<u> </u>
8	.015									
9	.012					7.4	2.2			
10	.013					7.5	2.2			
11	.019					7.5	2.2			
12	.015					7.4	2.2			
13	.019					7.4	2.2			
14	.016									
15	.016					7.4	2.2			
16	.019	1				7.5	2.2			
17	.021					7.4	2.2			
18	.015					7.4	2.2			
	.023					7.4	2.2			
20	.016					7.4	2.2			
21	.020									
22	.020			1	 	7.3	2.2			
23	.020			+		7.3	2.2		1	
24	.014					7.4	2.2	 		
25	.019			+		7.4	2.2		 	
26	.021		 		-	7.2	2.2			
27	.018		-			7.2	2.2			
28	.018		-							
	.018		-		-	7.4	2.2		-	
29						7.4	2.2		-	-
30	.025				-	7.4	2.2			
31	.018					1.4	14.4			
Total										
Mo. Avg										

PLANT STAFFING: Day Shift Operator	Class:	С	Certificate No:	9320	Name:	Ralph Marriott	
Evening Shift Operator	Class:	В	Certificate No:	12476	Name:	David Haring	
Night Shift Operator	Class:		Certificate No:		Name:		
Lead Operator	Class:	Α	Certificate No:	4894	Name:	Paul Thompson	

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida, Inc.

PERMIT NUMBER

FLA011742

MAILING ADDRESS: Aqua Utilities Florida, Inc.

1100 Thomas Avenue

LIMIT: CLASS SIZE:

Final N/A

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Leesburg, FL 34748 Palm Port WWTF Dog Branch Road

Off County Road 207A, west of East River

East Palatka, FL 32131

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

Rapid Infiltration Basin(s), including Influent

COUNTY:

Putnam

NO DISCHARGE FROM SITE:

MONITORING PERIOD

From: 1/1/09

To 1/31/09

Parameter		Quantity	or Loading	Units	Quality or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.018		MGD				0	5 Days/Week	Meter
PARM Code 50050 Y Mon.Site No. EFA-1	Permit Requirement	0.03 (An.Avg.)		MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.015	0.018	MGD				n	5 Days/Week	Meter
PARM Code 50050 A Mon.Site No. EFA-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo. Avg.)	MGD					5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				59%		PER CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-I	Permit Requirement				Report (Mo, Avg.)		PER- CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.25		MG/L	ū	Monthly	Grab
PARM Code 80082 Y Mon,Site No, EFA-1	Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.6	6.6	MG/L	0	Monthly	Grab
PARM Code 80082 A Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Sonds, Total Suspended	Sample Measurement				2.5		MG/L	υ	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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	SIGNA	ruit	OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (Y)	//MM/	DD)
Paul Thompson, Lead Operator		0		386-937-1143	09/	02/	126

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

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DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Palm Port WWTF

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

To 1/31/09

PERMIT NUMBER: FLA011742

Parameter		Quantity or Loa	ding Units	Qi	ality or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				5.0	5.0	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	МОЛ		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			:	200 (An,Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement					<1.0	#/100ML	0	Monthly	Grab
. 4 Code 74055 A Mon.Site No. EFA-1	Permit Requirement					800 (Max.)	#/100MIL		Monthly	Grab
pH	Sample Measurement			7.2		7.6	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2		<u> </u>	MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-I	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					1.78	MG/L	0	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement					12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				216		MG/l.	Đ	Monthly	Grab
PARM Code 80082 G Mon, Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		MG/L	-	Monthly	Grab
Solids, Total Suspended	Sample Measurement				184		MG/L	Q	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		MG/L		Monthly	Grab

DAIL: SAMPLE RESULTS - PART B

Permit Number: Monitoring Period FLA011742

From: 1/1/09

To: 1/31/09

Facility: Palm Port WWTF

	Flow (MGD)	Percent Capacity, (TMADF/Permitted Capacity) x 100 (PERCENT)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L
Code on, Site	50050 EFA-1	00180 CAL-1	80082 EFA-1	00530	74055	00400	50060	00620	80082	00530
1	.019	C/(I,-1	ELV-1	EFA-I	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
2	.015					7.2	2.2			
3	.014					7.2	2.2+			
4	.015									
5	.015					7.3	2.2			
6	.018			<u> </u>		7.5	2.2			
7	.018					7.4	2.2		·	
8	.015		6.6	5.0	<1.0	7.5	2.2	1.78	216	184
9	.019				-1.0	7.5	2.2	1.70	210	104
10	.013					7.4	2.2			<u> </u>
11	.014	· · · · · · · · · · · · · · · · · · ·				/.7	£.4			-
12	.015					7.3	2.2			
13	.023					7.3	2.2			
14	.014					7.3	2.2			
15	.015					7.5	2.2			-
16	.018					7.5	2.2			
17	.015					7.5	2.2			
V*	.013					1.3	4.2			<u> </u>
1.	.014				· I	7.6	2.2			
20	.014					7.5	2.2			
21	.010					7.5	2.2			ļ
22	012		***************************************			7.5	2.2			
23	.010						_L			
24	.010		 			7.6 7.4	2.2			1
25	.014				······································	/ : · · ·	2.2*			
26	.015					7.6	2.2		·	
27	011					7.6	2.2			
28	.012					7.6	2.2			
29	.010					7.4	2.2			
30	.018	***************************************				7.5	2.2			
31	.013					7.5	2.2			
	.013					7.4	2.2		шіо, а а рад з <u>з з з з з з з з з з з з з з з з з з</u>	
otal					W					
. Avg										

ay Shift Operator Class: Certificate No: C 9320 Name: Ralph Marriott zening Shift Operator Class. Certificate No: В 12476 Name; David Haring ight Shift Operator Class: Certificate No: Name: ad Cator Class: Α Certificate No: 4894 Name: Paul Thompson

Winen Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590

PERMITTEE NAME: Agua Utilities Florida, Inc.

MAILING ADDRESS: Aqua Utilities Florida, Inc.

1100 Thomas Avenue

Lecsburg, FL 34748

FACILITY: Palm Port WWTF LOCATION: Dog Branch Road

Off County Road 207A, west of East River

East Palatka, FL 32131

COUNTY: Putnam PERMIT NUMBER

FLA011742

LIMIT: CLASS SIZE: Final N/A

REPORT: GROUP:

Monthly Domestic

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

Rapid Infiltration Basin(s), including Influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 2/1/09 To 2/28/09

Parameter		Quantity or Loading		Units	Qua				No. Ex.	Frequency of Analysis	Sample Type
F1	Sample Measurement	0.018		MGD	·				0	5 Days/Week	Meter
PARM Code 50050 Y Mon Site No. EFA-1	Permit Requirement	0.03 (An.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	0.015	0.015	MGD					o	5 Days/Week	Meter
PARM Code 50050 A Mon.Site No. EFA-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement		-			52%		PER- CENT	o	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement					Report (Mo. Avg.)		PER- CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3.6		MG/L	o	Monthly	Grah
PARM Code 80082 Y Mon.Site No. EFA-I	Permit Requirement					20.0 (An.Avg.)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					7.3	7.3	MG/L	ę.	Monthly	Grab
P · RM Code 80082 A _Site No. EFA-1	Permit Requirement					30.0 (Mo,Avg.)	60.0 (Max.)	MG1.		Monthly	Grab
Solids, Total Suspended	Sample Measurement					2.3		MG/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNA	TPR	ξO	F PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (Y/MM/I	DD)
Paul Thompson, Lead Operator			1		386-937-1143	~	-/	
		¥	_			107/	<u>US/</u>	26

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

Version: Ja(21, 2009

DEP Form & J0 910/10) Effective November 29, 1994

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Palm Port WWTF

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

To 2/28/09

PERMIT NUMBER: FLA011742

Parameter		Quantity or Loading	Units	Qua	ality or Concentra	ntion	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				<1.0	<1.0	MÔ4.	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement			· · · · · · ·	30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0		#/100ML	c	Monthly	Grah
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)		#/100MIL		Monthly	Grab
Coliform, Fecal	Sample Measurement					<1,0	HATOOML	Ð	Monthly	Grab
M Code 74055 A Mon,Site No. EFA-1	Permit Requirement					800 (Max.)	#/100ML		Monthly	Grab
pH	Sample Measurement			6.7		7.7	SU	e	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.2			MG/L	o	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					1.91	MG/L	0	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement					12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				136		MG/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement	·			Report (Mo.Avg.)		MG/L		Monthly	Grab
Salids, Total Suspended	Sample Measurement				154		MG/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No: INF-1	Permit Requirement				Report (Mo.Avg.)		MG/L		Monthly	Grab

DAIL: SAMPLE RESULTS - PART B

Permit Number: Monitoring Period FLA011742

From: 2/1/09

To: 2/28/09

Facility:

Palin Port WWTF

	Flow (MGD)	Percent Capacity, (TMADF/Permitted Capacity) x 100 (PERCENT)	CBODS (MG/L)	TSS (MG/L)	Fecal Coliform Bactería (4/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBODS (MG/L)	TSS (MG/L)
Code Mon. Site	50050 EFA-1	00180 CAL-1	80082 EFA-1	00530 EFA-1	74055 EFA-1	00400 EFA-1	50060 EFA-1	00620 EFA-1	80082 INF-1	00530 INF-1
NION. SHE	016	CAL-1	EIAH	LIAT	a an	L 613-1.	1.175-1	1.174-3	1, 11 - 1 	
	017					7 7	2.2			
3	023			<u> </u>	· · · · · · · · · · · · · · · · · · ·	7.2	2.2		- 1,0	
4	.012					7.2	1.5			
5	.016			†		7.8	2.2			
6	.015					7.6	2.2			
7	.016					7.4	2.2			
8	.014			·						
9	.015					7.4	2.2			
10	.013					7.4	2.2			
11	.012					7.5	2.2			
12	.010		7.3	<1.0	<1.0	7.6	2.2	1.91	136	154
13	.015					7.4	2.2			
14	.016			<u> </u>		7.5	2.2+			
15	.014									
16	.014					7.4	2.2			
17	.015					7.5	2,2			
	.014					7.6	2.2			
19	.013					7.1	1.2			
20	014					7.3	2,2			
21	.012					7.3	2.2			
22	.018									
23	.018					7.1	2.2			
24	.016					7:0	2.2			
25	.013					6.9	2.2			
26	.012					6.8	2.2			
27	.015					6.8	2.2			
28	.011				1	6.7	2.2			
29										
30										
31										
Total										
Mo. Avg.			1							

PLANT STAFFING: Day Shift Operator	Class:	_C	Certificate No:	9320	Name:	Ralph Marriott
Evening Shift Operator	Class:	_B	Certificate No:	12476	Name:	David Haring
Night Shift Operator	Class		Certificate No		Name:	
rerator	Class.	Α	Certificate No:	4894	Name:	Paul Thompson

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

NO DISCHARGE FROM SITE:

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590 PERMITTEE NAME: Agua Utilities Florida, Inc. PERMIT NUMBER FLA011742 MAILING ADDRESS: Aqua Utilities Florida, Inc. 1100 Thomas Avenue LIMIT: Final REPORT: Monthly Leesburg, FL 34748 CLASS SIZE: N/A GROUP: Domestic FACILITY: Palm Port WWTF LOCATION Dog Branch Road MONITORING GROUP NUMBER: R-001 Off County Road 207A, west of East River MONITORING GROUP DESC: Rapid Infiltration Basin(s), including Influent East Palatka, FL 32131

MONITORING PERIOD From: 3/1/09 To 3/31/09 Parameter Quantity or Loading Units **Ouality or Concentration** Frequency of Units No. Sample Type Analysis Ex. MGD Sample 5 Days/Week Meter Measurement 0.018 PARM Code 50050 Υ 0.03 Permit MGD 5 Days/Week Meter Mon.Site No. EFA-1 Requirement (An.Avg.) Flow Sample MGD 5 Days/Week Meter Measurement 0.015 0.015 PARM Code 50050 A Permit Report Report MGD 5 Davs/Week Meter Mon Site No. EFA-1 Requirement (Mo.Avg.) (3-Mo, Avg.) Percent Capacity, Sample PER-Monthly Calculated (TMADF/Permitted Capacity) x Measurement CENT 100 50% PARM Code 00180 Permit Report PER-Monthly Calculated Mon.Site No. CAL-1 Requirement CENT (Mo. Avg.) BOD, Carbonaceous 5 day, 20C Sample MG/L Monthly Grab Measurement 3.5 PARM Code 80082 Permit 20.0 MG/L Monthly Grab Mon.Site No. EFA-1 Requirement (An.Avg.) BOD, Carbonaceous 5 day, 20C Sample MG/L Monthly Grab Measurement < 2.0 < 2.0 P 11 Code 80082 Α Permit 30.0 60.0 MG/L Monthly Grab Lite No. EFA-1 Requirement (Mo.Avg.) (Max.) Solids, Total Suspended Sample MG/L Monthly Grab Measurement 2.2 PARM Code 00530 Y Permit 20.0 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.

(An.Avg.)

	SIGNATURE	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		1	386-937-1143	
			1	107/04/27

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

Requirement

COUNTY:

Mon.Site No. EFA-1

Putnam

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY. Palm Port WWTF

MONITORING GROUP NUMBER, R-001

To 3/31/09

PERMIT NUMBER, FLA011742

MONITORING PERIOD From 3/1/09

Parameter		Quantity or	Loading	Units	Qu	ality or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					2.0	2.0	MG/L	o	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement					30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					<1.0		#/100ML	0	Monthly	Сгав
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement						<1.0	#/100ML	o o	Monthly	Grab
P. 4 Code 74055 A Mon.Site No. EFA-1	Permit Requirement						800 (Max.)	#/100ML		Monthly	Grab
рН	Sample Measurement				6.6		7.5	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	su		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			MGAL	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		••••				8.21	MG/L	ů	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement						12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					172		MG/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		мсл.		Monthly	Grab
S :, Total Suspended	Sample Measurement					320		MG/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		MG/L	l	Monthly	Grab

DAIL SAMPLE RESULTS - PART B

Permit Number
 Monitoring Period

FLA011742

From. 3/1/09

3/1/09 To: 3/31/09

Facility.

Palm Port WWTF

(Flow (MGD)	Percent Capacity, (TMADE/Permitted Capacity) x 100 (PERCENT)	CBODS (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L
ode	50050	00180	80082	00530	74055	00400	50060	00620	80082	00530
i, Site I	EFA-1 013	CAL-I	EFA-L	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
2	014					6.7	1.6			-
3	017					6.6	2.0			
4	.014			 		6.6	1.9			
5	.014			<u> </u>		6.6	1.3			
6	010					6.7	19			
7	.012			1		7.1	2.0			-
8	014	<u></u>						<u> </u>		-
y)	014					6.9	1.1			
10	.020					6.9	1.0			
1	.011					6.9	2.2			
12	.012				- 11	6.9	2.2			
13	016					7.0	2.2			
14	.016					7.1	2.2			-
5	.016									
6	017					7.1	1.0			
17	.017					7.2	2.2			***************************************
18	.012		<2.0	2.01	<1.0	7.3	2.2	8.21	172	320
Ē.	.019					7.1	2.0			
20	.015					7.2	2 2	1		
2]	019					7.2	2.2			
22	014									
2.3	015					7.3	2.2			
24	016					7.5	2.2			
25	.021					7.4	2.2			
26	018					7.3	2.2			
	.016					7.3	2 2			
28	.022					7 3	2.2+			
29	.014									
30	.015					7.2	2.2			
31	.014					7.4	2 2			
otal										
Avg.										

· Shift Operator	Class	<u>C</u>	Certificate No:	9320	Name:	Ralph Marriott
ning Shift Operator	Class:	В	Certificate No.	12476	Name.	David Haring
ht Shift Operator	Class:	•	Certificate No:		Name	
d Operator	Class:	_A	Certificate No:	4894	Name:	Paul Thompson

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida, Inc.

MAILING ADDRESS: Aqua Utilities Florida, Inc.

1100 Thomas Avenue

Leesburg, FL 34748 Palm Port WWTF

Dog Branch Road

Off County Road 207A, west of East River

East Palatka, FL 32131

COUNTY: Putnam

FACILITY:

LOCATION:

PERMIT NUMBER

FLA011742

LIMIT: CLASS SIZE: Final N/A

REPORT: GROUP:

Monthly Domestic

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

Rapid Infiltration Basin(s), including Influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 4/1/09

To 4/30/09

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	0.018	MGD			o	5 Days/Week	Метет
PARM Code 50050 Y Mon.Site No. EFA-1	Permit Requirement	0.03 (An.Avg.)	MGD				5 Days/Week	Meter
Flow	Sample Measurement	0.015 0.015	MGD			a	5 Days/Week	Meter
PARM Code 50050 A Mon.Site No. EFA-1	Permit Requirement	Report Report (Mo.Avg.) (3-Mo. Avg.)	MGD				5 Days/Week	Meter
Percent Capacity, (TMADE/Permitted Capacity) x 100	Sample Measurement			50%	PER- CENT	Q	Monthly	Calculated
PARM Code 00180 P Mon Site No. CAL-1	Permit Requirement	Control of the Contro		Report (Mo. Avg.)	PER- CENT		Monthly	Calculated 3
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.5	MG/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-I	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab .
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2.0 <2.0	MG/L	0	Monthly	Grab
IM Code 80082 A	Permit Requirement			30.0 60.0 (Mo.Avg.) (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.1	MG/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATU	Der (OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (Y	Y/MM	/DD)
Paul Thompson, Lead Operator		,	_	386-937-1143		_]	
		4			09	os j	21

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

Version: Jan 21, 2009

- 3 910(10) Effective November 29 1994

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Palm Port WWTF

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

To 4/30/09

PERMIT NUMBER: FLA011742

Parameter		Quantity or Loading	Units	Qua	lity or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				<1.0	<1.0	MG/L	Ð	Monthly	Grab
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement			La vizin La vizin La vizin	30.0 (Mo.Ayg.)	60.0 (Max.)	MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An.Avg.)	4	#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement					<1.0	#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement					800 (Max.)	#/100ML		Monthly	Grab
pH	Sample Measurement			7.1		7.8	su	٥	5 Days/Week	Grab
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	SU	T	5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.1			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. EFA-1	Permit Requirement		.15	0.5 (Min.)	: #1 · · · · · · · · · · · · · · · · · ·		MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					7.14	MG/L	0	Monthly	Grab
PARM Code 00620 A Mon Site No. EFA-1	Permit Requirement				14. 14.	12.0 (Max.)	MG/L	- 4. - 7.	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				221		MG/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		MG/L		Monthly	Grab
ds, Total Suspended	Sample Measurement				410		MG/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Pennit Requirement			1	Report (Mo.Avg.)		MG/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period

FLA011742

From: 4/1/09

To: 4/30/09

Facility:

Palm Port WWTF

	Flow (MGD)	Percent Capacity, (TMADF/Permitted Capacity) x 100 (PERCENT)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)
Code Mon. Site	50050 EFA-1	00180	80082	00530	74055	00400	50060	00620	80082	00530
1	.018	CAL-1	EFA-I	EFA-1	EFA-1	EFA-1 7.4	EFA-1 2.2	EFA-1	INF-1	INF-1
2	.017					7.3	2.2			
3	.012					7.3	2.2			
4	.013		*			1.3	2.2			
5	.015	·	· · · · · · · · · · · · · · · · · · ·							ļ
6	.015			 		7.3	2.2	<u> </u>		
7	.013	<u>, , , , , , , , , , , , , , , , , , , </u>		<u> </u>		7.4	2.2			
8	.011		< 2.0	<1.0	<1.0	7.5	2.2	7.14	771	1210
9	.011	***************************************		···	-1.0	7.5	2.2	7.14	221	410
10	.015		<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>		7.4	2.2			
11	.009			 		7.4	2.2			
12	.016					7.7	2.4			
13	.017					7.2	2.2			
14	.018					7.4	2.2			
15	.003					7.8	2.2			
16	.043					7.1	1.1		·	
17	.019		<u> </u>			7.3	1.5			
<u>/**.</u>	.019					7.3	2.2+			
	014					· · ·				
20	.015		-			7.3	2.2			
21	.010			ļ		7.3	2.2			
22	.015				······································	7.4	2.2			
23	.011	7.11.			·····	7.3	2.2			
24	.020					7.4	2.2			
25	.014					7.4	2.2			
26	.018				***************************************					
27	.019					7.3	2.2			
28	.012					7.4	2.2		- MAULE	
29	.013		······································			7.4	2.2			
30	.010					·	2.2			
31										
Total										
Mo. Avg.										

Day Shift Operator

Class:

Certificate No:

9320

Name:

Name:

Ralph Marriott Name:

Evening Shift Operator

Class:

Certificate No

12476

David Haring

vight Shift Operator

Class:

Certificate No:

.ead Ocrator

Class:

Certificate No:

4894 Name: Paul Thompson

1

Version: January 21, 2009 DEP Form 62-620.910(10), Effective November 29, 1994

When Completed mall this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida, Inc.

MAILING ADDRESS: Aqua Utilities Florida, Inc.

FACILITY:

COUNTY

LOCATION:

1100 Thomas Avenue

Leesburg, FL 34748

Palm Port WWTF Dog Branch Road

Off County Road 207A, west of East River

East Palatka, FL 32131

Putnam.

PERMIT NUMBER

FLA011742

LIMIT: CLASS SIZE: Final N/A

(An, Avg.)

REPORT:

MC/L

Monthly

Grab

Monthly

GROUP:

Domestic

MONITORING GROUP DESC: Rapid Infiltration Basin(s), including Influent

MONITORING GROUP NUMBER: R-001

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: May 1, 2009

31,2009

To May

Frequency of Sample Type Quantity or Loading Units **Quality or Concentration** Units No. Parameter Analysis Ex MGD Sample 5 Days/Week Meter Measurement 0.018 0.03 MGD 5 Days/Week Meter PARM Code 50050 Y Permit Mon Site No. EFA-1 Requirement (An, Avg.) MGD Meter Sample 5 Days/Week Flow 0.019 Measurement 0.016 MGD Report 5 Days/Week Meter Permit Report PARM Code 50050 A Mon, Site No. EFA-1 Requirement (Mo.Avg.) (3-Mo. Avg.) PER-Monthly Calculated Percent Capacity. Sample CENT (TMADF/Permitted Capacity) x 100 Measurement 63% Report PER-Monthly Calculated PARM Code 00180 Permit CENT Mon. Site No. CAL-1 Requirement (Mo. Avg.) MG/L BOD, Carbonaceous 5 day, 20C Sample Monthly Grab Measurement 3.6 20.0 MG/L Grab PARM Code 80082 Y Permit Monthly Mon.Site No. EFA-1 Requirement (An.Avg.) BOD, Carbonaceous 5 day, 20C MG/L Monthly Grab Sample Measurement 3.5 3.5 *RM Code 80082 Permit 30.0 60.0 MG/L Monthly Grah A 1 Site No. EFA-1 Requirement (Mo.Avg.) (Max.) Solids, Total Suspended Sample MC/L Monthly Grab Measurement 2.2 20.0

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.

Paul Thompson, Lead Operator	
. I I I I I I I I I I I I I I I I I I I	1.11.0
	106 JV

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

Version: Jar 21, 2009 DEP Form &

PARM Code 00530

Mon.Site No. EFA-1

Y

__0.910(10), Effective November 29, 1994

Permit

Requirement

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Palm Port WWTF

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: May 1, 200 To May 31, 2009

PERMIT NUMBER: FLA011742

Parameter		Quantity or Loading	Units	Qua	ality or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				3.0	3.0	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Mouthly	Grab
Coliform, Fecal	Sample Measurement				0.5	_	#/100ML	0	Monthly	Gnab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An.Avg.)		#/TOOME.		Monthly	Cirab
Coliform, Fecal	Sample Measurement					1.0	#/100ML	0	Monthly	Grab
RM Code 74055 A	Permit Requirement					800 (Max.)	#/100ML		Monthly	Grab
pH	Sample Measurement			7.0		7.6	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A. Mon.Site No. EFA-I	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					5.83	MG/1.	0	Monthly	Grab
PARM Code 00620 A Mon,Site No. EFA-1	Permit Requirement					12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement						MG/L	0	Monthly	Grab
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement				Report (Mo,Avg.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			•			MG/L	0	Monthly	Grab
ARM Code 00530 G JRL Site No. 1NF-1	Pennit Requirement				Report (Mo.Avg.)		MG/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B Facility:

Permit Number: Monitoring Period FLA011742 From:May 1, 2009

To: May 31, 2009

Palm Port WWTF

	Flow (MGD)	Percent Capacity, (TMADF/Permitted Capacity) x 100 (PERCENT)	CBODS (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	рН (SU)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBQD5 (MG/L)	TSS (MG/L)
Code	50050	00180	80082	00530	74055	00400	50060	00620	80082	00530
Mon. Site	EFA-1	CAL-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
2	0.014		······································			7.3	2.2			
3	0.015			ļ		7,3	2.1			
4	0.034					7.3	2.2			
5	0.012		3.5	3	<1	7.5	2.2	5.83	124	204
6	0.011					7.4	2.2			
7	0.017					7.4	2.2			
8	0.014		·			7.4	2.2			
9	0.014					7.3	2.2	1		
10							- "chi adamin.		**************************************	
11	0.022					7.3	2.2			
12	0.016					7.3	2.2			
13	0.013					7.4	2.2			
14	0.012					7.3	2.2			*
15	0.015					7,3	2.2			
16	0.012					7.3	2.2			
17	7.01						4.2			-
	0.026					7.4	2.2			
. 4	0.016					7.4	2.2			
20	0.048					7.2	1	† <u>-</u>		<u> </u>
21	0.066			<u> </u>		7	2.2			
22	0.031			<u> </u>		7	2.2		,	
23	0.033			<u> </u>						
24	0.033					7.2	2.2			
25	0,049				·	7.		 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
26	0.049					7.5	2.2			
27			 			7.6	2.2			
28	0.023				## Imminanu	7.5	2.2			
29	0.021			-		7.5	2.2	 		
30	0.019					7.6	2.2			
31	0.029					7:4	2.2			
Lotal	0.014		77.712			7.3	2.2			
			Marine					<u> </u>		
Mo. Avg.										

PLANT STAFFING: Day Shift Operator	Class:	<u>C</u>	Certificate No:	9320	Name:	Ralph Marriott
Evening Shift Operator	Class:	В	Certificate No:	12476	Name:	David Haring
Night Shift Operator	Class:		Certificate No:		Name:	
Le verator	Class:	Α	Certificate No:	4894	Name:	Paul Thompson

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida, Inc.

MAILING ADDRESS: Aqua Utilities Florida, Inc.

1100 Thomas Avenue

Leesburg, FL 34748 Palm Port WWTF

Dog Branch Road

Off County Road 207A, west of East River

East Palatka, FL 32131

COUNTY: Putnam

FACILITY: LOCATION: PERMIT NUMBER

FLA011742

LIMIT: CLASS SIZE: Final N/A

REPORT GROUP:

Monthly Domestic

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

Rapid Infiltration Basin(s), including Influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD

From: June 1, 2009 To June 30,

2009

Parameter		Quantity	or Loading	Units	Quality or Concentra	ation Un		No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	0.018		MGD				0	5 Days/Week	Meter
PARM Code 50050 Y Mon.Site No. EFA-1	Permit Requirement	0.03 (An.Avg.)		MGD					5 Days/Weck	Meter
Flow	Sample Measurement	0.016	0.016	MGD		· · · · · · · · · · · · · · · · · · ·		0	5 Days/Week	Meter
PARM Code 50050 A Mon.Site No. EFA-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo. Avg.)	MGD					5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				53%		PER- CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report (Mo. Avg.)		PER- CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.7	· · · · · · · · · · · · · · · · · · ·	MG/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.6	2.6	MG/L	0	Monthly	Grab
PARM Code 80082 A Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.2		MG/L	0	Monthly	Grah
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20,0 (An.Avg.)		MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNA	7 0i	RE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (Y	Y/MM/D	D)	1
Paul Thompson, Lead Operator			~	386-937-1143		<u> </u>		İ
		1			09	07	24	-
AND THE AREA SETT IN LEAST AND AND AND AREA AND		.				7		

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

Version: Jap 21, 2009

h 910(10) Effective November 29, 1994

FACILITY:

Palm Port WWTF

DISCHARGE MONITORING REPORT - PART A (Continued) MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: June 1, 2009 To June 30, 2009

Parameter		Quantity or Loading	Units	Qua	ality or Concentra	ıtion	Units	No.	Frequency of	Sample Type
					•			Ex.	Analysis	
Solids, Total Suspended	Sample						МСЛ.		Monthly	Grab
•	Measurement				2.0	2.0		0		
PARM Code 00530 A	Permit				30.0	60.0	MG/L		Monthly	Grab
Mon Site No. EFA-1	Requirement				(Mo.Avg.)	(Max.)	1			
Coliform, Fecal	Sample						#/100ML		Monthly	Grab
	Measurement				0.6		.1.	0_		
PARM Code 74055 Y	Permit				200		#/100MIL		Monthly	Grab
Mon Site No. EFA-I	Requirement				(An.Avg.)					
Coliform, Fecal	Sample			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			#/100ML		Monthly	Grab
	Measurement					1.0		0		
1M Code 74055 A	Permit					800	#/100ML		Monthly	Grab
Mon.Site No. EFA-I	Requirement					(Max.)				
pH	Sample			,			SU		5 Days/Week	Grab
•	Measurement			7.3		7.6		0		
PARM Code 00400 A	Permit			6.0		8.5	su		5 Days/Week	Grab
Mon.Site No. EFA-1	Requirement	<u> </u>		(Min.)		(Max.)				
Total Residual Chlorine (For	Sample	· · · · · · ·					MG/L		5 Days/Week	Grab
Disinfection)	Measurement			1.2				0		
PARM Code 50060 A	Permit			0.5			MG/L		5 Days/Week	Grab
Mon Site No. EFA-1	Requirement			(Min.)						
Nitrogen, Nitrate, Total (as N)	Sample						MG/L		Monthly	Grab
	Measurement					4.87		0		
PARM Code 00620 A	Permit					12.0	MG/L		Monthly	Grab
Mon.Site No. EFA-1	Requirement					(Max.)				
BOD, Carbonaceous 5 day, 20C	Sample						MG/L		Monthly	Grab
	Measurement				120			0		
PARM Code 80082 G	Permit				Report		MG/L		Monthly	Grab
Mon Site No. INF-1	Requirement				(Mo.Avg.)					
Solids, Total Suspended	Sample						MG/L		Monthly	Grab
	Measurement				136			0		
-√KM Code 00530 G	Permit				Report	·	MGAL		Monthly	Grab
Mon.Site No. INF-1	Requirement		<u> </u>		(Mo.Avg.)				, and the second	

2

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period FLA011742

From:June 1, 2009 to June 30, 2009

Facility

Palm Port WWTF

Code 50050 10 10 10 10 10 15 14 15 16 10 15 14 15 16 16 10 17 12 16 16 10 17 17 18 18 19 16 10 10 15 14 15 16 16 16 17 18 18 18 19 19 19 19 19	ercent Capacity, MADF/Permitted Capacity) x 100 (PERCENT)	CBÓD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBODS (MG/L)	TSS (MG/L)
2 0.012 3 0.015 4 0.015 5 0.016 6 0.018 7 8 0.036 9 0.016 10 0.018 11 0.017 12 0.015 13 0.015 14 15 0.033 16 0.014 17 0.019 17 0.015 19 0.015 20 0.013 21 22 0.031 22 0.031 23 0.017 24 0.014 25 0.018 26 0.014 27 0.013 28 29 0.032 30 0.012	00180 CAL-1	80082 EFA-1	00530 EFA-1	74055 EFA-I	00400 EFA-1	50060 EFA-I	00620 EFA-I	80082 INF-1	00530 INF-1
3 0.012 4 0.015 5 0.016 6 0.018 7 8 0.036 9 0.016 10 0.018 11 0.017 12 0.015 13 0.015 14 15 0.033 16 0.014 17 0.019 1 0.015 20 0.013 21 22 0.031 23 0.017 24 0.014 25 0.018 26 0.014 27 0.013 28 29 0.032 30 0.012					7.6	2.2			
0.015					7.6	2.2		'' ''' '' '' ''	<u> </u>
5 0.015 6 0.018 7 8 0.036 9 0.016 10 0.018 11 0.017 12 0.015 13 0.015 14 15 0.033 16 0.014 17 0.019 17 0.015 20 0.013 21 22 0.031 23 0.017 24 0.014 25 0.018 26 0.014 27 0.013 28 29 0.032 30 0.012					7.6	2.2			
6 0.018 7 8 0.036 9 0.016 10 0.018 11 0.017 12 0.015 13 0.015 14 15 0.033 16 0.014 17 0.019 1/ 0.015 20 0.013 21 22 0.031 22 0.031 23 0.017 24 0.014 25 0.018 26 0.014 27 0.013 28 29 0.032 30 0.012		2.6	2	<1.0	7.6	2.2	4.87	120	136
7 8 0.036 9 0.016 10 0.018 11 0.017 12 0.015 13 0.015 14 15 0.033 16 0.014 17 0.019 17 0.015 19 0.015 20 0.013 21 22 0.031 22 0.031 23 0.017 24 0.014 25 0.018 26 0.014 27 0.013 28 29 0.032 30 0.012					7.6	2.2			
8 0.036 9 0.016 10 0.018 11 0.017 12 0.015 13 0.015 14 15 0.033 16 0.014 17 0.019 1 0.015 20 0.013 21 22 0.031 23 0.017 24 0.014 25 0.018 26 0.014 27 0.013 28 29 0.032 30 0.012					7.5	2.2			
9 0.036 10 0.018 11 0.017 12 0.015 13 0.015 14 15 0.033 16 0.014 17 0.019 1/ 0.015 20 0.013 21 22 0.031 22 0.031 23 0.017 24 0.014 25 0.018 26 0.014 27 0.013 28 29 0.032 30 0.012									
10					7.5	2.2			
11					7.5	2.2			
12 0.015 13 0.015 14 15 0.033 16 0.014 17 0.019 17 0.015 19 0.015 20 0.013 21 22 0.031 23 0.017 24 0.014 25 0.018 26 0.014 27 0.013 28 29 0.032 30 0.012					7.6	2.2			
13					7.5	2.2			
13 0.015 14 15 0.033 16 0.014 17 0.019 17 0.015 19 0.015 20 0.013 21 22 0.031 22 0.031 23 0.017 24 0.014 25 0.018 26 0.014 27 0.013 28 29 0.032 30 0.012					7.5	2.2		····	
14 15 0.033 16 0.014 17 0.019 17 0.015 19 0.015 20 0.013 21 22 0.031 23 0.017 24 0.014 25 0.018 26 0.014 27 0.013 28 29 0.032 30 0.012				***************************************	7.5	2.2			
16 0.014 17 0.019 17 0.015 19 0.015 20 0.013 21 22 0.031 23 0.017 24 0.014 25 0.018 26 0.014 27 0.013 28 29 0.032 30 0.012					7.3	£.£			
16 0 014 17 0 019 17 0 015 19 0 015 20 0 013 21 22 0 031 23 0 017 24 0 014 25 0 018 26 0 014 27 0 013 28 29 0 032 30 0 012					7.6	2.2		·····	
17 0.019 17 0.015 19 0.015 20 0.013 21 22 0.031 23 0.017 24 0.014 25 0.018 26 0.014 27 0.013 28 29 0.032 30 0.012					7.6	2.2		· · · · · · · · · · · · · · · · · · ·	
1/ 0.015 19 0.015 20 0.013 21 22 0.031 23 0.017 24 0.014 25 0.018 26 0.014 27 0.013 28 29 0.032 30 0.012					7.5	2.2			
19 0.015 20 0.013 21 22 22 0.031 23 0.017 24 0.014 25 0.018 26 0.014 27 0.013 28 29 30 0.012					7.5	2.2			
20 0.013 21 22 0.031 23 0.017 24 0.014 25 0.018 26 0.014 27 0.013 28 29 0.032 30 0.012					7.5	2.2		***	
21 22 0.031 23 0.017 24 0.014 25 0.018 26 0.014 27 0.013 28 29 0.032 30 0.012					7.4	1.2			
23 0.017 24 0.014 25 0.018 26 0.014 27 0.013 28 29 0.032 30 0.012						+,4			
23 0.017 24 0.014 25 0.018 26 0.014 27 0.013 28 29 0.032 30 0.012					7.5	3.3			
24 0.014 25 0.018 26 0.014 27 0.013 28 29 0.032 30 0.012					7.5	2.2			
25 0.018 26 0.014 27 0.013 28 29 0.032 30 0.012					7.6	2.2			
26 0.014 27 0.013 28 29 0.032 30 0.012					7.5				
27 0.013 28 29 0.032 30 0.012					7.5	2.2			
28 29 0.032 30 0.012					7.5	1.2			
30 0.012					7,1	2.2			
30 0.012					-, -				
31 1 1 1 1 1					7.3	13			
a I					7.3	2.2			
Total 0.489				1					
o Avg. 0.016				L.					

ANT STAFFING: sy Shift Operator	Class	C)	Curtificate Ma	0.000		
ty Shift Operator	C.1455		Certificate No:	9320	Name:	Ralph Marriott
ening Shift Operator	Class:	В	Certificate No	12476	Name:	David Haring
ght Shift Operator	Class:		Certificate No:		Name:	
ad one of	Class:	_A	Certificate No:	4894	Name.	Paul Thompson

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymendows Way, Suite B200, Jacksonville, FL, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida, Inc.

MAILING ADDRESS: Aqua Utilities Florida, Inc.

1100 Thomas Avenue

Leesburg, FL 34748

FACILITY: Palm Port WWTF LOCATION. Dog Branch Road

Off County Road 207A, west of East River

East Palatka, FL 32131

COUNTY: Putnam

Version: Januar

PERMIT NUMBER

FLA011742

LIMIT: CLASS SIZE: Final N/A REPORT: GROUP: Monthly Domestic

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC: Rapid Infiltration Basin(s), including influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: July 1, 2009 To July 31, 2009

Parameter		Quantity	or Loading	Units	Quality or Concentra	Quality or Concentration		No. Ex.	Frequency of Analysis	Sample Type
f.	Sample Measurement	0,018		MGD				0	5 Days/Week	Meter
PARM Code 50050 Y Mon.Site No. EFA-1	Permit Requirement	0.03 (An.Avg.)		MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.019	0.018	MGD				G	5 Days/Week	Meter
PARM Code 50050 A Mon.Site No. EFA-1	Permit Requirement	Report (Mo.Avg.)	Report (J-Mo. Avg.)	MGD					5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				63%		PER- CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report (Mo. Avg.)	······································	PER- CENT	1	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.7		MG/L	0	Monthly	Grab
	Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab
	Sample Measurement				2.0	2.0	MG/L	a	Monthly	Grab
Mor Site No. EFA-1	Permit Requirement				30,0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
	Sample Measurement				2.2		MG/L	0	Monthly	Grab
	Permit Requirement				20.0 (An.Avg.)		MO1.		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	SIGNATI	YRE O	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (ΥΥ:MM/D)D)
Paul Thompson, Lead Operator		2		386-937-1143	09	08)	26
	سي						

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Palm Port WWTF

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: July 1, 1009 To July 31, 2009

PERMIT NUMBER: FLA011742

Parameter		Quantity or Loading	Units	Qua	Quality or Concentration				Frequency of Analysis	Sample Type
Solids, Fotal Suspended	Sample Measurement			······································	2.0	2.0	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				0.6	7	#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Messurement					<1.0	#/100ML	0	Monthly	Grab
P/ Code 74055 A Mon.Sife No. EFA-I	Permit Requirement			<u> </u>		800 (Max.)	#/100ML		Monthly	Grab
pH	Sample Measurement			7.3		7.8	SU		5 Days/Week	Grab
PARM Code 00400 A Mon, Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			20			MGT		5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-I	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Gnab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					[0.9	MG/L		Monthly	Grab
PARM Code 00620 A MonSite No. EFA-1	Permit Requirement					12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				114		MG/L		Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			-	152		MG/L		Monthly	Grab
PA Code 00530 G Mos de No. INF-I	Permit Requirement				Report (Mo.Avg.)		MG/L		Monthly	Grab

DAIL. JAMPLE RESULTS - PART B

Permit Number: Monitoring Period FLA011742 From July 1, 2009

To: July 31, 2009

Facility:

Palm Port WWTF

	Flow (MGD)	Percent Capacity, (TMADF/Permitted Capacity) x 100 (PERCENT)	CBOD3 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)
Code	50050	00180	80082	00530	74055	00400	50060	00620	80082	00530
Mon. Site	EFA-I	CAL-I	EFA-I	EFA-1	EFA-I	EFA-1	EFA-1	EFA-1	INF-I	INF-1
2	0.010					7.3	2.2			
3	0.012					7.7	2.2			
4	0.011					7.8	2.2			
5	0.010					7.5	2.2			
6										ļ
7	0.033					7.5	2.2			
8	0.023					7.5	2.2			
9	0,029					7.5	2.2			
	0.012					7.5	2.2			
10	0.017					7.5	2.2			
11	0.015					7.5	2.2			
12										
13	0.038		···			7.3	2.2			
14	0.020					7.5	2.2			
15	0.020		<2.0	2.0	<1.0	7.5	2.2	10.9	114	152
16	0.019					7.5	2.2			
17	0.019					7.3	2.2		***************************************	
_,18(0.021					7.3	2.2			
20	0.037					7.4	2.2			
21	0.023					7.4	2.2			
22	0.019					7.5	2.2			
23	0.018		~			7.5	2.2			
24	0,020		******			7.5	2.2			
25	0.025					7,4	2			
26			***************************************							
27	0.040					7.5	2.2			
28	0.028					7.5	2.2			
29	0.021					7.5	2.2	, <u></u>		
30	0,019					7.3				
31							2.2			
Total	0.021 0.580	and the second s				7.5	2.2		****	
Mo. Avg.	The state of the s									
ODD OF THE PROPERTY OF THE PRO	0.019		The same services and the same services are same services are same services and the same services are same services and the same services are same service	1	<u> </u>					

LANT	STAFFING:

Day Shift Operator	Class:	C	Certificate No:	9320	Name:	Ralph Marriott
vening Shift Operator	Class:	В	Certificate No:	12476	Name:	David Haring
light Shift Operator	Class:		Certificate No:		Name.	
caperator	Class:	_A	Certificate No:	4894	Name:	Paul Thompson

4

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail th	Then Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590								
	Aqua Utilities Florida, Inc.	PERMIT NUMBER	FLA011742						
MAILING ADDRESS:	Aqua Utilities Florids, Inc.	I SAAPT.	181 . 1	5 Chang					

Dog Branch Road

MONITORING GROUP NUMBER: R-001

Off County Road 207A, west of East River

MONITORING GROUP DESC: Rapid Infiltration Basin(s), including Influent

East Palatka, FL 32131

COUNTY: Putnam NO DISCHARGE FROM SITE: MONITORING PERIOD From: August 1, 2009 To August 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentra	Units	No. Ex.	A made and a	Sample Type	
Flow	Sample Measurement	0.018		MGD					5 Days/Weck	Meter
PAPM Code 50050 Y A te No. EFA-1	Permit Requirement	0.03 (An_Avg.)		MGD		···			5 Days/Week	Meter
Flon	Sample Measurement	0.023	.019	MGD					5 Days/Week	Meter
PARM Code 50050 A Mon.Site No. EFA-1	Permit Requirement	Report (Ma.Avg.)	Report (3-Mo. Avg.)	MGD		·			5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample				77%	· · · · · · · · · · · · · · · · · · ·	PER- CENT		Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report (Mo. Avg.)		PER- CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.7		MG/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Ayg.)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.5	2 5	MG/L	0	Monthly	Grab
	Pennit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.0		MGL	0	Monthly	Grab
	Permit Requirement				20.0 (An,Avg.)		MG/L		Monthly	Grab

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

NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE	OF I	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (Y	/Y/MM	/DD)
Paul Thompson, Lead Operator				386-937-1143			
	<u> </u>	4	2		09	09	122

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

LOCATION:

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Palm Port WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: August 1, 2009 To

PERMIT NUMBER: FLA011742 August 31, 2009

Parameter		Quantity or Loading		Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Typ
Solids, Total Suspended	Sample Measurement					T	MG/L	EX.	Monthly	Grab
PARM Code 00530 A	Permit				1.0	1.0		0	rescalarly	Ciab
Mon.Site No. EFA-1	Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Coliform, Fecal	Sample				1200211	(1710.)	#/100ML		Monthly	
PARM Code 74055 Y	Measurement Permit				3.1		***************************************	ا م ا	Monuniy	Grab
Mon Site No. EFA-1	Requirement				200		#/100ML		Monthly	Grab
oliform, Fecat	Sample				(An.Avg.)			1		
PARM Code 74055 A	Measurement Permit					30	#/100ML	0	Monthly	Gnab
Ar ~te No. EFA-1	Requirement					800 (Max.)	#/100ML		Monthly	Grab
	Sample Measurement			7.4			SU		5 Days/Week	Gnab
ARM Code 00400 A	Permit		 	6.0		7,6				
fon Site No. EFA-1 otal Residual Chlorine (For	Requirement Sample			(Min.)		8.5 (Max.)	SU		5 Days/Week	Grab
isinfection)	Measurement			0.5			MG/L		5 Days/Week	Grab
ARM Code 50060 A	Permit		 -	0.5						
on.Site No. EFA-1	Requirement			(Min.)			MG/L		5 Days/Week	Grab
itrogen, Nitrate, Total (as N)	Sample						MG/L	-		
ARM Code 00620 A	Measurement Permit				İ	3,94	MOL		Monthly	Grab
on Site No. EFA-1	Requirement					12.0	MG/L		Monthly	Grab
OD, Carbonaceous 5 day, 20C	Sample					(Max.)	1	- 1	racaidaly	Grab
	Measurement]]				MG/L		Monthly	Grab
VRM Code 80082 G	Permit				138			0		W. Carlo
on Site No. INF-1	Requirement	<u> </u>			Report		MG/L		Monthly	Grab
lids, Total Suspended	Sample		 		(Mo.Avg.)					
RM Code 00530 G	Measurement Permit				176		MG/L	0	Monthly	Grab
on Site No. INF-1	Requirement				Report (Mo.Avg.)		MG/L	<u> </u>	Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period FLA011742

From: August 1, 2009

To: August 31, 2009

Facility:

Palm Port WWTF

	Flow (MGD)	Percent Capacity, (TMADF/Permitted Capacity) x 100 (PERCENT)	CBODS (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L).	TSS (MG/L)
Code	50050	08100	80082	00530	74055	00400	50060	00620	80082	00530
Mon. Site	EFA-1	CAL-I	EFA-1	EFA-I	EFA-1	EFA-I	EFA-1	EFA-1	INF-1	INF-1
	0.022									
2										
3	0.039					7.4	7.5			
4	0.017					7.4				
5	0.019						1			
6	0.019	· · · · · · · · · · · · · · · · · · ·				7.5	8.5		····	
7	0.025					7.4	1.7			
В	0.019					7.4	2.6			
9	0.019					7.5	3			
10									7-1-1-11	
11	0.046					7.4	0.5			·· · · · · · · · · · · · · · · · · · ·
12	0.025					7.5	7			
13	0.018	+	2.5	1	30	7.5	6.4	3.94	138	176
	0.019					7.4	3.5			
14	0.019					7.5	5.9			
15	0.031					7.6	1.6			
16										
17	0.050					7.5	5.9			MIII
	0.016									·
	0.024					7.4	5.8			
20	0.016					7.4	5.4			
21						7.5	3			
22	0.016					7.4	2.2			
23	0.039					7.4	2.2			
24										
25	0.065					7.4	0.7			
	0.027					7.5	2.4		J	
26	0.018					7.5	3.6			
27	0.021					7.5	4.5			
28	0.027					7.5	4.5			
29	0.015					7.5	4.3			***************************************
30							4)			
31	0.047					7.5				
Total	0.699					7.5	4			
Ao. Avg.	0.023									

LANT STAFFING						
lay Shift Operator	Class:	<u> </u>	Certificate No:	9320	Name.	Ralph Marriott
vening Shift Operator	Class:	В	Certificate No:	12476	Name:	David Haring
ight Shift Operator	Class:	***************************************	Certificate No:		Name:	
rator	Class:	_A	Certificate No:	4894	Name:	Paul Thompson

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymendows Way, Suite B200, Jacksonville, FL, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida, Inc. PERMIT NUMBER FLA011742

MAILING ADDRESS: Agua Utilities Florida, Inc. 1100 Thomas Avenue

LIMIT Leesburg, FL 34748 CLASS SIZE: Final N/A

REPORT GROUP

Monthly Domestic

FACILITY: LOCATION Palm Port WWTF Dog Branch Road

Off County Road 207A, west of East River

East Palatka, FL 32131

MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC:

Rapid Infiltration Basin(s), including Influent

COUNTY Putnam

NO DISCHARGE FROM SITE: [

MONITORING PERIOD From: September 1, 2009

September 30, 2009 Ta

Parameter		Quantity	or Loading	Units	Quality or Concentra	tion	1 1	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.018		MGD				0	5 Days/Week	Meter
P7	Permit Requirement	0.03 (An.Avg.)		MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.020	0.021	MGD				0	5 Days/Work	Мекет
PARM Code 50050 A Mort Site No. EFA-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo. Avg.)	MGD			1		5 Days/Week	Meter
(TMADF/Permitted Capacity) x 100	Sample Measurement				67%		PER- CENT		Monthly	Calculated
	Permit Requirement				Report (Mo. Avg.)		PER- CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.4		MG/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-I	Permit Roquirement				20.0 (ArlAvg.)		MG/L		Monthly	Grab
	Sample Measurement				2.9	2.9	MG/L	0	Monthly	Grab
	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MO/L		Monthly	Grab
	Sample Measurement				20		MG/L	0	Monthly	Grab
	Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab

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

	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNA	YU	NE C	OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE ()	Y/MM/	/DD)
	Paul Thompson, Lead Operator			\mathcal{I}		386-937-1143			Γ
Į			<u>\\</u>	\leq			04	10	26

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Palm Port WWTF

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: September 1, 2009 To

PERMIT NUMBER: FLA011742 September 30, 2009

Parameter		Quantity or Loading	Units	Qu	ality or Concentr	ation	Units	No. Ex.		Sample Type
Solids, Total Suspended	Sample Measurement				2.0	2.0	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon Site No. EFA-1	Pennit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L	Ť	Monthly	Grab
Coliform, Fecal	Sample Measurement				3.8	(1/2007)	#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An_Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement					9.0	#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon Site No. EFA-1	Permit Requirement	i				800 (Max.)	#/100ML		Monthly	Grab
pł	Sample Measurement			7.2		7,5	SU		5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A	Sample Measurement			0.8			MG/L		5 Days/Week	Grab
Mon. Site No. EFA-1	Permit Requirement			0.5 (Min.)			MGA		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A	Sample Measurement					3.01	MG/L		Monthly	Grab
Mon.Site No. EFA-I	Permit Requirement					12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G	Sample Measurement				180		MG/L	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1 iolids, Total Suspended	Permit Requirement				Report (Mo.Avg.)		MG/L		Monthly	Grab
	Sample Measurement				126		MG/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		MG/1.		Monthly	Grab

L LY SAMPLE RESULTS - PART B

Permit Number: FLA011742

Monitoring Period From Septemb

From September 1, 2009 To

To: September 30, 2009

Facility:

Palm Port WW1F

	Flow (MGD)	(TMADF/Permitted Capacity) x 100 (PERCENT)	CBOD5 (MG/L)	TSS (MG/L)	Focal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBODS (MG/L)	TSS (MG/L)
Code Mon. Site	50050 EFA-1	00180	80082	00530	74055	00400	50060	00620	90000	00.00
1 and 1		CAL-1	EFA-1	EFA-1	EFA-1	I-A-I	EFA-1	EFA-I	80082 INF-1	00530 INF-1
	0.020					7.5			1	1141-1
2	0.047						4,1	 		
3	0,052					7.3	2.2			
4						7.2	1.1			
5	0,021		····			7.3	1.6			
6	0.026					7.3	1.6			1
7										
	0.034					7.4	2.2	<u> </u>		
8	0.019					7.5				<u> </u>
9	0.019					1	3.4			
10	0.015		2.9	2.0	9.0	7.4	4.8	3.01	180	
11	0.018					7.4		2.01	160	126
12	0.033					7.4	0.8			
13	0.033					7.4	2			
14										
15	0.056					7.2	0.8			
16	0.019					7,4	3,8			
17	0.022					7.3	1.3			
18	0.015					7.3	2,4	***************************************		
-/~+	0.017					7.5	3.2			
20	0.016					7.5	3.2	****		
							<u> </u>			·····
21	0.037					7.4	1			
	0.017					7.4	2.5			
23	0.020									
24	0.012					7.4	2.6			
25	0.016					7.4	2.2			
26	0.013		·			7.4	2.2			
27	7.013					7.4	1.6			
28								Ī		
29	0.032					7.5	2.4			
30	0.010					7.5	3.8	·mn		
1	0.011					7.5	2.5			
31							4.0			
Total	0.617									
Ao. Avg.	0.020					<u> </u>				

LANT STAFFING:						
ay Shift Operator	Class:	<u>_C</u>	Certificate No:	9320	Name:	Ralph Marriott
vening Shift Operator	Class:	В	Certificate No:	12476	Name:	David Haring
ight Shift Operator	Class:		Certificate No:		Name:	8
ead Operator	Class:	<u>A</u>	Certificate No:	4894	Name:	Paul Thompson

when completed man	ins report to: Department of Environmental Protection, Northeas	i Ensurice, 7825 Baymeadows Way, Spi	ite B200, Jacksonville, Fl., 32256-7	590	
PERMITTEE NAME	Aqua Utilities Florida, Inc	PERMIT NUMBER	FLA011742		
MAILING ADDRESS	Aqua Utilities Florida, Inc				
	1100 Thomas Avenue	LIMIT	Final	REPORT	Monthly
	Leesburg, FL 34748	CLASS SIZE	N/A	GROUP:	Domestic
FACILITY	Palm Port WWTF				
LOCATION.	Dog Branch Road	MONITORING GROUP NUMBER	R-001		
	Off County Road 207A, west of East River	MONITORING GROUP DESC	Rapid Infiltration Basin(s), includ	ing Influent	
	East Palatka, FL 32131		•	2	
COUNTY	Putnam	NO DISCHARGE FROM SITE:]		
		MONITORING PERIOD From.	October 1, 2009 To	October 31, 2009	

Parameter		Quantity	or Loading	Units	Quality or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.018		MGD					5 Days/Week	Mcter
P Code 50050 Y <u>N. ate No. EFA-1</u>	Permit Requirement	0.03 (An.Avg.)		MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.016	0.020	MGD					5 Days/Week	Meter
PARM Code 50050 — A Mon Site No. EFA-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo. Avg.)	MGD					5 Days/Week	Meter
Percent Capacity, TMADE/Permitted Capacity) x 100	Sample Measurement				53%		PER- CENT		Monthly	Calculated
² ARM Code 00180 P Mon Site No. CAL-1	Permit Requirement				Report (Mo. Avg.)		PER- CENT		Monthly	Calculated
3OD, Carbonaceous 5 day, 20C	Sample Measurement				3.3		MG/L	0	Monthly	Grab
ARM Code 80082 Y fon Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab
OD. Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	MG/L	0	Monthly	Grab
ARM Code 80082 A Ion Site No. EFA-1	Permit Requirement				30.0 (Mo,Avg.)	60.0 (Max.)	MG/L		Monthly	Grah
olids, Total Suspended	Sample Measurement				2.0	- · · · · · · · · · · · · · · · · · · ·	MG/L	0	Monthly	Grab
Accord Code 00530 Y Aon Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)	, , , , , , , , , , , , , , , , , , ,	MG/L		Monthly	Grab

Lecrity 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

	SIGNATURE OF	F PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT T	ELEPHONE NO	DATE (YY MN	4/DD)
Paul Thompson, Lead Operator	(386-937-1143	18/11	1,9
CONDITION AND AND AND AND AND AND AND AND AND AN				0.7.	

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY

Palm Port WWTF

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: October 1, 2009

PERMIT NUMBER FLA011742 1, 2009 To October 31, 2009

Parameter Quantity or Loading Units Quality or Concentration Units No. Frequency of Sample Type Solids, Total Suspended Analysis Ex. Sample MG/L Measurement Monthly Grah PARM Code 00530 1.0 1.0 Permit 30 D Mon.Site No EFA-1 60.0 Requirement MGA. Monthly Grab Cohform, Fecal (Mo.Avg.) (Max.) Sample #/100ML Measurement Monthly Grab 3.8 PARM Code 74055 Permit 0 Mon.Site No. EFA-1 200 #/100M1 Requirement Monthly Grab Coliform: Fecal (An.Avg.) Sample #/100ML Measurement Monthly Grab PARM Code 74055 1.0 Permit Mon Site No. EFA-I 800 Requirement #/100ML Monthly Grab (Max.) Sample SU Measurement 5 Days/Week Grab 74 PARM Code 00400 77 Permit 6.0 Mon Site No. EFA-I 8.5 Sti Requirement 5 Days/Week Grab (Min.) Total Residual Chlorine (For (Max.) Sample Disinfection) Measurement MG L 5 Days/Week Grab 0.6 PARM Code 50060 Α Permit 0.5 Mon Site No. EFA-1 Requirement MG1. 5 Days/Week Grab (Min.) Nitrogen, Nitrate, Total (as N) Sample MG-L Measurement Monthly Grab PARM Code 00620 1.0 0 Permit Mon. Site No. EFA-1 12.0 Requirement MG/L Monthly Grab BOD, Carbonaceous 5 day, 20C (Max.) Sample MG/L Measurement Monthly Grab PARM Code 80082 162 Permit 0 Mon.Site No. INF-1 Report Requirement MG/L Monthly Grab Solids, Total Suspended (Mo.Avg.) Sample Measurement MG/L Monthly Grab PARM Code 00530 152 Permit Tie No. INF-1 Report Requirement MG1 Monthly Grab (Mo.Avg.)

F - LY SAMPLE RESULTS - PART B

Permit Number Monitoring Period FLA011742

From October 1, 2009

For October 31, 2009

Facility.

Palm L., -WWHF

	Flow (MGD)	Percent Capacity, (TMADE/Permitted Capacity) x 100 (PERCENT)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)
Code Aon. Site	50050 EFA-1	00180 CAL-1	80082 EFA-1	00530 EFA-1	74055 EFA-1	00400 EFA-1	50060 EFA-1	00620 EEA-1	80082 INF-1	00530 INF-1
ı	0 015					7.5	4.5	132,44-1	1(41.1)	1/(4*-1
2	0.015					7.6	3.4			
3	0.017					7.5	2.2			
4										
5	0.036					74	12			
6	0.016					7.5	2.5			
7	0.018					7.5	3.2			
8	0.014					7.5	. 27			
9	0.014					74	14			
10	0 016					74	2.2			†I
11										1
12	0.028					7.5	2.2			
13	0 014		<2.0	1.0	<1.0	7.5	2.4	1.63	162	152
14	0.012					7.5	0.6			1
15	0.015					7.5	2.4			
16	9.014					7.4	2.6		······································	
17	0.019					7.4	17			1
18									······································	
_ مر	0.033					7.5	2.5		······································	
-	0.013					7.6				
21	0 014					7.5	2.4			
22	0.015					7.5	0.8			
23	0.018					7.5	14			
24	0.014					7.6	2.2			
25										
26	0.037					7.5	0.9		·	
27	0 019					7.5	0.9			
28	0.015					7.5	1.2		<u> </u>	
29	0.014					7.5	2.5			
30	0.022					7.6	2 2		<u></u>	
31	0.014					7.7	4.5			
fotal	0.491									
. Avg	910.0								AND THE PERSON NAMED IN COLUMN	

ANT STAFFING : Shift Operator	Class	С	Certificate No	9320	Name.	Ralph Marriott
						COUNT (MAISSOR
ning Shift Operator	Class:	<u>B</u>	Certificate No:	12476	Name:	David Haring
ht Shift Operator	Class		Certificate No.		Name	
d Operator	Class	_A	Certificate No	4894	Name	Paul Thompson

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymendows Way, Suite B200, Jacksonville, FL, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida, Inc.

MAILING ADDRESS: Aqua Utilities Florida, Inc.

1100 Thomas Avenue

Leesburg, FL 34748

Palm Port WWTF Dog Branch Road

Off County Road 207A, west of East River

East Palatka, FL 32131

COUNTY: Putnam

FACILITY:

LOCATION:

PERMIT NUMBER

LIMIT:

FLA011742

Final CLASS SIZE: N/A

REPORT: GROUP

Monthly Domestic

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC: Rapid Infiltration Basin(s), including Influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: November 1, 2009

To: November 30, 2009

Parameter		Quantity	or Loading	Units	Quality or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0,017		MGD					5 Days/Week	Meter
P/ * ode 50050 Y Mce No. EFA-1	Permit Requirement	0.03 (An.Avg.)		MGD					5 Days/Woek	Meter
Flow	Sample Measurement	0.016	0.017	MGD					5 Days/Week	Meter
PARM Code 50050 A Mon.Site No. EFA-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo, Avg.)	MGD		~~~			5 Days/Weck	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Messurement				53%		PER- CENT		Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement	-			Report (Mo. Avg.)		PER- CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.3	***************************************	MG/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)	······································	MG/L		Monthly	Grab
ŕ	Sample Measurement				2.0	2.0	MG/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-I	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
	Sample Measurement				2.0		MG/L	0	Monthly	Grab
	Permit Requirement				20.0 (An,Avg.)		MG/L		Monthly	Grab

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

NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIONATURE OF	PR	UNCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator	-			386-937-1143	19/12/11
		<i></i>	/		07/12/16

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Palm Port WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: November 1, 2009

To: PERMIT NUMBER: FLA011742

November 30, 2009

Parameter		Quantity or Loading	Units	Qu	ality or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				3.0	10	MG/L		Monthly	Grab
PARM Code 00530 A	Permit		+		30.0	3.0		0		···
Mon.Site No. EFA-1	Requirement				(Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Coliform, Fecal	Sample					(11202)	#/100ML		Monthly	Grab
DADM Col. Tables . V	Measurement				3.9				····careuy	O. CO
PARM Code 74055 Y Mon.Site No. EFA-1	Permit				200		#/100ML		Monthly	Grab
Coliform, Fecal	Requirement				(An.Avg.)			1 1		
r outeriff t. ecsi	Sample Measurement						#/100ML		Monthly	Grab
PARM Code 74055 A	Permit		+		 	1.0				
Mor "ite No. EFA-1	Requirement					800 (Max.)	#/100ML		Monthly	Gr a b
ol	Sample					(1720.7.)	SÚ	 	5 Days/Week	
	Measurement		1	7.5		7.6	30) Days week	Grab
PARM Code 00400 A	Permit			6.0	<u> </u>	8.5	SU		5 Days/Week	Grab
Mon.Site No. EFA-1	Requirement			(Min.)		(Max.)			2 Days work	Orap
Fotal Residual Chlorine (For Disinfection)	Sample					(3) (4) (4)	MG/L		5 Days/Week	Grab
PARM Code 50060 A	Measurement			1.8						Giab
Mon.Site No. EFA-1	Permit Requirement	Ī		0.5			MG/L		5 Days/Week	Grab
Vitrogen, Nitrate, Total (as N)	Sample			(Min.)						
magan (man, rom; (us iv)	Measurement						MG/L		Monthly	Grab
ARM Code 00620 A	Permit		 			2.93		0		
Ion.Site No. EFA-I	Requirement]	12.0	MG/L		Monthly	Grab
OD, Carbonaceous 5 day, 20C	Sample		 	.,		(Max.)	11000			·
	Measurement		1		168		MG/L		Monthly	Grab
ARM Code 80082 G	Permit				Report		MG/L	0		
Ion.Site No. INF-1	Requirement				(Mo.Avg.)		MOL		Monthly	Grab
olids, Total Suspended	Sample						MG/L		Monthly	Grab
ARM Code 00530 G	Measurement				366			0	MUNICITY	Crao
ARM Code 00530 G lon,Site No. 1NF-1	Permit				Report		MG/L		Monthly	Grab
ionesiae NO. INP+1	Requirement				(Mo.Avg.)					CIRC

ILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period FLA011742

From:November 1, 2009

To: November 30, 2009

Facility:

Palm Port WWTF

	Flow (MGD)	Percent Capacity. (TMADF/Permitted Capacity) x 100 (PERCENT)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD3 (MG/L)	TSS (MG/L)
Code	50050	00180	80082	00530	74055	00400	50060	00620	80082	00530
Mon. Site	EFA-I	CAL-1	FFA-1	EFA-I	EFA-I	EFA-1	LFA-I	IFA-I	INF-I	INF-1
2	0,033									
	0.017					7.5	2.2			
3	0.013					7.5	2.2			
4	0.014					7.5	2.2		***************************************	1
.5	0.013				****	7.5	2.2			
6	0.010					7.5			<u> </u>	
7						7.6	2.2			
8	0.031					7,0	3.8			
9	0.019									
10	0.016	•				7.5	2.8			
11	0.017					7.6	3.2			
12	0,017					7.6	2.2			
13						7.6	2.2			
14	0.018					7.5	2.2		-,	
15						7.6	1.8			
16	0.032									
17	0.014		<2.0			7.5	2.2			
18	0.019		~2.0	3.0	<1.0	7.6	2.2	2.93	168	366
	0.013					7.6	2,2			
20	0.016					7.6	2,2			
	0.019					7.6	2.2			
21						7.5	2.2		·····	
22	0.043									
23	0.014					7.5	2.2		· · · · · · · · · · · · · · · · · · ·	
24	0.014					7.5	2.2			
25	0.018					7.5	2.2			
26	0.026									
27	0.019					7.5	2.2			
28						7.5	2.2			
29	0.031					7.5	2.2			
30	0.033									
31	0.053					7.5	2.2			
Total	0.404									
Mo. Avg.	0.496	- Harris - American -								
	0.016									

'LANT STAFFING:						
lay Shift Operator	Class:	<u>C</u>	Certificate No:	9320	Name:	Ralph Marriott
verning Shift Operator	Class:	В	Certificate No:	12476	Name:	David Haring
light Shift Operator	Class		Certificate No:		Name:	
ead Operator	Class:	<u>A</u>	Certificate No:	4894	Name:	Paul Thompson

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida, Inc.

MAILING ADDRESS: Aqua Utilities Florida, Inc.

1100 Thomas Avenue

Leesburg, FL 34748 Palm Port WWTF

FACILITY LOCATION Dog Branch Road

Off County Road 207A, west of East River

East Palatka, FL 32131

COUNTY Putnam PERMIT NUMBER

FLA011742

LIMIT CLASS SIZE: Final N/A

REPORT

Monthly

GROUP:

Domestic

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC: Rapid Infiltration Basin(s), including Influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD

From: December 1, 2009

To

December 31, 2009

Parameter		Quantity of	or Loading	Units	Quality or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.017		MGD		-			5 Days/Week	Meter
P" * Code 50050 Y N ite No. EFA-1	Permit Requirement	0.03 (An.Avg.)		MGD					5 Days/Week	Moter
K ite No. EFA-1	Sample Measurement	0.016	0.016	MGD					5 Days/Week	Meter
PARM Code 50050 A Mon.Site No. EFA-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo. Avg.)	MGD		Parameters and the second seco			5 Days/Week	Meter
Percent Capacity. (TMADF/Permitted Capacity) x 100	Sample Measurement	- V (53%		PER- CENT		Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report (Mo. Avg.)		PER- CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.1		MG/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Pennit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2 0	MG/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.0		MG/L	0	Monthly	Grab
F. Code 00530 Y Mon.Site No. EFA-1	Permit Requirement		-		20.0 (An.Avg.)		MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATU	$\frac{\zeta_{\epsilon}\lambda}{\lambda}$	F PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TEL FOUNT NO	TO A TEL	(VAA	(100)
PANETHEL OF FRINCH ALEXECUTIVE OFFICER OR ACTIONIZED AGENT	SIUNATO	AE G	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (Y I (MA	(4DD)
Paul Thompson, Lead Operator				386-937-1143		1	1 _
• • •	_	حبسا			101	011	25
		1					

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

FACILITY

Palm Port WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: December 1, 2009 To

PERMIT NUMBER, FLA011742 December 31, 2009

Parameter					rioni. December I,		Cocin	ber 31,	2009	
Solids: Total Suspended	Sample	Quantity or Loading	Units	Qı	uality or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Typ
PARM Code 00530 A	Measurement Permit				1.0	1.0	MG/L	0	Monthly	Grab
Mon.Site No. EFA-1 Coliform, Fecal	Requirement Sample				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
PARM Code 74055 Y	Measurement Permit				3.9		#/100ML	0	Monthly	Grab
Mon.Site No. EFA-1 Oliform, Fecal	Requirement Sample				200 (An.Avg.)		#/100MfL		Monthly	Grab
ARM Code 74055 A	Measurement Permit					10	#/100ML	0	Monthly	Grab
for Site No. EFA-1	Requirement Sample					800 (Max.)	#/100ML		Monthly	Grab
ARM Code 00400 A	Measurement Permit			7.3		7.6	SU		5 Days/Week	Grab
ton Site No. EFA-1 otal Residual Chlorine (For	Requirement Sample			6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Grab
sinfection) ARM Code 50060 A	Measurement Permit			0.8			MG1.		5 Days/Week	Grab
on Site No. EFA-1 trogen, Nitrate, Total (as N)	Requirement Sample			0.5 (Min.)			MG/L		5 Days/Week	Grab
ARM Code 00620 A	Measurement Permit					1 17	MG/L		Monthly	Grab
on.Site No. EFA-1 DD. Carbonaceous 5 day, 20C	Requirement Sample		<u> </u>			12.0 (Max.)	MG/L		Monthly	Grab
RM Code 80082 G	Measurement Permit				185		MG/L	0	Monthly	Grab
on Site No. INF-1 ids. Total Suspended	Requirement Sample				Report (Mo.Avg.)		MG/L		Monthly	Grab
RM Code 00530 G	Measurement Permit				324		МСЛ.	0	Monthly	Grab
on Site No. INF-1	Requirement				Report (Mo.Avg.)		MG/L		Monthly	Grab

LY SAMPLE RESULTS - PART B

Permit Number Monitoring Period FLA011742

From December 1, 2009

Facility To Palm . .. WWTF December 31, 2009

<u> </u>	Flow (MGD)	Percent Capacity, (TMADF/Permitted Capacity) x 100 (PERCENT)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)
Code Mon Site	50050 EFA-I	00180 CAL-1	80082 EFA-1	00530 EFA-1	74055 EFA-I	00400 EFA-1	50060 EFA-1	00620 EFA-1	80082 INF-1	00530 INF-1
1	0.017					7.6	2.2	1	1846-1	INF+I
2	0.010					7.6	2.2			
3	0.014		20	<1.0	<1.0	7.5	2.2	1.17	185	324
4	0.011		······································			7.5				
5	0.018						22			
6						7.5	2.2			
7	0.041					7.6				
8	0.014					7.5	2.2			
9	0.012		Tilmining			7.5	2.2			
10	0 014			 		7.5	2.2			
11	0 012					7.4	2.2		·	
12	0.020					74	2.2			
13						7.5	2.2			
14	0.038									
15	0.015					7.3				
16	0.014					7.3	0.8		······································	
17	0.015					7.4	2.2			
18	0.018					7.6	2.2			
	0.010					7.5	2.2			
				·		7.3	0.8		··········	
21	0.039		· · · · · · · · · · · · · · · · · · ·							
22	0.015					7.6	1.8			
23	0.013					7.6	2.2			
24	0.019	· · · · · · · · · · · · · · · · · · ·				76	2.2			
25	0.010					7.5	2.2			
26	0.025					7.5	2.2			
27						7.5	2.2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
28	0 028									
29	0 017					7.5	2.2			
30	0 014					7.5	2.2			
31	0 012					7,4	2.2		·	
Total	0.485					7.4	2.2			
o. Avg.	0.485		<u> </u>							
	0010									

ANT STAFFING						
ty Shift Operator	Class	<u>C</u>	Certificate No:	9320	Name:	Ralph Marriott
ening Shift Operator	Class:	<u>B</u>	Certificate No	12476	Name	David Haring
ght Shift Operator	Class		Certificate No		Name:	
ad Operator	Class:	<u>A</u>	Certificate No	4894	Name:	Paul Thompson

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida, Inc.

FACILITY:

LOCATION:

COUNTY:

MAILING ADDRESS: Aqua Utilities Florida, Inc.

1100 Thomas Avenue

Leesburg, FL 34748

Palm Port WWTF Dog Branch Road

Off County Road 207A, west of East River

East Palatka, FL 32131

Putnam

PERMIT NUMBER

FLA011742

LIMIT: CLASS SIZE:

Final N/A

REPORT: GROUP:

Monthly Domestic

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

Rapid Infiltration Basin(s), including Influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD

From: January 1, 2010 To

January 31, 2010

Parameter		Quantity	or Loading	Units	Quality or Concentrat	ion	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.018		MGD					5 Days/Weck	Meter
PARM Code 50050 Y Mon.Site No. EFA-1	Permit Requirement	0.03 (An,Avg.)		MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.016	0.016	MGD					5 Days/Week	Meter
PARM Code 50050 A Mon.Site No. EFA-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo. Avg.)	MGD					5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				53%		PER- CENT		Monthly	Calculated
Mon.Site No. CAL-1	Permit Requirement				Report (Mo, Avg.)		PER- CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.8		MG/L	0	Monthly	Grab
	Permit Requirement				20,0 (An.Avg.)		MG/L		Monthly	Grab
	Sample Measurement				2.0	2.0	MG/L	0	Monthly	Grab
Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
	Sample Measurement				1,9		MG/L	0	Monthly	Grab
	Permit Requirement			20.00	20.0 (An.Avg.)	×20	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	SIGNA	TORS	OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM	/DD)
Paul Thompson, Lead Operator		_		386-937-1143		1	7
	'	4			10	or	126

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

Version: Januar DEP Form 62-62-10(10), Effective November 29, 1994

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Palm Port WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: January 1, 2010

PERMIT NUMBER: FLA011742 January 31, 2010

Parameter		Quantity or Loading	y Units	Qu	ality or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				3.0	3.0	MG/L	0	Monthly	Gmb
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				5.2		#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement					1.0	#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement					800 (Max.)	#/100ML		Monthly	Grab
oH .	Sample Measurement			6,9		7.5	SU		5 Days/Wook	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Pennit Requirement			6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Grab
otal Residual Chlorine (For Disinfection)	Sample Measurement			0.8			MG/L		5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 (Min.)			MG/L	. Alexander	5 Days/Week	Gnab
Vitrogen, Nitrate, Total (as N)	Sample Measurement					4.47	MG/L		Monthly	Grab
ARM Code 00620 A Ion Site No. EFA-1	Permit Requirement					12.0 (Max.)	MG/L		Monthly	Grab
OD, Carbonaceous 5 day, 20C	Sample Measurement				192		MG/L	0	Monthly	Grab
ARM Code 80082 G Ion.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		MG/L		Monthly	Grab
olids, Total Suspended	Sample Measurement				179		MG/L	0	Monthly	Grab
ARM Code 00530 G fon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		MG/L	الم يراث ال	Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period FLA011742

From:January 1, 2010

To: January 31, 2010

Facility:

Palm Port WWTF

	Flow (MGD)	Percent Capacity, (TMADF/Permitted Capacity) x 100 (PERCENT)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)
Code Mon. Site	50050 EFA-1	00180 CAL-1	80082 EFA-1	00530 EFA-1	74055 EFA-1	00400 EFA-1	50060 EFA-1	00620 EFA-1	80082	00530
1	0.013	CADY	2377-1	M.V-1	EFA-1			ELA-1	INF-1	INF-I
2	0.028					7.4 7.3	2,2			
3	0.020		· ************************************			ر, ۱			····	
4	0.031					7.5	3.3			
5	0.015		<2.0	3.0	1.0	7.3	2.2	4.47	192	179
6	0.020		~2.0	5.0	1.0	7.3	2.2		192	
7	0.010					7.5	2.2			
8	0.015					7.4	2.2			
9	0.016				:	7.4	2.2			
10							***			
11	0.031		1 -		, d	7.4	2.2			
12	0.010					7.4	2.2			
13	0.011		· · · · · · · · · · · · · · · · · · ·			7.4	2.2			
14	0.012					7.4	2.2			
15	0.012					7.4	2.2			
16	0.007		<u> </u>			7.3	2.2			
17										
18	0.032					7.3	2.2			
79	0.013					7.3	2.2			
∠0	0.018					7.4	2.2	1		
21	0.015					7.3	2.2			
22	0.057					6.9	0.8			
23	0.026					7.2	2.2			
24										
25	0.032					7.2	2.2			
26	0.016					7.2	2.2			
27	0.014					7	2.2			
28	0,017					7,4	2.2			
29	0.011					7.5	2			
30	0.017					7.5	2.2			
31						7.4	2.2			
Total	0.499									
Mo. Avg.	0,016		Contract of the contract of th							

PLANT STAFFING: Day Shift Operator	Class:	<u>C</u>	Certificate No:	9320	Name:	Ralph Marriott
evening Shift Operator	Class.	В	Certificate No:	12476	Name:	David Haring
light Shift Operator	Class:		Certificate No:		Name:	
.ead Operator	Class:	_A	Certificate No:	4894	Name:	Paul Thompson

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida, Inc.

PERMIT NUMBER

CLASS SIZE:

FLA011742

MAILING ADDRESS: Agua Utilities Florida, Inc. 1100 Thomas Avenue

LIMIT:

Final N/A

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Leesburg, FL 34748 Palm Port WWTF Dog Branch Road

Off County Road 207A, west of East River

East Palatka, FL 32131

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

Rapid Infiltration Basin(s), including Influent

COUNTY: Putnam

NO DISCHARGE FROM SITE:

MONITORING PERIOD

February 1, 2010

February 28, 2010

Parameter		Quantity	or Loading	Units	Qua	Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.017		MGD						5 Days/Week	Meter
PARM Code 50050 Y Mon.Site No. EFA-1	Permita Réquirement	(An:Avg.)		MGD			ficing worth to a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12.2	5 Days/Week	Meter .
Flow	Sample Measurement	0.015	.015	MGD						5 Days/Week	Meter
PARM Côde 50050 A Mon Site No. EPA-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo: Avg.)	MGD						5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement							PER- CENT		Monthly	Calculated
	Permit a Redicirement	Sec. Sci.			9 4 5 2 5	50% Report (Mo, Avg.)		PER-	1.20%	Monthiy	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement	and the state of t			100 July # 400 July 100 July 1	2.7		MG/L	0	Monthly	Gnab
Mon Site No BFA-1	Permit Requirement					20.0 (An.Avg.)	e spekalasi e	MG/L		Monthly	rs , Onab ,
	Sample Measurement					2.0	2.0	MG/L	0	Monthly	Grab
Mon.Site No. EFA-1	Permit Requirement					30.0 (Mo.Avg.)	60.0 (Max.)	MG/L	. Ay	Monthly	g Grab
·	Sample Measurement					2.1	, , , , , , , , , , , , , , , , , , , ,	MG/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. BFA-L	Permit Requirement			N DEW		20,0 (An:Avg.)		MG/L		Monthly	Grab .

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATUR	FOA.	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MN	4/DD)
Paul Thompson, Lead Operator				386-937-1143	ne!	ادم	,,
COMPENS AND EXPLANATION OF ANIMATION ANYONG (D.A		Y			~~ /	1	

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

16(

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Palm Port WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: February 1, 2010

PERMIT NUMBER: FLA011742
To February 28, 2010

Parameter		Quantity or Lo		or Loading Units		lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					4.0	4.0	MG/L	0	Monthly	Gnab
PARM Côde 00 530 A Mon Site No. EPA-I	Permit Requirement		-7.47.67. L.S.			30.0 (Mo.Avg.)	60.0 (Max.)	MØL		Monthly	Grab
Coliform, Fecal	Sample Measurement					5.2		#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit : Regulirement			Capità in		200 (An.Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement						1.0	#/100ML	0	Monthly	Grab
PARM Code 74035 A. A. A. A. A. A. A. A. A. A. A. A. A.	Comit :		4: 574				800 (Max.)	#/100ML		Moathly	Grab
pH	Sample Measurement				7.3		7.6	SU		5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6,0 (Min.)		. 8,5 (Max.)	SÜ		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		,		0.5			MG/L		5 Days/Week	Gnab
PARM Code 50060 A Mon Sife No. EPA-1	Permit 4 Requirement	en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la co			0.5 (Min.)		ALL ALL STANDS	MG/L		5 Days/Week	Gmb
Nitrogen, Nitrate, Total (as N)	Sample Measurement						3.18	MG/L		Monthly	Gnab
PARM COLO 00620 A Monisio No. EFA-1	Permit Remitteriien	g in type i	La Francisco	建 原体。			12.0 - (Max.)	MG/L	100%	Monthly	Crab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					96		MO/L	0	Monthly	Grab
PARM Code 80082 G Mon, Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		MC/L		Monthly	Gmb
Solids, Total Suspended	Sample Measurement					200	ŕ	MG/L	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement	a jear sete				Report (Ma.Avg.)		MO/L	3,5	Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period FLA011742

From: February 1, 2010

To: February 28, 2010

Facility:

Palm Port WWTF-

Nitrogen, Nitrate, Total Flow (MGD) Percent Capacity, CBOD5 TSS (MG/L) Fecal pH (SU) TRC (For CBOD5 TSS (MG/L) Disinfect.) (TMADF/Permitted (MG/L) Coliform (MG/L) Capacity) x 100 (MG/L) Bacteria (as N) (PERCENT) (#/100ML) (MG/L) 50050 EFA-1 00530 EFA-1 00620 EFA-1 00180 80082 Code 74055 00400 50060 80082 00530 Mon. Site EFA-1 CAL-1 EFA-1 EFA-1 EFA-1 INF-1 INF-1 1 0.033 7.4 1.3 2 0.022 7.4 0.5 3 <2.0 4.0 <1.0 96 200 3.18 0.019 7.5 4,8 4 0.017 7.5 4.9 5 0.013 7.5 2.1 6 0.023 7.5 2.2 7 8 0.032 7.4 2.2 9 0.015 7.5 2,2 10 0.017 7.5 2,2 11 0.016 7.4 2.2 12 0.021 7.3 0.8 13 0.034 7.5 2.2 14 15 0.030 7.5 1.5 16 0.012 7.5 2.2 17 0.018 7.6 2.2 18 0.011 7.5 1.6 19 0.016 7.5 20 0.014 7.5 2.2 21 22 0.029 7.5 1.6 23 0.012 7.5 1.8 24 0.014 7.4 1.1 25 0.013 7.4 2.9 26 0.012 7.4 2.9 27 0.014 7.4 1.7 28 29 30 31 Total 0.457 Mo. Avg 0.015

PLANT STAFFING: Day Shift Operator	Class:	С	Certificate No:	9320	Name:	Ralph Marriott
Evening Shift Operator	Class:	В	Certificate No:	12476	Name:	David Haring
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	Α	Certificate No:	4894	Name:	Paul Thompson

1

Version: January 21, 2009 DEP Form 62-620.910(10), Effective November 29, 1994

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida, Inc.

PERMIT NUMBER

CLASS SIZE:

FLA011742

MAILING ADDRESS: Aqua Utilities Florida, Inc. 1100 Thomas Avenue

LIMIT:

Final N/A

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Leesburg, FL 34748 Palm Port WWTF Dog Branch Road

Off County Road 207A, west of East River East Palatka, FL 32131

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC:

Rapid Infiltration Basin(s), including Influent

COUNTY:

Putnam

NO DISCHARGE FROM SITE:

MONITORING PERIOD

From: March 1, 2010

Mach 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Analysis	Sample Type
Flow	Sample Measurement	0.017		MGD						5 Days/Week	Meter
PARM Code 50050 Y Mon.Site No. EFA-1	Permit Requirement	0.03 (An.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	0.016	0.016	MGD						5 Days/Week	Meter
PARM Code 50050 A Mon.Site No. EFA-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					53%		PER- CENT		Monthly	Calculated
PARM Code 00180 P Mon Site No. CAL-1	Permit Requirement				-	Report (Mo, Avg.)		PER- CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.8		MG/L		Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				······································	20.0 (An.Avg.)		MG/L		Monthly	Gnab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					4.2	4,2	MG/L		Monthly	Grab
	Permit Requirement				***************************************	30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					2.4		MG/L		Monthly	Grab
	Permit Requirement					20.0 (An,Avg.)		MO/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)
Paul Thompson, Lead Operator	1		386-937-1143	10/04/15

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

Version: Jany DEP Form 6

910(10), Effective November 29, 1994

<u>ن</u>

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Palm Port WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: March 1, 2010

То

PERMIT NUMBER: FLA011742 March 31, 2010

Parameter		Quantity o	r Loading	Units	Qua	lity or Concentra	ition		No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					5.0	5.0	MG/L		Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement					30,0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					2.8		#/100MI.		Monthly	Grab
PARM Code 74055 Y Mon, Site No. EFA-1	Permit Requirement					200 (An.Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement						1.0	#/100ML		Monthly	Grab
PARM Code 74055 A Mon, Site No. EFA-1	Permit Requirement		, <u></u>				800 (Max.)	#/100ML		Monthly	Grab
рН	Sample Measurement				7.2		7.4	SU		5 Days/Week	Gnab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.1			MG/L		5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						2.5	MO/L		Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement						12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				· · · · · · · · · · · · · · · · · · ·	140		MG/L		Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					180		MG/L		Monthly	Grab
PARM Code 00530 G Mon,Site No. INF-1	Permit Requirement		**************************************			Report (Mo.Avg.)		MG/L		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number:

FLA011742

Facility: - Palm Port WWTF

From: March 1, 2010 To: March 31, 2010 Monitoring Period

	Flow (MGD)	Percent Capacity, (TMADF/Permitted Capacity) x 100 (PERCENT)	CBODS (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)
Code Mon. Site	50050 EFA-1	00180 CAL-1	80082 EFA-1	00530 EFA-1	74055 EFA-1	00400 EFA-1	50060 EFA-1	00620 EFA-1	80082 INF-1	00530 INF-1
1	0.023			1	LI IV	7.4	2.2	MAN.	1143 "1	2717-1
2	0.019					74	2.2			
3	0.010					7.3	2.2			
4	0.011					7.3	2.2			
5	0.014					7.2	2,2			
6	0.015					7.3	2.2			
7							· · · · · · · · · · · · · · · · · · ·			
8	0,023					7.4	6.7			
9	0.012		4.2	5.0	1.0	7.6	8.8	2.5	180	140
10	0.020					7.5	8			
11	0.007			1		7.4	6			
12	0,041					7.4	2,4			
13	0.027					7.4	3.6			
14										
15	0.026					7.3	4.2			
16	0.013					7.3	3,3			
17	0.013					7,3	5.8			
	0.013					7.4	2.6			
19	0.012					7.4	2.9			
20	0.017					7.5	2.2			
21										
22	0.030			ļ		7.3	1.6			ļ
23	0.013					7,4	1.4			
24	0.014					7.4	4,2			
25	0.011					7.4	2.2			
26	0.022					7.4	2.2	<u> </u>	<u></u>	
27	0.013					7.3	1.4			
28										
	0.035					7.2	1.1			
30	0.015					7,3	3.1			
31	0.013		······································			7.3	4.3			
Total	0.482									
Mo. Avg.	0.016								<u> </u>	

PLANT STAFFING:						•
Day Shift Operator	Class:	C	Certificate No:	9320	Name:	Ralph Marriott
Evening Shift Operator	Class:	В	Certificate No:	12476	Name:	David Haring
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	_A	Certificate No:	4894	Name:	Paul Thompson

When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590

PERMITTEE NAME: Agua Utilities Florida, Inc.

PERMIT NUMBER

CLASS SIZE:

FLA011742

MAILING ADDRESS: Aqua Utilities Florida, Inc.

1100 Thomas Avenue Leesburg, FL 34748

LIMIT:

Final N/A

REPORT:

Monthly

FACILITY: LOCATION: Palm Port WWTF Dog Branch Road

Off County Road 207A, west of East River

MONITORING GROUP DESC:

GROUP:

Domestic

East Palatka, FL 32131

MONITORING GROUP NUMBER: R-001

Rapid Infiltration Basin(s), including Influent

COUNTY:

Putnam

NO DISCHARGE FROM SITE:

MONITORING PERIOD

From: April 1, 2010

April 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.017		MGD						5 Days/Week	Meter
PARM Code 50050 Y Mon. Site No. EFA-1	Permit Requirement	0,03 (An.Avg.)		MGD		t the contract		J. J. J.		5 Days/Week	Meter
Flow	Sample Measurement	0.016	0.016	MGD						5 Days/Week	Meter
PARM Code 50050 A Mon. Site No. EFA-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					53%		PER- CENT		Monthly	Calculated
	Permit Requirement					Report (Mo. Avg.)		PER- CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.7		MG/L	0	Monthly	Grab
	Permit Réquirement					20.0 (An.Avg.)	erica erica erica.	MG/L		Monthly	Grab
-	Sample Measurement					2.3	2.3	MG/L	0	Monthly	Grab
The state of the s	Permit Requirement					30,0 (Mo Avg.)	60.0 (Max.)	MG/L	Fig. 18	Monthly	Grab
	Sample Measurement					2.5		MG/L	0	Monthly	Grab
. The table it is the first of the first ind	Permit Requirement		ander er er er er er en er er er er er			20.0 (An.Avg.)		MOL		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 T	ELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator	(386-937-1143	10/05/18

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Palm Port WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: April 1, 2010

PERMIT NUMBER: FLA011742 To April 30, 2010

Parameter		Quantity of	or Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					3.0	3.0	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement					30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement		-			2.6		#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				200 (An.Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement						1.0	#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement						800 (Max.)	#/100ML		Monthly	Grab
рН	Sample Measurement		1		7.0		7.6	SU		5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6,0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.6			MG/L		5 Days/Week	Gnab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0,5 (Min.)		a combatages	MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			}			1.78	MG/L	0	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement						12.0 (Mex.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		,			186		MG/L	0	Monthly	Grab
PARM Code 80082 G Mon, Site No. INF-1	Permit Requirement			eg fan Anglek A George (glêste		Report (Mo.Avg.)		MO/L		Monthly	Gmb
Solids, Total Suspended	Sample Measurement					408		MO/L	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		MG/L		Monthly	Gmb

DAILY SAMPLE RESULTS - PART B

Permit-Number: Monitoring Period FLA011742

Facility:

Palm Port WWTF

From: April 1, 2010 To: April 30, 2010

	Flow (MGD)	Percent Capacity, (TMADF/Permitted Capacity) x 100 (PERCENT)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)
Code Mon. Site	50050 EFA-1	00180 CAL-1	80082 EFA-1	00530 EFA-1	74055 EFA-1	00400 EFA-1	50060 EFA-1	00620 EFA-1	80082 INF-1	00530 INF-1
I	0.014					7.3	2.2			
2	0.013		,			7.3	2.2			
3	0.012					7.1	1.2	-		
4										
5	0.030				_	7.1	2.3			
6	0.013		2.3	3.0	<1.0	7.2	5.8	1.78	186	408
7	0.016		<u></u>			7.2	4.8			
8	0.008					7,2	6.4	_		
9	0.015					7.3	5.8			
10	0.009					7.3	2.2]]
11										
12	0.028					7,1	1.2			
13	0.012					7	0.6			
14 15	0.012					7.6	8		<u></u>	<u> </u>
16	0.016					7.3	6,4			
17	0.010		_			7.3	2.2		<u> </u>	
18	0.021		-			7.3	2,2			
19									<u> </u>	
20	0.043					7.1	2.3			
21	0.017					7.2	4.7			
22	0.020		 -			7.2	5.8		<u> </u>	
23	0.021					7.3	2.2			
24	0.028					7.2	7.1		<u> </u>	<u> </u>
25	0.022		- 			7.2	5.1			
26	0.047		·							
27	0.047					7.2	2.6	· · · · · · · · · · · · · · · · · ·		+
28	0.023					7.3	5.4 4.6			†
29	0.013					7.1	2.2	<u></u>		
30	0.020						2.2			-
31	0.019					7.3				
Total	0.506									
Mo. Avg.	0.016									1

PLANT STAFFING: Day Shift Operator	Class:	C	Certificate No:	9320	Name:	Ralph Marriott
Evening Shift Operator	Class:	В	Certificate No:	12476	Name:	David Haring
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	<u>A</u>	Certificate No:	4894	Name:	Paul Thompson



Florida Department of Environmental Protection

Northeast District 7825 Baymeadows Way, Suite B200 Jacksonville, Florida 32256-7590 Phone: 904/807-3300 • Fax: 904/448-4366 Charlie Crist Governor

leff Kottkamp Lt. Governor

Michael W. Sole Secretary

October 21, 2008

Patrick Farris Aqua Utilities Florida, Inc 1100 Thomas Avenue Leesburg, FL 34748 pafarris@aquaamerica.com

RE: COMPLIANCE EVALUATION INSPECTION

Palm Port WWTF
Facility ID - FLA011742
Putnam County - DOMESTIC WASTE

Dear Mr. Farris:

On October 2, 2008, the Florida Department of Environmental Protection (Department), conducted a Compliance Evaluation Inspection at the referenced facility to determine compliance with wastewater requirements. Please review the attached inspection report.

Please note that the permit for this facility expires on November 9, 2008. Chapter 62-620.335, Florida Administrative Code, states that a "permittee shall submit an application to renew an existing permit at least 180 days before the expiration date of the existing permit." It further states that the "late submittal of a renewal application shall be considered timely and sufficient for the purpose of extending the effectiveness of the expiring permit only if it is submitted and made complete before the expiration date." If the application does not meet those conditions and you continue to operate, you may be operation without a permit, and you may be subjected to enforcement action.

The facility was rated in-compliance. If you have any questions regarding this inspection please contact me at (904) 807-3338. Please extend my gratitude to Mr. Paul Thompson for his assistance during the inspection. Aqua Utilities Florida, Inc. is fortunate to have such a knowledgeable and dedicated employee.

Sincerely,

الملاسكة المسلمة المس

KHG:tk:kg

cc: Mr. Paul Thompson, Aqua Utilities Florida, Inc. Mr. Stanley Rieger, Public Service Commission, Tallahassee "More Protection, Less Process" www.dcp.state.fl.us

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

,			F.	4 C I L	ITY AND INSPECT	10 N	IN	FORMATION	@ :	= Optional	
Name and Physical Location of Facility					WAFR ID:		County		Entry Date		
Palm Port WWTF					FLA011742			Putnam	nam October 2, 2008		
Palatka, Florida									Exit Date		
								Octo	ber 2, 2008		
Name(s) of Field Repi	resentative	rs(1)		Title			Phone			
Paul	Thompson				Senior Operator					(386) 937-1143	
Name a	nd Address of	Permittee	or Desig	nated Re	presentative Title			Phone	@ Operator Certification #		
Mr. F	Patrick Far	ris			Enviro	al	(352) 435-4029	1029			
Aqua	Utilities F	lorida, l	inc.		Сотр	hance		FAX: (352) 787-	6333		
1100	Thomas A	venue									
Leesb	ourg, Floric	la 3474	8								
Inspect	ion Type	С	E	ı	Samples Taken(Y/N): N	ழி Sun	iple ID	#:	San	oples Split (Y/N):	
Χ, Ι	Domestic	_ fm	dustr	ial	Were Photos Taken(Y/N): Y	@ Log book Yolume :			@ Page		
Si	ignificant N	on-Com	ce; NC pliance	: Out of Criteria	Compliance; SC: Significant out Should be Reviewed when Out SELF MONITORING PROGRAM	t of Cor	nplia Iolian	nce; NA: Not Applicat	ole; NE: I in Areas	Not Evaluated Marked by a " TRUTTLE TRUE COSAL	
IC	1. +Permit			ΝE	3. Laboratory	IC 6. Facility Site Review			IC	9. ◆Effluent Quality	
IC.	2. ◆Compli	2 • Compliance Schedules IC 4. Sampling IC 7. Flow Measurement					low Measurement	IC	10. ♦EMuent Disposal		
				IC	5. ◆ Records & Reports	IC	l .	Operation & ntenance	NE	11. Residuals/Sludge	
NA	13. Other:								NA	12 Groundwater	
Facility Status:	and/or ()rder	Complian	ice	X	In-Compliance	_ Out-	Of-Co	ninpliance	Signific	ant-Out-Of-Compliance	
	nended Action										
Name(s) and Signatur	re(s) of Ins	pector(s))	•			District Office/Phone Nu		Date	
Kathl	een Gerard	, ¥	(marren	8.1 2.	an andrew			NED/(904) 807-33 	338	10/21/08	
@ Sign	nature of Revi							District Office/Phone Nu		Date	
Tom Kallemeyn District Office/Phone Number NED/(904) 807-3305 10/21/08											
F	il Out Th	is Sect	ion Fa	or All S	Surface Water Discharger	Inspect	tions	(CEI, CSI, CBI, P	AI, XS	l, RI, ASI, ANI)	
Transaction NPDES Number YR/MO/DA Insp. Inspector Fac.											
N F L A O B I O O 2 I C 2 S 3 1											
Inspec Facilit	tion Code (Field 2): :ld 3): 1:	: S:Stat : Munic	ic, JiJoir cipal (Py	I, C:CEI, S:CSI, X:XSI, R:RI, \text{\text{:}} at EPA/State-EPA Lead, T:Joint ablicly Owned), 2: Industrial and	ASI, =:/ State/E	ANI Pa-Si	ate Lead, L:Local Pro		, 4: Federal	

INSPECTION FINDINGS

Facility Name: Palm Port WWTF

Facility ID: FLA011742 Inspection Type: CEI Date: October 2, 2008

FACILITY BACKGROUND:

Address:

Dog Branch Road Off County Road 207A, west of East River Road East Palatka, Florida 32131 Putnam County

Permit Information: Wastewater permit expires on November 9, 2008.

Treatment Summary:

This facility is permitted as a 0.030 million gallons per day (mgd) annual average daily flow (AADF) permitted capacity extended aeration activated sludge domestic wastewater treatment facility (WWTF) consisting of off-site influent pumping stations introducing wastewater into a single force main with a magnetic recording flow meter and totalizer, eight aeration basins with a combined volume of approximately 40,000 gallons (5,000 gallons each), a secondary clarifier with a volume of approximately 6,200 gallons, a chlorine contact chamber with a volume of approximately 1,875 gallons, and an aerobic digester with a volume of approximately 2,700 gallons. The residuals are transported to 412 Biosolids Processing Facility and Central Process RMF, or a DEP-permitted WWTF, or a DEP-permitted RMF for further treatment and final disposal.

This facility is a Category III (extended aeration), Class C (0.030 mgd AADF) facility.

Effluent is discharge to a0.030 mgd AADF permitted capacity rapid infiltration basin system (R-001) which consists of two percolation / evaporation ponds with a combined surface area of approximately 36,900 square feet which are hydraulically connected and a treated water pumping station to pump to sprinkler heads on the berms to increase evaporation located approximately at latitude 29° 40' 58" North and longitude 81° 37' 30" West.

Permitted Capacity: 0.030 MGD

- 1. Permit: IN COMPLIANCE
 - 1.1 Observation: A copy of the permit was on-site and available to plant personnel. The permit expires on November 9, 2008. Please submit a permit application as soon as possible. This was discussed with the operator during the inspection, who stated that their engineer is working on the application.
- 2. Compliance Schedules:
 - 2.1 Observation: All items stated in the compliance schedule of the permit have already been met.
- 3. Laboratory: NOT EVALUATED
 - 3.1 Observation: No observations were recorded.
- 4. Sampling: IN COMPLIANCE
 - 4.1 Observation: Calibrations were performed correctly.
 - 4.2 Observation: Sample collection is being performed in accordance with DEP-SOP-001/01
 - 4.3 Observation: Safe and dry access to influent and effluent sampling points are provided.
- 5. Records and Reports: IN COMPLIANCE
 - 5.1 Observation: General A copy of the current laboratory certification was available at the facility.

- (62-620.350(1) F.A.C.).
- 5.2 Observation: General Operators' certification was available at the facility.
- 5.3 Observation: General The certified operator's daily logbook was complete.
- 5.4 Observation: General The records were well organized and were available at the facility.

Calibrations records are kept with the instruments. The operator brought the calibrations records for review.

These records were satisfactory.

The Operation and Maintenance Manual is kept at the facility.

6. Facility Site Review: IN COMPLIANCE

- 6.1 Observation: General The facility grounds were secured properly.
- 6.2 Observation: General The facility grounds were clean and well maintained.
- 6.3 Observation: Backflow Prevention A reduced pressure zone backflow prevention device was in place on the potable water supply line. The RPZ backflow prevention device was checked on December 31, 2007.
- 6.4 Observation: Backflow Prevention The reduced pressure zone backflow prevention device was free from leaks and necessary repair.
- 6.5 Observation: AerationBasins/Act.Sludge The contents in the aeration chambers appeared to be adequately mixed.
- 6.6 Observation: AerationBasins/Act.Sludge The air line(s) to the aeration basin was free from leaks at the time of the inspection.
- 6.7 <u>Observation: AerationBasins/Act.Sludge</u> The time clocks for the aeration system control were operational at the time of the inspection.
- 6.8 Observation: AerationBasins/Act. Sludge No problems or deficiencies noted.
- 6.9 Observation: Blowers/Motors The blowers were operational at the time of the inspection.
- 6.10 Observation: Blowers/Motors The secondary blower motor was operational.
- 6.11 Observation: Blowers/Motors The time clocks on the blowers were set properly.
- 6.12 Observation: Blowers/Motors The blowers were equipped with belt guards.
- 6.13 Observation: Clarifiers The clarifier weirs appear to be level.
- 6.14 Observation: Clarifiers The skimmer appeared to be functioning properly.
- 6.15 Observation: Clarifiers The clarifier had good settling and clear effluent.
- 6.16 Observation: Clarifiers No problems or deficiencies noted.

Additional Comments: Very good settling. The unit was clean and the effluent from the unit was clear.

- 6.20 Observation: Disinfection The chlorine contact chamber was providing a minimum contact time of 15 minutes.
- 6.21 Observation: Disinfection No problems or deficiencies noted.

Additional Comments: Liquid chlorine solution used for disinfection.

7. Flow Measurement: IN COMPLIANCE

7.2 Observation: The copy of the flow calibration report is current and satisfactory.

The clapse timer meter on the lift station pumps was checked on November 8, 2007.

8. Operation and Maintenance: IN COMPLIANCE

- 8.1 Observation: General The facility was operated and maintained in accordance with the description in the Permit.
- 8.2 Observation: General A certified operator as required by Rule 62-602 and the Permit, was operating the WWTF.
- 8.3 Observation: General The facility maintains an adequate spare parts inventory.
- 8.4 Observation: General No problems or deficiencies were observed.

Additional Comments: Very good operation and maintenance. David Haring is the operator at the facility. Paul Thompson fills in for him.

The facility is serviced five times a week.

9. Effluent Quality: IN COMPLIANCE

 Observation: A review of the Discharge Monitoring Reports revealed only on nitrate exceedance of 13.10 mg/L during November 2007.

Additional Comments: The facility usually maintains a good quality of effluent. At the time of the inspection, the effluent was clear.

10. Effluent Disposal: IN COMPLIANCE

- 10.1 Observation: General The facility was discharging at the time of the inspection.
- 10.2 Observation: General The effluent was free from visible sheen at the time of the inspection.
- 10.3 Observation: General The effluent was free from excessive turbidity.
- 10.4 Observation: General The effluent was free from excessive foam.
- 10.5 Observation: General No problems or deficiencies were observed.

The absorption field (composed of two sections) was fenced, moved and clean. No mounding or leachate was observed.

1.1. Residuals/Sludge: NOT EVALUATED

11.1 Observation: Solids are hauled by American Pipe and Tank Company for treatment and final disposal. The hauling records were available at the facility. I will send Paul Thompson an example of a sludge manifest where all data from both the facility and land treatment and spreading site will be recorded on one sheet and copies can be maintained at the treatment site and also at the facility.

Residuals are hauled every four to six weeks.

12. Groundwater Quality: NOT APPLICABLE

12.1 Observation: No observations were recorded.

13. Other: NOT APPLICABLE

13.1 Observation: No observations were recorded.