

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.

DOCUMENT NUMBER DATE

07301 SEP-19

FPSC-COMMISSION OFFICE



St. Johns River Water Management District

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

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

CERTIFIED NUMBER: 7004 0750 0003 3823 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,

Gloria Lewis, Director
Division of Permit Data Services

Enclosures:

Permit
Conditions of Issuance
Compliance Forms
Well Tags

CC: District Permit File
Lynn Minor, Data Management Supervisor

GOVERNING BOARD

Ometrias D. Long, CHAIRMAN VENICE	David G. Graham, VICE-CHAIRMAN JACKSONVILLE	R. Clay Albright, SECRETARY OCEACHEE	Duane Ottenstroer, TREASURER JACKSONVILLE
W. Michael Branch NEW WADSWORTH	John G. Sowinski ORLANDO	William Kerr ORLANDO/NE BEACH	Ann I. Moore BUNELL
			Susan N. Hughes JACKSONVILLE

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.

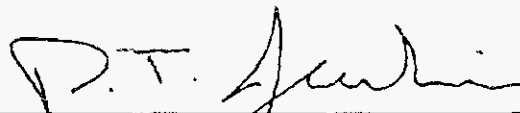
This permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes and 40C-1, Florida Administrative Code.

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

By: _____



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.

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Palm Port	PWS Identification Number:	2540865
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	109	Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.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
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
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

II. Certification by Lead/Chief Operator

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

6/9/08

 Signature and Date

Paul Thompson

 Printed or Typed Name

A7251

 License Number

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

PWS Identification Number: 2540865 Plant Name: Palm Port

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1	X	24.0	11,900		1.3								1.0	
2	X	24.0	10,400		1.8								1.2	
3		24.0	16,000											
4		24.0	16,000											
5	X	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											
12	X	24.0	12,833		1.6								1.5	
13	X	24.0	11,100		1.5								1.2	
14	X	24.0	20,000		1.5								1.0	
15	X	24.0	10,500		1.5								1.0	
16	X	24.0	14,700		1.7								1.2	
17		24.0	19,833											
18		24.0	19,833											
19	X	24.0	19,833		1.3								1.1	
20	X	24.0	14,900		1.5								1.1	
21	X	24.0	14,800		0.4								0.2	
22	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											
26	X	24.0	15,333		1.2								0.8	
27	X	24.0	13,600		1.9								1.4	
28	X	24.0	17,400		1.4								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											
Total			446,833											
Average			14,414											
Maximum			20,000											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

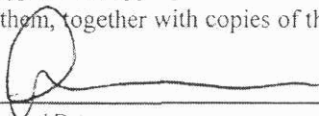
PWS Name:	Palm Port			PWS Identification Number:	2540865		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	109			Total Population Served at End of Month:	375		
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager		
Contact Person's Mailing Address:	PO Box 490310			City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	beheath@aquaamerica.com						

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
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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.): C			
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked			
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			

II. Certification by Lead/Chief Operator

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

Signature and Date:  07/08/08

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540865 Plant Name: Palm Port

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1		24.0	23,300											
2	X	24.0	23,300		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	X	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								1.1	
13	X	24.0	14,600		1.6								0.9	
14		24.0	12,967											
15		24.0	12,967											
16	X	24.0	12,967		0.6								0.3	
	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								0.7	
21		24.0	11,533											
22		24.0	11,533											
23	X	24.0	11,533		1.2								0.7	
24	X	24.0	11,100		1.3								0.7	
25	X	24.0	14,500		1.6								0.9	
26	X	24.0	11,000		1.5								0.9	
27	X	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												
Total			410,600											
Average			13,245											
Maximum			23,300											

* 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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Palm Port	PWS Identification Number:	2540865
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	109	Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	Florida
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Palm Port	Plant Telephone Number:	(352) 787-0980
Plant Address:	East River Drive	City:	East Palatka
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	Florida
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	170,000	Zip Code:	32131
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	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.

Signature and Date: 8/7/08

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540865 Plant Name: Palm Port

III. Daily Data for the Month/Year of:

July, 2008

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	X	24.0	10,100		1.3								0.8		
2	X	24.0	13,800		1.3								0.8		
3	X	24.0	13,900		1.8								1.4		
4	X	24.0	10,900		1.8								1.3		
5		24.0	14,733												
6		24.0	14,733												
7	X	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	X	24.0	12,800		1.1								0.8		
11	X	24.0	10,700		1.6								0.9		
12		24.0	13,233												
13		24.0	13,233												
14	X	24.0	13,233		1.5								0.8		
15	X	24.0	13,400		1.5								1.0		
16	X	24.0	11,000		1.5								1.0		
17	X	24.0	14,400		1.4								0.8		
18	X	24.0	10,000		1.4								0.8		
19		24.0	16,400												
20		24.0	16,400												
21	X	24.0	16,400		1.1								0.7		
22	X	24.0	10,200		1.5								0.9		
23	X	24.0	29,000		1.2								0.7		
24	X	24.0	11,300		1.4								1.0		
25	X	24.0	15,200		1.5								1.3		
26		24.0	12,300												
27		24.0	12,300												
28	X	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	X	24.0	15,600		1.6								1.3		
Total			414,900												
Average			13,384												
Maximum			29,000												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Palm Port			PWS Identification Number:	2540865
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	109			Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.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	
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water					
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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.):	C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked		
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		

II. Certification by Lead/Chief Operator

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

Signature and Date: 09/08/08

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540865 Plant Name: Palm Port

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	GT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	9,400		1.5								1.0	
2		24.0	13,533											
3		24.0	13,533											
4	X	24.0	13,533		2.2								1.7	
5	X	24.0	13,400		1.0								0.6	
6	X	24.0	8,300		1.0								0.6	
7	X	24.0	14,200		1.2								0.8	
8	X	24.0	14,600		0.8								0.4	
9		24.0	14,000											
10		24.0	14,000											
11	X	24.0	14,000		0.8								0.4	
12	X	24.0	10,400		1.0								0.7	
13	X	24.0	12,500		1.5								0.7	
14	X	24.0	10,300		1.6								0.8	
15	X	24.0	13,700		1.4								0.9	
16		24.0	12,967											
17		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								1.3	
22	X	24.0	16,000		1.7								1.2	
23		24.0	11,633											
24		24.0	11,633											
25	X	24.0	11,633		1.3								0.4	
26	X	24.0	12,800		0.6								0.9	
27	X	24.0	14,400		0.6								0.4	
28	X	24.0	12,900		0.9								0.4	
29	X	24.0	14,800		2.0								0.9	
30		24.0	16,200											
31		24.0	16,200											
Total			400,700											
Average			12,926											
Maximum			16,200											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Palm Port			PWS Identification Number:	2540865	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	109			Total Population Served at End of Month:	375	
PWS Owner:	Aqua Utilities Florida					
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	PO Box 490310			City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaaamerica.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
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water					
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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.):	C	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked		
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		

II. Certification by Lead/Chief Operator

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

Signature and Date: [Signature] 10/08/08

Printed or Typed Name: Paul Thompson

License Number: A7251

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

PWS Identification Number: 2540865 Plant Name: Palm Port

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	16,200		1.5								1.1	
2	X	24.0	20,100		1.4								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	X	24.0	17,633		1.0								1.0	
9	X	24.0	14,700		1.1								0.8	
10	X	24.0	11,300		3.0								2.0	Outage - Tank Cleaning and Inspection
11	X	24.0	17,400		0.6								0.2	
12	X	24.0	15,400		0.6								0.2	
13		24.0	18,367											
14		24.0	18,367											
15	X	24.0	18,367		0.7								0.6	
16	X	24.0	18,100		1.5								0.7	
17	X	24.0	14,000		1.5								0.8	
18	X	24.0	13,700		1.5								0.8	
19	X	24.0	14,500		1.6								0.9	
20		24.0	15,200											
21		24.0	15,200											
22	X	24.0	15,200		1.6								0.9	
23	X	24.0	15,000		1.8								0.9	
24	X	24.0	15,800		1.4								0.8	
25	X	24.0	18,900		1.8								0.9	
26	X	24.0	12,700		1.8								0.8	
27		24.0	16,733											
28		24.0	16,733											
29	X	24.0	16,733		1.3								0.5	
30	X	24.0	15,000		1.5								0.6	
31		24.0												
Total			480,400											
Average			15,497											
Maximum			20,100											

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


I. General Information for the Month/Year of:

A. Public Water System (PWS) Information

B. Water Treatment Plant Information

II. Certification by Lead/Chief Operator

retain them, together with copies of this report, at a convenient place.

 12/6/08

Signature and Date

Page 1

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

PWS Identification Number: 2540865 Plant Name: Palm Port

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	12,700		1.6								0.6		
2	X	24.0	17,700		1.6								0.6		
3	X	24.0	13,300		1.5								0.7		
4		24.0	16,933												
5		24.0	16,933												
6	X	24.0	16,933		1.3								0.7		
7	X	24.0	18,400		0.8								0.4		
8	X	24.0	19,900		2.0								1.2		
9	X	24.0	11,900		1.4								0.7		
10	X	24.0	16,800		1.5								0.7		
11		24.0	16,400												
12		24.0	16,400												
13	X	24.0	16,400		0.7								0.4		
14	X	24.0	16,800		0.7								0.5		
15	X	24.0	15,100		0.6								0.4		
16	X	24.0	15,800		0.8								0.4		
17	X	24.0	15,300		0.8								0.4		
18		24.0	14,933												
19		24.0	14,933												
20	X	24.0	14,933		0.6								0.3		
21	X	24.0	13,800		1.0								0.5		
22	X	24.0	13,600		1.1								0.4		
23	X	24.0	12,000		1.6								0.8		
24	X	24.0	13,300		0.6								0.3		
25		24.0	14,733												
26		24.0	14,733												
27	X	24.0	14,733		2.4								2.2		
28	X	24.0	14,900		2.2								2.0		
29	X	24.0	16,800		1.2								1.0		
30	X	24.0	8,800		1.6								0.5		
31	X	24.0	18,600		1.9								1.7		
Total			474,500												
Average			15,306												
Maximum			19,900												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

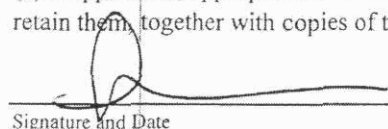
PWS Name:	Palm Port			PWS Identification Number:	2540865
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	109			Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	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 by Plant:	<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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.): C		
Licensed Operators:	Name	License Class	License Number	Day(s) / Shift(s) Worked	
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	

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.

 12/5/08
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540865 Plant Name: Palm Port

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1		24.0	16,200											
2		24.0	16,200											
3	X	24.0	16,200		0.9								0.5	
4	X	24.0	15,600		2.2								1.6	
5	X	24.0	15,800		1.0								0.6	
6	X	24.0	0		1.1								0.6	
7	X	24.0	14,900		0.9								0.6	
8		24.0	15,533											
9		24.0	15,533											
10	X	24.0	15,533		1.0								0.6	
11	X	24.0	14,700		1.4								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		24.0	20,900											
16		24.0	20,900											
17	X	24.0	20,900		2.1								2.5	
18	X	24.0	13,900		2.2								2.0	
19	X	24.0	14,500		1.0								0.8	
20	X	24.0	13,700		1.3								0.9	
21	X	24.0	16,200		2.0								2.6	
22		24.0	15,767											
23		24.0	15,767											
24	X	24.0	15,767		0.8								0.5	
25	X	24.0	17,400		0.9								0.5	
26	X	24.0	17,300		1.2								0.8	
27	X	24.0	11,400		1.1								0.6	
28	X	24.0	17,900		1.1								0.6	
29		24.0	16,600											
30		24.0	16,600											
31		24.0												
Total			467,000											
Average			15,567											
Maximum			20,900											

* 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, 2008

A. Public Water System (PWS) Information

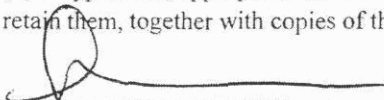
PWS Name:	Palm Port			PWS Identification Number:	2540865
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	109			Total Population Served at End of Month:	375
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	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 by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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.):	C
Licensed Operators:	Name	License Class	License Number	Day(s)/Shift(s) Worked	
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	

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.

 01/08/09
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540865 Plant Name: Palm Port

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	16,600		0.9								0.6	
2	X	24.0	14,800		1.3								0.8	
3	X	24.0	12,500		1.2								0.8	
4	X	24.0	14,900		1.3								0.8	
5	X	24.0	15,500		1.4								1.2	
6		24.0	16,533											
7		24.0	16,533											
8	X	24.0	16,533		1.2								1.1	
9	X	24.0	12,400		1.1								0.7	
10	X	24.0	11,900		1.1								0.8	
11	X	24.0	15,000		2.2								1.5	
12	X	24.0	15,300		1.5								1.1	
13		24.0	14,500											
14		24.0	14,500											
15	X	24.0	14,500		1.4								0.9	
16	X	24.0	13,000		1.3								0.9	
17	X	24.0	16,300		1.2								1.0	
18	X	24.0	13,300		1.2								1.0	
19	X	24.0	15,000		1.2								1.0	
20		24.0	13,867											
21		24.0	13,867											
22	X	24.0	13,867		0.9								0.6	
23	X	24.0	18,100		1.5								0.9	
24	X	24.0	11,800		1.4								0.9	
25	X	24.0	14,000		1.3								0.8	
26	X	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								0.5	
30	X	24.0	16,400		1.1								0.5	
31	X	24.0	13,700		1.1								0.7	
Total			459,500											
Average			14,823											
Maximum			18,400											

* 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

PWS ID: 2540865 Plant Name: Palm Port

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

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

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

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

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

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

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

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

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

I. General Information for the Month/Year of:

PWS Name:	Palm Port			PWS Identification Number:	2540865		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	109			Total Population Served at End of Month:	375		
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Edward Pellenz			Contact Person's Title:	Manager of Operations		
Contact Person's Mailing Address:	PO Box 490310			City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	eipellenz@aquaamerica.com						

[illegible]

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

A7251
License Number

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

PWS Identification Number: 2540865 Plant Name: Palm Port

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	15,200		1.1								0.7	
2	X	24.0	16,900		1.2								0.7	
3		24.0	16,733											
4		24.0	16,733											
5	X	24.0	16,733		0.8								0.5	
6	X	24.0	14,700		0.8								0.5	
7	X	24.0	12,400		1.2								0.8	
8	X	24.0	12,800		0.8								0.4	
9	X	24.0	19,300		1.6								1.3	
10		24.0	15,433											
11		24.0	15,433											
12	X	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	
15	X	24.0	13,600		1.4								1.2	
16	X	24.0	16,100		1.4								1.2	
17		24.0	13,300											
18		24.0	13,300											
19	X	24.0	13,300		1.3								1.0	
20	X	24.0	24,400		1.2								1.0	
21	X	24.0	4,000		1.2								0.8	
22	X	24.0	13,500		1.2								0.9	
23	X	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	X	24.0	15,500		1.3								0.8	
28	X	24.0	11,300		1.3								1.1	
29	X	24.0	12,100		1.1								0.8	
30	X	24.0	14,400		1.0								0.7	
31		24.0	15,866											
Total			456,466											
Average			14,725											
Maximum			24,400											

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

I. General Information for the Month/Year of:

February, 2009

PWS Name:	Palm Port			PWS Identification Number:	2540865		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	109			Total Population Served at End of Month:	375		
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
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com						

[illegible]

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

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540865 Plant Name: Palm Port

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1		24.0	23,800											
2	X	24.0	23,800		1.0								0.7	
3	X	24.0	11,200		0.9								0.5	
4	X	24.0	12,200		1.1								0.7	
5	X	24.0	14,800		2.3								1.4	
6	X	24.0	16,000		2.1								1.8	
7		24.0	15,367											
8		24.0	15,367											
9	X	24.0	15,367		1.3								1.0	
10	X	24.0	15,400		1.2								9.0	
11	X	24.0	14,400		1.1								0.8	
12	X	24.0	11,600		1.3								1.0	
13	X	24.0	17,900		1.2								1.1	
14		24.0	14,700											
15		24.0	14,700											
16	X	24.0	14,700		0.9								0.6	
17	X	24.0	11,900		0.9								0.6	
18	X	24.0	13,600		1.3								1.0	
19	X	24.0	15,000		1.4								1.0	
20	X	24.0	14,800		1.2								1.0	
21		24.0	15,867											
22		24.0	15,867											
23	X	24.0	15,867		1.1								0.8	
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											
29		24.0												
30		24.0												
31		24.0												
Total			450,167											
Average			14,522											
Maximum			27,600											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Palm Port			PWS Identification Number:	2540865
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	109			Total Population Served at End of Month:	375
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			Contact Person's Fax Number:	(352) 787-6333
Contact 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			City:	East Palatka
				State:	Florida
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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.): C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
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	

II. Certification by Lead/Chief Operator

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

Signature and Date: Paul Thompson 4/3/09

Printed or Typed Name: Paul Thompson

License Number: A7251

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

PWS Identification Number: 2540865 Plant Name: Palm Port

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Type of Disinfectant Residual Maintained in Distribution System: _____														
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum C/T Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1		24.0	16,167											
2	X	24.0	16,167		1.1								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								0.7	
11	X	24.0	12,300		1.6								1.0	
12	X	24.0	14,900		2.3								1.6	
13	X	24.0	14,800		1.9								1.5	
14		24.0	15,233											
15		24.0	15,233											
16	X	24.0	15,233		1.3								1.0	
17	X	24.0	18,100		1.2								1.0	
18	X	24.0	11,800		0.8								0.8	
19	X	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	X	24.0	12,100		1.4								0.8	
25	X	24.0	14,600		1.4								1.1	
26	X	24.0	15,200		1.4								1.1	
27	X	24.0	12,700		1.3								1.0	
28		24.0	15,900											
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	
Total			469,734											
Average			15,153											
Maximum			22,300											

* 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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Palm Port			PWS Identification Number:	2540865		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	109			Total Population Served at End of Month:	375		
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
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com						

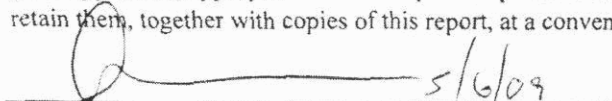
B. Water Treatment Plant Information

Plant Name:	Palm Port			Plant Telephone Number:	(352) 787-0980		
Plant Address:	East River Drive			City:	East Palatka	State:	Florida
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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.):	C		

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
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

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.

 5/6/09
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540865 Plant Name: Palm Port

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	14,100		0.9								0.6	
2	X	24.0	15,200		1.1								0.8	
3	X	24.0	14,700		0.9								0.8	
4		24.0	16,200											
5		24.0	16,200											
6	X	24.0	16,200		1.0								0.7	
7	X	24.0	15,100		1.1								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								0.6	
15	X	24.0	20,600		1.0								0.8	
16	X	24.0	20,100		0.8								0.8	
17	X	24.0	20,300		2.4								2.3	
18		24.0	18,733											
19		24.0	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												
Total			479,100											
Average			15,455											
Maximum			20,600											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Palm Port			PWS Identification Number:	2540865
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	109			Total Population Served at End of Month:	375
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			Contact Person's Fax Number:	(352) 787-6333
Contact 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			City:	East Palatka
				State:	Florida
				Zip Code:	32131
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
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

II. Certification by Lead/Chief Operator

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

Signature and Date: Paul Thompson 6/8/09

Printed or Typed Name

License Number: A7251

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

PWS Identification Number: 2540865 Plant Name: Palm Port

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	19,400		1.1								0.8	
2		24.0	16,833											
3		24.0	16,833											
4	X	24.0	16,833		1.2								0.9	
5	X	24.0	15,400		1.2								0.9	
6	X	24.0	12,600		1.0								0.7	
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											
10		24.0	22,200											
11	X	24.0	22,200		1.2								0.8	
12	X	24.0	22,000		0.9								0.6	
13	X	24.0	28,000		1.1								0.8	
14	X	24.0	17,700		0.9								0.7	
15	X	24.0	18,600		1.0								0.7	
16		24.0	17,667											
17		24.0	17,667											
18	X	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											
24		24.0	15,167											
25	X	24.0	15,167		1.7								1.3	
26	X	24.0	16,100		1.5								1.1	
27	X	24.0	11,900		1.6								1.3	
28	X	24.0	15,400		1.2								1.0	
29	X	24.0	11,300		1.5								1.2	
30		24.0	15,966											
31		24.0	15,966											
Total			528,032											
Average			17,033											
Maximum			28,000											

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

June, 2009

A. Public Water System (PWS) Information

PWS Name:	Palm Port			PWS Identification Number:	2540865
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	109			Total Population Served at End of Month:	375
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			Contact Person's Fax Number:	(352) 787-6333
Contact 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			City:	East Palatka State: Florida Zip Code: 32131
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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.):	C
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
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	

II. Certification by Lead/Chief Operator

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

Signature and Date

7/8/09

Paul Thompson

Printed or Typed Name

A7251

License Number

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

PWS Identification Number: 2540865 Plant Name: Palm Port

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1	X	24.0	15,966		1.3								0.8	
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								0.3	
11	X	24.0	12,700		1.3								0.6	
12	X	24.0	15,900		1.2								0.9	
13		24.0	14,633											
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	
17	X	24.0	15,200		1.5								1.0	
18	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		24.0	18,133											
22	X	24.0	18,133		0.9								0.5	
23	X	24.0	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											
Average			14,773											
Maximum			19,367											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Palm Port			PWS Identification Number:	2540865
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	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			Contact Person's Fax Number:	(352) 787-6333
Contact 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			City:	East Palatka State: Florida Zip Code: 32131
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
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

II. Certification by Lead/Chief Operator

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

Signature and Date: [Signature] 8/7/09

Printed or Typed Name: Paul Thompson

License Number: A7251

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

PWS Identification Number: 2540865 Plant Name: Palm Port

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

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

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

of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work tha Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg- min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW- sec/cm ²		
1	X	24.0	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											
5		24.0	15,567											
6	X	24.0	15,567		1.2								0.7	
7	X	24.0	15,600		1.2								0.8	
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	X	24.0	14,500		0.8								0.3	
14	X	24.0	24,700		1.1								0.5	
15	X	24.0	11,700		1.4								0.9	
16	X	24.0	14,400		1.4								1.0	
17	X	24.0	14,900		2.1								1.6	
18		24.0	13,933											
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	X	24.0	15,600		1.1								0.7	
24	X	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		1.1								0.8	
29	X	24.0	11,200		1.2								0.8	
30	X	24.0	13,300		1.2								0.8	
31	X	24.0	12,600		1.5								0.8	
Total			457,600											
Average			14,761											
Maximum			24,700											

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

August, 2009

A. Public Water System (PWS) Information

PWS Name: Palm Port	PWS Identification Number: 2540865
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 109	Total Population Served at End of Month: 318
PWS Owner: Aqua Utilities Florida	Contact Person's Title: Field Coordinator
Contact Person: Paul Thompson	Contact Person's Name: Paul Thompson
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: Florida Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: pdthompson@aquaamerica.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			
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 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.): C			
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
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

II. Certification by Lead/Chief Operator

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

Signature and Date: 09/04/09

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540865 Plant Name: Palm Port

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1		24.0	13,500											
2		24.0	13,500											
3	X	24.0	13,500		1.2								0.8	
4	X	24.0	11,300		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								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											
16		24.0	14,900											
17	X	24.0	14,900		2.6								2.2	
18	X	24.0	12,600		2.4								1.6	
19	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											
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		24.0	13,367											
31	X	24.0	13,367		1.0								0.5	
Total			416,000											
Average			13,419											
Maximum			15,633											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Palm Port			PWS Identification Number:	2540865		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	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
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com						

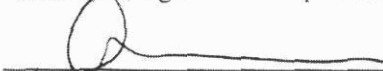
B. Water Treatment Plant Information

Plant Name:	Palm Port			Plant Telephone Number:	(352) 787-0980		
Plant Address:	East River Drive			City:	East Palatka	State:	Florida
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water					
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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.):	C		

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
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

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.

 09/07/09
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540865 Plant Name: Palm Port

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	14,300		1.2								0.9	
2	X	24.0	12,200		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											
7	X	24.0	13,233		0.9								0.4	
8	X	24.0	15,400		1.1								0.7	
9	X	24.0	12,200		1.0								0.6	
10	X	24.0	11,900		1.2								0.7	
11	X	24.0	17,000		1.3								0.8	
12		24.0	12,833											
13		24.0	12,833											
14	X	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	X	24.0	9,800		2.2								1.2	
18	X	24.0	10,600		1.8								1.2	
19		24.0	14,467											
20		24.0	14,467											
21	X	24.0	14,467		1.6								1.0	
22	X	24.0	12,000		1.6								1.0	
23	X	24.0	16,600		1.4								1.0	
24	X	24.0	9,100		0.6								0.2	
25	X	24.0	10,900		0.8								0.3	
26		24.0	14,467											
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												
Total			392,600											
Average			12,665											
Maximum			17,000											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Palm Port			PWS Identification Number:	2540865		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	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
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	pdthompson@aquaaamerica.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
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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.):	C		

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
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

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 10/6/09
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540865 Plant Name: Palm Port

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*															Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations							UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24.0	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													
5	X	24.0	16,400		1.4									0.8		
6	X	24.0	15,500		1.3									0.8		
7	X	24.0	12,300		1.2									0.9		
8	X	24.0	14,800		1.3									0.9		
9	X	24.0	11,400		1.1									0.8		
10		24.0	14,700													
11		24.0	14,700													
12	X	24.0	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													
18		24.0	14,767													
19	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	X	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									1.0		
31		24.0	13,533													
Total			468,033													
Average			15,098													
Maximum			20,600													

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of:

November, 2009

A. Public Water System (PWS) Information

PWS Name:	Palm Port	PWS Identification Number:	2540865
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	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
Contact Person's Telephone Number:	(352) 787-0980	State:	Florida
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

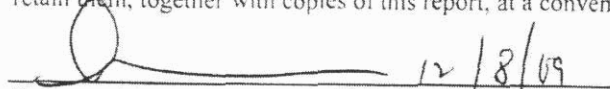
B. Water Treatment Plant Information

Plant Name:	Palm Port	Plant Telephone Number:	(352) 787-0980
Plant Address:	East River Drive	City:	East Palatka
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	Florida
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	170,000	Zip Code:	32131
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	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.


Signature and Date 12/8/09

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540865 Plant Name: Palm Port

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1		24.0	20,300												
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		24.0	14,300												
9	X	24.0	14,300		1.4								1.0		
10	X	24.0	10,800		1.3								0.9		
11	X	24.0	13,800		1.4								0.9		
12	X	24.0	11,800		1.3								0.7		
13	X	24.0	16,000		1.4								0.7		
14		24.0	12,267												
15		24.0	12,267												
16	X	24.0	12,267		1.1								0.7		
17	X	24.0	11,000		1.0								0.6		
18	X	24.0	14,500		1.4								1.1		
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												
23	X	24.0	15,333		1.4								1.0		
24	X	24.0	9,000		1.3								1.0		
25	X	24.0	12,500		1.3								1.0		
26	X	24.0	11,700		1.4								1.0		
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			404,400												
Average			13,045												
Maximum			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:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	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	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com		

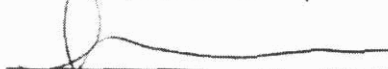
B. Water Treatment Plant Information

Plant Name:	Palm Port	Plant Telephone Number:	(352) 787-0980
Plant Address:	East River Drive	City:	East Palatka
		State:	Florida
		Zip Code:	32131
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
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

II. Certification by Lead/Chief Operator

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

 1/7/10
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540865 Plant Name: Palm Port

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	11,300		1.0								0.6	
2	X	24.0	11,300		1.1								0.6	
3	X	24.0	10,100		1.0								0.5	
4	X	24.0	12,500		1.3								0.6	
5		24.0	11,967											
6		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	12,200		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	X	24.0	11,200		1.4								0.9	
17	X	24.0	11,800		1.3								0.8	
18	X	24.0	11,500		1.1								0.6	
19		24.0	13,167											
20		24.0	13,167											
21	X	24.0	13,167		1.2								1.0	
22	X	24.0	10,300		0.6								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		1.4								1.1	
26		24.0	13,367											
27		24.0	13,367											
28	X	24.0	13,367		1.2								0.9	
29	X	24.0	13,900		1.2								0.9	
30	X	24.0	11,100		1.0								0.7	
31	X	24.0	12,000		2.1								1.0	
Total			377,200											
Average			12,168											
Maximum			15,600											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Palm Port			PWS Identification Number:	2540865
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	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
Contact Person's Telephone Number:	(352) 787-0980			Zip Code:	34749
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				
Contact Person's Fax Number:	(352) 787-6333				

B. Water Treatment Plant Information

Plant Name:	Palm Port			Plant Telephone Number:	(352) 787-0980
Plant Address:	East River Drive			City:	East Palatka
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	State:	Florida	Zip Code:
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.):	C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
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	

II. Certification by Lead/Chief Operator

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

Signature and Date: 02/08/10

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540865 Plant Name: Palm Port

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	13,300		1.1								1.3		
2		24.0	14,767												
3		24.0	14,767												
4	X	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								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												
18	X	24.0	12,767		1.6								1.2		
19	X	24.0	8,100		1.4								1.1		
20	X	24.0	14,600		1.4								1.1		
21	X	24.0	11,400		1.4								1.1		
22	X	24.0	12,300		1.5								1.1		
23		24.0	12,933												
24		24.0	12,933												
25	X	24.0	12,933		1.3								1.0		
26	X	24.0	11,400		1.4								1.1		
27	X	24.0	10,700		1.4								1.1		
28	X	24.0	14,700		1.5								1.2		
29	X	24.0	9,500		1.4								1.1		
30		24.0													
31		24.0													
Total			382,100												
Average			12,326												
Maximum			16,400												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Palm Port			PWS Identification Number:	2540865
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	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			Contact Person's Fax Number:	(352) 787-6333
Contact 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			City:	East Palatka State: Florida Zip Code: 32131
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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.):	C
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
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	

II. Certification by Lead/Chief Operator

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

Signature and Date Paul Thompson 2/9/10

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540865 Plant Name: Palm Port

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	13,233		1.4								1.1		
2	X	24.0	8,700		1.3								1.0		
3	X	24.0	11,500		1.3								1.0		
4	X	24.0	11,100		1.4								1.1		
5	X	24.0	11,800		1.4								1.0		
6		24.0	13,600												
7		24.0	13,600												
8	X	24.0	13,600		1.4								1.0		
9	X	24.0	11,400		1.3								0.8		
10	X	24.0	10,300		1.3								0.9		
11	X	24.0	12,200		1.3								0.9		
12	X	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	14,100		0.9								0.6		
18	X	24.0	8,900		0.9								0.6		
19	X	24.0	15,900		1.0								0.7		
20		24.0	12,067												
21		24.0	12,067												
22	X	24.0	12,067		1.0								0.7		
23	X	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	X	24.0	11,400		1.0								0.6		
27		24.0	12,533												
28		24.0	12,533												
29		24.0													
30		24.0													
31		24.0													
Total			338,899												
Average			10,932												
Maximum			15,900												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Palm Port			PWS Identification Number:	2540865		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	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
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com						

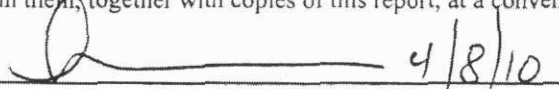
B. Water Treatment Plant Information

Plant Name:	Palm Port			Plant Telephone Number:	(352) 787-0980		
Plant Address:	East River Drive			City:	East Palatka	State:	Florida
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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.):	C		

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
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

II. Certification by Lead/Chief Operator

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

 4/8/10
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540865 Plant Name: Palm Port

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	37,600		1.1								0.7	
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	X	24.0	13,300		1.3								0.8	
6		24.0	12,400											
7		24.0	12,400											
8	X	24.0	12,400		1.4								1.0	
9	X	24.0	12,900		1.0								0.6	
10	X	24.0	18,200		1.3								1.0	
11	X	24.0	8,500		1.2								0.8	
12	X	24.0	11,500		1.3								1.0	
13		24.0	12,733											
14		24.0	12,733											
15	X	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	X	24.0	11,600		1.3								0.9	
19	X	24.0	11,900		1.3								1.0	
20		24.0	13,566											
21		24.0	13,566											
22	X	24.0	13,566		1.3								0.9	
23	X	24.0	9,900		1.2								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	X	24.0	13,300		1.3								1.1	
30	X	24.0	11,000		1.2								1.0	
31	X	24.0	11,700		1.4								0.9	
Total			402,898											
Average			12,997											
Maximum			37,600											

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

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

PWS Name:	Palm Port			PWS Identification Number:	2540865		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	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			Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com						

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 by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 170,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	
Licensed Operators	Name	License Class	License Number Day(s) / Shift(s) Worked
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

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

Signature and Date 5/7/10

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 2540865 Plant Name: Palm Port

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	14,500		1.3								0.9	
2	X	24.0	21,800		1.3								0.8	
3		24.0	15,267											
4		24.0	15,267											
5	X	24.0	15,267		1.1								0.8	
6	X	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											
11		24.0	15,000											
12	X	24.0	15,000		1.2								0.7	
13	X	24.0	11,600		1.2								0.7	
14	X	24.0	10,300		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											
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												
Total			423,100											
Average			13,648											
Maximum			22,000											

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

HBEL, Inc.

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

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
Received: 3/11/09 12:25

[2134206]

Dear Will Fontaine;

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

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

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

Respectfully submitted,



Eric Charest
HBEL, Inc. Laboratory Manager

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

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

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

Printed: 3/31/09



Page 1 of 6

HBEL, Inc.

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: 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
Fort Pierce, FL 34946
FDOH # E96080

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

Printed: 3/31/09



Page 2 of 6

HBEL, Inc.

5600 U.S. 1 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 ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2134206001						Sampled: 03/10/09 17:30		Received: 03/11/09 12:25		
Sample ID: P.O.E. Grab						Matrix: Water		Results reported on Wet Weight Basis		
Odor - Dechlorinated		1.0	T.O.N.	1.0	EPA 140.1	WCDE18749		03/11/09 13:41	PA	E83509
pH	Q	7.67	SU	0.200	EPA 150.1	WCGE30741		03/12/09 18:38	GS	E96080
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META9287		03/19/09 16:08	DM	E96080
Barium		0.016	mg/L	0.0018	EPA 200.7	META9287		03/19/09 16:08	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META9287		03/19/09 16:08	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META9287		03/19/09 16:08	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META9287		03/19/09 16:08	DM	E96080
Copper		0.0036	mg/L	0.0014	EPA 200.7	META9287		03/19/09 16:08	DM	E96080
Iron		0.026	mg/L	0.025	EPA 200.7	META9287		03/19/09 16:08	DM	E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META9287		03/19/09 16:08	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META9287		03/19/09 16:08	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META9287		03/19/09 16:08	DM	E96080
Sodium		75	mg/L	0.50	EPA 200.7	META9287		03/19/09 16:08	DM	E96080
Zinc		0.010 U	mg/L	0.010	EPA 200.7	META9287		03/19/09 16:08	DM	E96080
Antimony		0.0015	mg/L	0.00082	EPA 200.9	META9283		03/18/09 21:22	DM	E96080
Arsenic		0.0010 U	mg/L	0.0010	EPA 200.9	META9281		03/18/09 16:19	DM	E96080
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META9273		03/13/09 11:53	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META9294		03/26/09 17:25	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META9298		03/27/09 11:48	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META9275	03/13/09 13:10	03/16/09 18:30	DM	E96080
Chloride		150	mg/L	5.0	EPA 300.0	IC7989		03/16/09 13:35	SP	E96080
Fluoride		0.21	mg/L	0.011	EPA 300.0	IC7987		03/12/09 13:03	JL	E96080
Nitrate as N		0.049	mg/L	0.0030	EPA 300.0	IC7987		03/12/09 13:03	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC7987		03/12/09 13:03	JL	E96080
Sulfate		65	mg/L	1.4	EPA 300.0	IC7989		03/16/09 13:35	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 (Lindane)		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	JL	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
Pentachlorophenol		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
Fort Pierce, FL 34946
DOH # E96080

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



Printed: 3/31/09

Page 3 of 6

HBEL, Inc.

5600 U.S. 1 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 ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST5300	03/15/09 8:00	03/17/09 1:58	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC3062		03/24/09 12:52	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC3062		03/24/09 12:52	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC3062		03/24/09 12:52	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC3062		03/24/09 12:52	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC3062		03/24/09 12:52	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC3062		03/24/09 12:52	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC3062		03/24/09 12:52	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC3062		03/24/09 12:52	WR	E96080
Benzene		0.20 U	ug/L	0.20	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	E96080
Chlorobenzene		0.30 U	ug/L	0.30	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	E96080
Ethylbenzene		0.22	ug/L	0.21	EPA 524.2	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	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC3062		03/24/09 12:52	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC3062		03/24/09 12:52	WR	E96080
Toluene		0.22 U	ug/L	0.22	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	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC3062		03/24/09 12:52	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC3062		03/24/09 12:52	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC3062		03/24/09 12:52	WR	E96080
Alachlor		0.61 U	ug/L	0.61	EPA 525.2	SVOC2746	03/14/09 8:00	03/17/09 17:45	CG	E96080
Atrazine		0.48 U	ug/L	0.48	EPA 525.2	SVOC2746	03/14/09 8:00	03/17/09 17:45	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	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	E96080
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	E96080
Hexachlorobenzene		0.30 U	ug/L	0.30	EPA 525.2	SVOC2746	03/14/09 8:00	03/17/09 17:45	CG	E96080
Hexachlorocyclopentadiene		0.24 U	ug/L	0.24	EPA 525.2	SVOC2746	03/14/09 8:00	03/17/09 17:45	CG	E96080
Simazine		0.63 U	ug/L	0.63	EPA 525.2	SVOC2746	03/14/09 8:00	03/17/09 17:45	CG	E96080
Carbofuran		0.41 U	ug/L	0.41	EPA 531.1	HPLC2570		03/12/09 20:24	JJM	E96080
Oxamyl		0.13 U	ug/L	0.13	EPA 531.1	HPLC2570		03/12/09 20:24	JJM	E96080
Glyphosate		13 U	ug/L	13	EPA 547	HPLC2571		03/16/09 13:52	JJM	E96080
Endothall		2.8 U	ug/L	2.8	EPA 548.1	SVOC2745	03/14/09 8:00	03/15/09 23:13	CG	E96080
Diquat		1.9 U	ug/L	1.9	EPA 549.2	HPLC2573	03/17/09 13:00	03/24/09 14:43	JJM	E96080
Gross Alpha		2.0 U +/- 1.7	pCi/L		EPA 900.0	SAL1111		03/27/09 16:56	SAL	E84129
Radium 226		0.4 +/- 0.2	pCi/L		EPA 903.1	SAL1111		03/23/09 14:00	SAL	E84129
Radium 228		0.3 +/- 0.2	pCi/L		EPA Alter.	SAL1111		03/26/09 16:25	SAL	E84129
Color		1.8 U	CU	1.8	SM2120 B	WCGE30739		03/12/09 13:15	SP	E96080
Total Dissolved Solids		490	mg/L	16	SM2540 C	WCGE30733		03/12/09 12:25	SP	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE30755	03/16/09 11:00	03/17/09 10:46	GG	E96080
Surfactants as LAS, Moi. wt.340		0.022 U	mg/L	0.022	SM5540 C	WCGE30747	03/12/09 13:15	03/13/09 14:17	GG	E96080

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

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



Printed: 3/31/09

Page 4 of 6

HBEL, Inc.

5600 U.S. 1 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 ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2134206002						Sampled: Received: 03/11/09 12:25				
Sample ID: VOC TRIP BLANK						Matrix: Water Results reported on Wet Weight Basis				
1,1,1-Trichloroethane	0.21 U	ug/L	0.21	EPA 524.2	VOC3062	03/24/09 17:16	WR	E96080		
1,1,2-Trichloroethane	0.44 U	ug/L	0.44	EPA 524.2	VOC3062	03/24/09 17:16	WR	E96080		
1,1-Dichloroethene	0.23 U	ug/L	0.23	EPA 524.2	VOC3062	03/24/09 17:16	WR	E96080		
1,2,4-Trichlorobenzene	0.41 U	ug/L	0.41	EPA 524.2	VOC3062	03/24/09 17:16	WR	E96080		
1,2-Dichlorobenzene	0.21 U	ug/L	0.21	EPA 524.2	VOC3062	03/24/09 17:16	WR	E96080		
1,2-Dichloroethane	0.29 U	ug/L	0.29	EPA 524.2	VOC3062	03/24/09 17:16	WR	E96080		
1,2-Dichloropropane	0.40 U	ug/L	0.40	EPA 524.2	VOC3062	03/24/09 17:16	WR	E96080		
1,4-Dichlorobenzene	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 tetrachloride	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-Dichloroethene	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 chloride	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		
Total Xylenes	0.46 U	ug/L	0.46	EPA 524.2	VOC3062	03/24/09 17:16	WR	E96080		
trans-1,2-Dichloroethene	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		

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

Q Sample held beyond the accepted holding time.

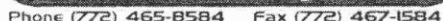
5600 US 1 North
Fort Pierce, FL 34946
DOH # E96080

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



Printed: 3/31/09

Page 5 of 6



CHAIN PAGE 1 of 2

**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 PORT PWS I.D. #: 2540865

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

Address: EBT RIVER ROAD

City: EBT PALATKA State: FL ZIP Code: _____

Phone #: 386-937-1143 Fax #: 386-329-9977

E-Mail Address: N/A

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. Grab

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

Sample Type (Check Only One)

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which Qtr? _____) |
| <input checked="" type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedence* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Max Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave Residence Time | Sampling Procedure Used or Other Comments: _____ | |
| <input type="checkbox"/> Near First Customer | | |

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements
for Nitrate or Nitrite MCL exceedences.

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

Sampler's Name: RALPH MARRIOTT
Sampler's Phone #: 386-937-0187 Sampler's Fax #: 386-329-9977
Sampler's E-Mail Address: N/A

CERTIFICATION (to be completed by sampler)

I, RALPH MARRIOTT, FACILITY OPERATOR
Print Name Print Title

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

Signature: Ralph Marriott Date: 4-14-09

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: HBEL, Inc. Florida Certification #: E96080
Address: 5600 US 1 North Certification Expiration Date: 06/30/2009
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: 2134206001

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input checked="" type="checkbox"/> Partial	<input checked="" type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	Radionuclides	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input checked="" type="checkbox"/> Single Sample	Secondaries
		<input type="checkbox"/> Qtrly Composite**	<input checked="" type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☒ Yes ☐ No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Eric Charest, Laboratory Manager
(Print Name) (Print Title)
do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:  Date: 31-Mar-09

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

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

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

HBEL, Inc.

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

VOLATILE ORGANICS

62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc.

Workorder: 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

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	RDL	Analysis Date/Time	DOH Lab Cert #
2378	1,2,4-Trichlorobenzene	[70]	ug/L	0.41	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	I	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
2976	Vinyl chloride	[1]	ug/L	0.32	U	EPA 524.2	0.32	0.5	3/24/09 12:52	E96080
2977	1,1-Dichloroethene	[7]	ug/L	0.23	U	EPA 524.2	0.23	0.5	3/24/09 12:52	E96080
2979	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	I	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

* 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 US 1 North
Fort Pierce, FL 34946
Lab # E96080

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

Printed: 3/31/09



HBEL, Inc.

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

INORGANIC CONTAMINANTS

62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc. Workorder: 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
1020	Chromium	[0.1]	mg/L	0.0018	U	EPA 200.7	0.0018	3/19/09 16:08	E96080
1024	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	I	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]	mg/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

* 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 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.

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

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

Printed: 3/31/09



HBEL, Inc.

U.S. 1 North, Fort Pierce, FL 34946
Tel: (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	I	EPA 200.7	0.0014	3/19/09 16:08	E96080
1025	Fluoride	[2]	mg/L	0.21		EPA 300.0	0.011	3/12/09 12:09	E96080
1028	Iron	[0.3]	mg/L	0.026	I	EPA 200.7	0.025	3/19/09 16:08	E96080
1032	Manganese	[0.05]	mg/L	0.0037	U	EPA 200.7	0.0037	3/19/09 16:08	E96080
1050	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	I	EPA 140.1	1.0	3/11/09 13:41	E83509
1925	pH	[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

* 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 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.

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

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

Printed: 3/31/09



HBEL, Inc.

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

SYNTHETIC ORGANICS 62 - 550.310 (4) (b)

Client: Aqua Utilities Florida, Inc.

Workorder: 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

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date/Time	DOH Lab Cert #
2005	Endrin	[2]	ug/L	0.10	U	EPA 505	0.10	0.01	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
40	Picloram	[500]	ug/L	0.23	U	EPA 515.1	0.23	0.1	3/15/09	3/17/09 1:58	E96080
41	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	0.027	U	EPA 505	0.027	0.02	3/17/09	3/18/09 1:38	E96080
2105	2,4-D	[70]	ug/L	0.22	U	EPA 515.1	0.22	0.1	3/15/09	3/17/09 1:58	E96080
2110	2,4,5-TP	[50]	ug/L	0.19	U	EPA 515.1	0.19	0.2	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	[.2]	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	U	EPA 504.1	0.0047	0.01	3/18/09	3/19/09 2:12	E96080
2959	Chlordane	[2]	ug/L	0.13	U	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).

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 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.

US 1 North
Pierce, FL 34946
FDOH # E96080

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

Printed: 3/31/09



SOUTHERN ANALYTICAL LABORATORIES, INC.

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



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

March 31, 2009
Project No: 90397

Laboratory Report

FDEP Report form attached for the following samples:

Client Project Description: 2134206

<u>Sample Number</u>	<u>Sample Description</u>	<u>Date & Time Collected</u>	<u>Date & Time Received</u>
90397.01	2134206 001Q	03/10/09 17:30	03/13/09 08:45

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

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

FDOH Laboratory No. E84129
NELAP Accredited

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

SOUTHERN ANALYTICAL LABORATORIES, INC.

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



Harbor Branch Environmental Laboratory

2134206

Sample ID: 2134206 001Q

March 31, 2009

Sample No.: 90397.01

PWS ID: _____

**Radionuclides
62-550.310(6)**

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL **	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha (Incl. Uranium)	***	pCi/L	2.0	U1	EPA 900.0	2.0	3	1.7	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

*** 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:

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

90397
Subcontracting Form 001A
REV 001
Effective Date 12/05/2002

Receiving Laboratory: SAL

The samples are to be shipped by FEDER to arrive on 3/13/09. TAT: STD

[illegible]

**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: PAUM PACT PWS I.D. #: 2540865

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

Address: EBT RIVER ROAD

City: EBT PALATKA State: FL ZIP Code: _____

Phone #: 386-937-1143 Fax #: 386-329-9977

E-Mail Address: N/A

SAMPLE INFORMATION (to be completed by sampler)

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

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)

☐ 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 Comments: _____

☐ Near First Customer

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements
for Nitrate or Nitrite MCL exceedences.

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

Sampler's Name: RALPH MARRIOTT

Sampler's Phone #: 386-937-0187 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: N/A

CERTIFICATION (to be completed by sampler)

I, RALPH MARRIOTT, FACILITY OPERATOR
Print Name Print Title

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

Signature: Ralph Marriott 4-14-09 Date:

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: HBEL, Inc. Florida Certification #: E96080
Address: 5600 US 1 North Certification Expiration Date: 06/30/2009
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 with Chapter 62-550, F.A.C. (Check all that apply):

<input type="checkbox"/> Inorganics	<input type="checkbox"/> Synthetic Organics	<input checked="" type="checkbox"/> Volatile Organics	<input type="checkbox"/> Disinfection Byproducts
<input type="checkbox"/> All 17	<input type="checkbox"/> All 30	<input checked="" type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial	<input type="checkbox"/> Radionuclides	<input type="checkbox"/> Bromate
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only	<input type="checkbox"/> Single Sample	<input type="checkbox"/> Chlorite
<input type="checkbox"/> Asbestos Only		<input type="checkbox"/> Qtrly Composite**	<input type="checkbox"/> Secondaries
			<input type="checkbox"/> All 14
			<input type="checkbox"/> Partial

Were any analyses subcontracted? ☒ Yes ☐ No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

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

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

Signature  Date: 31-Mar-09

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

Reason(s):	<input type="checkbox"/> MCL's Exceeded	<input type="checkbox"/> Detection(s)	<input type="checkbox"/> Incomplete Report
	<input type="checkbox"/> Missing Analyte Sheet(s)	<input type="checkbox"/> Location Unsatisfactory	<input type="checkbox"/> Analysis Unsatisfactory
	<input type="checkbox"/> Other:		

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:



AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822, Ext. 30
Laboratory No. E83265

SAMPLE COLLECTION AND REPORT

FORM FOR DRINKING WATER

TOTAL COLIFORM ANALYSIS

Press Hard, (4) copies (Page 1 of 1)

FOR LAB USE ONLY

TIME RECEIVED / DATE RECEIVED AND ANALYZED

RECEIVED BY: MP

APR 8 '10 at 2:29

SAMPLE PRESERVATION:

☒ ON ICE

☐ NOT ON ICE

7.2 °C

DISINFECTANT CHECK:

☒ NOT DETECTED

☐ _____ mg/L

☐ THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS:

PERSON NOTIFIED:

NOTIFIED BY:

DATE STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS:

☐ PAID

CHECK OR RECEIPT #:

SYSTEM NAME: Palm Port PWS ID: 2540865 SYSTEM PHONE: 386-329-1122

SYSTEM ADDRESS: East River Rd East Palatka COUNTY: Putnam

CLIENT: Aqua Utilities Fla COLLECTOR: Ralph Marriott COLLECTOR PHONE: 386-937-1187

TYPE OF SUPPLY (Check Box): ☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient Noncommunity Water System

☐ Limited Use System ☐ Other:

REASON FOR SAMPLING (Check Box): ☐ Routine Compliance ☐ Repeat ☐ Replacement ☐ Main Clearance ☐ Well Survey

☐ Other:

SAMPLE COLLECTION DATE(S): 4-8-10 REMARKS:

RECEIVED

APR 26 2010

Aqua Utilities
Florida Inc.

TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)
27	Well	10 ³⁰ AM	R	none
28	114 Magnolia	10 ⁴⁵ AM	D	1.0
29	115 Cow Creek	11 ⁰⁰ AM	D	0.8

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

0.9

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other:

Person performing analysis is:

☒ A certified operator (# 62522)

☐ Employed by a certified lab

☐ Supervised by a cert operator (# _____)

☐ Employed by DEP or DOH

TO BE COMPLETED BY LAB

Total coliform & E. coli analysis method: SM9223B

Lab Sample Number	Total coliform	E. coli	Data Qualifier ²
Submission Number:			
11104426	A		
11104427	A		
11104428	A		

Time(s) Analyzed:

2:45 pm

All tests are performed in accordance with NELAC standards.

Results: A = coliforms are absent; P = coliforms are present

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

²Defined in Florida Administrative Code Rule 62-160, Table 1

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Aqua Utilities Fla
1100 Thomas Ave
Leesburg Fl 34748

DEP/DOH USE ONLY

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

Date Reviewed by DEP/DOH:

DEP/DOH Reviewing Official:



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
~~U. Governor~~

Michael W. Sole
Secretary

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

RECEIVED

JUL 14 2010

Aqua Utilities
Florida Inc.

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

Plant Name Palm Port Subdivision WTP County Putnam PWS ID # 2540865
Plant Location 355 East River Road, East Palatka, Florida 32131 Phone 386-937-1143
Owner Name Aqua Utilities Florida, Inc. // Mr. John Lihvarcik, President Phone 352-732-6027
Owner Address Post Office Box 490310, Leesburg, Florida 34749
Designated Rep. Paul Thompson Title Operator Phone 386-937-1143
Facility Contact Paul Thompson Title Operator Phone 386-937-1143
This Survey Date 6/16/2010 Last Survey Date 8/2/2007 Last C.I. Date 6/18/09

PWS TYPE & CLASS: Community - (4D)

SERVICE AREA CHARACTERISTICS

Residential Subdivision
Food Service: ☐ Yes ☐ No ☒ N/A

GENERAL INFORMATION

Number of Service Connections 107
Population Served 375 Basis Operator
Plant Design Capacity 42,917 gpd
Basis Well Pump Capacity divided by 2.5.
Average Day (from MORs) 13,132 gpd
Max. Day (from MORs) 37,600 gpd
Total Storage Capacity 18,800 gallons
Comments MOR estimations are based upon last 12 month averages.

LOCATION

Latitude 29° 40' 59.2037" North
Longitude 81° 37' 22.9405" West
GPS: Yes Date: Verified 6/29/2010
Directions Take I95 south to exit 311(FL207) and head west towards East Palatka. Turn right onto Putnam County Blvd. Turn right onto East River Rd. and the plant is on the left.

OPERATION & MAINTENANCE

Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Mr. Paul Thompson

O&M Log: ☒ Yes ☐ No O&M Manual: ☒ Yes ☐ No
Operator Visitation Frequency
Hrs/day: Required _____ Actual _____
Hrs/wk: Required _____ Actual _____
Days/wk: Required 5 Actual 5
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☒ No ☐ Yes ☐ N/A
Complete operations, maintenance, and equipment logs are kept on site with sampling plans.

RAW WATER SOURCE

☒ GROUND; Number of Wells 1
☐ SURFACE/UDI; Source _____
☐ PURCHASED from PWS ID # _____
☐ Emergency Water Source _____
Emergency Water Capacity _____

AUXILIARY POWER SOURCE

☐ Yes ☐ None ☒ Not Required
Source _____
Capacity of Standby (kW) _____
Switchover: ☐ Automatic ☐ Manual
Standby Plan: ☐ Yes ☐ No
Hrs Operated Under Load _____
What equipment does it operate?
☐ Well pumps _____
☐ High Service Pumps _____
☐ Treatment Equipment _____
Satisfy 1/2 max-day demand? ☐ Yes ☒ No ☐ Unk
Comments _____

TREATMENT PROCESSES IN USE

Hypochlorination and aeration
What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
Meter Size & Type 4" McCrometer
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections No cross connections observed.
Cross-connection Control Program: ☒ Yes ☐ No
Coliform Sampling Plan: ☒ Yes ☐ No
Disinfection By-Product Plan: ☒ Yes ☐ No
Lead & Copper Tap Sampling Plan: ☒ Yes ☐ No
Comments Plans are on file with the Department.
Meter was calibrated 6/4/2010

GROUND WATER SOURCE

Well Number (PWS Identification)	2540865		
Well Name (System Identification)	Well		
Year Drilled	Unknown		
Depth Drilled	265		
Latitude	29° 40' 59.6970" N		
Longitude	81° 37' 23.1890" W		
GPS (Y or N) / Date (if applicable)	Y - Verified 1/13/09		
Florida Well ID	AAC 1900		
Static Water Level	Artesian		
Actual Yield (if different than rated capacity)			
Strainer	Unknown		
Length (outside casing)	Unknown		
Diameter (outside casing)	6"		
Material (outside casing)	Steel		
Well Contamination History	Most recent + in 2006		
Is inundation of well possible?	OK		
6' X 6' X 4" Concrete Pad	OK		
SET BACKS	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	
PUMP	Type	Centrifugal	
	Manufacturer Name	Goulds	
	Model Number	GT30	
	Rated Capacity (gpm)	80	
	Motor Horsepower	3	
Well casing 12" above grade?	Yes		
Well Casing Sanitary Seal	Good condition		
Raw Water Sampling Tap	Smooth/downturned		
Above Ground Check Valve	Solenoid		
Fence/Housing	Secured fence		
Well Vent Protection	Not required.		

COMMENTS No hazards observed within setback distances from the well.

CHLORINATION (Disinfection)Type: Hypo-ChlorinationMake Stenner X 2 Capacity 17 gpd (each)Chlorine Feed Rate First set at 95%, 2nd 47.5%Avg. Amount of Cl₂ gas used N/AChlorine Residuals: Plant - Remote 0.4Remote tap location Bacti sampling point.DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used DailyInjection Points Before and after aeration.Booster Pump Info No booster pumps installed.

Comments _____

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

AERATION (Gases, Fe, & Mn Removal)Type Cascade Capacity 46 gpmAerator Condition GoodBloodworm Presence None observedVisible Algae Growth None observedProtective Screen Condition GoodComments Aerator is in good condition and maintained regularly.**STORAGE FACILITIES**

(B) Bladder (CW) Clearwell (C) Contact (E) Elevated

(G) Ground (H) Hydropneumatic (S.C.) See Comments

Tank Type/Number	GST X 3	H	
Capacity (gal)	18,000	5,000	
Material	Cncrte	Steel	
Gravity Drain	Yes	Yes	
By-pass Piping	Yes	Yes	
Pressure Gauge	N/A	Yes	
Sight Glass or Level Indicator	N/A	L.I.	
Fittings for Sight Glass	N/A	Yes	
Protected Openings	Yes	Yes	
PRV/ARV	ARV	Both	
On/Off Pressure	N/A	40/50	
Access Padlocked	Yes	Yes	
Height to Bottom of Elevated Tank	N/A	N/A	
Height to Max. Water Level	N/A	N/A	
Last Inspection Date (for tanks with access manholes)	2008	2008	

Comments _____

HIGH SERVICE PUMPS

Pump Number	1	2	
Type	Centrifugal	Centrifugal	
Make	Goulds	Goulds	
Model	3456	3456	
Capacity (gpm)	140	140	
Motor HP	7.5	7.5	
Date Installed	Unknown	Unknown	
Maintenance	Good	Good	

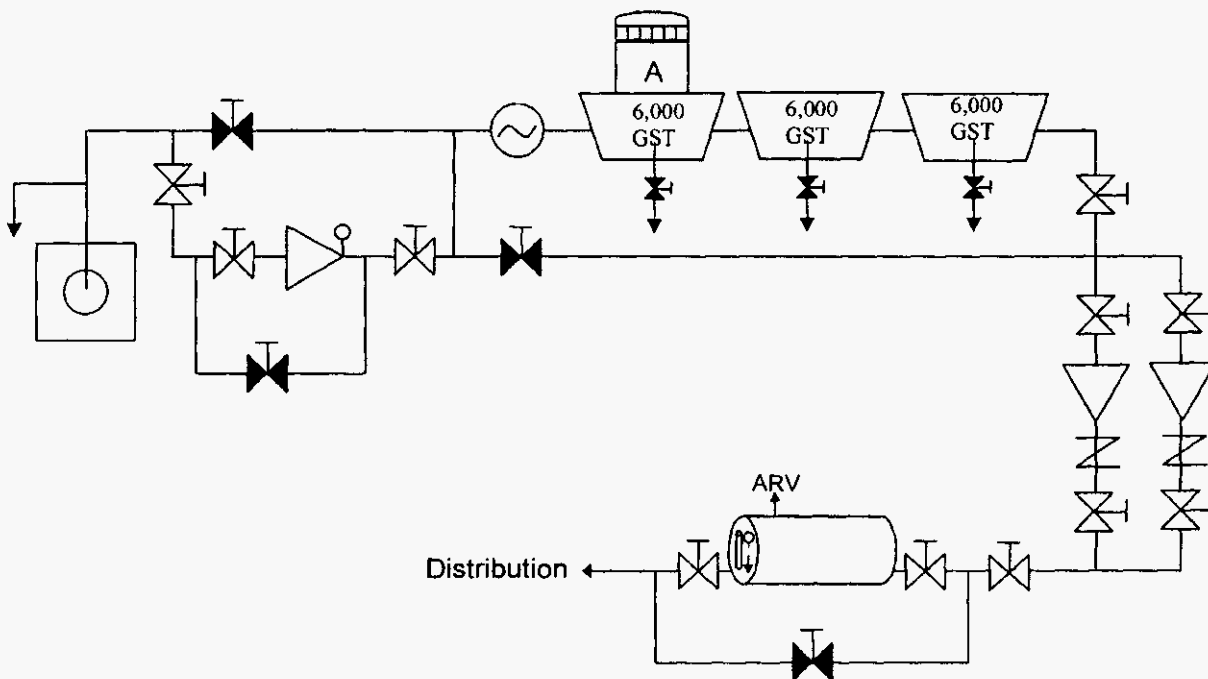
Comments Pumps are maintained regularly.

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS

CONTAMINANT	Last Sampled	Due Date	COMMENTS
Microbiological (Bacteria)	xxxxxxx	Monthly	2 distribution samples + 1 from <u>each</u> 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 <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Inorganic Contaminants	2009	2012	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Volatile Organic Contaminants	2009	2012	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Synthetic Organic Contaminants	2009	2012	Taken from <u>each</u> 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 <u>each</u> 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):



MONITORING VIOLATIONS	MCL VIOLATIONS
TTHMs sampled late	4 th Q 2009 TTHM exc.

DEFICIENCIES:

Pressure gauge was observed to not be functioning on the hydro tank. A follow up email has been received by the Department demonstrating replacement of the faulty gauge.

Inspector

Ben Peltz

Ben Piltz

Title Environmental Specialist I

Date 7/02/10

Approved by

Blanca R. Rodriguez

Blanca R. Rodriguez

Title Engineer Specialist IV

Date 7/02/10



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:

Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA011742
PA FILE NUMBER: FLA011742-008-DW3P
ISSUANCE DATE: January 16, 2009
EXPIRATION DATE: January 15, 2019

RESPONSIBLE AUTHORITY:

Mr. John M. Lihvarick
President & COO
Aqua Utilities 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: FLA011742
EXPIRATION DATE: 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.

FACILITY: Palm Port WWTF
 PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA011742
 EXPIRATION DATE: January 15, 2019

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

- 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				Monitoring Requirements			
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow	MGD	Maximum	0.03	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	See Permit Condition I.A.4.				Monthly	Grab	EFA-1	
pH	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	

FACILITY: Palm Port WWTF
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA011742
EXPIRATION DATE: January 15, 2019

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: FLA011742
EXPIRATION DATE: 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:

			Limitations				Monitoring Requirements			
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

FACILITY: Palm Port WWTF
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA011742
EXPIRATION DATE: January 15, 2019

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

Monitoring Location Site Number	Description of Monitoring Location
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 month	28 th day of following 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)]

FACILITY: Palm Port WWTF
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA011742
EXPIRATION DATE: January 15, 2019

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)3 & 4]
5. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. [62-640.880(2)(d)]
6. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

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

FACILITY: Palm Port WWTF
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA011742
EXPIRATION DATE: January 15, 2019

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)]

FACILITY: Palm Port WWTF
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA011742
EXPIRATION DATE: January 15, 2019

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

FACILITY: Palm Port WWTF
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA011742
EXPIRATION DATE: January 15, 2019

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

FACILITY: Palm Port WWTF
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA011742
EXPIRATION DATE: January 15, 2019

- 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

FACILITY: Palm Port WWTF
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA011742
EXPIRATION DATE: January 15, 2019

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.

FACILITY: Palm Port WWTF
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA011742
EXPIRATION DATE: January 15, 2019

- 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);

FACILITY: Palm Port WWTF
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA011742
EXPIRATION DATE: January 15, 2019

- d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
 - e) Estimated amount of the discharge;
 - f) Location or address of the discharge;
 - g) Source and cause of the discharge;
 - h) Whether the discharge was contained on-site, and cleanup actions taken to date;
 - i) Description of area affected by the discharge, including name of water body affected, if any; and
 - j) Other persons or agencies contacted.
2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.
- c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.
- [62-620.610(20)]
21. The permittee shall report all instances of noncompliance not reported under Permit Conditions 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: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA011742
EXPIRATION DATE: 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. 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
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: FLA011742
LIMIT: Final
CLASS SIZE: Minor

REPORT: Monthly
GROUP: Domestic

FACILITY: Palm Port WWTP
LOCATION: Dog Branch Road
East Palatka, FL 32131
COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Rapid Infiltration
NO DISCHARGE FROM SITE: []
MONITORING PERIOD--From: 05/01/2008 To: 05/31/08

Parameter		Quantity of Loading	Units	Quality or Concentration	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	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous five-day, 20° C	Sample Measurement			2.0	mg/L	0	Monthly	Grab
PARM Code 80082 I	Permit Requirement			Report (Mo.Avg.)	60.0 (Max)		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement			2.4	mg/L	0	Monthly	Grab
PARM Code 00530 Y	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended (TSS)	Sample Measurement			2.0	mg/L	0	Monthly	Grab
PARM Code 00530 I	Permit Requirement			Report (Mo.Avg.)	60.0 (Max)		Monthly	Grab
Coliform, Fecal	Sample Measurement			5.8	#/100mL	0	Monthly	Grab
PARM Code 74055 Y	Permit Requirement			200 (An. Avg.)	#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			<1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I	Permit Requirement			200 (MoGeoMean)	800 Max		Monthly	Grab
pH	Sample Measurement			7.2	S.U.	0	Daily, five days per week	Grab
PARM Code 00400 I	Permit Requirement			6.0 (Min)	8.5 (Max)		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 (Y/MM/DD)

Paul Thompson, Lead Operator

386-937-1143

08/06/19

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 average.

NELAC CERTIFICATION NUMBER(S):

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD--From: 05/01/2008

To: 05/31/08

Parameter		Quantity of Loading		Units	Quality or Concentration			No. 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					0.81	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. Avg)	mgd					Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				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

MONITORING PERIOD From: 05/01/2008

To: 05/31/2008

County: Putnam

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nitrogen, 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				7.4	2.2		0.009		
8				7.4	2.2		0.026		
9				7.4	2.2		0.017		
10				7.4	2.2		0.013		
11							0.018		
12				7.3	2.2		0.018		
13				7.3	2.2		0.012		
14				7.3	2.2		0.023		
15				7.3	2.2		0.013		
16				7.4	2.2		0.021		
17				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	256
21				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				7.3	2.2		0.023		
31				7.4	2.2		0.016		
Total							0.534		
Mo Avg.	2U	2U	1U	7.3	1.9	0.03	0.017	8	8

PLANT STAFFING:

Day Shift Operators:	Class: <u>B</u>	Certification No.: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operators:	Class: <u>C</u>	Certification No.: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operators:	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Lead Operator:	Class: <u>A</u>	Certification No.: <u>4894</u>	Name: <u>Paul Thompson</u>

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
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: FLA011742
LIMIT: Final
CLASS SIZE: Minor

REPORT: Monthly
GROUP: Domestic

FACILITY: Palm Port WWTP
LOCATION: Dog Branch Road
East Palatka, FL 32131
COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Rapid Infiltration
NO DISCHARGE FROM SITE: []
MONITORING PERIOD-From: 06/01/2008 To: 06/30/08

Parameter		Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C	Sample Measurement			2.5		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			2.2	2.2	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		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		#/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	<1	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement			200 (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
pH	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

Paul Thompson, Lead Operator

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO

386-937-1143

DATE (YY/MM/DD)

08/07/24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). Calculated-Roll Avg. is the average of the current monthly average and the preceding 11 month's average

NELAC CERTIFICATION NUMBER(S):

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD--From: 06/01/2008

To: 06/30/08

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				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. Avg)	mgd					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					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

MONITORING PERIOD

From: 06/01/2008

To: 06/30/2008

County: Putnam

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Flow (mgd)	CBOD ₅ (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							0.022		
2				7.3	2.2		0.022		
3				7.3	2.2		0.016		
4				7.4	2.2		0.020		
5				7.3	2.2		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	1I	1U	7.4	2.2	0.52	0.015	204	266
11				7.2	2.2		0.023		
12				7.2	2.2		0.013		
13				7.1	2.2		0.019		
14				7.2	2.2		0.011		
15							0.017		
16				7.3	2.2		0.017		
17				7.4	2.2		0.021		
18				7.4	2.2		0.013		
19				7.3	2.2		0.017		
20				7.4	2.2		0.025		
21				7.5	2.2		0.012		
22							0.021		
23				7.2	2.2		0.021		
24				7.3	2.2		0.020		
25				7.2	1.6		0.015		
26				7.2	2.2		0.018		
27				7.3	2.2		0.016		
28				7.3	2.2		0.024		
29							0.012		
30				7.3	2.2		0.012		
31									
Total							0.532		
Mo. Avg.	2.2	1U	1U	7.3	1.8	0.02	0.017	7	9

PLANT STAFFING:

Day Shift Operators:	Class: <u>B</u>	Certification No.: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operators:	Class: <u>C</u>	Certification No.: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operators:	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Lead Operator:	Class: <u>A</u>	Certification No.: <u>4894</u>	Name: <u>Paul Thompson</u>

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
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: FLA011742
LIMIT: Final
CLASS SIZE: Minor

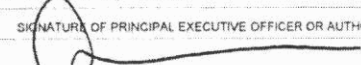
REPORT: Monthly
GROUP: Domestic

FACILITY: Palm Port WWTP
LOCATION: Dog Branch Road
East Palatka, FL 32131
COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Rapid Infiltration
NO DISCHARGE FROM SITE: []
MONITORING PERIOD--From: 07/01/2008 To: 07/31/08

Parameter		Quantity of Loading	Units	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			<2.0	<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 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			<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
pH	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 (YYMM/DD)
Paul Thompson, Lead Operator		386-937-1143	08/08/06

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 average.

NELAC CERTIFICATION NUMBER(S): _____

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD--From: 07/01/2008

To: 07/31/08

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 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	0.017	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. Avg)	mgd					Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				185	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				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				Report (Mo.Total)	Percent			Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011742

Facility: Palm Port WWTP

MONITORING PERIOD

From: 07/01/2008

To: 07/31/2008

County: Putnam

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Flow (mgd)	CBOD ₅ (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				7.3	2.2		0.012		
4				7.4	2.2		0.011		
5				7.4	2.2		0.017		
6							0.021		
7				7.2	2.2		0.021		
8				7.3	2.2		0.014		
9	<2.0	2.0 I	<2.0	7.4	2.2	1.02	0.013	185	210
10				7.4	2.2		0.016		
11				7.3	2.2		0.016		
12				7.3	2.2		0.018		
13							0.015		
14				7.3	2.2		0.015		
15				7.3	2.2		0.026		
16				7.3	2.2		0.014		
17				7.3	2.2		0.017		
18				7.3	2.0		0.017		
19				7.3	2.2		0.022		
20							0.022		
21				7.2	1.0		0.022		
22				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				7.3	2.2		0.011		
27							0.019		
28				7.3	2.2		0.019		
29				7.2	2.2		0.016		
30				7.1	2.2		0.016		
31				7.2	2.2		0.021		
Total							0.533		
Mo Avg.	2U	2U	1U	7.3	1.8	0.03	0.017	6	7

PLANT STAFFING:

Day Shift Operators:	Class: <u>B</u>	Certification No.: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operators:	Class: <u>C</u>	Certification No.: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operators:	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Lead Operator:	Class: <u>A</u>	Certification No.: <u>4894</u>	Name: <u>Paul Thompson</u>

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
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: FLA011742
LIMIT: Final
CLASS SIZE: Minor

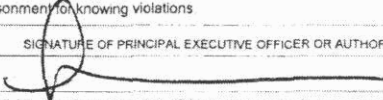
REPORT: Monthly
GROUP: Domestic

FACILITY: Palm Port WWTP
LOCATION: Dog Branch Road
East Palatka, FL 32131
COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Rapid Infiltration
NO DISCHARGE FROM SITE: []
MONITORING PERIOD--From: 08/01/2008 To: 08/31/08

Parameter		Quantity of Loading	Units	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 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			<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
pH	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.		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/DD)
Paul Thompson, Lead Operator		386-937-1143	08/09/08

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 average.

NELAC CERTIFICATION NUMBER(S): _____

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD--From: 08/01/2008

To: 08/31/08

Parameter		Quantity of Loading		Units	Quality or Concentration			No. Ex.	Frequency	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				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					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					Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.022	0.019	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				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				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

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Flow (mgd)	CBOD ₅ (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		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	3.0	<1.0	7.3	2.2	0.37	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	2.6	3.0	1U	7.3	1.7		0.022	3	1

PLANT STAFFING:

Day Shift Operators:	Class: <u>B</u>	Certification No.: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operators:	Class: <u>C</u>	Certification No.: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operators:	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Lead Operator:	Class: <u>A</u>	Certification No.: <u>4894</u>	Name: <u>Paul Thompson</u>

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
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: FLA011742
LIMIT: Final
CLASS SIZE: Minor

REPORT: Monthly
GROUP: Domestic

FACILITY: Palm Port WWTP
LOCATION: Dog Branch Road
East Palatka, FL 32131
COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Rapid Infiltration
NO DISCHARGE FROM SITE: []
MONITORING PERIOD--From: 09/01/2008 To: 09/30/2008

Parameter		Quantity of Loading	Units	Quality or Concentration		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	Permit Requirement			20.0		mg/L		Monthly	Grab
Mon.Site No. EFA-1				(An. Avg.)					
BOD, Carbonaceous five-day, 20° C	Sample Measurement			6.0	6.0	mg/L	0	Monthly	Grab
PARM Code 80082 I	Permit Requirement			Report	60.0	mg/L		Monthly	Grab
Mon.Site No. EFA-1				(Mo.Avg.)	(Max)				
Solids, Total Suspended (TSS)	Sample Measurement			2.9		mg/L	0	Monthly	Grab
PARM Code 00530 Y	Permit Requirement			20.0		mg/L		Monthly	Grab
Mon.Site No. EFA-1				(An. Avg.)					
Solids, Total Suspended (TSS)	Sample Measurement			2.0	2.0	mg/L	0	Monthly	Grab
PARM Code 00530 I	Permit Requirement			Report	60.0	mg/L		Monthly	Grab
Mon.Site No. EFA-1				(Mo.Avg.)	(Max)				
Coliform, Fecal	Sample Measurement			5.1		#/100mL	0	Monthly	Grab
PARM Code 74055 Y	Permit Requirement			200		#/100mL		Monthly	Grab
Mon.Site No. EFA-1				(An. Avg.)					
Coliform, Fecal	Sample Measurement			<1.0	<1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I	Permit Requirement			200	800	#/100mL		Monthly	Grab
Mon.Site No. EFA-1				(MoGeoMean)	Max				
pH	Sample Measurement		7.3		7.7	S.U.	0	Daily, five days per week	Grab
PARM Code 00400 I	Permit Requirement		6.0		8.5	S.U.		Daily, five days per week	Grab
Mon.Site No. EFA-1			(Min)		(Max)				

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

NAME/TITLE OF 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	08/10/23

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 average.

NELAC CERTIFICATION NUMBER(S): _____

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD--From: 09/01/2008

To: 09/30/2008

Parameter		Quantity of Loading		Units	Quality or Concentration			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)		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					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					Daily, 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. Avg)	mgd					Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				78		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				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

MONITORING PERIOD

From: 09/01/2008

To: 09/30/2008

County: Putnam

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, 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				7.5	2.2		0.021		
3				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		
8				7.6	2.2		0.028		
9				7.6	2.2		0.016		
10				7.6	2.2		0.024		
11				7.6	2.2		0.019		
12				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				7.4	2.2		0.032		
23	6.0	2.01	<1.0	7.4	2.2	2.44	0.020	78	158
24				7.4	2.2		0.023		
25				7.4	2.2		0.032		
26				7.4	2.2		0.016		
27				7.4	2.2		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	2.0	1.0	7.5	1.8	0.08	0.021	3	5

PLANT STAFFING:

Day Shift Operators:	Class: <u>B</u>	Certification No.: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operators:	Class: <u>C</u>	Certification No.: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operators:	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Lead Operator:	Class: <u>A</u>	Certification No.: <u>4894</u>	Name: <u>Paul Thompson</u>

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
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: FLA011742
LIMIT: Final
CLASS SIZE: Minor

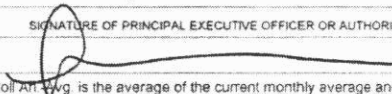
REPORT: Monthly
GROUP: Domestic

FACILITY: Palm Port WWTP
LOCATION: Dog Branch Road
East Palatka, FL 32131
COUNTY: Putnam

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Rapid Infiltration
NO DISCHARGE FROM SITE: []
MONITORING PERIOD--From: 10/01/2008 To: 10/31/2008

Parameter		Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous five-day, 20° C	Sample Measurement			2.8		mg/L	0	Monthly	Grab
PARM Code 80082 Y	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous five-day, 20° C	Sample Measurement			3.6	3.6	mg/L	0	Monthly	Grab
PARM Code 80082 I	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	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	Permit Requirement			Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement			5.1		#/100mL	0	Monthly	Grab
PARM Code 74055 Y	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			<1.0	<1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I	Permit Requirement			200 (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
pH	Sample Measurement			7.1	8.0	S.U.	0	Daily, five days per week	Grab
PARM Code 00400 I	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/DD)
Paul Thompson, Lead Operator		386-937-1143	08/11/20

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Calculated-Roll Avg. is the average of the current monthly average and the preceding 11 month's average.

NELAC CERTIFICATION NUMBER(S): _____

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD--From: 10/01/2008

To: 10/31/2008

Parameter		Quantity of Loading		Units	Quality or Concentration			No. 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					Daily, five days per week	Recording flow meter and totalizer
Flow	Sample Measurement	0.022	0.022	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				122		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				170		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					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

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

County: Putnam

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, 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		0.016		
2				7.5	2.2		0.018		
3				7.4	2.2		0.024		
4				7.5	2.2		0.014		
5							0.026		
6				7.4	2.2		0.026		
7				7.4	2.2		0.028		
8				7.4	2.2		0.017		
9				7.4	2.2		0.018		
10				7.3	2.2		0.020		
11				7.4	2.2		0.016		
12							0.025		
13				7.2	1.8		0.025		
14				7.3	2.0		0.018		
15				7.3	2.2		0.023		
16				7.4	2.2		0.023		
17				7.1	2.2		0.021		
18				7.4	2.2		0.020		
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		0.018		
24				7.8	2.2		0.025		
25				7.4	2.2		0.023		
26							0.026		
27				7.6	2.2		0.026		
28	3.6	1.01	<1.0	8.0	2.2	5.95	0.018	122	170
29				7.8	2.2		0.029		
30				7.8	2.2		0.019		
31				7.7	2.2		0.025		
Total							0.682		
Mo. Avg	3.6	1.01	1.01	7.5	1.9	0.19	0.022	4	5

PLANT STAFFING:

Day Shift Operators:	Class: B	Certification No.: 12476	Name: David Haring
Evening Shift Operators:	Class: C	Certification No.: 9320	Name: Ralph Marriott
Night Shift Operators:	Class:	Certification No.:	Name:
Lead Operator:	Class: A	Certification No.: 4894	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
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER: FLA011742
LIMIT: Final
CLASS SIZE: Minor

REPORT: Monthly
GROUP: Domestic

FACILITY: Palm Port WWTP
LOCATION: Dog Branch Road
East Palatka, FL 32131

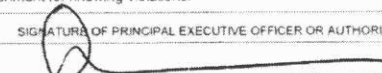
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Rapid Infiltration
NO DISCHARGE FROM SITE: []

COUNTY: Putnam

MONITORING PERIOD--From: 11/01/2008 To: 11/30/08

Parameter		Quantity of Loading	Units	Quality or Concentration		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	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Mon.Site No. EFA-1									
BOD, Carbonaceous five-day, 20° C	Sample Measurement			<2.0	<2.0	mg/L	0	Monthly	Grab
PARM Code 80082 I	Permit Requirement			Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Mon.Site No. EFA-1									
Solids, Total Suspended (TSS)	Sample Measurement			2.5		mg/L	0	Monthly	Grab
PARM Code 00530 Y	Permit Requirement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Mon.Site No. EFA-1									
Solids, Total Suspended (TSS)	Sample Measurement			3.0	3.0	mg/L	0	Monthly	Grab
PARM Code 00530 I	Permit Requirement			Report (Mo.Avg.)	60.0 (Max)	mg/L		Monthly	Grab
Mon.Site No. EFA-1									
Coliform, Fecal	Sample Measurement			1.4		#/100mL	0	Monthly	Grab
PARM Code 74055 Y	Permit Requirement			200 (An. Avg.)		#/100mL		Monthly	Grab
Mon.Site No. EFA-1									
Coliform, Fecal	Sample Measurement			<1.0	<1.0	#/100mL	0	Monthly	Grab
PARM Code 74055 I	Permit Requirement			200 (MoGeoMean)	800 Max	#/100mL		Monthly	Grab
Mon.Site No. EFA-1									
pH	Sample Measurement			7.3	7.8	S.U.	0	Daily, five days per week	Grab
PARM Code 00400 I	Permit Requirement			6.0 (Min)	8.5 (Max)	S.U.		Daily, five days per week	Grab
Mon.Site No. EFA-1									

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	08/12/08

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 average.

NELAC CERTIFICATION NUMBER(S): _____

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Port WWTP

PERMIT NUMBER: FLA011742

MONITORING GROUP NUMBER.: R-001

MONITORING PERIOD--From: 11/01/2008

To: 11/30/08

Parameter		Quantity of Loading		Units	Quality or Concentration			No. 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					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					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. Avg)	mgd					Daily, five days per week	Recording flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				273		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				356		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					71.1%	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: 11/01/2008

To: 11/30/2008

County: Putnam

	CBOD ₅ (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Flow (mgd)	CBOD ₅ (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							0.029		
3				7.3	1.0		0.029		
4				7.6	2.2		0.021		
5				7.6	2.2		0.020		
6				7.5	2.2		0.019		
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	3.0 I	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		
14				7.5	2.2		0.021		
15				7.4	2.2		0.022		
16							0.026		
17				7.4	2.2		0.026		
18				7.4	2.2		0.019		
19				7.4	2.2		0.018		
20				7.5	2.2		0.020		
21				7.4	2.2		0.019		
22				7.5	2.2		0.020		
23							0.015		
24				7.3	2.2		0.015		
25				7.4	2.2		0.017		
26				7.4	2.2		0.017		
27				7.5	2.2		0.014		
28				7.5	2.2		0.024		
29				7.5	2.2		0.010		
30							0.016		
31									
Total							0.620		
Mo.Avg.	2.0	3.0	1.0	7.5	1.7	0.14	0.020		11

PLANT STAFFING:

Day Shift Operators:	Class: <u>B</u>	Certification No.: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operators:	Class: <u>C</u>	Certification No.: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operators:	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Lead Operator:	Class: <u>A</u>	Certification No.: <u>4894</u>	Name: <u>Paul Thompson</u>

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

FACILITY: Leesburg, FL 34748
LOCATION: Palm Port WWTF
Dog Branch Road
Off County Road 207A, west of East River
East Palatka, FL 32131

COUNTY: Putnam

PERMIT NUMBER FLA011742

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

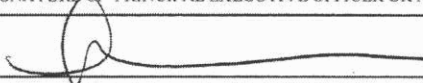
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Rapid Infiltration Basin(s), including Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: 12/1/08 To 12/31/08

Parameter		Quantity or Loading		Units	Quality or Concentration			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	MGD					0	5 Days/Week	Meter
PARM Code 50050 A Mon.Site No. EFA-1		Permit Requirement	Report (Mo.Avg.)	MGD						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				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				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		352-787-0980	09/01/23

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: 12/1/08PERMIT NUMBER: FLA011742
To 12/31/08

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			<1.0	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	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				#/100ML	0	Monthly	Grab
I A Code 74055 A Mon.Site No. EFA-1	Permit Requirement				800 (Max.)		Monthly	Grab
pH	Sample Measurement			7.2	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)	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-1	Permit Requirement			0.5 (Min.)	MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MG/L	0	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)		Monthly	Grab
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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011742
From: 12/1/08 To: 12/31/08

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	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
1	.015					7.3	2.2			
2	.016					7.4	2.2			
3	.019					7.4	2.2			
4	.017		3.7	<1.0	<1.0	7.6	2.2	4.0	282	306
5	.016					7.6	2.2			
6	.015					7.4	2.2+			
7	.015									
8	.015					7.4	2.2			
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					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					7.3	2.2			
23	.020					7.3	2.2			
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									
29	.018					7.4	2.2			
30	.025					7.4	2.2			
31	.018					7.4	2.2			
Total										
Mo. Avg.										

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: _____

Lead Operator

Class: A

Certificate No: 4894

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, 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

PERMIT NUMBER

FLA011742

LIMIT:

Final

CLASS SIZE:

N/A

REPORT:

Monthly

GROUP:

Domestic

MONITORING GROUP NUMBER: R-001

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

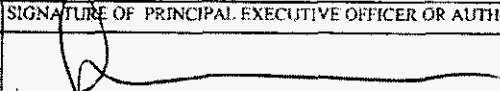
NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: 1/1/09

To 1/31/09

Parameter		Quantity or Loading		Units	Quality or Concentration		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				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					59%	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					3.25	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					6.6	MG/L	0	Monthly	Grab
PARM Code 80082 A Site No. EFA-1	Permit Requirement					30.0 (Mo.Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	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

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	09/02/26

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: 1/1/09PERMIT NUMBER: FLA011742
To 1/31/09

Parameter		Quantity or Loading		Units	Quality or Concentration		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.)	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.)		#/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				7.2	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		MG/L	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					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	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				184		MG/L	0	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

Monitoring Period

From: 1/1/09

To: 1/31/09

	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	50050	00180	80082	00530	74055	00400	50060	00620	80082	00530
Ion Site	EFA-1	CAL-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	019					7.3	2.2			
2	015					7.2	2.2			
3	014					7.2	2.2+			
4	015									
5	015					7.3	2.2			
6	018					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					7.5	2.2			
10	013					7.4	2.2			
11	014									
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			
18	013									
19	014					7.6	2.2			
20	014					7.5	2.2			
21	010					7.5	2.2			
22	012					7.5	2.2			
23	010					7.6	2.2			
24	010					7.4	2.2+			
25	014									
26	015					7.6	2.2			
27	011					7.6	2.2			
28	012					7.4	2.2			
29	010					7.5	2.2			
30	018					7.5	2.2			
31	013					7.4	2.2			
Total										
Io. Avg										

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:

Graduator

Class: A

Certificate No: 4894

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, FL, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: Aqua Utilities Florida, Inc.

PERMIT NUMBER

FLA011742

1100 Thomas Avenue
Leesburg, FL 34748

LIMIT:
CLASS SIZE:

Final
N/A

REPORT:
GROUP:

Monthly
Domestic

FACILITY: Palm Port WWTF
LOCATION: 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

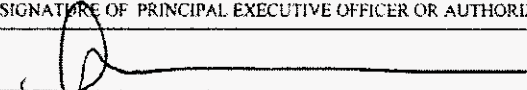
NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From 2/1/09

To 2/28/09

Parameter		Quantity or Loading		Units	Quality or Concentration			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	0.015	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					52%		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					3.6		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					7.3	7.3	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					2.3		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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	09/03/26

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

PERMIT NUMBER: FLA011742

MONITORING PERIOD From: 2/1/09

To 2/28/09

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			<1.0	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	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.)	#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			<1.0	#/100ML	0	Monthly	Grab
M Code 74055 A Mon. Site No. EFA-1	Permit Requirement			800 (Max.)	#/100ML		Monthly	Grab
pH	Sample Measurement			6.7	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)	SU		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.2	MG/L	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			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
Solids, 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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011742

Facility: Palin Port WWTF

Monitoring Period From: 2/1/09 To: 2/28/09

	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
Mon. Site	EFA-1	CAL-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	016									
2	017					7.7	2.2			
3	023					7.2	2.2			
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					7.5	2.2+			
15	014									
16	014					7.4	2.2			
17	015					7.5	2.2			
18	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					6.7	2.2			
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>9320</u>	Name: <u>Ralph Marriott</u>
Evening Shift Operator	Class: <u>B</u>	Certificate No: <u>12476</u>	Name: <u>David Haring</u>
Night Shift Operator	Class: <u></u>	Certificate No: <u></u>	Name: <u></u>
Le. Operator	Class: <u>A</u>	Certificate No: <u>4894</u>	Name: <u>Paul Thompson</u>

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.

PERMIT NUMBER: FLA011742

1100 Thomas Avenue
Leesburg, FL 34748

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Palm Port WWTF
LOCATION: 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: 3/1/09 To: 3/31/09

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow		Sample Measurement	0.018	MGD					0	5 Days/Week	Meter
PARM Code 50050 Y		Permit Requirement	0.03 (An.Avg.)	MGD						5 Days/Week	Meter
Flow		Sample Measurement	0.015	MGD					0	5 Days/Week	Meter
PARM Code 50050 A		Permit Requirement	Report (Mo.Avg.)	MGD						5 Days/Week	Meter
Percent Capacity, (TMADE/Permitted Capacity) x 100		Sample Measurement				50%		PER-CENT	0	Monthly	Calculated
PARM Code 00180 P		Permit Requirement				Report (Mo. Avg.)		PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C		Sample Measurement				3.5		MG/L	0	Monthly	Grab
PARM Code 80082 Y		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
PARM Code 80082 A		Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended		Sample Measurement				2.2		MG/L	0	Monthly	Grab
PARM Code 00530 Y		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		386-937-1143	09/04/27

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 3/1/09

PERMIT NUMBER: FLA011742

To 3/31/09

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	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	Permit Requirement				30.0 (Mo. Avg.)	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.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement					<1.0	#/100ML	0	Monthly	Grab
P. 4 Code 74055 A Mon. Site No. EFA-1	Permit Requirement					800 (Max.)	#/100ML		Monthly	Grab
pH	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			MG/L	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	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				172		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				320		MG/L	0	Monthly	Grab
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)		MG/L		Monthly	Grab

127

DAILY SAMPLE RESULTS - PART B

Permit Number
Monitoring Period

FLA011742
From: 3/1/09

To: 3/31/09

Facility: Palm Port WWTF

	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	50050	00180	80082	00530	74055	00400	50060	00620	80082	00530
on Site	EFA-1	CAL-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	013									
2	014					6.7	1.6			
3	017					6.6	2.0			
4	014					6.6	1.9			
5	014					6.6	1.3			
6	010					6.7	1.9			
7	012					7.1	2.0			
8	014									
9	014					6.9	1.1			
10	020					6.9	1.0			
11	011					6.9	2.2			
12	012					6.9	2.2			
13	016					7.0	2.2			
14	016					7.1	2.2			
15	016									
16	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
19	019					7.1	2.0			
20	015					7.2	2.2			
21	019					7.2	2.2			
22	014									
23	015					7.3	2.2			
24	016					7.5	2.2			
25	021					7.4	2.2			
26	018					7.3	2.2			
27	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			
total										
Avg										

PLANT STAFFING

Shift Operator	Class: <u>C</u>	Certificate No: <u>9320</u>	Name: <u>Ralph Marriott</u>
ning Shift Operator	Class: <u>B</u>	Certificate No: <u>12476</u>	Name: <u>David Haring</u>
ht Shift Operator	Class: <u></u>	Certificate No: <u></u>	Name: <u></u>
d Operator	Class: <u>A</u>	Certificate No: <u>4894</u>	Name: <u>Paul Thompson</u>

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.

PERMIT NUMBER

FLA011742

MAILING ADDRESS: Aqua Utilities Florida, Inc.

1100 Thomas Avenue

Leesburg, FL 34748

LIMIT:

Final

REPORT:

Monthly

CLASS SIZE:

N/A

GROUP:

Domestic

FACILITY: Palm Port WWTF

LOCATION: 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

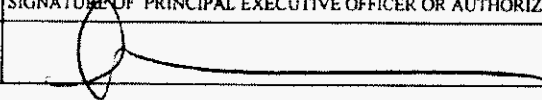
NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: 4/1/09

To 4/30/09

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
PARM Code 50050 Mon.Site No. EFA-1	Sample Measurement	0.018		MGD					0	5 Days/Week	Meter
	Permit Requirement	0.03 (An.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	0.015	0.015	MGD					0	5 Days/Week	Meter
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					50%		PER-CENT	0	Monthly	Calculated
PARM Code 00180 Mon.Site No. CAL-1	Permit Requirement					Report (Mo. Avg.)		PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3.5		MG/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	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
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement					30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					2.1		MG/L	0	Monthly	Grab
PARM Code 00530 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		386-937-1143	09/05/21

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

PERMIT NUMBER: FLA011742

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
Solids, Total Suspended	Sample Measurement			<1.0	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	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.)	#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				800 (Max.)		Monthly	Grab
pH	Sample Measurement			7.1	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)	SU		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			0.5 (Min.)	MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MG/L	0	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)		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	Permit Requirement			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, (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	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
1	018					7.4	2.2			
2	017					7.3	2.2			
3	012					7.3	2.2			
4	013									
5	015									
6	015					7.3	2.2			
7	013					7.4	2.2			
8	011		<2.0	<1.0	<1.0	7.5	2.2	7.14	221	410
9	011					7.5	2.2			
10	015					7.4	2.2			
11	009					7.4	2.2			
12	016									
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					7.3	1.5			
18	019					7.3	2.2+			
19	014									
20	015					7.3	2.2			
21	010					7.3	2.2			
22	015					7.4	2.2			
23	011					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			
29	013					7.4	2.2			
30	010					7.3	2.2			
31										
Total										
Mo. Avg.										

PLANT STAFFING:

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

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
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: Final
CLASS SIZE: 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: May 1, 2009 To: May 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
PARM Code 50050 Y Mon.Site No. EFA-1	Sample Measurement	0.018		MGD					0	5 Days/Week	Meter
	Permit Requirement	0.03 (An.Avg.)		MGD						5 Days/Week	Meter
Flow PARM Code 50050 A Mon.Site No. EFA-1	Sample Measurement	0.019	0.016	MGD					0	5 Days/Week	Meter
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Meter
Percent Capacity, (TMADE/Permitted Capacity) x 100 PARM Code 00180 P Mon.Site No. CAL-1	Sample Measurement				63%			PER-CENT	0	Monthly	Calculated
	Permit Requirement				Report (Mo. Avg.)			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement				3.6			MG/L	0	Monthly	Grab
	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon.Site No. EFA-1	Sample Measurement				3.5	3.5		MG/L	0	Monthly	Grab
	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1	Sample Measurement				2.2			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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	09/06/25

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

PERMIT NUMBER: FLA011742

MONITORING PERIOD From: May 1, 200 To May 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				3.0	3.0	MGL	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MGL		Monthly	Grab
Coliform, Fecal	Sample Measurement				0.5		#/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
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		MGL	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)		MGL		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					5.83	MGL	0	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement					12.0 (Max.)	MGL		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement						MGL	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		MGL		Monthly	Grab
Solids, Total Suspended	Sample Measurement						MGL	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		MGL		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011742
From: May 1, 2009

To: May 31, 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)	CBOD5 (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
1	0.014					7.3	2.2			
2	0.015					7.3	2.1			
3										
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			
10										
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										
18	0.026					7.4	2.2			
19	0.016					7.4	2.2			
20	0.048					7.2	1			
21	0.066					7	2.2			
22	0.031					7	2.2			
23	0.033					7.2	2.2			
24										
25	0.049					7.5	2.2			
26	0.022					7.6	2.2			
27	0.023					7.5	2.2			
28	0.021					7.5	2.2			
29	0.019					7.6	2.2			
30	0.029					7.4	2.2			
31	0.014					7.3	2.2			
Total										
Mo. Avg.										

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:

Le Operator

Class:

A

Certificate No:

4894

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, FL, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida, Inc.

PERMIT NUMBER

FLA011742

MAILING ADDRESS: Aqua Utilities Florida, Inc.

LIMIT:

Final

REPORT:

Monthly

1100 Thomas Avenue

CLASS SIZE:

N/A

GROUP:

Domestic

Leesburg, FL 34748

MONITORING GROUP NUMBER: R-001

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

FACILITY: Palm Port WWTF

LOCATION: Dog Branch Road

Off County Road 207A, west of East River

East Palatka, FL 32131

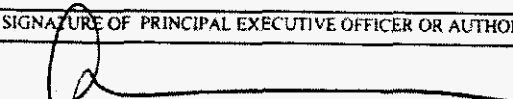
COUNTY: Putnam

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: June 1, 2009 To June 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
PARM Code 50050 Y Mon.Site No. EFA-1	Sample Measurement	0.018		MGD				0	5 Days/Week	Meter
	Permit Requirement	0.03 (An.Avg.)		MGD					5 Days/Week	Meter
Flow PARM Code 50050 A Mon.Site No. EFA-1	Sample Measurement	0.016	0.016	MGD				0	5 Days/Week	Meter
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo. Avg.)	MGD					5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon.Site No. CAL-1	Sample Measurement				53%		PER-CENT	0	Monthly	Calculated
	Permit Requirement				Report (Mo. Avg.)		PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement				3.7		MG/L	0	Monthly	Grab
	Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Site No. EFA-1	Sample Measurement				2.6	2.6	MG/L	0	Monthly	Grab
	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1	Sample Measurement				2.2		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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	09/07/24

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: June 1, 2009 To June 30, 2009

PERMIT NUMBER: FLA011742

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	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	Permit Requirement					30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					0.6		#/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
pH	Sample Measurement				7.3		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				1.2			MG/L	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						4.87	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					120		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					136		MG/L	0	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:
Monitoring Period

FLA011742
From: June 1, 2009 to June 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)	CBOD5 (MG/L)	TSS (MG/L)
Code	50050	00180	80082	00530	74055	00400	50060	00620	80082	00530
ion Site	EFA-1	CAL-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	0.036					7.6	2.2			
2	0.012					7.6	2.2			
3	0.015					7.6	2.2			
4	0.015		2.6	2	<1.0	7.6	2.2	4.87	120	136
5	0.016					7.6	2.2			
6	0.018					7.5	2.2			
7										
8	0.036					7.5	2.2			
9	0.016					7.5	2.2			
10	0.018					7.6	2.2			
11	0.017					7.5	2.2			
12	0.015					7.5	2.2			
13	0.015					7.5	2.2			
14										
15	0.033					7.6	2.2			
16	0.014					7.6	2.2			
17	0.019					7.5	2.2			
18	0.015					7.5	2.2			
19	0.015					7.5	2.2			
20	0.013					7.4	1.2			
21										
22	0.031					7.5	2.2			
23	0.017					7.5	2.2			
24	0.014					7.6	2.2			
25	0.018					7.5	2.2			
26	0.014					7.5	1.2			
27	0.013					7.5	2.2			
28										
29	0.032					7.3	1.3			
30	0.012					7.3	2.2			
31										
Total	0.489									
o Avg	0.016									

PLANT STAFFING:

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

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

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:

Final

CLASS SIZE:

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: July 1, 2009 To: July 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
PARM Code 50050 Y Mon. Site No. EFA-1	Sample Measurement	0.018		MGD					0	5 Days/Week	Meter
	Permit Requirement	0.03 (An. Avg.)		MGD						5 Days/Week	Meter
Flow PARM Code 50050 A Mon. Site No. EFA-1	Sample Measurement	0.019	0.018	MGD					0	5 Days/Week	Meter
	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Meter
Percent Capacity, (TMADE/Permitted Capacity) x 100 PARM Code 00180 P Mon. Site No. CAL-1	Sample Measurement					63%		PER- CENT	0	Monthly	Calculated
	Permit Requirement					Report (Mo. Avg.)		PER- CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No. EFA-1	Sample Measurement					3.7		MG/L	0	Monthly	Grab
	Permit Requirement					20.0 (An. Avg.)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site No. EFA-1	Sample Measurement					2.0	2.0	MG/L	0	Monthly	Grab
	Permit Requirement					30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Sc Total Suspended PARM Code 00530 Y Mon. Site No. EFA-1	Sample Measurement					2.2		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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	09/08/26

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

PERMIT NUMBER: FLA011742

MONITORING PERIOD From: July 1, 1009 To July 31, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			2.0	2.0	0	Monthly	Grab
PARM Code 00530 A	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)		Monthly	Grab
Mon.Site No. EFA-1								
Coliform, Fecal	Sample Measurement			0.6		#100ML	0	Monthly
PARM Code 74055 Y	Permit Requirement			200 (An.Avg.)		#100ML		Monthly
Mon.Site No. EFA-1								Grab
Coliform, Fecal	Sample Measurement				<1.0	#100ML	0	Monthly
P/ Code 74055 A	Permit Requirement				800 (Max.)	#100ML		Monthly
Mon.Site No. EFA-1								Grab
pH	Sample Measurement			7.3	7.8	SU		5 Days/Week
PARM Code 00400 A	Permit Requirement			6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week
Mon.Site No. EFA-1								Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.0		MG/L		5 Days/Week
PARM Code 50060 A	Permit Requirement			0.5 (Min.)		MG/L		5 Days/Week
Mon.Site No. EFA-1								Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				10.9	MG/L		Monthly
PARM Code 00620 A	Permit Requirement				12.0 (Max.)	MG/L		Monthly
Mon.Site No. EFA-1								Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			114		MG/L		Monthly
PARM Code 80082 G	Permit Requirement			Report (Mo.Avg.)		MG/L		Monthly
Mon.Site No. INF-1								Grab
Solids, Total Suspended	Sample Measurement			152		MG/L		Monthly
PA Code 00530 G	Permit Requirement			Report (Mo.Avg.)		MG/L		Monthly
Mon. Site No. INF-1								Grab

DAILY SAMPLE RESULTS - PART B

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

To: July 31, 2009

Facility: Palm Port WWTF

	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	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
1	0.010					7.3	2.2			
2	0.012					7.7	2.2			
3	0.011					7.8	2.2			
4	0.010					7.5	2.2			
5										
6	0.033					7.5	2.2			
7	0.023					7.5	2.2			
8	0.029					7.5	2.2			
9	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			
19										
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			
30	0.019					7.4	2.2			
31	0.021					7.5	2.2			
Total	0.580									
Mo. Avg.	0.019									

PLANT STAFFING:

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

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

PERMIT NUMBER

FLA011742

1100 Thomas Avenue

LIMIT:

Final

REPORT:

Monthly

Palm Port WWTF

CLASS SIZE:

N/A

GROUP:

Domestic

LOCATION: Dog Branch Road

Dog Branch Road

MONITORING GROUP NUMBER: R-001

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


COUNTY: Putnam

Putnam

NO DISCHARGE FROM SITE: ☐

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

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	09/09/22

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: August 1, 2009 To

PERMIT NUMBER: FLA011742
August 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement						MG/L		Monthly	Grab
PARM Code 00530 A	Permit Requirement				1.0	1.0		0		
Mon.Site No. EFA-1					30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement						#/100ML		Monthly	Grab
PARM Code 74055 Y	Permit Requirement				3.1			0		
Mon.Site No. EFA-1					200 (An.Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement						#/100ML		Monthly	Grab
PARM Code 74055 A	Permit Requirement					30		0		
Mon. Site No. EFA-1						800 (Max.)	#/100ML		Monthly	Grab
pl	Sample Measurement				7.4		SU		5 Days/Week	Grab
PARM Code 00400 A	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
Mon.Site No. EFA-1										
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5		MG/L		5 Days/Week	Grab
PARM Code 50060 A	Permit Requirement				0.5 (Min.)				5 Days/Week	Grab
Mon.Site No. EFA-1										
Nitrogen, Nitrate, Total (as N)	Sample Measurement						MG/L		Monthly	Grab
PARM Code 00620 A	Permit Requirement					3.94			Monthly	Grab
Mon.Site No. EFA-1						12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement						MG/L		Monthly	Grab
PARM Code 80082 G	Permit Requirement				138			0		
Mon.Site No. INF-1					Report (Mo.Avg.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement						MG/L		Monthly	Grab
PARM Code 00530 G	Permit Requirement				176			0		
Mon. Site No. INF-1					Report (Mo.Avg.)		MG/L		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)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	FRC (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-1	CAL-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	0.022									
2										
3	0.039					7.4	7.5			
4	0.017					7.4	1			
5	0.019					7.5	8.5			
6	0.019					7.4	1.7			
7	0.025					7.4	2.6			
8	0.019					7.5	3			
9										
10	0.046					7.4	0.5			
11	0.025					7.5	7			
12	0.018		2.5	1	30	7.5	6.4	3.94	138	176
13	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			
18	0.016					7.4	5.8			
19	0.024					7.4	5.4			
20	0.016					7.5	3			
21	0.016					7.4	2.2			
22	0.039					7.4	2.2			
23										
24	0.065					7.4	0.7			
25	0.027					7.5	2.4			
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			
30										
31	0.047					7.5	4			
Total	0.699									
Mo. Avg.	0.023									

LANT 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:

Operator

Class: A

Certificate No: 4894

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, FL, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida, Inc.

PERMIT NUMBER

FLA011742

MAILING ADDRESS: Aqua Utilities Florida, Inc.

1100 Thomas Avenue

Leesburg, FL 34748

LIMIT:

Final

REPORT:

Monthly

FACILITY: Palm Port WWTF

CLASS SIZE:

N/A

GROUP:

Domestic

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

COUNTY:

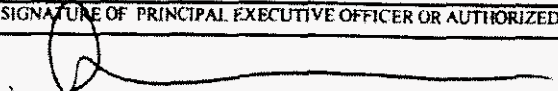
Putnam

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: September 1, 2009 To: September 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow		Sample Measurement	0.018	MGD					0	5 Days/Week	Meter
PARM Code 50050 Y		Permit Requirement	0.03	MGD						5 Days/Week	Meter
Mon. Site No. EFA-1			(An. Avg.)								
Flow		Sample Measurement	0.020	MGD					0	5 Days/Week	Meter
PARM Code 50050 A		Permit Requirement	Report (Mo. Avg.)	MGD						5 Days/Week	Meter
Mon. Site No. EFA-1			Report (3-Mo. Avg.)								
Percent Capacity, (TMADE/Permitted Capacity) x 100		Sample Measurement						PER-CENT		Monthly	Calculated
PARM Code 00180 P		Permit Requirement				67%		PER-CENT		Monthly	Calculated
Mon. Site No. CAL-1						Report (Mo. Avg.)					
BOD, Carbonaceous 5 day, 20C		Sample Measurement				3.4		MG/L	0	Monthly	Grab
PARM Code 80082 Y		Permit Requirement				20.0		MG/L		Monthly	Grab
Mon. Site No. EFA-1						(An. Avg.)					
BOD, Carbonaceous 5 day, 20C		Sample Measurement				2.9	2.9	MG/L	0	Monthly	Grab
PARM Code 80082 A		Permit Requirement				30.0	60.0	MG/L		Monthly	Grab
Mon. Site No. EFA-1						(Mo. Avg.)	(Max.)				
Solids, Total Suspended		Sample Measurement				2.0		MG/L	0	Monthly	Grab
PARM Code 00530 Y		Permit Requirement				20.0		MG/L		Monthly	Grab
Mon. Site No. EFA-1						(An. Avg.)					

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	09/10/09

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	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	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	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				3.8		#/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						#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement					9.0 800 (Max.)	#/100ML		Monthly	Grab
pH	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)	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		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						MG/L		Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement					3.01 12.0 (Max.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				180		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				126		MG/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		MG/L		Monthly	Grab

1 DAY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011742

From: September 1, 2009

To: September 30, 2009

Facility: Palm Port WWTF

	Flow (MGD)	Percent Capacity, (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)	CBOD5 (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
1	0.020					7.5	4.1			
2	0.047					7.3	2.2			
3	0.052					7.2	1.1			
4	0.021					7.3	1.6			
5	0.026					7.3	1.6			
6										
7	0.034					7.4	2.2			
8	0.019					7.5	3.4			
9	0.019					7.4	4.8			
10	0.015		2.9	2.0	9.0	7.4	1	3.01	180	126
11	0.018					7.4	0.8			
12	0.033					7.4	2			
13										
14	0.056					7.2	0.8			
15	0.019					7.4	3.8			
16	0.022					7.3	1.3			
17	0.015					7.3	2.4			
18	0.017					7.5	3.2			
	0.016					7.5	3.2			
20										
21	0.037					7.4	1			
22	0.017					7.4	2.5			
23	0.020					7.4	2.6			
24	0.012					7.4	2.2			
25	0.016					7.4	2.2			
26	0.013					7.4	1.6			
27										
28	0.032					7.5	2.4			
29	0.010					7.5	3.8			
30	0.011					7.5	2.5			
31										
Total	0.617									
Mo. Avg	0.020									

LANT 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:

Head Operator

Class: A

Certificate No: 4894

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, FL 32256-7590

PERMITTEE NAME Aqua Utilities Florida, Inc
MAILING ADDRESS Aqua Utilities Florida, Inc
1100 Thomas Avenue
Leesburg, FL 34748

PERMIT NUMBER FLA011742

LIMIT Final
CLASS SIZE N/A

REPORT Monthly
GROUP Domestic

FACILITY Palm Port WWTF
LOCATION 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 October 1, 2009 To October 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.018		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	0.020	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							PER- CENT		Monthly	Calculated
PARM Code 00180 P Mon Site No. CAL-1	Permit Requirement					53% 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
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
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		386-937-1143	09/11/19

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

To: October 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				1.0	1.0	MG/L	0	Monthly	Grab
PARM Code 00530 A	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Mon. Site No. EFA-1	Sample Measurement				3.8		#/100ML	0	Monthly	Grab
Coliform, Fecal	Permit Requirement				200 (An. Avg.)		#/100ML		Monthly	Grab
PARM Code 74055 Y	Sample Measurement					1.0	#/100ML	0	Monthly	Grab
Mon. Site No. EFA-1	Permit Requirement					800 (Max.)	#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				7.4	7.7	SU		5 Days/Week	Grab
PARM Code 74055 A	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
Mon. Site No. EFA-1	Sample Measurement				0.6		MG/L		5 Days/Week	Grab
p	Permit Requirement				0.5 (Min.)		MG/L		5 Days/Week	Grab
PARM Code 00400 A	Sample Measurement					1.0	MG/L	0	Monthly	Grab
Mon. Site No. EFA-1	Permit Requirement					12.0 (Max.)	MG/L		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				162		MG/L	0	Monthly	Grab
PARM Code 50060 A	Permit Requirement				Report (Mo. Avg.)		MG/L		Monthly	Grab
Mon. Site No. EFA-1	Sample Measurement				152		MG/L	0	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Permit Requirement				Report (Mo. Avg.)		MG/L		Monthly	Grab
PARM Code 80082 G	Sample Measurement									
Mon. Site No. INF-1	Permit Requirement									
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 G	Permit Requirement									
Mon. Site No. INF-1	Sample Measurement									
	Permit Requirement									

1. DAILY SAMPLE RESULTS - PART B

Permit Number
Monitoring Period

FL A011742

From October 1, 2009

To: October 31, 2009

Facility: Palm Beach-WWTF

	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	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
1	0.015					7.5	4.5			
2	0.015					7.6	3.4			
3	0.017					7.5	2.2			
4										
5	0.036					7.4	1.2			
6	0.016					7.5	2.5			
7	0.018					7.5	3.2			
8	0.014					7.5	2.7			
9	0.014					7.4	1.4			
10	0.016					7.4	2.2			
11										
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			
15	0.015					7.5	2.4			
16	0.014					7.4	2.6			
17	0.019					7.4	1.7			
18										
19	0.033					7.5	2.5			
20	0.013					7.6	3			
21	0.014					7.5	2.4			
22	0.015					7.5	0.8			
23	0.018					7.5	1.4			
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			
29	0.014					7.5	2.5			
30	0.022					7.6	2.2			
31	0.014					7.7	4.5			
Total	0.491									
Avg	0.016									

PLANT STAFFING

Shift Operator	Class	<u>C</u>	Certificate No	<u>9320</u>	Name	<u>Ralph Marriott</u>
Evening Shift Operator	Class	<u>B</u>	Certificate No	<u>12476</u>	Name	<u>David Haring</u>
Night Shift Operator	Class		Certificate No		Name	
Plant Operator	Class	<u>A</u>	Certificate No	<u>4894</u>	Name	<u>Paul Thompson</u>

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
 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: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

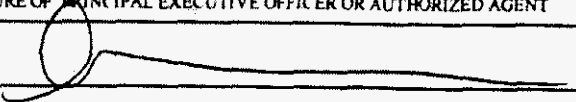
MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Rapid Infiltration Basin(s), including Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: November 1, 2009 To: November 30, 2009

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		Permit Requirement	0.03	MGD						5 Days/Week	Meter
Mon. Site No. EFA-1			(An. Avg.)								
Flow		Sample Measurement	0.016	MGD						5 Days/Week	Meter
PARM Code 50050 A		Permit Requirement	Report	MGD						5 Days/Week	Meter
Mon. Site No. EFA-1			(Mo. Avg.)								
Percent Capacity, (TMADE/Permitted Capacity) x 100		Sample Measurement						PER-CENT		Monthly	Calculated
PARM Code 00180 P		Permit Requirement				53%		PER-CENT		Monthly	Calculated
Mon. Site No. CAL-1						Report (Mo. Avg.)					
BOD, Carbonaceous 5 day, 20C		Sample Measurement				3.3		MG/L	0	Monthly	Grab
PARM Code 80082 Y		Permit Requirement				20.0		MG/L		Monthly	Grab
Mon. Site No. EFA-1						(An. Avg.)					
BOD, Carbonaceous 5 day, 20C		Sample Measurement				2.0	2.0	MG/L	0	Monthly	Grab
PARM Code 80082 A		Permit Requirement				30.0	60.0	MG/L		Monthly	Grab
Mon. Site No. EFA-1						(Mo. Avg.)	(Max.)				
Solids, Total Suspended		Sample Measurement				2.0		MG/L	0	Monthly	Grab
PARM Code 00530 Y		Permit Requirement				20.0		MG/L		Monthly	Grab
Mon. Site No. EFA-1						(An. Avg.)					

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	09/12/16

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

PERMIT NUMBER: FLA011742
To: November 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration		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					3.9		#/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		Monthly	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement						800 (Max.)	#/100ML		Monthly	Grab
pl	Sample Measurement				7.5		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				1.8			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						2.93	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					168		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					366		MG/L	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		MG/L		Monthly	Grab

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 (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 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	0.033									
2	0.017					7.5	2.2			
3	0.013					7.5	2.2			
4	0.014					7.5	2.2			
5	0.013					7.5	2.2			
6	0.010					7.5	2.2			
7						7.6	3.8			
8	0.031									
9	0.019					7.5	2.8			
10	0.016					7.6	3.2			
11	0.017					7.6	2.2			
12	0.017					7.6	2.2			
13	0.018					7.5	2.2			
14						7.6	1.8			
15	0.032									
16	0.014					7.5	2.2			
17	0.019		<2.0	3.0	<1.0	7.6	2.2	2.93	168	366
18	0.013					7.6	2.2			
	0.016					7.6	2.2			
20	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					7.5	2.2			
27	0.019					7.5	2.2			
28						7.5	2.2			
29	0.031									
30	0.033					7.5	2.2			
31										
Total	0.496									
Mo. Avg.	0.016									

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:

Head Operator

Class:

A

Certificate No:

4894

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, FL, 32256-7590

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

PERMIT NUMBER

FLA011742

LIMIT

Final

REPORT

Monthly

CLASS SIZE:

N/A

GROUP:

Domestic

FACILITY: Palm Port WWTF
LOCATION: 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: December 1, 2009

To

December 31, 2009

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					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				3.1		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				2.0	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
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		386-937-1143	10/01/25

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: December 1, 2009 To:

PERMIT NUMBER: FLA011742
December 31, 2009

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			1.0	MG/L	0	Monthly	Grab
PARM Code 00530 A	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Monthly	Grab
Mon. Site No. EFA-1				60.0 (Max.)				
Coliform, Fecal	Sample Measurement			3.9	#/100ML	0	Monthly	Grab
PARM Code 74055 Y	Permit Requirement			200 (An.Avg.)	#/100ML		Monthly	Grab
Mon. Site No. EFA-1								
Coliform, Fecal	Sample Measurement			1.0	#/100ML	0	Monthly	Grab
PARM Code 74055 A	Permit Requirement			800 (Max.)	#/100ML		Monthly	Grab
Mon. Site No. EFA-1								
F	Sample Measurement		7.3	7.6	SU		5 Days/Week	Grab
PARM Code 00400 A	Permit Requirement		6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
Mon. Site No. EFA-1								
Total Residual Chlorine (For Disinfection)	Sample Measurement		0.8		MG/L		5 Days/Week	Grab
PARM Code 50060 A	Permit Requirement		0.5 (Min.)		MG/L		5 Days/Week	Grab
Mon. Site No. EFA-1								
Nitrogen, Nitrate, Total (as N)	Sample Measurement			1.17	MG/L		Monthly	Grab
PARM Code 00620 A	Permit Requirement			12.0 (Max.)	MG/L		Monthly	Grab
Mon. Site No. EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			185	MG/L	0	Monthly	Grab
PARM Code 80082 G	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	Grab
Mon. Site No. INF-1								
Solids, Total Suspended	Sample Measurement			324	MG/L	0	Monthly	Grab
PARM Code 00530 G	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	Grab
Mon. Site No. INF-1								

154

LY SAMPLE RESULTS - PART B

Permit Number
Monitoring Period

FLA011742
From December 1, 2009

Facility
To: Palm ... WWTF
December 31, 2009

	Flow (MGD)	Percent Capacity, (TMADP/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
Mon. Site	EFA-1	CAL-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	0.017					7.6	2.2			
2	0.010					7.6	2.2			
3	0.014		2.0	<1.0	<1.0	7.5	2.2	1.17	185	324
4	0.011					7.5	2.2			
5	0.018					7.5	2.2			
6										
7	0.041					7.5	2.2			
8	0.014					7.5	2.2			
9	0.012					7.5	2.2			
10	0.014					7.4	2.2			
11	0.012					7.4	2.2			
12	0.020					7.5	2.2			
13										
14	0.038					7.3	1			
15	0.015					7.3	0.8			
16	0.014					7.4	2.2			
17	0.015					7.6	2.2			
18	0.018					7.5	2.2			
19	0.010					7.3	0.8			
20										
21	0.039					7.6	1.8			
22	0.015					7.6	2.2			
23	0.013					7.6	2.2			
24	0.019					7.5	2.2			
25	0.010					7.5	2.2			
26	0.025					7.5	2.2			
27										
28	0.028					7.5	2.2			
29	0.017					7.5	2.2			
30	0.014					7.4	2.2			
31	0.012					7.4	2.2			
Total	0.485									
10. Avg	0.016									

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:

Lead Operator

Class:

A

Certificate No.

4894

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, 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

PERMIT NUMBER

FLA011742

LIMIT:

Final

CLASS SIZE:

N/A

REPORT:

Monthly

GROUP:

Domestic

MONITORING GROUP NUMBER: R-001

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

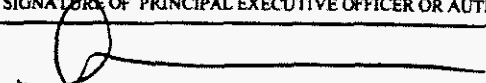
NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: January 1, 2010 To

January 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow		Sample Measurement	0.018	MGD					5 Days/Week	Meter
PARM Code 50050 Y		Permit Requirement	0.03 (An.Avg.)	MGD					5 Days/Week	Meter
Flow		Sample Measurement	0.016	MGD					5 Days/Week	Meter
PARM Code 50050 A		Permit Requirement	Report (Mo.Avg.)	MGD					5 Days/Week	Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100		Sample Measurement					PER-CENT		Monthly	Calculated
PARM Code 00180 P		Permit Requirement				53% Report (Mo. Avg.)	PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C		Sample Measurement				2.8	MG/L	0	Monthly	Grab
PARM Code 80082 Y		Permit Requirement				20.0 (An.Avg.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C		Sample Measurement				2.0	MG/L	0	Monthly	Grab
PARM Code 80082 A		Permit Requirement				30.0 (Mo.Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended		Sample Measurement				1.9	MG/L	0	Monthly	Grab
PARM Code 00530 Y		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		386-937-1143	10/02/26

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: January 1, 2010 To

PERMIT NUMBER: FLA011742
January 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					3.0	3.0	MGL	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement					30.0 (Mo.Avg.)	60.0 (Max.)	MGL		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
pH	Sample Measurement				6.9		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)	Sample Measurement				0.8			MGL		5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MGL		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						4.47	MGL		Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement						12.0 (Max.)	MGL		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					192		MGL	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		MGL		Monthly	Grab
Solids, Total Suspended	Sample Measurement					179		MGL	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		MGL		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011742
 Monitoring Period: From: January 1, 2010 To: January 31, 2010

Facility: Palm Port WWTF

	Flow (MG/D)	Percent Capacity, (TMADE/Permitted Capacity) x 100 (PERCENT)	CBOD5 (MG/L)	TSS (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	IRC (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-1	CAL-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	0.013					7.4	2.2			
2	0.028					7.3	1			
3										
4	0.031					7.5	2.2			
5	0.015		<2.0	3.0	1.0	7.3	2.2	4.47	192	179
6	0.020					7.3	2.2			
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					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					7.3	2.2			
17										
18	0.032					7.3	2.2			
19	0.013					7.3	2.2			
20	0.018					7.4	2.2			
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									

PLANT STAFFING:

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

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
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: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

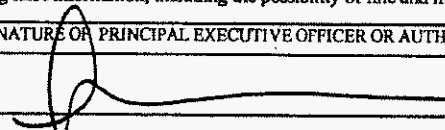
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Rapid Infiltration Basin(s), including Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: February 1, 2010 To: February 28, 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. EPA-1	Permit Requirement	0.03 (An. Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	0.015	.015	MGD						5 Days/Week	Meter
PARM Code 50050 A Mon. Site No. EPA-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Meter
Percent Capacity, (TMADE/Permitted Capacity) x 100	Sample Measurement							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					2.7		MG/L	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EPA-1	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
PARM Code 80082 A Mon. Site No. EPA-1	Permit Requirement					30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					2.1		MG/L	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EPA-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		386-937-1143	02/03/23

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: February 1, 2010 To: February 28, 2010

PERMIT NUMBER: FLA011742

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				4.0	4.0	MGL	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EPA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MGL		Monthly	Grab
Coliform, Fecal	Sample Measurement				5.2		#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EPA-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. EPA-1	Permit Requirement					800 (Max.)	#/100ML		Monthly	Grab
pH	Sample Measurement			7.3		7.6	SU		5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EPA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.5			MGL		5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EPA-1	Permit Requirement			0.5 (Min.)			MGL		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					3.18	MGL		Monthly	Grab
PARM Code 00620 A Mon.Site No. EPA-1	Permit Requirement					12.0 (Max.)	MGL		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				96		MGL	0	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		MGL		Monthly	Grab
Solids, Total Suspended	Sample Measurement				200		MGL	0	Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		MGL		Monthly	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011742

Facility: Palm Port WWTF

Monitoring Period From: February 1, 2010 To: February 28, 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	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
1	0.033					7.4	1.3			
2	0.022					7.4	0.5			
3	0.019		<2.0	4.0	<1.0	7.5	4.8	3.18	96	200
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	2.2			
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:

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:

Lead Operator

Class:

A

Certificate No:

4894

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, FL, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida, Inc.

PERMIT NUMBER

FLA011742

MAILING ADDRESS: Aqua Utilities Florida, Inc.

1100 Thomas Avenue

Leesburg, FL 34748

LIMIT:

Final

REPORT:

Monthly

FACILITY:

Palm Port WWTF

CLASS SIZE:

N/A

GROUP:

Domestic

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

COUNTY:

Putnam

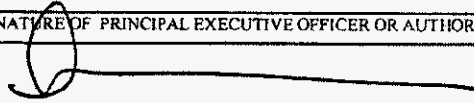
NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: March 1, 2010

To March 31, 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		Permit Requirement	0.03 (An.Avg.)	MGD					5 Days/Week	Meter
Mon.Site No. EFA-1		Sample Measurement	0.016	MGD					5 Days/Week	Meter
Flow		Sample Measurement	0.016	MGD					5 Days/Week	Meter
PARM Code 50050 A		Permit Requirement	Report (Mo.Avg.)	MGD					5 Days/Week	Meter
Mon.Site No. EFA-1		Sample Measurement								
Percent Capacity, (TMADF/Permitted Capacity) x 100		Sample Measurement				53%	PER-CENT		Monthly	Calculated
PARM Code 00180 P		Permit Requirement				Report (Mo. Avg.)	PER-CENT		Monthly	Calculated
Mon.Site No. CAL-1		Sample Measurement				2.8	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C		Sample Measurement				20.0 (An.Avg.)	MG/L		Monthly	Grab
PARM Code 80082 Y		Permit Requirement					MG/L		Monthly	Grab
Mon.Site No. EFA-1		Sample Measurement				4.2	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C		Sample Measurement				4.2	MG/L		Monthly	Grab
PARM Code 80082 A		Permit Requirement				30.0 (Mo.Avg.)	MG/L		Monthly	Grab
Mon.Site No. EFA-1		Sample Measurement				60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended		Sample Measurement				2.4	MG/L		Monthly	Grab
PARM Code 00530 Y		Permit Requirement				20.0 (An.Avg.)	MG/L		Monthly	Grab
Mon.Site No. EFA-1		Sample Measurement					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		386-937-1143	10/04/15

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: March 1, 2010 To

PERMIT NUMBER: FLA011742
March 31, 2010

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	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		#/100ML	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					800 (Max.)	#/100ML	Monthly	Grab
pH	Sample Measurement			7.2		7.4	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			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	MG/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

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

	Flow (MGD)	Percent Capacity, (TMAF/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
Mon. Site	EFA-1	CAL-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1
1	0.023					7.4	2.2			
2	0.019					7.4	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					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			
18	0.013					7.4	2.6			
19	0.012					7.4	2.9			
20	0.017					7.5	2.2			
21										
22	0.030					7.3	1.6			
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			
27	0.013					7.3	1.4			
28										
29	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									

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

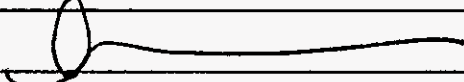
When Completed mail this report to: Department of Environmental Protection, Northeast District, 7825 Baymeadows Way, Suite B200, Jacksonville, FL, 32256-7590

PERMITTEE NAME: Aqua Utilities Florida, Inc.
MAILING ADDRESS: Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748
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: Final
CLASS SIZE: 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: April 1, 2010 To: 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						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, (TMADE/Permitted Capacity) x 100	Sample Measurement							PER-CENT		Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement					53% Report (Mo. Avg.)		PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	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 5 day, 20C	Sample Measurement					2.3	2.3	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					2.5		MG/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		MG/L		Monthly	Grab

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	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, 2010PERMIT NUMBER: FLA011742
To: April 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration		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					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
pH	Sample Measurement				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	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						1.78	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					186		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					408		MG/L	0	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

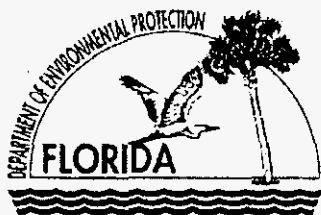
Facility: Palm Port WWTF

Monitoring Period 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	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
1	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					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	0.012					7.6	8			
15	0.016					7.3	6.4			
16	0.010					7.3	2.2			
17	0.021					7.3	2.2			
18										
19	0.043					7.1	2.3			
20	0.017					7.2	4.7			
21	0.020					7.2	5.8			
22	0.021					7.3	2.2			
23	0.028					7.2	7.1			
24	0.022					7.2	5.1			
25										
26	0.047					7.2	2.6			
27	0.025					7.3	5.4			
28	0.015					7.1	4.6			
29	0.020					7.3	2.2			
30	0.019					7.3	2.2			
31										
Total	0.506									
Mo. Avg.	0.016									

PLANT STAFFING:

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



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

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,

Kathleen H. Gerard
DW Compliance Coordinator

KHG:tk:kg

cc: Mr. Paul Thompson, Aqua Utilities Florida, Inc.
Mr. Stanley Rieger, Public Service Commission, Tallahassee

"More Protection, Less Process"
www.dep.state.fl.us

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility	WAFR ID:	County	Entry Date
Palm Port WWTF	FLA011742	Putnam	October 2, 2008
Palatka, Florida			Exit Date
			October 2, 2008

Name(s) of Field Representative(s)	Title	Phone
Paul Thompson	Senior Operator	(386) 937-1143

Name and Address of Permittee or Designated Representative	Title	Phone	@ Operator Certification #
Mr. Patrick Farris	Environmental Compliance	(352) 435-4029	
Aqua Utilities Florida, Inc.		FAX: (352) 787-6333	
1100 Thomas Avenue			
Leesburg, Florida 34748			

Inspection Type	C	E	I	Samples Taken(Y/N): N	@ Sample ID#:	Samples Split (Y/N):
X Domestic		Industrial		Were Photos Taken(Y/N): Y	@ Log book Volume :	@ Page

FACILITY COMPLIANCE AREAS EVALUATED

IC: In Compliance; NC: Out of Compliance; SC: Significant out of Compliance; NA: Not Applicable; NE: Not Evaluated
 Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "♦"

	PERMITS/ORDERS		SELF MONITORING PROGRAM		FACILITY OPERATIONS		EFFLUENT/DISPOSAL
IC	1. ♦ Permit	NE	3. Laboratory	IC	6. Facility Site Review	IC	9. ♦ Effluent Quality
IC	2. ♦ Compliance Schedules	IC	4. Sampling	IC	7. Flow Measurement	IC	10. ♦ Effluent Disposal
		IC	5. ♦ Records & Reports	IC	8. ♦ Operation & Maintenance	NE	11. Residuals/Sludge
NA	13. Other:					NA	12. Groundwater

Facility and/or Order Compliance Status:	<input checked="" type="checkbox"/> In-Compliance	<input type="checkbox"/> Out-Of-Compliance	<input type="checkbox"/> Significant-Out-Of-Compliance
--	---	--	--

Recommended Actions: See attached Field Notes

Name(s) and Signature(s) of Inspector(s)	District Office/Phone Number	Date
Kathleen Gerard <i>Kathleen Gerard</i>	NED/(904) 807-3338	10/21/08
@ Signature of Reviewer	District Office/Phone Number	Date
Tom Kallemeyn <i>Tom Kallemeyn</i>	NED/(904) 807-3305	10/21/08

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI, RI, ASI, ANI)

Transaction Code	NPDES Number	YR/MO/DA	Insp. Type	Inspector	Fac. Type
N	F L A	0 8 1 0 0 2	1 C	2 S	3 1

ADDITIONAL NPDES COMMENTS

Inspection Type (Field 1): A:PAI, B:CBI, C:CEI, S:CSI, X:XSI, R:RI, V:ASI, =:ANI
Inspection Code (Field 2): S:State, J:Joint EPA/State-EPA Lead, T:Joint State/EPA-State Lead, L:Local Program
Facility Type (Field 3): 1: Municipal (Publicly Owned), 2: Industrial and Privately Owned Domestic, 3: Agricultural, 4: Federal
Every other field is self explanatory

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 a 0.030 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: Aeration Basins/Act. Sludge - The contents in the aeration chambers appeared to be adequately mixed.

6.6 Observation: Aeration Basins/Act. Sludge - The air line(s) to the aeration basin was free from leaks at the time of the inspection.

6.7 Observation: Aeration Basins/Act. Sludge - The time clocks for the aeration system control were operational at the time of the inspection.

6.8 Observation: Aeration Basins/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 elapsed 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

9.1 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, mowed and clean. No mounding or leachate was observed.

11. 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.