SEMINOLE COUNTY

Florida Central Commerce Park WWTP Harmony Homes

Docket No. 100330-WS

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

Florida

Volume 5 Book 2 Set 14 of 17

Containing:

Permits
Discharge Monitoring Reports
Monthly Operating Reports
Sample Results
Correspondence

Aqua Utilities Florida, Inc.

07305 SEP-LE

FPSC-COMMISSION OLF OR



Florida Department of Environmental Protection

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

Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

FLA011078-005

August 4, 2009

FLA011078-005-DW3P

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMIT NUMBER:

FILE NUMBER:

ISSUANCE DATE:

EXPIRATION DATE: August 3, 2014

PERMITTEE:

Aqua Utilities Florida Inc

RESPONSIBLE OFFICIAL:

Edward Pellenz, P.E. Operations Manager 1100 Thomas Avenue Leesburg, Florida 34748 (352) 435-4033

FACILITY:

Florida Central Commerce Park WWTF 140 Hope St Longwood, FL 32750-5141 Seminole County

Latitude: 28°41' 42.6" N Longitude: 81°21' 20.06" 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.). This permit does not constitute authorization to discharge wastewater other than as expressly stated in this permit. The above named permittee is hereby authorized to operate the facilities in accordance with the documents attached hereto and specifically described as follows:

WASTEWATER TREATMENT:

An existing 0.095 mgd annual average daily flow (AADF) permitted capacity extended aeration domestic wastewater treatment plant consisting of flow equalization, influent screening, aeration, secondary clarification, chemical feed facilities, filtration, chlorination, 3-day (0.285 MG) reject storage pond with provisions for retreatment, and aerobic digestion of residuals. This permit also authorizes construction of a 10,000 gallon surge tank, including all associated piping and appurtenances, to provide a total surge capacity of 30,000 gallons.

REUSE OR DISPOSAL:

Land Application R-001: An existing 0.095 MGD AADF permitted capacity slow-rate public access system. R-001 is a reuse system which consists of a 10-day (0.95 MG) wet weather storage pond and irrigation of approximately 19 acres of greenspace at the commerce park.

IN ACCORDANCE WITH: The limitations, monitoring requirements, and other conditions set forth in this cover sheet and Part I through Part IX on pages 1 through 16 of this permit.

PERMITTEE: FACILITY:

Aqua Utilities Florida Inc

Florida Central Commerce Park WWTF

PERMIT NUMBER: EXPIRATION DATE:

FLA011078-005 August 3, 2014

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

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

			Re	claimed Water Limitations	Mo	mitoring Requiremen	18	
Parameter	Units	Max/Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site Number	Notes
Flow (public access irrigation)	MGD	Max Max	0.095 Report	Annual Average Monthly Average	5 Days/Week	Meter	FLW-2	See I.A.3
BOD, Carbonaceous 5 day, 20C	mg/L	Max Max Max	20.0 Report 60.0	Annual Average Monthly Average Single Sample	Bi-weekly; every 2 weeks	Grab	EFA-I	
Solids, Total Suspended	mg/L	Max	5.0	Single Sample	3 Days/Week	Grab	EFB-1	
Coliform, Fecal	#/100mL	Max	25	Single Sample	3 Days/Week	Grab	EFA-1	
Coliform, Fecal, % less than detection	percent	Min	75	Monthly Total	3 Days/Week	Calculated	EFA-1	See I.A.4
рН	s.u.	Min Max	6.0 8.5	Single Sample Single Sample	5 Days/Week	Grab	EFA-1	
Chlorine, Total Residual (For Disinfection)	mg/L	Min	1.0	Single Sample	Continuous	Meter	EFA-1	See I.A.5 and I.A.8
Turbidity	NTU	Max	Report	Single Sample	Continuous	Meter	EFB-1	See I.A.6 and I.A.8
Giardia	cysts/100L	Max	Report	Single Sample	Every 5 years	Grab	EFA-1	See I.A.9
Cryptosporidium	oocysts/100L	Max	Report	Single Sample	Every 5 years	Grab	EFA-1	See I.A.9

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

Monitoring Site Number	Description of Monitoring Site
FLW-2	Flow meter to irrigation system
EFA-1	Chlorine contact chamber effluent
EFB-1	Filter effluent prior to chlorination

- 3. A meter shall be utilized to measure flow and calibrated at least once every 12 months. [62-601.200(17) and .500(6)]
- 4. To report the "% less than detection," count the number of fecal coliform observations that were less than detection, divide by the total number of fecal coliform observations in the month, and multiply by 100% (round to the nearest integer). [62-600.440(5)(f)]
- 5. The minimum total chlorine residual shall be limited as described in the approved operating protocol, such that the permit limitation for fecal coliform bacteria will be achieved. In no case shall the total chlorine residual be less than 1.0 mg/L. [62-600.440(5)(b); 62-610.460(2); and 62-610.463(2)]
- 6. The maximum turbidity shall be limited as described in the approved operating protocol, such that the permit limitations for total suspended solids and fecal coliforms will be achieved. [62-610.463(2)]
- 7. The treatment facilities shall be operated in accordance with all approved operating protocols. Only reclaimed water that meets the criteria established in the approved operating protocol(s) may be released to system storage or to the reuse system. Reclaimed water that fails to meet the criteria in the approved operating protocol(s) shall be directed to reject storage for subsequent additional treatment or disinfection. [62-610.320(6) and 62-610.463(2)]
- 8. Instruments for continuous on-line monitoring of total residual chlorine and turbidity shall be equipped with an automated data logging or recording device. [62-610.463(2)]
- 9. Intervals between sampling for Giardia and Cryptosporidium shall not exceed five years. [62-610.463(4)]

PERMITTEE:

Aqua Utilities Florida Inc Florida Central Commerce Park WWTF FACILITY:

PERMIT NUMBER: **EXPIRATION DATE:** FLA011078-005 August 3, 2014

B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.8.:

				Limitations	Mor	itoring Requirements		
Parameter	Units	Max/Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site Number	Notes
Flow (total through plant)	MGD	Max Max Max	0.095 Report Report	Annual Average Monthly Average Quarterly Average	5 Days/Week	Meter	FLW-1	See I.B.4
Percent Capacity, (TMADF/Permitted Capacity) x 100	percent	Max	Report	Monthly Total	Monthly	Calculated	FLW-I	
BOD, Carbonaceous 5 day, 20C (Influent)	mg/L	Max	Report	Single Sample	Bi-weekly; every 2 weeks	Grab	INF-1	See I.B.3
Solids, Total Suspended (Influent)	mg/L	Max	Report	Single Sample	Bi-weekly; every 2 weeks	Grab	INF-1	See I.B.3

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

 Historian to the control of the contro	Description of Monitoring Site
FLW-1	Effluent flow meter, recording total plant flow
INF-1	Raw influent to surge tank

- 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. A meter shall be utilized to measure flow and calibrated at least once every 12 months. [62-601.200(17) and .500(6)]
- 5. Sampling results for giardia and cryptosporidium shall be reported on DEP Form 62-610.300(4)(a)4, Pathogen Monitoring, which is attached to this permit. This form shall be submitted to the Department's Central District Office and to DEP's Reuse Coordinator in Tallahassee. [62-610.300(4)(a)]
- 6. The sample collection, analytical test methods and method detection limits (MDLs) applicable to this permit shall be conducted using a sufficiently sensitive method to ensure compliance with applicable water quality standards and effluent limitations and shall be in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate. The list of Department established analytical methods, and corresponding MDLs (method detection limits) and PQLs (practical quantitation limits), which is titled "FAC 62-4 MDL/PQL Table (April 26, 2006)" is available at http://www.dep.state.fl.us/labs/library/index.htm. The MDLs and PQLs as described in this list shall constitute the minimum acceptable MDL/PQL values and the Department shall not accept results for which the laboratory's MDLs or PQLs are greater than those described above unless alternate MDLs and/or PQLs have been specifically approved by the Department for this permit. Any method included in the list may be used for reporting as long as it meets the following requirements:
 - a. The laboratory's reported MDL and PQL values for the particular method must be equal or less than the corresponding method values specified in the Department's approved MDL and PQL list;
 - b. The laboratory reported MDL for the specific parameter is less than or equal to the permit limit or the applicable water quality criteria, if any, stated in Chapter 62-302, F.A.C. Parameters that are listed as "report only" in the permit shall use methods that provide an MDL, which is equal to or less than the applicable water quality criteria stated in 62-302, F.A.C.; and
 - c. If the MDLs for all methods available in the approved list are above the stated permit limit or applicable water quality criteria for that parameter, then the method with the lowest stated MDL shall be used.

When the analytical results are below method detection or practical quantitation limits, the permittee shall report the actual laboratory MDL and/or PQL values for the analyses that were performed following the instructions on the applicable discharge monitoring report.

Where necessary, the permittee may request approval of alternate methods or for alternative MDLs or PQLs for any approved analytical method. Approval of alternate laboratory MDLs or PQLs are not necessary if the laboratory reported MDLs and PQLs are less than or equal to the permit limit or the applicable water quality criteria, if any, stated in Chapter 62-302, F.A.C. Approval of an analytical method not included in the above-referenced list is not necessary if the analytical method is approved in accordance with 40 CFR 136 or deemed acceptable by the Department. [62-4.246, 62-160]

7. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]

8. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e. monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

REPORT Type on DMR	Monitoring Period	Due Date
Monthly or Toxicity	first day of month - last day of month	28 th day of following month
Quarterly	January 1 - March 31	April 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 30	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 Central District Office at the address specified in Permit Condition I.B.13. by the twenty-eighth (28th) of the month following the month of operation.

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

- 9. During the period of operation authorized by this permit, reclaimed water or effluent shall be monitored annually for the primary and secondary drinking water standards contained in Chapter 62-550, F.A.C., (except for asbestos, color, odor, and corrosivity). These monitoring results shall be reported to the Department annually on the DMR. During years when a permit is not renewed, a certification stating that no new non-domestic wastewater dischargers have been added to the collection system since the last reclaimed water or effluent analysis was conducted may be submitted in lieu of the report. The annual reclaimed water or effluent analysis report or the certification shall be completed and submitted in a timely manner so as to be received by the Department's Central District Office by June 28 of each year. Approved analytical methods identified in Rule 62-620.100(3)(j), F.A.C., shall be used for the analysis. If no method is included for a parameter, methods specified in Chapter 62-550, F.A.C., shall be used. [62-601.300(4)] [62-601.500(3)] [62-610.300(4)]
- 10. The permittee shall submit an Annual Reuse Report using DEP Form 62-610.300(4)(a)2. on or before January 1 of each year. [62-610.870(3)]
- 11. Operating protocol(s) shall be reviewed and updated periodically to ensure continuous compliance with the minimum treatment and disinfection requirements. Updated operating protocols shall be submitted to the Department's Central District Office for review and approval upon revision of the operating protocol(s) and with each permit application. [62-610.320(6) and 62-610.463(2)]
- 12. The permittee shall maintain an inventory of storage systems. The inventory shall be submitted to the Department's Central District Office at least 30 days before reclaimed water will be introduced into any new storage system. The inventory of storage systems shall be attached to the annual submittal of the Annual Reuse Report. [62-610.464(5)]
- 13. 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 Central District Office at the address specified below:

Florida Department of Environmental Protection Central District Office 3319 Maguire Blvd Suite 232 Orlando, Florida 32803-3767

PERMITTEE:

Aqua Utilities Florida Inc

FACILITY:

Florida Central Commerce Park WWTF

PERMIT NUMBER: EXPIRATION DATE:

FLA011078-005 August 3, 2014

Phone Number - (407)894-7555 FAX Number - (407)897-2966

(All FAX copies and e-mails shall be followed by original copies.)

[62-620.305]

14. 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 American Pipe & Tank Inc. d/b/a 412 Biosolids Processing Facility or disposal in a Class I or II solid waste landfill. Transportation of the residuals to an alternative residuals management facility does not require a permit modification. However, use of an alternative residuals management facility requires the submittal of a copy of the agreement pursuant to Rule 62-640.880(1)(c), F.A.C., along with a written notification to the Department at least 30 days before transport of the residuals. [62-620,320(6),62-640.880(1)]
- 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 disposal facility, 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 the requirements of 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

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

Residuals Management Facility or Treatment Facility

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

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

[62-640.880(4)]

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

III. GROUND WATER REQUIREMENTS

1. Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

A. Part III Public Access System(s)

- 1. Cross-connections to the potable water system are prohibited. [62-610.469(7)]
- 2. A cross-connection control program shall be implemented and/or remain in effect within the areas where reclaimed water will be provided for use. [62-610.469(7)]
- 3. The permittee shall conduct inspections within the reclaimed water service area to verify proper connections, to minimize illegal cross-connections, and to verify the proper use of reclaimed water. Inspections are required when a customer first connects to the reuse distribution system. Subsequent inspections are required as specified in the cross-connection control and inspection program. [62-610.469(7)(h)]
- 4. If a cross-connection between the potable and reclaimed water systems is discovered, the permittee shall:
 - a. Immediately discontinue potable water and/or reclaimed water service to the affected area.
 - b. If the potable water system is contaminated, clear the potable water lines.
 - c. Eliminate the cross-connection.
 - d. Test the affected area for other possible cross-connections.
 - Within 24 hours, notify the Department's Central District Office's domestic wastewater and drinking water programs.
 - f. Within 5 days of discovery of a cross-connection, submit a written report to the Department's Central District Office detailing: a description of the cross-connection, how the cross-connection was discovered, the exact date and time of discovery, approximate time that the cross-connection existed, the location, the cause, steps taken to eliminate the cross-connection, whether reclaimed water was consumed, and reports of possible illness, whether the drinking water system was contaminated and the steps taken to clear the drinking water system, when the cross-connection was eliminated, plan of action for testing for other possible cross-connections in the area, and an evaluation of the cross-connection control and inspection program to ensure that future cross-connections do not occur.

[62-555.350(3) and 62-555.360] [62-620.610(20)]

- 5. Maximum obtainable separation of reclaimed water lines and potable water lines shall be provided and the minimum separation distances specified in Rule 62-610.469(7), F.A.C., shall be provided. Reuse facilities shall be color coded or marked. Underground piping which is not manufactured of metal or concrete shall be color coded using Pantone Purple 522C using light stable colorants. Underground metal and concrete pipe shall be color coded or marked using purple as the predominant color. [62-610.469(7)]
- 6. In constructing reclaimed water distribution piping, the permittee shall maintain a 75-foot setback distance from a reclaimed water transmission facility to public water supply wells. No setback distances are required to other potable water supply wells or to any nonpotable water supply wells. [62-610.471(3)]
- 7. A setback distance of 75 feet shall be maintained between the edge of the wetted area and potable water supply wells, unless the utility adopts and enforces an ordinance prohibiting potable water supply wells within the reuse service area. No setback distances are required to any nonpotable water supply well, to any surface water, to any developed areas, or to any private swimming pools, hot tubs, spas, saunas, picnic tables, barbecue pits, or barbecue grills. [62-610.471(1), (2), (5), and (7)]

8. Reclaimed water shall not be used to fill swimming pools, hot tubs, or wading pools. [62-610.469(4)]

- 9. Low trajectory nozzles, or other means to minimize aerosol formation shall be used within 100 feet from outdoor public eating, drinking, or bathing facilities. [62-610.471(6)]
- 10. A setback distance of 100 feet shall be maintained from indoor aesthetic features using reclaimed water to adjacent indoor public eating and drinking facilities. [62-610.471(8)]
- 11. The public shall be notified of the use of reclaimed water. This shall be accomplished by posting of advisory signs in areas where reuse is practiced, notes on scorecards, or other methods. [62-610.468(2)]
- 12. All new advisory signs and labels on vaults, service boxes, or compartments that house hose bibbs along with all labels on hose bibbs, valves, and outlets shall bear the words "do not drink" and "no beber" along with the equivalent standard international symbol. In addition to the words "do not drink" and "no beber," advisory signs posted at storage ponds and decorative water features shall also bear the words "do not swim" and "no nadar" along with the equivalent standard international symbols. Existing advisory signs and labels shall be retrofitted, modified, or replaced in order to comply with the revised wording requirements. For existing advisory signs and labels this retrofit, modification, or replacement shall occur within 365 days after the date of this permit. For labels on existing vaults, service boxes, or compartments housing hose bibbs this retrofit, modification, or replacement shall occur within 730 days after the date of this permit. [62-610.468, 62-610.469]
- 13. The permittee shall ensure that users of reclaimed water are informed about the origin, nature, and characteristics of reclaimed water; the manner in which reclaimed water can be safely used; and limitations on the use of reclaimed water. Notification is required at the time of initial connection to the reclaimed water distribution system and annually after the reuse system is placed into operation. A description of on-going public notification activities shall be included in the Annual Reuse Report. [62-610.468(6)]
- 14. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.414(8)]
- 15. Overflows from emergency discharge facilities on storage ponds shall be reported as abnormal events in accordance with Permit Condition IX.20. [62-610.800(9)]

V. OPERATION AND MAINTENANCE REQUIREMENTS

A. Staffing 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 6 hours/day for 7 days/week. The lead/chief 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/chief operator class for 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)]

B. Capacity Analysis Report and Operation and Maintenance Performance Report Requirements

1. 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)]

2. 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)]

C. Recordkeeping Requirements

- 1. 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, including, if applicable, 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 any required 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 license 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, including any preventive maintenance or repairs made or requested; results of tests performed and samples taken, unless documented on a laboratory sheet; and notation of any notification or reporting completed in accordance with Rule 62-602.650(3), F.A.C. 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, 62-602.650]

VI. SCHEDULES

1. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal no later than one-hundred and eighty days (180) prior to the expiration date of this permit. Application shall be made 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. [62-620.335(1) and (2)]

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

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

VIII. OTHER SPECIFIC CONDITIONS

1. Prior to placing the new facilities into operation or any individual unit processes into operation, for any purpose other than testing for leaks and equipment operation, the permittee shall complete and submit to the Department DEP Form 62-620.910(12), Notification of Completion of Construction for Domestic Wastewater Facilities. [62-620.630(2)]

2. Within six months after a facility is placed in operation, the permittee shall provide written certification to the Department on Form 62-620.910(13) that record drawings pursuant to Chapter 62-600, F.A.C., and that an operation and maintenance manual pursuant to Chapters 62-600 and 62-610, F.A.C., as applicable, are available at the location specified on the form. [62-620.630(7)]

- 3. The permittee shall comply with all conditions and requirements for reuse contained in their consumptive use permit issued by the Water Management District, if such requirements are consistent with Department rules. [62-610.800(10)]
- 4. 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)]
- 5. 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)]
- 6. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550] [62-620.610(20)]
- 7. 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
 - 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
 - Which result in the presence of toxic gases, vapors, or fumes that may cause worker health and safety problems.

[62-604.130(5)]

- 8. The treatment facility, storage ponds for Part II systems, 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. [62-600.400(2)(b)]
- 9. 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)]
- 10. Where required by Chapter 471 or Chapter 492, F.S., applicable portions of reports that must be submitted under this permit shall be signed and sealed by a professional engineer or a professional geologist, as appropriate. [62-620.310(4)]

11. The permittee shall provide verbal notice to the Department's Central District Office as soon as practical after discovery of a sinkhole or other karst feature 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's Central District Office in a written report within 7 days of the sinkhole discovery. [62-620.320(6)]

- 12. The permittee shall provide adequate notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C., if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

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

[62-620.625(2)]

IX. GENERAL CONDITIONS

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

7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]

- 8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8)]
- 9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
 - b. Have access to and copy any records that shall be kept under the conditions of this permit;
 - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
 - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

[62-620.610(9)]

- 10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, F.S., or Rule 62-620.302, F.A.C. 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 or activity 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, F.A.C., and the Department of Environmental Protection Guide to Permitting Wastewater Facilities or Activities Under Chapter 62-620, F.A.C., 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), F.A.C., 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 and Chapters 62-160, 62-601, and 62-610, F.A.C., and 40 CFR 136, as appropriate.
 - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10), or as specified elsewhere in the permit.
 - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
 - c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
 - d. Except as specifically provided in Rule 62-160.300, F.A.C., any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health Environmental Laboratory Certification Program (DOH ELCP). Such certification shall be for the matrix, test method and analyte(s) being measured to comply with this permit. For domestic wastewater facilities, testing for parameters listed in Rule 62-160.300(4), F.A.C., shall be conducted under the direction of a certified operator.
 - e. Field activities including on-site tests and sample collection shall follow the applicable standard operating procedures described in DEP-SOP-001/01 adopted by reference in Chapter 62-160, F.A.C.
 - f. Alternate field procedures and laboratory methods may be used where they have been approved in accordance with Rules 62-160.220, and 62-160.330, F.A.C.

[62-620.610(18)]

- 19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. [62-620.610(19)]
- 20. The permittee shall report to the Department's Central District Office 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 STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:
 - (a) Name, address, and telephone number of person reporting;
 - (b) Name, address, and telephone number of permittee or responsible person for the discharge;
 - (c) Date and time of the discharge and status of discharge (ongoing or ceased);
 - (d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
 - (e) Estimated amount of the discharge;
 - (f) Location or address of the discharge;
 - (g) Source and cause of the discharge;
 - (h) Whether the discharge was contained on-site, and cleanup actions taken to date;
 - (i) Description of area affected by the discharge, including name of water body affected, if any; and
 - (j) Other persons or agencies contacted.
 - (2) Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department's Central District Office 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's Central District Office shall waive the written report.

[62-620.610(20)]

- 21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX.17., IX.18., or IX.19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX.20. of this permit. [62-620.610(21)]
- 22. Bypass Provisions.
 - a. "Bypass" means the intentional diversion of waste streams from any portion of a treatment works.
 - b. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 - (1) Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
 - (2) There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
 - (3) The permittee submitted notices as required under Permit Condition IX.22.b. of this permit.

PERMITTEE: FACILITY:

Aqua Utilities Florida Inc

Florida Central Commerce Park WWTF

PERMIT NUMBER: EXPIRATION DATE:

FLA011078-005 August 3, 2014

- c. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX.20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.
- d. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX.22.a.1. through 3. of this permit.
- e. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX.22.a. through c. of this permit.

[62-620.610(22)]

23. Upset Provisions.

- a. "Upset" means an exceptional incident in which there is unintentional and temporary noncompliance with technology-based effluent limitations because of factors beyond the reasonable control of the permittee.
 - (1) An upset does not include noncompliance caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, careless or improper operation.
 - (2) An upset constitutes an affirmative defense to an action brought for noncompliance with technology based permit effluent limitations if the requirements of upset provisions of Rule 62-620.610, F.A.C., are met.
- b. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
 - (1) An upset occurred and that the permittee can identify the cause(s) of the upset;
 - (2) The permitted facility was at the time being properly operated;
 - (3) The permittee submitted notice of the upset as required in Permit Condition IX.20. of this permit; and
 - (4) The permittee complied with any remedial measures required under Permit Condition IX.5. of this permit.
- c. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.
- d. 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 Orlando, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Dennise Judy Program Manager Domestic Waste

Date: August 4, 2009

Attachment(s):
Discharge Monitoring Report
Pathogen Monitoring Form

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida, 32803-3767

PERMITTEE NAME

Florida Water Services Corporation

PERMIT NUMBER

FLA011078

MAILING ADDRESS

P.O. Box 609520

Orlando, FL 32860-9520

LIMIT:

Final

REPORT: GROUP:

Monthly

FACILITY:

Florida Central Commerce Park WWTP

CLASS SIZE:

N/A

Domestic

LOCATION:

140 Hope Street

MONITORING GROUP NUMBER: MONITORING GROUP DESC.

R-001

Public Access Irrigation, including Influent

Longwood, FL

NO DISCHARGE FROM SITE

COLINITY

COUNTY:	Seminole	MONITORING PERIOD-From:		rom:	05/01/2008	To:	05/31/2008				
Parameter	Quantity of Loading Units Quality or Concentration				ration	Units	No. of Ex.	Frequency of Analysis	Sample Type		
Flow	Sample Measurement	0.041		mgd	Mark V. Comment of the Conference of the Confere	et in a secondary per la company		A PROPERTY AND A STATE OF THE S	0	5 Days/Week	Flow-meter
PARM Code, 50050 Y Mon.Site No. FLW-2	Permit Measurement	0.095 (An.Avg.)		mgd		The same of the sa				5 Days/Week	Flow-meter
Flow	Sample Measurement	0.026		mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 I Mon.Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)		mgd				Transition of the second		5 Days/Week	Flow-meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement	***			2.9			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 Y Mon Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0<	2.0<		MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 I Mon.Site No. EFA-1	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement	1 4 40 40 40 40 40 40 40 40 40 40 40 40 4			2.3			MG/L	0	3 Days/Week	Grab
PARM Code, 00530 1 Mon.Site No. EFB-1	Permit Measurement				5.0 (Max.)			MG/L		3 Days/Week	Grab
Hq	Sample Measurement				6.8	7.8		S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon.Site No. EFA-1	Permit Measurement				6.0 (Min)	8.5 (Max)		S.U.		5 Days/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 OF BOTH OF BOTH OF BUT OF			The same of the sa
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMM/DD)
William Trendel / Sen. Facilities Operator	Willas /	407-339-5424	08/05/15
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference	e all attachments here): (Attach additional sheets if possesson)	The second secon	- Weld for had red in from for a dear when we were

2

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER:: R001

		, , , , , , , , , , , , , , , , , , ,		MONITO	RING PERIOD-I	From:	05/01/2008	To:		05/31/2008	
Parameter	The state of the s	Quantity o	f Loading	Units	Quality	or Concentr	ation	Units	No. of Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detecton	Sample Measurement				100%			#/100mL	*	3 Days/Week	Grab
PARM Code, 51005 I Mon.Site No. EFA-1	Permit Measurement		diosis di sa		.75 (Min.)			#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement						1.0<	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 I Mon.Site No. EFA-1	Permit Measurement	- gracaritan					25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1		1.0			MG/L	0	Continuous	analyzer
PARM Code, 50060 A Mon.Site No. EFA-1	Permit Measurement				1.0 (Min)			MG/L		Continuous	analyzer
Turbidity	Sample Measurement				2.00			NTU	0	Continuous	analyzer
PARM Code, 00070 I Mon.Site No. EFA-1	Permit Measurement				Report (Max)			NTU		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				53			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 G Mon.Site No. INF-1	Permit Measurement	(Fa)			Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended PARM Code, 00530 G Mon.Site No. INF-1	Sample Measurement Permit Measurement				128 Report (Mo.Avg.)			MG/L	0	Every Two Weeks Every Two Weeks	Grab Grab
Flow PARM Code, 50050 P Mon.Site No. FLW-1	Sample Measurement Permit Measurement	0.045 0.095 (An.Avg.)		MG/D					0	5 Days/Week 5 Days/Week	X.
PARM Code, 50050 Q Mon.Site No. FLW-1	Sample Measurement Permit Measurement	0.039 Report (Mo.Avg.)	0.043 Report (3-Mo.Avg.)	MG/D MG/D					0	5 Days/Week 5 Days/Week	
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				51.6%			The second secon	0	Percent	Calculated
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	Permit Measurement								1 6		

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (S.U.)	TRC (For Disinfect.) (mg/L)	T\$S (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L
Code	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INF-01	INF-01
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7			7.2	3.2		1.0	0.060	0.000		
8		1.1<	7.4	1.0	1.1<	1.0	0.058	0.062		
9			7.1	1.6		1.1	0.049	0.000	******************************	
10			7.4	5.0		1.2	0.053	0.057		
11			7.3	3.4		1.2	0.082	0.058		
12		1.0<	7.4	5.0	1.0<	1.8	0.025	0.060		
13		1.0<	7.1	4.0	1.0<	1.9	0.047	0.071	Salara memera ne menera, sistema e	
14	V		7.2	4.9		1.4	0.039	0.000		
15	2.0<	1.0<	7.2	1.1	1.0<	1.9	0.049	0.059	53	
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27		1.0<	7.8	1.0	1.7	2.0	0.021	0.000		
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29	4.6	1.0<	7.5	1.3	1.0<	1.3	1	0.000	41	
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PLANT ST	AFFING:									
Day Shift (Class:		rtification No			Charles Har	rris		name.
Day Shift		Class: _C_ Class: _C_		rtification No rtification No			Roger Gray			
Day Shift (Day Shift (Class: _C_		rtification No	1.:					_
Lead Ope		Class: _A_	Ce	rtification No	9184		William Tre	ndel		-

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3315 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Florida Water Services Corporation

PERMIT NUMBER:

FLA011078

MAILING ADDRESS:

P.O. Box 609520

Orlando, FL 32860-9520

LIMIT: CLASS SIZE: Final NIA

Monthly

FACILITY:

Florida Central Commerce Park WWTP

MONITORING GROUP NUMBER:

R-001

Domestic

LOCATION:

140 Hope Street

MONITORING GROUP DESC:

Longwood, FL

NO DISCHARGE FROM SITE:

Public Access Irrigation, including Influent

REPORT:

GROUP

11

COUNTY:	Seminole			MONITO	RING PERIOD-F	rom:	06/01/2008	To:		06/30/2008	TO A STATE OF THE
Parameter		Quantity o	f Loading	Units	Quality	or Concent	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.038		mgd	M. W. C.		The second		0	5 Days/Week	Flow-meter
PARM Code, 50050 Y Mon.Site No. FLW-2	Permit Measurement	0.095 (An Avg.)		mgd						5 Days/Week	Flow-meter
Flow	Sample Measurement	0.038		mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 I Mon.Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)	The state of the s	mgd						5 Days/Week	Flow-meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			***************************************	2.9			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0<	2.0<	and the state of t	MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 Mon.Site No. EFA-1	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				1,0			MG/L	0	3 Days/Week	Grab
PARM Code, 00530 I Mon.Site No. EFB-1	Permit Measurement				5.0 (Max.)			MG/L		3 Days/Week	Grab
рН	Sample Measurement				6.9	7.9		S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon.Site No. EFA-1	Permit Measurement				6.0 (Min)	8,5 (Max)		S.U.		5 Days/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 property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting fates information fates information fates information fates information fates information.

aware trial trial a significant persanes for southwing laise miorrisuoti, including the possibility of	Time and imprisorament for knowing violations			
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTYORIZED AGENT	TELEPHONE NO	DATBRYYMMODE	
William Trendel / Sen. Facilities Operator	Willand	407-339-5424	08/06/15	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all	attachments here): (Attach additional sheets if necessary)		15

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DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER.: R001

				MONITO	RING PERIOD	-From.	06/01/2008			06/30/2008	
Parameter	4 (1)	Quantity	of Loading	Units	Qualit	y or Concentr	ation	Units	No. of Ex.	Frequency of Analysis	Sample Typ
Coliform, Fecal, % less than detector	Sample Measurement				100%			#/100mL		3 Days/Week	Grab
PARM Code, 51005 I Mon.Site No. EFA-1	Permit Measurement				75 (Min.)			#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement						1.0	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 I Mon.Site No. EFA-1	Permit Measurement						25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			MG/L	0	Continuous	analyzer
PARM Code, 50060 A Mon Site No. EFA-1	Permit Measurement				1.0 (Min)			MG/L		Continuous	analyzer
Turbidity	Sample Measurement				2.00			NTU	0	Continuous	analyzer
PARM Code, 00070 I Mon.Site No. EFA-1	Permit Measurement				Report (Max)		777 A T T T A A A A A A A A A A A A A A	NTU		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				27			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				125		A DATE OF THE PARTY OF THE PART	MG/L	0	Every Two Weeks	Grab
PARM Code, 00530 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Flow	Sample Measurement	0.044		MG/D	Carried Gary Coarrelja				0	5 Days/Week	
PARM Code, 50050 P Won, Site No. FLW-1	Permit Measurement	0.095 (An.Avg.)		MG/D						5 Days/Week	
Flow	Sample Measurement	0.037	0.041	MG/D			***************************************		0	5 Days/Week	***************************************
PARM Code, 50050 Q Mon Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MG/D						5 Days/Week	
Percent Capacity, FMADF/Permitted Capacity) (100	Sample Measurement				43.5%				0	Percent	Calculated
PARM Code, 00180 I Mon.Site No. FLW-1	Permit Measurement	100			Report					Percent	Calculated
	Sample Measurement Permit								2-33 m		
	Measurement					1 a					

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

		From:		/08	To:	6/30	77 O O			
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
Code	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INF-01	INF-01
1			7.4	5.0		1.0	0.021	0.060		
2	eteroment - s -, 1-second	<1	7.4	5.0	<1	1.3	0.038	0.064	tine	
3		<1	7.4	1.0	<1	1.8	0.046	0.060	· 3/03/40/4/2/	
4		# : : : : : : : : : : : : : : : : : : :	6.9	1.2		1.8	0.039	0.076	V V 30000000000000000000000000000000000	
5	en e	<1	6.9	5.0	<1	0.9	0.041	0.053	*	
6			7.9	4.5		0.8	0.043	0.060		
7			7.9	1.0	1	2.0	0.009	0.000		
8			7.7	5.0	11 22 2	1.5	0.009	0.063	n needen in the second	**************************************
9	Normania de la compania de la compania	<1	7.8	1.0	<1	2.0	0.046	0.000	OMMONIA (MY) WAY I PROVIDE THE T	
10	A STATE OF THE STA	<1	7.6	5.0	<1	1.2	0.055	0.061		
11			7.7	5.0		0.9	0.042	0.000		Accompany and the contract of
12	2.0<	<1	7.1	5.0	≺1	0.8	0.040	0.000	54	120
13	700		7.1	5.0		0.7	0.037	0.061		
14		www.com.com.com.com.com.com.com.com.com.com	7.2	5.0		0.9	0.013	0.000	Accordant to the control of	
15			7.5	5.0		1.4	0.014	0.048	entre of all appears to	
16		<1	7.5	3.5	<1	1.2	0.053	0.000	CAN SARA AND STREET, SARAGE	
17	THE TO A STATE OF THE STATE OF	<1	7.5	5.0	<1	0.9	0.045	0.000		**************************************
18	**************************************		7.3	5.0		1.4	0.037	0.054	(A) ((
19		<1	7.4	5.0	<1	0.9	0.060	0.062	ethological transfer of the second	
20		***************************************	7.0	5.0		0.8	0.052	0.054	or a second record	
21	***************************************		7.5	5.0		0.8	0.028	0.000	e vy com to present we a supply and a	•
22	***************************************		7.5	4.4		0.9	0.035	0.029		
23	and the same of th	<1	7.8	5.0	<1	1.0	0.044	0.055		
24		<1	7.6	1.0	<1	0.8	0.046	0.059		
25			7.6	5.0		0.9	0.053	0.051	***********	ļ
26	2.0<	<1	7.5	5.0	<1	0.8	0.056	0.060	34J	130
27			7.5	5.0		0.7	0.040	0.062	Antipopos Aurentina de Conta de Conta	
28	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	4	7.5	5.0		1.0	0.011	0.041		
29			7.3	5.0		1.2	0.019	0.000		
30		<1	7.4	5.0	<1	2.0	0.033	0.000		
31	e in remarks stationary			A comment of the second						
PLANT STA	FFING:								**************************************	A
Day Shift Op	perator	Class:	Cert	ification No.:						
Day Shift Op		Class: C		ification No.:	9558		Charles Harri	S		
Day Shift Op Day Shift Op		Class: _C		ification No.:	14198		Roger Gray			-
Lead Operat		Class:		ification No.:	9184		William Trend	iel		
	2.5		d Water Reu		Sprayfield					*

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Florida Water Services Corporation

PERMIT NUMBER:

FLA011078

MAILING ADDRESS:

P.O. Box 609520

Orlando, FL 32860-9520

LIMIT: CLASS SIZE: Final

REPORT: GROUP:

Monthly

FACILITY: LOCATION:

Florida Central Commerce Park WWTP

MONITORING GROUP NUMBER:

N/A

Domestic

140 Hope Street Longwood, FL

MONITORING GROUP DESC:

R-001

Public Access Irrigation, including Influent

NO DISCHARGE FROM SITE:

[]

OUNTY: Seminole				MONITORING PERIODFrom:				To:				
Parameter		Quantity of	Loading	Units	Quality	or Concen	tration	Units	No. of Ex.	Frequency of Analysis	Sample Type	
Flow	Sample Measurement	0.037	***************************************	mgd					0	5 Days/Week	Flow-meter	
PARM Code, 50050 Y Mon.Site No. FLW-2	Permit Measurement	0.095 (An.Avg.)		mgd						5 Days/Week	Flow-meter	
Flow	Sample Measurement	0.022		mgd				1 7 17	0	5 Days/Week	Flow-meter	
PARM Code, 50050 I Mon.Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)		mgd						5 Days/Week	Flow-meter	
BOD, Carbonaceous 5 day, 20C	Sample Measurement		VI. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10		2.9			MG/L	0	Every Two Weeks	Grab	
PARM Code, 80082 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	:	MG/L	0	Every Two Weeks	Grab	
PARM Code, 80082 I Mon.Site No. EFA-1	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	Grab	
Solids, Total Suspended	Sample Measurement				13,0			MG/L	1	3 Days/Week	Grab	
PARM Code, 00530 I Mon.Site No. EFB-1	Permit Measurement				5.0 (Max.)			MG/L		3 Days/Week	Grab	
рН	Sample Measurement	111111111111111111111111111111111111111			7.0	8.1		S.U.	0	5 Days/Week	Grab	
PARM Code, 00400 1 Mon.Site No. EFA-1	Permit Measurement				6.0 (Min)	8.5 (Max)		S.U.		5 Days/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, the information to the best of my knowledge and belief, frue, 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.

	And the second s				William Control of the Control of th	m no
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE (OF PRINCIPAL EXECUTIVE	OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYAMADQ)	
William Trendel / Sen. Facilities Operator	11/	11/5 /		407-339-5424	08/07/15	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Referen	ce all attachments he	rel: IAHam and	Sant shorts if saccesson	A	20/0///	

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER: R001

				MONITO	RING PERIOD-	From:	07/01/2008	To:		07/31/2008	
Parameter		Quantity o	f Loading	Units	Quality	or Concentr	ation	Units	No. of Ex	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detecton	Sample Measurement	- Interest of the second		STATE OF THE STATE	100%			#/100mL		3 Days/Week	Grab
PARM Code, 51005 I Mon.Site No. EFA-1	Permit Measurement				75 (Min.)			#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement						1.0	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 I Mon.Site No. EFA-1	Permit Measurement						25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			MG/L	0	Continuous	analyzer
PARM Code, 50060 A Mon.Site No. EFA-1	Permit Measurement				1.0 (Min)			MG/L		Continuous	analyzer
Turbidity	Sample Measurement		<u> </u>		2,00			NTU	0	Continuous	analyzer
PARM Code, 00070 I Mon.Site No. EFA-1	Permit Measurement				Report (Max)			NTU		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				60			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				61			MG/L	0	Every Two Weeks	Grab
PARM Code, 00530 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Flow	Sample Measurement	0.044		MG/D					0	5 Days/Week	
PARM Code, 50050 P Mon.Site No. FLW-1	Permit Measurement	0.095 (An.Avg.)		MG/D						5 Days/Week	
Flow	Sample Measurement	0.037	0.038	MG/D					0	5 Days/Week	
PARM Code, 50050 Q Mon.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo Avg.)	MG/D					10.11	5 Days/Week	
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				39.6%				0	Percent	Calculated
PARM Code, 00180 Mon.Site No. FLW-1	Permit Measurement				Report					Percent	Calculated
	Sample Measurement						***************************************				
	Permit Measurement										

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L
Code Mon.Site	80082 EFA-1	74055 EFA-1	00400 EEA 1	50060 EEA 1	00530	50060	50050	50050	80082	00530
	EFA-1		EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INF-01	INF-01
1	E o e monte	<1	7.3	5.0	<1.1	1.9		0.056		annument of the second of the
2			7.5	1.0		1.6		0.000	maring property and the	protection of the second secon
3		<1	7,1	1.0	<1.	1.8		0.000	63	The Transcription of State
4			7.9	5.0	<u> </u>	1.5	4-70-111-0-121-1-0-000-1-1-1-1-1-1-1-1-1-1-	0.049	· · · · · · · · · · · · · · · · · · ·	1917 - William - John St
5	man language		8.1	1.0	<u> </u>	1.9		0.051	to consequent makes and commences of the second	ennen en og ennendesen i de en en
6			7.8	4.8		2.0	0.040	0.059		erero e decimalo e colo e sepessor
7		<1	7.8	5.0	<1	2.0	0.041	0.054	***************************************	
8		<1	7.4	4.3	1,1	2.0	0.050	0.000		
9			7.5	4.6	1	2.0	0.051	0.000	Mention V Statement of the Contraction	
10	<2	<1	7.1	1.0	<1	1.9	0.029	0.061	36	22
11		une (de terri la estente en la transferi la est	7.0	4.3		2.0	0.015	0.000	colonial automotive retires - 1500 or 6	
12	and the same and the same		7.0	1.0		2.0	0.011	0.000		Marie 10 September - September
13			7.2	1.0		2.0	0.020	0.000		
14		<1	7.2	5.0	4.7	2.0	0.064	0.000		
15		<1	7.1	1.0	13	2.0	0.014	0.000		
16			7.4	1.0		2.0	0.030	0.000		
17		<1	7,7	1.0	1.7	2.0	0.046	0.000	21	Contract designation of the contract of the co
18			7.4	1.0		2.0	0.043	0.049	ALAKSA BULLA, A SERRING HISTORY	RANGE CO.,
19		· · · · · · · · · · · · · · · · · · ·	7.2	1.0		2.0	• · · · · · · · · · · · · · · · · · · ·	0.053		
20		i	7.3	1.0		2.0		0.000	and the second of the contract	Biology (Communication - Application - No.
21		<1	7.3	1,0	<1.1	2.0	The second secon	0.000	n de spanie (n) (1, et al. 11, (n) e e e	hi- inama, a cons basis - 4.
22		<1	7.3	1.0	<1	2.0	10 - 100-10 - 10-00mm - 10-0	0.000		
23	and the same and t		7,1	1.0		1.5	**************************************	0.000	manar ugadada / minu	
24	2	<1	7.1	2.2	<1	0.7	to the second	0.049	29 J	100
25			7.7	1.4	<u> </u>	0.7		0.046	200	100
26		·	7.0	2.2	.	0.9	0.011	0.038		
27			7.5	2.2	ar en lagrance lagrand.	0.9	0.024	0.050	Contraction of the Contraction o	
28		<1	7.5	3.2	<1			0.080	- 100000-11-11-11-11-11-11-11-11-11-11-11-	Andread Arek son en en delsen en elsen en en
THE RESERVE	(1) (((((((((((((((((((((((((((((((((((and the second s	k - (5/8/2) *		2.0	***		Mark Self (Charles of Charles of	e de la composition della comp
29		<1	7.3	2.9	<1	2.0	• Warner	0.000		
30 31		<1	7.3	1.0	-24	2.0	•	0.000	110	pomentarios (n. 200 - 200)
			7.0	1.5	<2.4	2.0	0.045	0.000	110	
PLANT STAF Day Shift Ope		Class:	Cort	ification No.:						
Day Shift Op		Class: _C_		ification No.:	9558		Charles Harri	S		
Day Shift Op		Class: _C		ification No.:	14198		Roger Gray			
Day Shift Op	erator	Class:		ification No.:						
ead Operato	סר	Class: _A_	Cert	ification No.:	9184		William Trend	del		· .

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguira Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Florida Water Services Corporation

PERMIT NUMBER:

FLA011078

MAILING ADDRESS:

P.O. Box 609520

Orlando, FL 32860-9520

LIMIT:

Final

REPORT: GROUP:

Monthly

FACILITY:

Florida Central Commerce Park WWTP

CLASS SIZE: MONITORING GROUP NUMBER N/A R-001 Domestic

LOCATION

140 Hope Street

MONITORING GROUP DESC:

Public Access Irrigation, including Influent

Longwood, FL

NO DISCHARGE FROM SITE

COUNTY:	Seminole		MONITOR	NG PERIODFro	m:	08/01/2008	To:		08/31/2008	
Parameter		Quantity of Loading	Units	Quality o	or Concent	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.038	mgd				Anna Talanta	0	5 Days/Week	Flow-meter
PARM Code, 50050 Y Mon.Site No. FLW-2	Permit Measurement	0.095 (An Avg.)	mgd						5 Days/Week	Flow-meter
Flow	Sample Measurement	0.054	mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 I Mon Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)	mgd						5 Days/Week	Flow-meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement		30.00	29			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 Y Mon.Site No. EFA-1	Permit Measurement			20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0<	2.04		MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 I Mon.Site No. EFA-1	Permit Measurement			30.0 (Mo Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement	in the second se		1.2			MG/L	0	3 Days/Week	Grab
PARM Code, 00530 I Mon.Site No. EFB-1	Permit Measurement			5.0 (Max.)			MG/L		3 Days/Week	Grab
pH	Sample Measurement			7.0	7.9	age to the second second	S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon.Site No. EFA-1	Permit Measurement			6.0 (Min)	8.5 (Max)		S.U.		5 Days/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 William Trendel / Sen. Facilities Operator

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.) 407-339-5424

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP Permit Number: FLA011078

MONITORING GROUP NUMBER.: R001

-acility Name: Florida Centra	ai 000000000000000000000000000000000000	. 7 5 6 6 6 6 6	1	MONITORI	NG PERIOD-From:	08/01/2008	To:		08/31/2008	
Parameter	4	Quantity of L		Units	Quality or Cor	ncentration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less han detecton	Sample Measurement				100%	1	#/100mL		3 Days/Week	Grab
PARM Code, 51005 I Mon. Site No. EFA-1	Permit Measurement				75 (Min.)		#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement				W= - 20	1.0	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 Mon.Site No. EFA-1	Permit Measurement					25 (Max)	#/100mL		3 Days/Week	Grab
otal Residual Chlorine For Disinfection)	Sample Measurement	Section 1			1.0		MG/L	0	Continuous	analyzer
PARM Code, 50060 A Mon.Site No. EFA-1	Permit Measurement				1.0 (Min)		MG/L		Continuous	analyzer
Turbidity	Sample Measurement				2 00		NTU	. 0	Continuous	analyzer
PARM Code, 00070 I Mon.Site No. EFA-1	Permit Measurement				Report (Max)		NTU		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				92		MG/L	G	Every Two Weeks	Grab
PARM Code, 80082 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				167		MG/L	0	Every Two Weeks	Grab
PARM Code, 00530 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)		MG/L		Every Two Weeks	Grab
Flow	Sample Measurement	0 045	160));;	MG/D				0	5 Days/Week	
PARM Code, 50050 P Mon.Site No. FLW-1	Permit Measurement	0.095 (An.Avg.)		MG/D	a a				5 Days/Week	
Flow	Sample Measurement	0.048	0.041	MG/D				0	5 Days/Week	***************************************
PARM Code, 50050 Q Mon.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MG/D	1				5 Days/Week	
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement	1			42.8%		-	0	Percent	Calculate
PARM Code, 00180 Mon.Site No. FLW-1	Permit Measurement				Report	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Percent	Calculate
	Sample Measurement	A CONTRACT OF THE PARTY OF THE		Kin man m	A second second		T		1	
	Permit	1	- Andrews	į	2				l.	

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L
Code Mon Site	80082 EFA-1	74055 EFA-1	00400 EFA-1	50060 EFA-1	00530 EFA-1	50060 EFA-1	50050 FLW-1	50050 FLW-2	80082 INF-01	00530 INF-01
1			7.1	1.0		2.0	0.044	0.000		**************************************
2			7.0	1.0		2.0	0.019	0.086		
3			7.2	3.6		2.0	0.017	0.086		***
4		<1	7.5	1.5	<1	2.0	0.048	0.000		
5		<1	7.2	1.0	<1	1.9	0.047	0.000		
6			7.1	1.0		1.4	0.047	0.093		*
7	<2	<1	7.3	1.2	<1.1.	1.5	0.038	0.093	23	64
8		**	7.1	1.3		0.9		0.085		
9			7.2	1.3		1.2	0.020	0.086		
10			7.2	3.5		1.1		0.086		
11		<1	7.2	5.0	<1	1.6	0.042	0.093		
12		<1	7.9	5.0	<1	1.5	0.040	0.000		
13			7.3	4.5		1.1	0.049	0.000		
14		<1	7.4	5.0	<1	1.0	0.040	0.000		
15			7.7	5.0		1.0	0.038	0.000		
16			7.2	5.0		1.2		0.086		
17			7.4	3.6		1.2	0.020	0.090		
18		<1	7.2	4.5	<1	1.8	0.004	0.089		-
19		<1	7.4	1.0	<1	2.0	0.004	0.009		
		- 1								
20		i i	7.1	1.5		2.0	0.095	0.000	400	270
21	<2	<1	7.3	1.1	<1	2.0	0.165	0.178	160	2/0
22			7.3	1.0		2.0	0.194	0.086		
23			7.4	4.4		1.4	0.023	0.082		
24			7.4	4.3		2.0	0.029	0.092		
25		<1	7.4	5.0	<1.1	2.0	0.051	0.102		
26		< 1	7.7	5.0	1.2	2.0	0.034	0.085	- Mary	
27			7.3	1.0		2.0	0.041	0.000	n	
28		<.1	7.7	1.0	1	2.0	0.052	0.000		1925
29			7.2	5.0		1.9	0.043	0.000		
30			7.3	5.0		1.9	0.051	0.087		
31		=	7.4	5.0		2.8	0.020	0.000		
PLANT STAF		Cl	0-1	C						
Day Shift Ope Day Shift Ope		Class: _C_		fication No.:	9558		Charles Harris	<u> </u>		
Day Shift Ope		Class:		fication No.:	3300					
Day Shift Ope	rator	Class:	Certi	fication No.:						
ead Operato	r	Class: _A_	Certi	fication No.:	9184		William Trend	el		

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Florida Water Services Corporation

PERMIT NUMBER:

FLA011078

MAILING ADDRESS:

P.O. Box 609520

Orlando, FL 32860-9520

LIMIT: CLASS SIZE: Final

REPORT GROUP:

Monthly Domestic

FACILITY: LOCATION:

Florida Central Commerce Park WWTP 140 Hope Street

MONITORING GROUP NUMBER:

N/A R-001

Public Access Irrigation, including Influent

Longwood, FL

MONITORING GROUP DESC: NO DISCHARGE FROM SITE:

[]

COUNTY:	Seminole		MONITOR	NG PERIOD-From	1.	09/01/2008	To:		09/30/2008	
Parameter		Quantity of Loading	Units	Quality or	Concent	tration	Units	No. of Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.039	mgd					Q	5 Days/Week	Flow-meter
PARM Code, 50050 Y Mon Site No. FLW-2	Permit Measurement	0.095 (An.Avg.)	mgd						5 Days/Week	Flow-meter
Flow	Sample Measurement	0.050	mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 Mon Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)	mgd						5 Days/Week	Flow-meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2 7			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 Y Mon.Site No. EFA-1	Permit Measurement			20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0<	2 0<		MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 Mon Site No. EFA-1	Permit Measurement			30 0 (Mo Avg)	60 0 (Max)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement			2.3			MG/L	0	3 Days/Week	Grab
PARM Code, 00530 Mon.Site No. EFB-1	Permit Measurement			5.0 (Max.)			MG/L		3 Days/Week	Grab
рН	Sample Measurement			7.0	7.5		S.U.	5	5 Days/Week	Grab
PARM Code, 00400 I Mon Site No. EFA-1	Permit Measurement			6.0 (Min)	8.5 (Max)		S.U		5 Days/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

William Trendel / Sen. Facilities Operator

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

407-339-5424

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER: R001

Facility Name: Florida Cent				MONITOR	ING PERIOD-From:	09/01/2008	To:			
Parameter		Quantity of	Loading	Units	Quality or Co	ncentration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detecton	Sample Measurement				100%		#/100mL		3 Days/Week	Grab
PARM Code, 51005 Mon.Site No. EFA-1	Permit Measurement				75 (Min.)		#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement					1.0	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 I Mon.Site No. EFA-1	Permit . Measurement					25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0		MG/L	0	Continuous	analyzer
PARM Code, 50060 A Mon.Site No. EFA-1	Permit Measurement				1.0 (Min)		MG/L		Continuous	analyzer
Turbidity	Sample Measurement				2.00		NTU	c	Continuous	analyzer
PARM Code, 00070 I Mon Site No. EFA-1	Permit Measurement				Report (Max)		NTU		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				35		MG/L	Ď.	Every Two Weeks	Grab
PARM Code, 80082 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				46		MG/L	Ü	Every Two Weeks	Grab
PARM Code, 00530 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)		MG/L		Every Two Weeks	Grab
Flow	Sample Measurement	0 044		MG/D				C	5 Days/Week	
PARM Code, 50050 P Mon.Site No. FLW-1	Permit Measurement	0.095 (An.Avg.)		MG/D					5 Days/Week	
Flow	Sample Measurement	0.037	0.041	MG/D				0	5 Days/Week	
PARM Code, 50050 Q Mon.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MG/D					5 Days/Week	
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				42.8%	mint consequely that white difference of		0	Percent	Calculated
PARM Code, 00180 Mon.Site No. FLW-1	Permit Measurement				Report				Percent	Calculated
	Sample Measurement Permit Measurement				2					

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring	Period	From:	9/1	/08	To:	9/3	0/08			
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
Code Mon.Site	80082 EFA-1	74055 EFA-1	00400 EFA-1	50060 EFA-1	00530 EFA-1	50060 EFA-1	50050 FLW-1	50050 FLW-2	80082 INF-01	00530 INF-01
1	· · · · · · · · · · · · · · · · · · ·		7.0	1.0		2.0	0.009	0.085		
2		< 1	7.4	5.0	1.5	2.0		0.102		6)
3		< 1	7.5	4.1	1.1	2.0	0.065	0.090		
4	<2	<1	7.4	5.0	1	2.0	0.036	0.095	23	28
5			7.4	5.0		2.0	0.061	0.099		
6			7.4	5.0		2.0		0.000		
7			7.3	5.0		2.0		0.000		
8		< 1	7.4	5.0	2.3	2.0		0.000		
9		<1	7.4	5.0	<1	2.0		0.097		
10			7.4	1.4		2.0		0.000		
11		< 1	7.5	5.0	<1	2.0		0.000		
12			7.4	4.6	.,	1.3		0.088		*
13			7.5	1.6		1.1		0.088		5 4.
14			7.5	3.2		0.7		0.090		
15		<1	7.2	3.3	1	0.8		0.000		
16		*1	7.3	2.6	<1	0.9	1	0.088		le .
11					~1					
17	-0		7.3	1.0		1.0		0.096	47	63
18	<2	*:1	7.3	3.6	<1	1.3		0.058	47	03
19			7.3	2.8		1.2		0.000		
20			7.2	1.0		2.0		0.100		
21		12	7.3	2.2		2.0		0.000		
22		*1	7.3	2.2	1.1	2.0		0.000		
23		1	7.3	1.7	<1	2.0		0.054		
24			7.3	4.0		1.7		0.050		
25		-⊊1	7.3	3.7	<1	1.7		0.058		
26			7.4	3.7		1.5		0.000		
27			7.3	5.0		1.1		0.000		
28			7.3	5.0		0.9		0.054		
29		<1	7.3	1.8	<1	1.4	0.048	0.055		
30		<1	7.1	1.4	<1	1.3	0.058	0.054		
31	=	NAMES NAMES						0.000	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
PLANT ST		Class	6	tification No.						
Day Shift C Day Shift C		Class: _C_		tification No.: tification No.:	9558		Charles Harr	is		-
Day Shift C		Class: _C		tification No.	14198		Roger Gray			
Day Shift C	2.	Class:		tification No.						-
Lead Oper	ator	Class: _A_	Cer	tification No.	9184		William Tren	del		<u> </u>
Type of Eff	fluent Disposa	al or Reclaime	d Water Red	use.	Sprayfield					
Limited Wet	Weather Disch	arge Activated: Y	'es:	No.	Not Applicable	√ If	yes, cumulative	days of wet weath	ner discharge	•

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Florida Water Services Corporation

PERMIT NUMBER:

FLA011078

MAILING ADDRESS:

P.O. Box 609520

Longwood, FL

LIMIT:

Final REPORT

Monthly

FACILITY:

Orlando, FL 32860-9520

CLASS SIZE:

N/A GROUP: Domestic

LOCATION:

Florida Central Commerce Park WWTP 140 Hope Street

MONITORING GROUP NUMBER MONITORING GROUP DESC:

R-001

Public Access Irrigation, including Influent

NO DISCHARGE FROM SITE:

[]

COUNTY Saminala

COUNTY.	Seminole		MONITORII	NG PERIOD-From:	10/01/2008	To:		10/31/2008	
Parameter		Quantity of Loading	Units	Quality or (Concentration	Units	No. of Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.040	mgd				0	5 Days/Week	Flow-meter
PARM Code, 50050 Y Mon.Site No. FLW-2	Permit Measurement	0.095 (An.Avg.)	mgd					5 Days/Week	Flow-meter
Flow	Sample Measurement	0,048	mgd				0	5 Days/Week	Flow-meter
PARM Code, 50050 Mon Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)	mgd		ì			5 Days/Week	Flow-meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1	er manere. Our une opini s, en gantitate a	MG/L	Ċ	Every Two Weeks	Grab
PARM Code, 80082 Y Mon.Site No. EFA-1	Permit Measurement			20.0 (An. Avg.)		MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement	valid		2.7	3.2	MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 Mon.Site No. EFA-1	Permit Measurement			30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement			1.0<		MG/L	0	3 Days/Week	Grab
PARM Code, 00530 I Mon.Site No. EFB-1	Permit Measurement			5.0 (Max.)		MG/L		3 Days/Week	Grab
рН	Sample Measurement			7.1	7.8	S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon.Site No. EFA-1	Permit Measurement		4	6.0 (Min)	8.5 (Max)	S.U.		5 Days/Week	Grab

I certify under genalty 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
---------------	-----------	-----------	---------	----	------------	-------

TELEPHONE NO. 407-339-5424

William Trendel / Sen. Facilities Operator COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER: R001

				MONITO	RING PERIODFr		10/01/2008	To:		10/31/2008	The state of the s
Parameter		Quantity of	Loading	Units	Quality	or Concer	ntration	Units	No. of Ex.	Frequency of Analysis	Sample Typ
Coliform, Fecal, % less than detecton	Sample Measurement	- Section 1995			100%			#/100mL		3 Days/Week	Grab
PARM Code, 51005 Mon.Site No. EFA-1	Permit Measurement				75 (Min.)			#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement						1 0	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 I Mon.Site No. EFA-1	Permit Measurement						25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement	er : F			1.0			MG/L	0	Continuous	analyzer
PARM Code, 50080 A Mon.Site No. EFA-1	Permit Measurement				1.0 (Min)			MG/L		Continuous	analyzer
Turbidity	Sample Measurement	Van			2 00			NTU	0	Continuous	analyzer
PARM Code, 00070 I Mon Site No. EFA-1	Permit Measurement				Report (Max)			NTU		Continuous	analyzer
30D, Carbonaceous day, 20C	Sample Measurement				46			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 G Mon Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				52			MG/L	0	Every Two Weeks	Grab
PARM Code, 00530 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Flow	Sample Measurement	0.044		MG/D					0	5 Days/Week	
ARM Code, 50050 P fon,Site No, FLW-1	Permit Measurement	0.095 (An Avg.)		MG/D						5 Days/Week	
Flow	Sample Measurement	0.042	0.042	MG/D					0	5 Days/Week	
ARM Code, 50050 Q fon, Site No. FLW-1	Permit Measurement	Report (Mo Avg.)	Report (3-Mo.Avg.)	MG/D						5 Days/Week	
ercent Capacity. MADF/Permitted Capacity) 100	Sample Measurement	1			44 6%				. 0	Percent	Calculated
ARM Code, 00180 I ion,Site No. FLW-1	Permit Measurement				Report					Percent	Calculated
	Sample Measurement Permit Measurement				2						

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Annual control of the	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L
Code Mon.Site	80082 EFA-1	74055 EFA-1	00400 EFA-1	50060 EFA-1	00530 EFA-1	50060 EFA-1	50050 FLW-1	50050 FLW-2	80082 INF-01	00530 INF-01
1			7.1	1.0		1.3	0.051	0.050		
2	3.00	<1	7.2	5.0	<1	1.2	0.040	0.054	55	54
3			7.3	5.0	•	1.1	0.041	0.054		
4			7.3	5.0		1.1	0.019	0.075		
5			7.3	4.5		0.7	0.021	0.054		
6		<1	7.3	3.9	<1	0.9	0.047	0.046		
7		<1	7.3	5.0	<1	0.8	0.053	0.069		
8			7.3	5.0		1.0	0.048	0.056		
9		<1	7.3	2.3	<1	2.0	0.058	0.067		
10			7.1	1.5		1.3	0.049	0.055		
11			7.2	5.0		0.9	0.042	0.064		
12			7.3	5.0		1.5	0.035	0.000		
13		<1	7.3	5.0	<1	0.8	0.055	0.000		
14		<1	7.7	5.0	<1	2.0	0.035	0.066		
15			7.3	2.4		1.1		0.061		
16	2.00	<1	7.3	1.0	<1	1.1		0.000	40	5€
17			7.3	3.8		0.8		0.060		
18			7.3	5.0		1.0		0.000		
19			7.8	3.8		0.6		0.000		
20		<1	7.8	3.3	<1	1.7		0.061		
21		<1	7.5	3.7	<1	0.8		0.066		
22			7.6	5.0		0.7		0.062		
23		<1	7.5	5.0	<1	2.0		0.091		
24			7.1	5.0		0.8		0.076		
25			7.2	5.0		1.2		0.082		
26			7.3	5.0		0.9		0.085		
27		<1	7.4	5.0	<1	0.7	¥ 3+4	0.084		
28		<1	7.7	5.0	<1	0.8		0.000		
29		10010	7.4	5.0	*	0.9		0.066		
30	3.2	<1	7.3	1.0	<1	2.0		0.072	42	46
31	0.2	0.40	7.4	1.5		0.9				
PLANT ST.	E AFFING									
Day Shift C		Class:	Cert	tification No.:						
Day Shift C		Class: C		tification No.:	Committee of the Commit		Alfred Gerard	do		-
Day Shift C	*.	Class:		ification No.:						*:
Day Shift C		Class:		ification No.:			VACOU			
Lead Opera Type of Eff	ator	Class: _A_	Cerl	ification No.:	9184		William Tren	del		-

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Florida Water Services Corporation

PERMIT NUMBER:

FLA011078

MAILING ADDRESS:

P O Box 609520 Orlando, FL 32860-9520

LIMIT:

Final

REPORT GROUP:

Monthly Domestic

FACILITY-

Florida Central Commerce Park WWTP

CLASS SIZE: MONITORING GROUP NUMBER NIA R-001

Public Access Irrigation, including Influent

LOCATION

140 Hope Street Longwood, FL

MONITORING GROUP DESC

NO DISCHARGE FROM SITE

14/01/2008 To 11/30/2008 MONITORING BERIOD Emm

COUNTY	Seminoie		MONITOR	NG PERIOD-From	m 11/01/	2008 10		11/30/2006	
Parameter		Quantity of Loading	Units	Quality o	r Concentration	Units	No. of Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0 039	mgd				5	5 Days/Week	Flow-meter
PARM Code, 50050 Y Mon Site No. FLW-2	Permit Measurement	0.095 (An.Avg.)	mgđ					5 Days/Week	Flow-meter
Flow	Sample Measurement	0 026	mgd				ú	5 Days/Week	Flow-meter
PARM Code, 50050 I Mon Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)	mgd					5 Days/Week	Flow-meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2 2		MG/L	Ď.	Every Two Weeks	Grab
PARM Code, 80082 Y Mon Site No. EFA-1	Permit Measurement			20.0 (An. Avg.)		MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.6	3.2	MG/L	ħ	Every Two Weeks	Grab
PARM Code, 80082 Mon Site No. EFA-1	Permit Measurement			30 0 (Mo Avg.)	60 0 (Max.)	MG/L		Every Two Weeks	Grab
Solids Total Suspended	Sample Measurement			10		MG/L		3 Days/Week	Grab
PARM Code, 00530 Mon Site No. EFB-1	Permit Measurement			5.0 (Max.)		MG/L		3 Days/Week	Grab
рН	Sample Measurement			7.1	7.2	SU		5 Days/Week	Grab
PARM Code, 00400 Mon Site No. EFA-1	Permit Measurement			6 0 (Min)	8.5 (Max)	S U	W. J. S. S. S.	5 Days/Week	Grab

centry 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 trial qualified personne, 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 beset true, accurate, and complete. 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

407-339-5424

William Trendel / Sen. Facilities Operator

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER ROOT

	7767 <u>2</u> 7767		Davis	Number El	A011078		MONITORING GROUP NUMBER ROOT						
acility Name: Florida Centra	da Central Commerce Park WWTP Permit Number: Fl				IG PERIOD-From	11/01/2008	To	- 1	11/30/2008				
Parameter		Quantity of Lo	pading	Units	Quality or Con	centration	Units	No. of Ex	Frequency of Analysis	Sample Type			
Coliform, Fecal, % less	Sample Measurement				100%		#/100mL		3 Days/Week	Grab			
PARM Code, \$1005 Mon Site No. EFA-1	Permit Measurement				75 (Min.)		#/100mL		3 Days/Week	Grab			
Coliform, Fecal	Sample Measurement					1.0	#/100mL	1	3 Days/Week	Grab			
PARM Code, 74055 Mon Site No. EFA-1	Permit Measurement					25 (Max)	#/100mL		3 Days/Week	Grab			
otal Residual Chlorine For Disinfection)	Sample Measurement				1.0		MG/L	¢	Continuous	analyzer			
PARM Code, 50060 A Mon Site No. EFA-1	Permit Measurement				1.0 (Min)		MG/L		Continuous	analyzer			
Turbidity	Sample Measurement				2.00		NTU	59	Continuous	analyzer			
PARM Code, 00070 Vion Site No. EFA-1	Permit Measurement	12			Report (Max)		NTU		Continuous Every Two	analyzer			
BOD, Carbonaceous 5 day, 20C	Sample Measurement				59		MG/L	ţ,	Weeks Every Two	Grab			
PARM Code, 80082 G Mon.Site No. INF-1	Permit Measurement				Report (Mo Avg.)		MG/L		Weeks Every Two	Grab			
Solids, Total Suspended	Sample Measurement				86		MG/L		Weeks Every Two	Grab			
PARM Code, 00530 G Mon Site No. INF-1	Permit Measurement				Report (Mo.Avg.)		MG/L		Weeks	Giau			
Flow	Sample Measurement	0.043		MG/D					5 Days/Week				
PARM Code, 50050 P Mon Site No. FLW-1	Permit Measurement	0 095 (An Avg.)		MG/D					5 Days/Week				
Flow	Sample Measurement	2 (737	0.039	MG/D					5 Days/Week				
PARM Code, 50050 Q Mon Site No FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo Avg	MG/D					5 Days/Week				
Percent Capacity. (TMADF/Permitted Capacity) X 100	Sample Measurement				40.7%				Percent Percent	Calculat			
PARM Code, 00180 Mon Site No. FLW-1	Permit Measurement				Report				Percent	Calculat			
	Sample Measurement												
	Permit Measurement				2								

PermitNumber: FLA011078

11	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/l
Code Mon Site	80082 EFA-1	74055 EFA-1	00400 EFA-1	50060 EFA-1	00530 EFA-1	50060 EFA-1	50050 FLW-1	50050 FLW-2	80082 INF-01	00530 INF-01
1	**************************************	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7.2	1.5		0.9	0.042	0.065		***************************************
2			7.3	5.0		0.5	0.023	0.000		
3		<1	7.3	5.0	<1	0.6	0 056	0.000		
4		<1	7.3	1.7	<1	0.7	0.046	0.000		
5			7.2	4.7		2.0	0.054	0.000		
6		<1	7.2	5.0	<1	0.8	0.045	0.000		
7			7.1	3.5		0.7	0.046	0.000		
8			7.1	5.0		1.9	0.013	0.087		
9			7.6	5.0		0.6	0.028	0.088		
10		<1	7.5	3.6	<1	0.8	0.064	0.000		
11		<1	7.5	4.1	<1	0 9		0.000		
12			7.5	4.3		1.2		0.086		
13	3.2	<1	7.2	3.2	<1	1.0		0 063	61	5
14			7.2	3 6		1.0		0.059		
15			7.2	5.0		1.0		0.058		
16			7.3	5.0		0.7		0.000		
17		<1	7.7	5.0	<1	0.6		0.000		
18		<1	7.5	1.0	<1	0.9		0.065		
19			7.5	4.8		0.8		0.060		
20		<1	7.5	3.5	<1	1.0		0.000		
21			7.5	5.0		1.0		0.000		
22			7.6	5.0		0.9		0 000		
23			7.5	5.0		0.9		0.000		
24		<1	7.4	3.5	<1	0.8		0.000		
25		<1	7.4	3.3	<1	0.9		0.081		
26	<2	<1	7.4	1.7	<1	2.0		0.065	56	7
27	**	~1	7.2	3.0		1.2		0.000	30	,
28			7.6	5.0		1.2		0.000		
29			7.5	5.0		0.9		0.000		
30			7.5	5.0		0.9		0.000		
31			7.5	5.0		0.5	0.025	0.000		
PLANT STAFF		Class:	Cert	ification No.				The second secon		
Day Shift Oper		Class. C		ification No.:	11993		Al Gerardo			*
Day Shift Oper		Class		ification No.:						
Day Shift Opei Lead Operator		Class:		ification No.:	0184		Milliam Tean	401		
		Class _A_ I or Reclaimed			9184 Sprayfield		William Trend	101		-

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

When completed real this report in: Dept. of Environmental Protection, Control District, 3319 stagente Bautovard Surts 222, Orbania, Florista 2220-1767

PERMITTEE NAME:

Florida Water Services Corporation

PERMIT NUMBER:

FLA011078

MAILING ADDRESS:

P.O. Box 609520 Orlando, FL 32860-9520

LMIT:

CLASS SIZE:

Fine REPORT GROUP: N/A

Monthly Domestic

FACILITY: LOCATION:

Florida Central Commerce Park WWTP 140 Hope Street

MONITORING GROUP NUMBER: MONTTORING GROUP DESC:

R-001

Public Access Irrigation, including Influent

Langwood, FL

NO DISCHARGE FROM SITE:

[]

COUNTY:	Seminole			MONITO	RING PERIOD-	From:	12/01/2008	To:		12/31/2008	
Parameter		Quantity o	f Loading	Units	Quality	or Concent	tration	Units	No. of Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.038		mgd					0	5 Days/Week	Flow-meter
PARM Code: 50050 Y Mon São No. PLW-2	Point. Measurement	D 505 (An Avg.)		mgdi						S Deys/Week	Flow-meler
Flow	Sample Measurement	0.038		mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 Non Sile No. FLW-2	Permit	Heport (Mo.Avg.)		(ruged						5 Days/Wook	Flow-moles
BOD, Carbonaceous 5 day, 20C	Sample Measurement	*			22			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 YET! Mon Sile No. EFA-1	Permit Measurement				2010 (An Avg.)		I OF C	MGAL		Every Two	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		MG/L	0	Every Two Weeks	Grab
PARMICOSO, 80082 1 Hon Sile No. EFA-1	Permi Measurement	- T.J.			Mo.Avg.)	(\$410).		MCAL	30	Every Two	Grado.
Solids, Total Suspended	Sample Measurement			7.41.0	1.4	2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	11.110	MG/L	0	3 Deys/Week	Grab
PARMI Code, 00500 1 Mon Site No EFB (Permit 3				5.0 -	THE THE T	t Cik o	MOAL		3.Days/Week	gra b
рH	Sample Measurement				6.9	7.8		S.U,	0	5 Days/Week	Grab
PARM Carle (1040) (1 Man Sile No. EFA (1	Pentik Measurement				00 4 35 Wen 2	8.5 (Max)		LU3	30	5 Days/Week	Grab.

I surfity under persuity of large finet this document and all obsolements were proposed under my direction or expervision in secondance with a system designed to assure that qualified personent property gaillow and evaluate the internation submitted. Besief on my inquiry of the parts on or proxime who currings the system, or these persons directly responsible for gathering the information, the information submitted in, by the best of my broads dipe and be left, true, excessed, and complete. For submitted persons the persons the

NAME/TITLE OF PROMESPAL EXCEDITING OF FICEN OR MUTHORIZED AGENT	SECULIARISTICA ARTICLARISTA EXPLICATE OFFICE AND EMPLOYED	NT TELEPHONE NO.	CHULE (TERMONIA)
William Trendel / Sen. Facilities Operator	Williams	407-339-5424	MINIM
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Ref	erence all attachments here): (Attach additional sheets if necessarian	ary 1	01/01/1

					ING PERIOD-From		1/01/2008	To		12/31/2008	
Parameter		Quantity of L	oading	Units	Quality or C	Concentrati	ion	Units	No of Ex	Frequency of Analysis	Sample Type
Coliform, Fecal, % less han detecton	Sample Measurement				100%			#/100mL		3 Days/Week	Grati
PARM Code, 51005 I Mon Site No. EFA-1	Permit Measurement				75 (Min.)			#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement				and responsible and the second		10	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 Mon.Site No. EFA-1	Permit Measurement						25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chiorine For Disinfection)	Sample Measurement				10			MG/L		Continuous	analyzer
PARM Code, 50060 A Mon Site No. EFA-1	Permit Measurement				1.0 (Min)			MG/L		Continuous	analyzer
Turbidity	Sample Measurement				200			NTU		Continuous	analyzer
PARM Code, 00070 Mon Site No. EFA-1	Permit Measurement				Report (Max)			NTU		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				42			MG/L	(Q.	Every Two Weeks	Grab
PARM Code, 80082 G Mon Site No. INF-1	Permit Measurement				Report (Ma Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement	and the second s			103			MGA.		Every Two Weeks	Grab
PARM Code, 00530 G Mon Site No. INF-1	Permit Measurement				Report (Mo Avg.)			MG/L		Every Two Weeks	Grab
Flow	Sample Measurement	0.042		MG/D						5 Days/Week	
PARM Code, 50050 P Mon Site No. FLW-1	Permit Measurement	0.095 (An Avg.)		MG/D						5 Days/Week	
Flox	Sample Measurement	0.040	0.040	MG/D		in the second se	£			5 Days/Week	
PARM Code, 50050 Q Mon Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo Avg.)	MG/D						5 Days/Week	
Percent Capacity ITMADF Permitted Capacity X 100	Sample Measurement				41 55.					Percent	Calculated
PARM Code, 00180 I Mon Site No. FLW-1	Permit Measurement				Report					Percent	Calculated
	Sample Measurement Permit										
	Measurement										

PermitNumber: FLA011078

A	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TŠS (mg/L
Code Mon Site	80082 EFA-1	74055 EFA-1	00400 EFA-1	50060 EFA-1	00530 EFA-1	50060 EFA-1	50050 FLW-1	50050 FLW-2	80082 INF-01	00530 INF-01
		<1	7.4	3.3	<1	1.4	0.048	0 000		
3		< 1	6.9	1.3	<1	1.6	0.051	0.072		
3			7.2	1.4		1.6	0.065	0.052		
4		. <1	7.2	1.6	1.2	1.5	0.052	0.055		
5			7.3	3.3		2.0	0 036	0.058		
Б			7.3	1.0		2.0	0.031	0.000		
			7.4	1.0		1 0	0.020	0.000		
8		*1	7.2	5.0	<1	0.9	0.048	0.000		
g.		<1	7.3	1.6	<1	0.9		0 000		
10			7.2	1 1		1.8		0.000		
11	<2	<1	7.8	11	<1	1.4		0 000	24	6
12			7.3	1.9		2.0	0.047	0.090		
13			7.4	4.4		2.0		0.058		
14			7.4	5.0		0.7		0.000		
16		<1	7.4	5.0	<1	0.9		0 059		
16		<1	7.3	2.6	1.4	2.0		0.065		
17		- 77° (%)	7.2	1.0		2.0		0.058		
18		<1	7.8	5.0	<1.1	1.4		0.071		
19		The second	7.2	2.6	30 80- 80	2 0		0.072		
20			7.3	1.8		1.3		0.065		
21			7.4	5.0		2.0		0 000		
22		<1	7.4	5.0	<1	0.9		0 070		
23	<2		7.3	5.0	<1	1 7		0 000	60	14
24	-	<1	7.3	5.0	<1	1_3		0.000		
25		27.8	7.3	5.0		1.6		0.000		
26			7.4	5.0		1.9		0.000		
27			7.3	27		18		0.059		
28			73	5.0		1 6		0.065		
29		< 1	7 3	5.0	<1	1.8		0.062		
30		s1	7.3	1.8	×1	2.0		0 000		
31			7 3	1.6	**	2.0		0 000		
LANT STAF	CENIC	-004		1 - 50		***				
ay Shift Ope		Class	Cen	lification No						
ay Shift Ope		Class		tification No			And Annual Control of the Control of			MAN.
iay Shift Ope		Class		tification No						2
lay Shift Ope		Class _C		tification No	11993		Alfred Gerard			
ead Operato		Class _A_	Cer d Water Red	tification No	9184 Sprayfield		William Tren	Je!		***

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

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Fiorida 32803-3767

PERMITTEE NAME:

Florida Water Services Corporation P.O. Box 609520

PERMIT NUMBER:

FLA011078

MAILING ADDRESS:

Orlando, FL 32860-9520

LIMIT: CLASS SIZE:

Final NIA

Monthly Domestic

FACILITY: LOCATION:

Florida Central Commerce Park WWTP 140 Hope Street

MONITORING GROUP NUMBER: MONITORING GROUP DESC:

R-001

Public Access Irrigation, Including Influent

REPORT:

GROUP:

Longwood, FL

NO DISCHARGE FROM SITE:

COLINITY Comissis MONTOCKIE DERICE E

COUNTY:	Seminole			MONITO	RING PERIOD-F	rom:	01/01/2009	To:		01/31/2009	
Parameter		Quantity o	f Loading	Units	Quality	or Concent	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sumple Measurement	0.038		mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 Y Mon.Site No. FLW-2	Permit Measurement	0.095 (An.Avg.)		mgd						5 Days/Week	Flow-meter
Flow	Sample Measurement	0.029		mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 I Mon.Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)		mgd						5 Days/Week	Flow-meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement	Marie Control of the			2.2			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 Y Mon.Site No. EFA-1	Permit Measurement		liwit.	ly sp. s	20.0 (An. Avg.)			MG/L	133	Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.75	3.2		MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 Mon Site No. EFA-1	Permit Measurement			- 35 - 80d	30.0 (Mo.Avg.)	60.0 (Max.)		MG/L	19.5 13.5	Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				7.7			MG/L	6	3 Days/Week	Grab
PARM Code, 00530 I Mon Site No. EFB-1	Permit Measurement				5.0 (Max.)			MG/L	38.0	3 Days/Week	Grab
рН	Sample Measurement			MARKET N. 100 (100 (100 (100 (100 (100 (100 (100	6.7	7.4		s.u.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon.Site No. EFA-1	Permit Measurement				6.0 (Min)	8.5 (Max)		S.U.		5 Days/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. Passed in my inquiry of the person of persons who manage the system, of those persons directly resonable for gathering that information submitted based on my inquiry of the person of persons who manage the system, of those persons directly resonable 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.

	providing of the distribution of the distribut		
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYAMA/DO)
William Trendel / Sen. Facilities Operator	William IL	407-339-5424	09/02/23
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Refere	ence all attachments here): (Attach additional sheets if necessary)		UH VOIJO

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP Permit Number: FLA011078

MONITORING GROUP NUMBER.: R001

	.,				RING PERIOD-F		01/01/2009			01/31/2009	
Parameter		Quantity o	f Loading	Units	Quality	or Concentr	ation	Units	No. of Ex	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detecton	Sample Measurement				100%			#/100mL		3 Days/Week	Grab
PARM Code, 51005 I Mon,Site No. EFA-1	Permit Measurement			-	75 (Min.)	+6		#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement		***************************************				1.0	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 I Mon.Site No. EFA-1	Permit Measurement						25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			MG/L	0	Continuous	analyzer
PARM Code, 50060 A Mon.Site No. EFA-1	Permit Measurement				1.0 (Min)			MG/L		Continuous	analyzer
Turbidity	Sample Measurement				2.00			NTU	0	Continuous	analyzer
PARM Code, 00070 I Mon.Site No. EFA-1	Permit Measurement				Report (Max)			NTU		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				26			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 G Mon,Site No. INF-1	Permit Measurement				Report (Ma.Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				165			MG/L	0	Every Two Weeks	Grab
PARM Code, 00530 G Mon:Site No. INF-1	Permit Measurement			1 10	Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Flow	Sample Measurement	0.040		MG/D					0	5 Days/Week	
PARM Code, 50050 P Mon.Site No. FLW-1	Permit Measurement	0.095 (An.Avg.)		MG/D						5 Days/Week	
Flow	Sample Measurement	0.034	0.037	MG/D					0	5 Days/Week	
PARM Code, 50050 Q Mon.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MG/D			100 100 100 100 100 100 100 100 100 100			5 Days/Week	
Percent Capacity, TMADF/Permitted Capacity) K 100	Sample Measurement				38.9%				0	Percent	Calculated
PARM Code, 00180 I Mon.Site No. FLW-1	Permit Measurement				Report			To the state of th		Percent	Calculated
an comment of the adjust to the an assembly from the comment of the second	Sample Measurement				e C	<u> </u>	`			LI 769 (25	\$ &
	Permit Money remost	-34	7.7 L	F- 10 10 10 10 10 10 10 10 10 10 10 10 10		100			의 . 후 . Geo.		

PermitNumber: FLA011078

Monitoring	Period	From:	1/1	/09	To:	1/3	1/09			
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
Code	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INF-01	INF-01
1			7.3	4.7		2.0	0.010	0.000		
2		<1	7.2	5.0	<1	2.0	0.038	0.000		
3		***************************************	7.3	5.0		2.0	0.014	0.000		
4			7.4	5.0		2.0	0.022	0.000		
5	***************************************	<1	7.4	5.0	3.1	2.0	0.053	0.000		
6			7.4	5.0		2.0	0.028	0.000		<u> </u>
7			7.4	1.1		2.0	0.034	0.000	***************************************	
8	3.2	<1	7.1	4.1	5.7	2.0	0.047	0.067	52	120
9		<1	7.1	3.7	12	2.0	0.050	0.065		
10			7.0	2.7		2.0	0.016	0.000		
11			6.8	2.5		2.0	0.024	0.000		1
12		<1	6.9	3.3	19	2.0	0.021	0.000	4000000000 A.	
13			6.8	1.0		2.0	0.034	0.000		
14			6.9	3.9		2.0	0.049	0.000		A CONTRACTOR OF THE PARTY OF TH
15	1	<1	6.8	3.6	7.3	2.0	0.060	0.000	**************************************	
16		<1	6.8	1.0	9.2	2.0		0.000		•
17			6.8	1.0		2.0		0.066		
18			6.7	3.3		2.0		0.068		
19		<1	7.1	2.7	4.6	2.0	<u> </u>	0.069		
20		Y1	7.2	3.1	2.4	2.0	<u> </u>	0.066	***************************************	
21		<1	7.3	2.3		2.0	0.011	0.078		A CONTRACTOR OF THE PROPERTY O
22	v2.3	<1	7.3	1.4	7.1	2.0	0.049	0.000	170 v	210
23			7.3	1.3		2.0	0.037	0.000		
24			7.0	1.5		1.8	0.034	0.068		
25			7.2	2.6		1.1	0.006	0.000	***************************************	
26		<1	7.1	1.0	<1.1	1.5	0.068	0.068		
27	4	<1	7.1	1.8	1	1.1	0.031	0.077		The resonant control of the control
28			7.2	1.2		1.1	0.047	0.070		
29		<1	7.4	2.9	<1	1.3	0.057	0.077		
30		And the second of the second o	7.2	3.7		1.3	0.068	0.071		
31			7.2	1.8		2.0	0.010	0.000	***************************************	
PLANT STA	AFFING:				-					
Day Shift O		Class:		ification No.:						_
Day Shift O	**************************************	Class: C		ification No.:	11993		Alfred Gerard	lo		_
Day Shift O Day Shift O		Class:		ification No.: ification No.:						-
Lead Opera		Class: _A_		ification No.:	9184	30	William Trend	del		
	luent Disposa				Sprayfield	.2				400
	Weather Discha			No: 🗔	Not Applicable		oe oumulativa	down of wat weeth	or diasha	

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



When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Florida Water Services Corporation

PERMIT NUMBER:

CLASS SIZE:

FLA011078

MAILING ADDRESS:

P.O. Box 609520 Orlando, FL 32860-9520

Longwood, FL

LIMIT:

Final

Monthly Domestic

FACILITY: LOCATION:

Florida Central Commerce Park WWTP 140 Hope Street

MONITORING GROUP NUMBER: MONITORING GROUP DESC:

N/A R-001

Public Access Irrigation, including Influent

REPORT:

GROUP:

NO DISCHARGE FROM SITE:

[]

Parameter		Quantitue	flooding		RING PERIOD-		02/01/2009	To:		02/28/2009	
		Quantity of Loading		Units	its Quality or Concentration		ration	Units	s No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.038		mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 Y Mon.Site No. FLW-2	Permit Measurement	0.095 (An,Avg.)	3/45 (1.00)	mgd						5 Days/Week	Flow-meter
Flow	Sample Measurement	0.032		mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 Mon.Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)		mgd						5 Days/Week	Flow-meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.3			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 Y Mon.Site No. EFA-1	Permit Measurement	121 n 1851 n 1851			20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.15	2.3		MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 Mon.Site No. EFA-1	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				4.2			MG/L	0	3 Days/Week	Grab
PARM Code, 00530 I Mon.Site No. EFB-1	Permit Measurement				5.0 (Max.)			MG/L		3 Days/Week	Grab
РН	Sample Measurement				6.7	7.5		S.U.	0	5 Days/Week	Grab
ARM Code, 00400 Mon.Site No. EFA-1	Permit Measurement				6.0 (Min)	8.5 (Max)		S.U.		5 Days/Week	Grab

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 knowling violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OF ICERIOR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
William Trendel / Sen. Facilities Operator	Weller Lot	407-339-5424	00/02/20
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Refere	ence all attachments here): (Attach additional shoots if a	101-338-3424	09/01/29

DISCHARGE MONITORING REPORT - PART A (Continued)

Permit Number: FLA011078

MONITORING GROUP NUMBER: R001

Facility Name: Florida Cent	ral Commerce Park	WWTP	Permit		FLA011078 RING PERIOD-F	From:	02/01/2009		G GR	OUP NUMBER : 03/03/2009	1,001
Parameter		Quantity o	f Loading	Units		or Concentr		Units	No. of Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detecton	Sample Measurement				100%			#/100mL		3 Days/Week	Grab
PARM Code, 51005 I Mon.Site No. EFA-1	Permit Measurement				75 (Min.)			#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement						1.0	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 I Mon Site No. EFA-1	Permit Measurement						25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			MG/L	0	Continuous	analyzer
PARM Code, 50060 A Mon.Site No. EFA-1	Permit Measurement				1.0 (Min)			MG/L		Continuous	analyzer
Turbidity	Sample Measurement				2.00			NTU	0	Continuous	analyzer
PARM Code, 00070 I Mon.Site No. EFA-1	Permit Measurement				Report (Max)			NTU		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				49			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L	-	Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				99			MG/L	0	Every Two Weeks	Grab
PARM Code, 00530 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Flow	Sample Measurement	0.041		MG/D					0	5 Days/Week	
PARM Code, 50050 P Mon.Site No. FLW-1	Permit Measurement	0.095 (An.Avg.)		MG/D						5 Days/Week	
Flow	Sample Measurement	0.044	0.039	MG/D					0	5 Days/Week	
PARM Code, 50050 Q Mon.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MG/D						5 Days/Week	
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement			***************************************	41.4%	The state of the s			0	Percent	Calculated
PARM Code, 00180 I Mon.Site No. FLW-1	Permit Measurement		Administration of the second		Report		10			Percent	Calculated
	Sample Measurement										
	Permit Measurement			athan 3.			L,"				

PermitNumber: FLA011078

Monitoring F	eriod	From:	2/1	709	To:	2/28	5/09			
	CBODS (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L
Code	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	50030 FLW-1	FLW-2	INF-01	INF-01
1			7.2	1.9		2.0	0.037	0.000		
2		<1	6.9	5.0	1.3	2.0	0.059	0.000		
3			7.3	1.6	1.0	2.0	0.060	0.076		
4		<1	7.3	1.0		2.0	0.059	0.072	***************************************	1
5	2.3	<1	6.8	1.0	*	2.0	0.010	0.000	60	140
6			6.7	1.0		2.0	0.031	0.000		
7			6.7	1.0		2.0	0.024	0.000		
8			7.0	5.0		1.2	0.013	0.000		
9		<1	6.9	3.7	2.3	2.0	0.048	0.068		
10	MATERIA DE CARACTER DE CARACTE	<1	7.2	1.8	4.2	1.7	0.044	0.077		
11			7.0	3.4		1.4	0.050	0.071		
12		<1	7.1	2.7	1.3	1.8	0.028	0.064		***************************************
13		-	7.1	1.6		0.9	0.041	0.000		
14	***************************************		7.4	2.7		0.9	0.005	0.000		
15			7.5	1.9		0.8	0.040	0.050	A CONTROL OF THE CONT	
16		<1	7.4	3.7	1.0<	0.8	0.059	0.053	***************************************	
17		<1	7.4	1.0	<1.1	1.2	0.074	0.051		
18			7.2	1.7		1.2	0.070	0.052	***************************************	
19	2.0<	<1	7.2	1.8	1.0<	1.1	0.059	0.049	38	58
20		***************************************	7.2	1.5		1.2	0.046	0.053		1
21			7.2	3.2		1.0	0.055	0.049		
22			7.3	2.6		0.7	0.022	0.000		
23		<1	7.3	5.0	1.0<	0.8	0.059	0.000		
24		<1	7.3	3.6	1.0<	0.9	0.055	0.000		
25			7.4	1.6		1.3	0.055	0.000		
26		<1	7.4	1.3	1.0<	1.0	0.054	0.052		
27			7.4	3.4		1,1	0.048	0.051		
28			7.2	1.0		1.8	0.031	0.000		
29										
30								The state of the s		
31) June		
PLANT STA Day Shift O Day Shift O Day Shift O Day Shift O	perator perator perator	Class: Class: _C Class: Class:	Cert Cert	tification No.: tification No.: tification No.: tification No.:	11993		Alfred Gerard	do		-
Lead Opera		Class: _A_		tification No.:	9184		William Tren	del		_
Type of Effl	uent Diennes	I or Reclaime	d Water Rei	ico.	Sprayfield			The state of the s	71 / Table 1	

^{*} Flow diverted to sub-standard pond

47

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Sulte 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Florida Water Services Corporation

PERMIT NUMBER:

FLA011078

MAILING ADDRESS:

P.O. Box 609520

Orlando, FL 32860-9520

LIMIT:

Final N/A Me

FACILITY:

Florida Central Commerce Park WWTP

CLASS SIZE: MONITORING GROUP NUMBER: REPORT:

Monthly Domestic

140 Hope Street

MONITORING GROUP DESC:

R-001

Public Access Irrigation, including Influent

LOCATION: 140 Hope Street Longwood, FL

NO DISCHARGE FROM SITE:

[]

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

COLINITY	Seminole		MONITO	RING PERIOD-Fro	om: 03/01/2005	10,		03/3/1/2003	
Parameter	Settinoid	Quantity of Loading		Quality	or Concentration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.038	mgd				0	5 Days/Week	Flow-meter
PARM Code, 50050 Y Mon.Site No. FLW-2	Permit Measurement	0.095 (An.Avg.)	mgd					5 Days/Week	Flow-meter
Flow	Sample Measurement	0.034	mgd				0	5 Days/Week	Flow-meter
PARM Code, 50050 I Mon.Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)	mgd				Transfer de de la constante de	5 Days/Week	Flow-meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement	A CONTRACTOR OF THE CONTRACTOR		2.3		MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 Y Mon. Site No. EFA-1	Permit Measurement	- 1,000 miles (1,000 miles (1,0		20.0 (An. Avg.)		MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement	i		2.0	2.0<	MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 I Mon.Site No. EFA-1	Permit Measurement			30.0 (Mo.Avg.)	60.0 (Max.)	MG/L	-	Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement			2.6	non come man account was a constituted in the constitute of the co	MG/L	0	3 Days/Week	Grab
PARM Code, 00530 I Mon.Site No. EFB-1	Permit Measurement	and the same of th		5.0 (Max.)		MG/L		3 Days/Week	Grab
pН	Sample Measurement			6.8	7.5	S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon.Site No. EFA-1	Permit Measurement		Advantage of the second	6.0 (Min)	8.5 (Max)	S.U.		5 Days/Week	Grab

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

aware that there are significant penalties for submitting faise information, including the possibility of the	SONATION OF PROMICION EXPICITIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YYMMOD)
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	inhlling Odierd	407-339-5424	09/04/17
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT William Trendel / Sen. Facilities Operator COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attail	chments here): (Attach additional sheets if necessary.)	A. A	

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER: R001

MONITORING PERIOD-From: 03/01/2009 To: 03/31/2009 Quantity of Loading Parameter Units Quality or Concentration Frequency Units No. Sample Type Ex. Analysis Coliform, Fecal, % less Sample 100% #/100mL 3 Days/Week Grab than detecton Measurement PARM Code, 51005 | Permit 75 #/100mL 3 Days/Week Grab Mon. Site No. EFA-1 Measurement (Min.) Coliform, Fecal Sample 1.0 #/100mL 3 Days/Week Grab Measurement PARM Code, 74055 | Permit 25 #/100mL 3 Days/Week Mon.Site No. EFA-1 Grab Measurement (Max) Total Residual Chlorine Sample 1.0 MG/L Continuous (For Disinfection) analyzer Measurement PARM Code, 50060 A Permit 1.0 MG/L Mon.Site No. EFA-1 Continuous analyzer (Min) Measurement Turbidity Sample 2.00 NTU 0 Continuous analyzer Measurement PARM Code, 00070 | Permit Report NTU Continuous Mon.Site No. EFA-1 analyzer Measurement (Max) BOD, Carbonaceous Sample Every Two 57 MG/L Grab 5 day, 20C Measurement Weeks PARM Code, 80082 G Permit Report Every Two MG/L Grab Mon.Site No. INF-1 Measurement (Mo.Avg.) Weeks Solids, Total Suspended Sample Every Two 86 MG/L 0 Grab Measurement Weeks PARM Code, 00530 G Permit Report Every Two MG/L Grab Mon. Site No. INF-1 Measurement (Mo.Avg.) Weeks Flow Sample 0.040 MG/D 5 Days/Week Measurement PARM Code, 50050 P Permit 0.095 MG/D 5 Days/Week Mon.Site No. FLW-1 Measurement (An.Avg.) Flow Sample 0.041 0.040 MG/D 0 5 Days/Week Measurement PARM Code, 50050 Q Permit Report Report MG/D 5 Days/Week Mon.Site No. FLW-1 Measurement (Mo.Avg.) (3-Mo.Avg.) Percent Capacity, Sample (TMADF/Permitted Capacity) 41.8% 0 Percent Calculated Measurement PARM Code, 00180 | Permit Report Percent Calculated Mon.Site No. FLW-1 Measurement Sample Measurement Permit Measurement

PermitNumber: FLA011078

Monitoring Pe	riod	From:	3/1	/09	To:	3/3	1/09			
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
Code	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INF-01	INF-01
1	i		7.2	5.0		1.1	0.019	0.000		
2		<1	7.3	2.4	<1	2.0	0.066	0.000		
3		<1	7.1	2.8	<1	2.0	0.029	0.000		
4			6.8	1.0						
5	<2	<1	A		10	2.0	0.045	0.000		400
6			6.8	1.0	1.9	2.0	0.043	0.000	45	100
			6.8	1.0		2.0	0.019	0.000		
7			6.8	5.0	LL	2.0	0.009	0.000		
8	-		6.9	3.8		2.0	0.023	0.000	mana managaman sam	<u> </u>
9		<1	7.1	1.8	<1	2.0	0.060	0.000		1
10 ;		<1	6.8	1.7	2.6	2.0	0.044	0.000		
11			6.9	2.1		2.0	0.060	0.052		
12		<1	6.9	2.8	<1	2.0	0.061	0.072		
13	i		7.1	3.4		2.0	0.048	0.058		
14			7.4	1.7		2.0	0.024	0.000		i
15			7.4	1.0		2.0	0.019	0.061		
16		<1	7.4	1.0	1.4	1.8	0.049	0.064		
17		<1	7.4	2.1	1.6	1.5	0.063	0.060	***************************************	1
18			7.4	2.1		1.2	0.046	0.061		
19	<2	<1	7.4	1.9	<1	1.1	0.059	0.064	68	72
20	L - H WHILE	1	7.4	1.0		1.1	0.042	0.059	ALCOHOLOGICA PROPERTY CONTRACTOR	August - Address
21			7.4	5.0		1.2	0.019	0.059	and the second second	**************************************
22	10.0		7.4	3.7		1.3		0.000		<u> </u>
23		<1	7.4	5.0	<1	1.1		0.064		<u></u>
24		<:1	7.3	3.8	<1		0.049	0.066		
25						1.4				
The second secon			7.4	3.5	4.0	2.0	The Third of the Control of the Cont	0.000		-
26		<:1	7.4	5.0	1.3	1.9	Contract of the Contract of th	0.069		
27			7.4	2.1		1.8	0.058	0.056		
28			7.4	2.3	-	1.8		0.059		
29			7.5	5.0		1.4	0.048	0.000		
30		<1	7.5	5.0	<1	2.0		0.065		
31		×1 _	7.4	5.0	1.1	1.8	0.048	0.060		
PLANT STAF Day Shift Ope Day Shift Ope	erator	Class:		tification No.:						-
Day Shift Ope		Class: _C		ification No.:			Al Gerardo			-
Day Shift Ope	erator	Class:		ification No.:						
Lead Operato		Class: _A_	Cert	ification No.:	9184		William Tren	del		
Type of Efflue	nt Disposa	l or Reclaime	d Water Reu	se:	Sprayfield			**************************************		
Limited Wet We	ather Discha	irge Activated: \	'es:	No:	Not Applicable	√ If	yes, cumulative	days of wet weath	ner discharge	b

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

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Florida Water Services Corporation

PERMIT NUMBER:

FLA011078

MAILING ADDRESS:

P.O. Box 609520

Orlando, FL 32860-9520

Final

LIMIT: CLASS SIZE:

REPORT: N/A GROUP:

Monthly Domestic

FACILITY: LOCATION:

Florida Central Commerce Park WWTP

140 Hope Street Longwood, FL

MONITORING GROUP NUMBER MONITORING GROUP DESC:

R-001

NO DISCHARGE FROM SITE:

Public Access Irrigation, including Influent

Daramets -	Seminole			RING PERIOD-F	term-most adversaria.	04/01/2009	To:		04/30/2009	
Parameter		Quantity of Loading	Units Quality or Concentration			tration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.037	mgd	The state of the original whole			1	0	5 Days/Week	Flow-meter
PARM Code, 50050 Y Mon.Site No. FLW-2	Permit Measurement	0.095 (An.Avg.)	mgd	CM - Prof. Edward Concept 1 Commun.					5 Days/Week	Flow-meter
Flow	Sample Measurement	0.031	mgd		(* (*)********************************			0	5 Days/Week	Flow-meter
PARM Code, 50050 Mon.Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)	mgd	ero Anti-ti manus artualinatas artua		A STATE OF THE STA			5 Days/Week	Flow-meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement	4		2.3	Company and the control of the contr		MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 Y Mon.Site No. EFA-1	Permit Measurement			20.0 (An. Avg.)	The State of the S		MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.5	3.3		MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 Mon.Site No. EFA-1	Permit Measurement			30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement			1.6			MG/L	0	3 Days/Week	Grab
PARM Code, 00530 I Mon Site No. EFB-1	Permit Measurement	a de la companya de l		5.0 (Max.)	Aller Carlotte and Carlotte		MG/L		3 Days/Week	Grab
H	Sample Measurement			7.0	7.7	The second second second	S.U.	0	5 Days/Week	Grab
ARM Code, 00400 I Mon.Site No. EFA-1	Permit Measurement			6.0 (Min)	8.5 (Max)		S.U.		5 Days/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 that the person or persons who manage the system, or those persons directly responsible for gathering the information, submitted that the person or persons who manage the system, or those persons directly responsible for gathering the information, submitted that the person or persons who manage the system, or those persons directly responsible for gathering the information submitted that the person or persons who manage the system or the person or persons where the per

and perialities for subtinuing talke 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 OF AUTHORIZED AGENT	TELEPHONE NO	DATE (YYMMIDD)
William Trendel / Sen. Facilities Operator	11 Milliam Olio X	407-339-5424	09/05/2
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	hments here): (Attach additional sheets if necessary.)		()

-

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER: R001

3					ING PERIODFrom:	04/01/2009			04/30/2009	Comple T.
Parameter		Quantity of	f Loading	Units	Quality or Co	oncentration	Units	of Ex	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detecton	Sample Measurement				100%		#/100mL		3 Days/Week	Grab
PARM Code, 51005 I Mon,Site No. EFA-1	Permit Measurement		opida. Sala jamanananana	Options and the second of the	75 (Min.)		#/100mL		3 Days/Week	Grab ,
Coliform, Fecal	Sample Measurement					1.0	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 I Mon.Site No. EFA-1	Permit Measurement			and the state of t	Standardina video de la constante de la consta	25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0		MG/L	0	Continuous	analyzer
PARM Code, 50060 A Mon.Site No. EFA-1	Permit Measurement	The second secon	100 miles (100 miles (1.0 (Min)	The second secon	MG/L		Continuous	analyzer
Turbidity	Sample Measurement			And the second s	1.60		NTU	0	Continuous	analyzer
PARM Code, 00070 I Mon,Site No. EFA-1	Permit Measurement	and recommended to the second	es si menerentalistico	in proportional (* (*)) is a to "a,	Report (Max)		NTU		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				76		MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 G Mon.Site No. INF-1	Permit Measurement	Control American			Report (Mo.Avg.)		MG/L	manda managaman () de) y	Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				126		MG/L	0	Every Two Weeks	Grab
PARM Code, 00530 G Mon Site No. INF-1	Permit Measurement				Report (Mo.Avg.)		MG/L	and the second second second	Every Two Weeks	Grab
Flow	Sample Measurement	0.040		MG/D				0	5 Days/Week	endocool.
PARM Code, 50050 P Mon.Site No. FLW-1	Permit Measurement	0.095 (An.Avg.)		MG/D				and the second s	5 Days/Week	indicine (1986 to 1) (1990) propropriamanos
Flow	Sample Measurement	0.040	0.042	MG/D	According to the second			0	5 Days/Week	*
PARM Code, 50050 Q Mon.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MG/D	varionitaria		The second secon	The second secon	5 Days/Week	And the second s
Percent Capacity, TMADF/Permitted Capacity) (100	Sample Measurement			The second secon	43.9%		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	0	Percent	Calculated
PARM Code, 00180 Mon.Site No. FLW-1	Permit Measurement	a con la		este : E1 3 ((((()))) (a c) acidadados variantes en esta en	Report	3	minimum management		Percent	Calculated
	Sample Measurement Permit	The second secon								
	Measurement	1	T v commonoco		2	The state of the s				

PermitNumber: FLA011078

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L
Code	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INF-01	INF-01
1			7.4	5.0		1.6	0.040	0.000		
2	3.3	<1	7.3	1.3	1	1.4	0.055	0.066	72	85
3	:		7.3	5.0		1.2	0.050	0.058	1,000	genteragous as l'examinent. In the year of
4		7	7.3	3.0		1.2	0.023	0.059		
5			7.3	3.6		0.9	0.012	0.000		
6		<1	7.4	2.0	<1	1.4	0.055	0.065		
7		<1	7.3	5.0	<1	0.8	0.042	0.064		
8			7.4	5.0		0.7	0.040	0.000		
9		<1	7.4	5.0	<1	0.7	0.037	0.068		
10			7.4	3.2		0.6	0.031	0.000		
11			7.4	2.0	1	0.6	0.028	0.000		
12			7.4	5.0		0.6	0.019	0.061		4
13		<1	7.4	4.1	<1	0.9	0.059	0.065		
14		<1	7.4	3.3	<1	0.9	0.050	0.000		
15	· · · · · · · · · · · · · · · · · · ·		7.4	1.0		0.9	0.045	0.063		
16	2.3	<1	7.4	2.1	<1	1.0	0.040	0.000	110	22
17	* ** ** ** ** ** ** ** ** ** ** ** ** *		7.4	2.2		0.8	0.048	0.000		1
18			7.4	5.0		0.7	0.027	0.059		30 30 30 30 30 30 30 30 30 30 30 30 30 3
19		72.000000000000000000000000000000000000	7.4	3.4		0.5	0.024	0.060		
20		<1	7.5	5.0	<1	0.7	0.048	0.062		
21		<1	7.6	5.0	<1	0.7	0.047	0.000		
22			7.5	5.0		0.8	0.045	0.000		179 (1990)
23	*	<1	7.5	5.0	<1	1.0	0.041	0.066		The second section is a second section in the section
24			7.4	5.0	1	0.8	0.037	0.000		
25			7.6	1.8		0.9	0.008	0.000		
26	Total Communication		7.3	3.4		1.4	0.030	0.000		
27		<1	7.7	5.0	1.2	1.5	0.047	0.063		
28		<1	7.6	4.4	<1	1.5	0.062	0.000		
29			7.2	5.0		1.5	0.057	0.059		-
30	2.0<	<1	7.0	3.3	1.6	1.3	0.048	0.000	46	7
31	· · · · · · · · · · · · · · · · · · ·							The second continues of the		*
PLANT ST/ Day Shift O Day Shift O Day Shift O Day Shift O	perator perator perator perator	Class: Class: _C Class: _C	Cert Cert	tification No.: tification No.: tification No.: tification No.:	9558		Charles Harri Roger Gray	S		
_ead Opera		Class: _A_		ification No.:	9184		William Trend	del		
ype of Effl	uent Disposal	or Reclaimed	d Water Reu	se:	Sprayfield					

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

When completed mall this report to: Dept. of Environmental Protection, Cantral District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Aqua Utilities, Fl.

PERMIT NUMBER:

FLA011078

MAILING ADDRESS:

P.O. Box 490310

LIMIT:

Final

Leesburg, FL 34748

CLASS SIZE:

REPORT GROUP:

Monthly Domestic

FACILITY:

LOCATION

Florida Central Commerce Park WWTP 140 Hope Street

MONITORING GROUP NUMBER:

N/A R-001

Public Access Irrigation, including Influent

Longwood, FL

MONITORING GROUP DESC. NO DISCHARGE FROM SITE:

[]

COUNTY: Seminole MONITORING PERIOD-From: 05/01/2009 To: 05/31/2009 Parameter Quantity of Loading Units Quality or Concentration Units No. Frequency Sample Type of Ex. Analysis Flow Sample 0.039 mgd Measurement 5 Days/Week Flow-meter PARM Code, 50050 Y Permit 0.095 mgd Mon. Site No. FLW-2 5 Days/Week Measurement (An.Avg.) Flaw-meter Flow Sample 0.045 mad 5 Days/Week Measurement Flow-meter PARM Code, 50050 Permit Report mgd Mon Site No. FLW-2 Measurement 5 Days/Week Flow-meter (Mo.Avg.) BOD, Carbonaceous Sample Every Two 2.2 5 day, 20C MG/L Measurement Grab Weeks PARM Code, 80082 Y Permit 20.0 Every Two Mon Site No. EFA-1 MG/L Measurement Grab (An. Avg.) Weeks BOD, Carbonaceous Sample Every Two 2.1 22 5 day, 20C MG/L 0 Measurement Grab Weeks PARM Code, 80082 Permit 30.0 60.0 Every Two MG/L Mon.Site No. EFA-1 Measurement (Mo.Avg.) (Max.) Grab Weeks Solids, Total Suspended Sample 14 MG/L 3 Days/Week Measurement Grab PARM Code, 00530 | Permit 5.0 Mon Site No. EFB-1 MG/L 3 Days/Week Measurement (Max.) Grab Sample 7.0 8.0 S.U. 5 Days/Week Measurement Grab PARM Code, 00400 Permit 6.0 8.5 S.U. Mon Site No. EFA-1 Measurement 5 Days/Week Grab (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 vi-

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OF PICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YVMM/DO)
William Trendel / Sen. Facilities Operator	William Viert	407-509-8398	1.101100
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all at	tachments here): (Attach additional sheets if necessary)	1407 300-0330 1	W/WI/D/

4

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER.: R001

				MONITO	RING PERIODFrom:	05/01/2009	To:		05/31/2009	
Parameter	Territoria de	Quantity	of Loading	Units	Quality or C	Concentration	Units	No.	Frequency of Analysis	Sample Typ
Coliform, Fecal, % less than detecton	Sample Measurement			1	100%		#/100mL		3 Days/Week	Grab
PARM Code, 51005 I Mon.Site No. EFA-1	Permit Measurement				75 (Min.)		#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement		The same of the same same	Commence (Space of S	*** ** *** * *************************	1.0	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 I Mon.Site No. EFA-1	Permit Measurement					25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		i		1,4	The state of the s	MG/L	0	Continuous	analyzer
PARM Code, 50060 A Mon.Site No. EFA-1	Permit Measurement			000000000000000000000000000000000000000	1,0 (Min)		MG/L		Continuous	analyzer
Turbidity	Sample Measurement		190 - 91		3.00		NTU	0	Continuous	analyzer
PARM Code, 00070 Mon.Site No. EFA-1	Permit Measurement	on alternational or description			Report (Max)		NTU		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				58		MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 G Mon.Site No. INF-1	Permit Measurement	PPPPPPPPP DE LA			Report (Mo.Avg.)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				101		MG/L	0	Every Two Weeks	Grab
PARM Code, 00530 G Mon.Site No. INF-1	Permit Measurement			A THE SAME AND ADDRESS OF THE SAME ADD	Report (Mo.Avg.)		MG/L	Ì	Every Two Weeks	Grab
Flow	Sample Measurement	0.040	CONTRACTOR OF THE STATE OF THE	MG/D		* 27 AM		0	5 Days/Week	
PARM Code, 50050 P Mon.Site No. FLW-1	Permit Measurement	0.095 (An.Avg.)	all discount of the state of th	MG/D				The second secon	5 Days/Week	
Flow	Sample Measurement	0.039	0.040	MG/D				0	5 Days/Week	da Sawan sila peraga an
PARM Code, 50050 Q Mon.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MG/D					5 Days/Week	and a state of the
ercent Capacity, FMADF/Permitted Capacity) 100	Sample Measurement				42.1%			0	Percent	Calculated
ARM Code, 00180 I Ion.Site No. FLW-1	Permit Measurement	A STATE OF THE STA			Report				Percent	Calculated
	Sample Measurement Permit Measurement				2	7				The state of the s

PermitNumber: FLA011078

11	CBOD5	Fecal	рН		TSS (mg/L)		Flow (MGD)	Flow (MGD)	CBOD5	TSS (mg/L
	(mg/L)	Coliform Bacteria (#/100ml)	(S.U.)	Disinfect.) (mg/L)	90 1200x207 1 0000x1	(NTU)			(mg/L)	
	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INF-01	INF-01
1 .			7.1	5.0		1.3	0.038	0.000		
2		1	7.1	5.0		1.1	0.037	0.058		
3			7.2	5.0		8.0	0.022	0.000		<u> </u>
4		<1	7.2	5.0	<1	0.8	0.049	0.000	-	production and an artist of the second
5		<1	7.6	5.0	<1	0.7	0.047	0.063		
6		and the second second	7.0	5.0	***************************************	0.8	0.055	0.057		
7		<1	7.3	5.0	<1	0.7	0.043	0.068		
8		-	7.3	5.0		0.7	0.042	0.062		
9	1		7.3	5.0		0.6	0.020	0.066		
10			7.3	5.0		0.6	0.015	0.000		
11		<1	7.8	5.0	<1	0.7	0.040	0.009		
12		<1	8.0	5.0	<1	0.6	0.070	0.020		
13			7.9	1.4		0.7	0.052	0.060		20.000
14	<2	<1	7.6	5.0	<1	0.7	0.055	0.065	47	72
15		and the second s	7.4	5.0	The second second second	0.6	0.035	0.062		
16	-	***************************************	7.4	4.0		0.8	0.031	0.000		
17			7.4	5.0		0.4	0.015	0.000		
18		<1	7.5	5.0	<1	1.4	0.048	0.062		
19		<1	7.6	5.0	<1	1.2	0.075	0.000		
20			7.5	5.0		1.2	0.077	0.000		
21		<1	7.6	5.0	<1	1.2	0.062	0.098		
22			7.7	5.0		1.2	0.055	0.090	MANUAL TERM AND ADDRESS OF THE PARTY OF THE	nganamanani kapang at tangga 2
23			7.6	3.5		1.2	0.016	0.065		
24			7.4	1.8	The second secon	1.8	0.008	0.065	n nineinneamennen of a	ALTERNATION AND AND AND AND AND AND AND AND AND AN
25			7.5	3.4		3.0	April 100 - April 100 apri	0.065	· · · · · · · · · · · · · · · · · · ·	
26		<1	7.6	3.3	<1	2.6	0.059	0.064		
27			7.7	5.0		1.6	0.034	0.085		ngediate: (Fig.)
28	2.2	<1	7.7	3.8	<1	0.9	0.037	0.076	68	130
29		<1	7.7	2.9	1.4	1.1	0.040	0.065		
30	i		7.9	5.0	The same of the sa	1.3	0.022	0.065	ACT OF THE PROPERTY OF THE PERSONS	
31		MANUEL THE SECOND CO. LANSING CO.	7.8	5.0		1.2	0.091			
PLANT STAFF				**************************************	~~~~ <u>~~~</u> ~~~	The second secon	(60-10-10-10-10-10-10-10-10-10-10-10-10-10			
Day Shift Oper Day Shift Oper		Class: Class:		ification No.:	***************************************					
Day Shift Oper Day Shift Oper		Class:		ification No.: ification No.:	-					
Day Shift Oper		Class: _C_		ification No.:	11993		Alfred Gerard	0		
ead Operator		Class: _A_		ification No.:	9184		William Trend	***************************************		
Type of Effluer		or Reclaimed			Sprayfield		***************************************			

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

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 12803-3767

PERMITTEE NAME:

PARM Code, 00400 1

Mon Site No. EFA-1

Permit

Measurement

Aqua Utilities, Fl. P.O. Box 490310 PERMIT NUMBER:

FLA011078

REPORT:

GROUP:

S.U.

5 Days/Week

Grab

MAILING ADDRESS:

Leesburg, FL 34748

LIMIT:

CLASS SIZE:

Final N/A

Monthly Domestic

FACILITY: LOCATION: Florida Central Commerce Park WWTP 140 Hope Street

MONITORING GROUP NUMBER MONITORING GROUP DESC:

R-001

Public Access Irrigation, including Influent

Longwood, FL

NO DISCHARGE FROM SITE:

COUNTY: Seminole MONITORING PERIOD--From: 06/01/2009 To: 06/30/2009 Parameter Quantity of Loading Units Quality or Concentration No. Sample Type Units Frequency of Ex. Analysis Flow Sample 0.038 mgd Measurement 0 5 Days/Week Flow-meter PARM Code, 50050 Y Permit 0.095 mgd Mon Site No. FLW-2 Measurement (An.Avg.) 5 Days/Week Flow-meter Flow Sample 0.044 mgd Measurement 5 Days/Week Flow-meter PARM Code, 50050 1 Permit Report Mon Site No. FLW-2 mgd Measurement (Mo.Avg.) 5 Days/Week Flow-meter BOD, Carbonaceous Sample Every Two 5 day, 20C 2.2 Measurement MG/L Grab Weeks PARM Code, 80082 Y Permit ... 20.0 Every Two Mon Site No. EFA-1 Measurement MG/L Grab (An. Avg.) Weeks BOD, Carbonaceous Sample Every Two 5 day, 20C 2.0 2.0< Measurement MG/L Grab Weeks PARM Code 80082 1 Permit 30.0 60.0 Every Two Mon Site No. EFA-1 Measurement MG/L Grab (Mo.Avg.) (Max.) Weeks Solids, Total Suspended Sample Measurement MG/L 3 Days/Week Grab PARM Code, 00530 1 Permit 5.0 Mon Site No. EFB-1 Measurement MG/L 3 Days/Week Grab. (Max.) Sample 7.0 7.8 Measurement S.U. 5 Days/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...

6.0

(Min)

8.5

(Max)

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORITIED AGENT	TELEPHONE NO.	BATE ANALUED
William Trendel / Sen. Facilities Operator	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1		09/07/12
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Refer	ence all attachments here): (Attach additional sheets if necessary		

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP Permit Number: FLA011078

MONITORING GROUP NUMBER:: R001

				MONITO	RING PERIOD-	From:	06/01/2009	To:		06/30/2009	
Parameter	V V discontinue	Quantity o	f Loading	Units	Quality	or Concentr	ation	Units	No. of Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				100%			#/100mL		3 Days/Week	Grab
PARM Code, 51005 I Mon Site No. EFA-1	Permit Measurement			1 (1) (a) (1) (4)	75 (Min.)			#/100mL	75	3 Days/Week	Grab
Coliform, Fecal	Sample Measurement					100000000000000000000000000000000000000	1.0	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 1 Mon Site No. EFA-1	Permit Measurement			16.48			25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			MG/L	0	Continuous	analyzer
PARM Code, 50060 A Mon Site No. EFA-1	Permit Measurement				1.0 (Min)			MG/L		Continuous	analyzer
Turbidity	Sample Measurement			1	2.60			NTU	0	Continuous	analyzer
PARM Code, 00070 I Mon Site No, EFA-1	Permit Measurement				Report (Max)			NTU		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				45			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 G / Mon Site No. INF-1	Permit Measurement	100			Report (Mo.Avg.)			MG/L		Every Two	Grab
Solids, Total Suspended	Sample Measurement		2000		76			MG/L	0	Every Two Weeks	Grab
PARM Code, 00530 G Mon Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Flow	Sample Measurement	0.040		MG/D					0	5 Days/Week	
PARM Code, 50050 P Mon Site No. FLW-1	Permit Measurement	0.095 (An Avg.)		MG/D						5 Days/Week	
Flow	Sample Measurement	0.045	0.041	MG/D					0	5 Days/Week	
PARM Code, 50050 Q Mon Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo Avg.)	MG/D						5 Days/Week	
ercent Capacity, MADF/Permitted Capacity) 100	Sample Measurement				43.5%				0	Percent	Calculated
RM Code, 00180 1 🥠 1	Permit Measurement			1 2	Report					Percent	Calculated
2 (-45% \$15%	Sample Measurement										
	Permit Measurement								1 2		

PermitNumber: FLA011078

	CBOD5 (mg/L)	Fecal	рН							
	and the same of th	Coliform Bacteria (#/100ml)	(S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
Code	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INF-01	INF-01
1		<1	7.4	5.0	<1	2.4	0.063	0.064		
2		<1	7.6	5.0	<1	2.6	0.056	0.065		
3			7.3	5.0		1.5	0.055	0.059	*****	
4			7.4	3.3		1.4	0.071	0.066	***************************************	
5		<1	7.4	5.0	1.1	1.2	0.039	0.057		
6			7.4	5.0		1.2	0.048	0.061	THE CONTRACT OF THE CONTRACT O	
7			7.4	3.3		1.3	0.014	0.000	or accommodation during materials and	
8		<1	7.4	5.0	<1	1.4	0.053	0.063	***************************************	
9		<1	7.4	3.4	<1.1	1.6	0.042	0.058		
10			7.3	5.0		1.2	0.073	0.059	······································	İ
11	2	<1	7.2	5.0	<1	0.9	0.039	0.063	34	54
12			7.2	5.0		0.8	0.037	0.060		- 31
13		****	7.6	5.0		0.9	0.013	0.063	**************************************	
14	7* · · · · · · · · · · · · · · · · · · ·		7.5	5.0		0.9	0.040	0.000	***************************************	
15	1	<1	7.5	5.0	<1,1	1.0	0.037	0.059	· · · · · · · · · · · · · · · · · · ·	- 1
16		<1	7.0	3.3	<1	1.1	0.050	0.000		
17			7.4	2.7		1.1	0.031	0.058	New york was a state of a second second	
18		<1	7.1	2.4	1	1.3	0.070	0.061	NA Antoniosis anno est annique estadores	
19			7.2	3.3		1.2	0.042	0.062		
20			7.2	3.2		1.1	0.025	0.060	VA	
21	i		7.4	3.5		1.7	0.028	0.060		
22		<1	7.6	5.0	1	1.8	0.038	0.113		
23	i	<1	7.2	5.0	1	2.4	0.067	0.000	***************************************	
24		Officer was the country of the other Address and Country occurs and Country	7.5	3.3		1.2	0.043	0.000		
25	<2	<1	7.7	5.0	<1	1.1	0.038	0.000	55	98
26			7.8	1.3		1.4	0.047	0.058		
27			7.6	1.0		1.2	0.039	0.057		
28			7.5	1.0		1.1	0.027	0.000	************************	
29		<1	7.4	5.0	<1	1.3	0.057	0.000	······	
30			7.4	4.9	**************************************	1.2	0.060	0.000	······································	
31						***************************************			***	
PLANT STA Day Shift Op Day Shift Op Day Shift Op Day Shift Op Lead Operat Type of Efflu	perator (perator (per	Class: Class: Class: _C Class: _C_ or Reclaimed	Certi Certi Certi Certi	fication No.: fication No.: fication No.: fication No.: fication No.:	11993 9184 Sprayfield		Alfred Gerard William Trend			

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

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Agua Utilities, FI.

PERMIT NUMBER:

FLA011078

MAILING ADDRESS:

P.O. Box 490310

LIMIT:

Leesburg, FL 34748

CLASS SIZE:

REPORT: Final

Monthly

FACILITY: LOCATION:

Florida Central Commerce Park WWTP

MONITORING GROUP NUMBER:

NIA GROUP: Domestic

140 Hope Street Longwood, FL

MONITORING GROUP DESC:

R-001

Public Access Irrigation, including Influent

NO DISCHARGE FROM SITE:

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

COUNTY: Seminole					MONITORING PERIOD-From: 0			To:		07/31/2009		
Parameter		Quantity of	Loading	Units	Quality	or Concenti	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type	
Flow	Sample Measurement	0.038		mgd					0	5 Days/Week	Flow-meter	
PARM Code, 50050 Y Mon.Site No. FLW-2	Permit Measurement	0.095 (An:Avg.)		mgd						5 Days/Week	Flow-meter	
Flow PARM Code, 50050 I Mon Site No. FLW-2	Sample Measurement Permit Measurement	0.044 Report (Mo.Avg.)		mgd mgd					0	5 Days/Week 5 Days/Week	Flow-meter	
BOD, Carbonaceous 5 day, 20C	Sample Measurement		encentral encicle menos consider transcribe de la consideración de		2.3		***************************************	MG/L	0	Every Two Weeks	Grab	
PARM Code, 80082 Y Mon.Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.3	2.5		MG/L	0	Every Two Weeks	Grab	
PARM Code, 80082 I Mon.Site No. EFA-1	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	Grab	
Solids, Total Suspended PARM Code, 00530 I Mon.Site No. EFB-1	Sample Measurement Permit Measurement		12	The control of the co	1,0 5.0 (Max.)			MG/L MG/L	0	3 Days/Week 3 Days/Week	Grab Grab	
рН	Sample Measurement				7.1	8.0		S.U.	0	5 Days/Week	Grab	
PARM Code, 00400 I Mon.Site No. EFA-1	Permit Measurement				6.0 (Min)	8.5 (Max)		S.U.		5 Days/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 raise information, including the possibility of fin	e and imprisonment for knowing violations		
NAME/TITLE OF PRINCIPAL EXÉCUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGEN	TELEPHONE NO	PATE (YYMMOD)
William Trendel / Sen. Facilities Operator	Ulillian Jud	407-509-8398	09/08/14
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all atta	achments here): (Attach additional sheets if necessary.)	- 7 - 7

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER: R001

				MONITO	RING PERIOD-I	From:	07/01/2009	To:	07/31/2009		
Parameter		Quantity o	f Loading	Units	Quality	or Concentr	ation	Units	No. of Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detecton	Sample Measurement			Company control of	100%			#/100mL	Andrew Walter Street	3 Days/Week	Grab
PARM Code, 51005 I Mon Site No. EFA-1	Permit Measurement		200		75 (Min.)			#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement						190 0	#/100mL	1	3 Days/Week	Grab
PARM Code, 74055 I Mon.Site No. EFA-1	Permit Measurement						25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0	**************************************	and the second s	MG/L	0	Continuous	analyzer
PARM Code, 50060 A Mon.Site No. EFA-1	Permit Measurement		The second secon		1.0 (Min)			MG/L		Continuous	analyzer
Turbidity	Sample Measurement				1.80			NTU	0	Continuous	analyzer
PARM Code, 00070 Mon.Site No. EFA-1	Permit Measurement				Report (Max)			NTU	-	Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				74			MGA	0	Every Two Weeks	Grab
PARM Code, 80082 G Mon.Site No. INF-1	Permit Measurement			The second second	Report: (Mo.Avg.)	The control of the co		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				130			MG/L	0	Every Two Weeks	Grab
PARM Code, 00530 G Mon.Site No. INF-1	Permit Measurement		NAC Continue page (Continue page (Co	Continues () refers land	Report (Mo.Avg.)		Adequate and a second s	MG/L		Every Two Weeks	Grab
Flow	Sample Measurement	0.041		MG/D			.		0	5 Days/Week	
PARM Code, 50050 P Mon.Site No. FLW-1	Permit Measurement	0.095 (An.Avg.)		MG/D						5 Days/Week	
Flow	Sample Measurement	0.046	0.043	MG/D					0	5 Days/Week	
PARM Code, 50050 Q Mon.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo Avg.)	MG/D						5 Days/Week	
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				45.6%				0	Percent	Calculated
PARM Code, 00180 Mon.Site No. FLW-1	Permit Measurement		The second secon		Report					Percent	Calculated
	Sample Measurement										
	Permit Measurement					- 100 ml - 100					

PermitNumber: FLA011078

Monitoring I	Period	From:	7/1	/09	To:	7/3	1/09			
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
Code	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INF-01	INF-01
1			7.4	2.6		0.9	0.056	0.053		<u>*************************************</u>
2		<1	7.4	5.0	<1	1.3	the second of the second	0.059	theretor an appeal areas and the following	
3			7.3	5.0	I	1.0	0.043	0.054		***************************************
4	Control of the Contro	The second secon	7.4	5.0	<u> </u>	0.9	0.039	0.058	***************************************	<u> </u>
5			7.4	5.0		1.2	**************************************	0.000		
6		<1	7.4	5.0	<1	1.1	0.042	0.054	CONTRACTOR SECTION	
7		<1	7.6	5.0	<1	1.0	0.044	0.054		
8	**************************************		7.8	5.0	1	0.9		0.055		<u> </u>
9	2.5	B190	7.4	4.5	<1	1.3	0.049	0.061	75	120
10			7.5	4.2	T	1.0	0.039	0.053		120
11			7.5	4.4	<u> </u>	1,0		0.057	THE COURSE OF THE COMMON PROPERTY OF THE COURSE OF THE COU	
12	***************************************	<u> </u>	7.5	5.0		0.9	0.037	0.000	allowers control or note more algebrace	
13		<1	7.7	5.0	<1	0.9	0.052	0.061	a annua de la monde de la manda de la m	-
14		<1	7.7	5.0	<1	0.7	0.063	0.000	ana and a second and	•
15			7.5	5.0		0.8	0.047	0.051		
16		<1	7.4	5.0	<1	0.8	0.063			<u> </u>
17			7.4	5.0		er un experience de la respectation de la respectat		0.060		
18	international Activity of the Company of the Compan		7.8	**************************************	i	0.9		0.054	THE PARTY OF THE P	***************************************
19			TOTAL AND	5.0		0.9	promotes (months for the comment of	0.059		1
			7.5	5.0		0.7		0.056	an agus a caca angla c co con an annach ann an	1
20		<1	7.9	4.4	<1	1.1	0.061	0.054	and the second s	ļ.,
21		<1	7.3	5.0	<1	0.9	0.013	0.056		
22			7.6	4.3		0.8	• consequent above the second contract of the	0.060		
23	2.0	<1	7.2	1,0	<1	1.5		0.059	73	140
24			7.1	1.6	<u> </u>	1.8	0.043	0.000		
25			7.2	3.4		1.0		0.000	Minimum of Color had by advanced to the	E-Paris and a trade and a second
26		-	8.0	5.0	L	1.3		0.000	-	
27	The same of the sa	<1	7.9	5.0	<1	1.1	0.051	0.056		
28	Section (Section 2017) and Section 2017 (Section 2017)	<1	8.0	1.0	<1	1.7	0.055	0.055		-
29			7.2	5.0		1,6	0.054	0.054		
30	house an order to have a produced to have a series	<1	8.0	5.0	<1	1.2	0.049	0.059		
31			7.2	5.0		1.0	0.048	Transition (
Day Shift Op Day Shift Op Day Shift Op Day Shift Op Day Shift Op	perator perator perator	Class: Class: Class: _C_	Cert Cert	ification No.: ification No.: ification No.: ification No.:	11993		Alfred Gerard	do		-
Lead Opera	tor	Class: _A_	Cert	ification No.:	9184		William Trend	del		_
Type of Efflu	uent Disposa	I or Reclaime	d Water Reu	se:	Sprayfield	Charles of Mark 1 and the Apparature Charles	Addition of the second second		and the second of the second of the second	NEW CONTROL OF THE PROPERTY OF
Limited Wet V	Veather Discha	arge Activated. Y	es:	No:	Not Applicable	J 11	yes, cumulative	days of wet weath	er discharge	3

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

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3787

PERMITTEE NAME:

Aqua Utilities, Fl.

PERMIT NUMBER:

CLASS SIZE:

FLA011078

MAILING ADDRESS:

P.O. Box 490310 Leesburg, FL 34748

Longwood, FL

LIMIT:

Final

Monthly Domestic

FACILITY: LOCATION: Florida Central Commerce Park WWTP 140 Hope Street

MONITORING GROUP NUMBER: MONITORING GROUP DESC:

R-001

N/A

Public Access Irrigation, including Influent

REPORT:

GROUP:

NO DISCHARGE FROM SITE:

COUNTY:	Seminole			MONITO	RING PERIOD-F	rom:	08/01/2009	To:		08/31/2009	
Parameter	Quantity of Loading			Units	Quality	or Concent	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.037		mgd					0	5 Days∕Week	Flow-meter
PARM Code, 50050 Y Mon Site No. FLW-2	Permit Measurement	0.095 (An Avg.)		mgd						5 Days/Week	Flow-meter
Flow	Sample Measurement	0.048		mgd				Law spina	0	5 Days/Week	Flow-meter
PARM Code, 50050 I Mon Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)		mgd						5 Days/Week	Flow-meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.3			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 Y Mon Site No. EFA-1	Permit Measurement				20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement	-			2.1	2.4		MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 I Mon Site No. EFA-1	Permit Measurement				30.0 (Mo Avg.)	60.0 (Max.)	F 4 4 5	MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				1.0			MG/L	0	3 Days/Week	Grab
PARM Code, 00530 - I Mon Site No. EFB-1	Permit Measurement				5.0 -(Max.)			MG/L		3 Days/Week	Grab
рН	Sample Measurement				7.1	8.2		S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon Site No. EFA-1	Permit Measurement				6.0 (Min)	8.5 (Max)		s.u.		5 Days/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 property gather and evaluate the information submitted Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and palief, 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		DATE (TYPHWOO)
William Trendel / Sen. Facilities Operator COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference	(William Hundel)	407-509-8398	09/09/20
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Referen	ce all attachments here): (Attach additional sheets if necessary	(-)	1

33

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER:: R001

,				MONITO	08/01/2009	To:	34"	08/31/2009			
Parameter		Quantity	of Loading	Units	Quality	or Concent	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detecton	Sample Measurement				100%			#/100mL		3 Days/Week	Grab
PARM Code, 51005 I Mon Site No. EFA-1	Permit Measurement	12		7 + 6 + 4	75 (Min.)			#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement					Company of the Compan	1.0	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 I Mon.Site No. EFA-1	Permit Measurement						25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			MG/L	0	Continuous	analyzer
PARM Code, 50060 A Mon Site No. EFA-1	Permit Measurement				1.0 (Min)			MG/L		Continuous	analyzer
Turbidity	Sample Measurement				1.30			NTU	0	Continuous	analyzer
PARM Code, 00070 I	Permit Measurement	1.00		4.5	Report (Max)			. NTU		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				34			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 G a Mon Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				43			MG/L	0	Every Two Weeks	Grab
PARM Code, 00530 G Mon.Site No. INF-1	Permit Measurement		E 923.7		Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Flow	Sample Measurement	0.041		MG/D					0	5 Days/Week	
PARM Code, 50050 P Mon Site No. FLW-1	Permit Measurement	0.095 (An:Avg.)		MG/D						5 Days/Week	
Flow	Sample Measurement	0.046	0.046	MG/D					0	5 Days/Week	
PARM Code, 50050 Q Mon Site No. FLW-1	Permit Measurement	Report (Mo Avg.)	Report (3-Mo Avg.)	MG/D						5 Days/Week	
Percent Capacity, TMADF/Permitted Capacity) 100	Sample Measurement				48.1%				0	Percent	Calculated
ARM Code, 00180 I Non Site No. FLW-1	Permit Measurement			100 mg	Report	4-2h				Percent	Calculated
	Sample Measurement									8 1 40 2 2 3 1 3 1 3 2 3 3 3 3 3 3 3 3 3 3 3 3	
	Permit Measurement										

PermitNumber: FLA011078

Monitoring F	Period	From:	8/1	/09	To:	8/31	1/09			
G	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
Code	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INF-01	INF-01
1			8.1	5.0		1.0	0.026	0.056		
2			7.4	5.0		1.3	0.034	0.000		1
3	****	<1	7.7	5.0	>1	1.3	0,067	0.072		
4		<1	8.0	5.0	<1	1.0	0.070	0.057		
5			8.0	5.0		0.8	0.046	0.056	***************************************	
6	2.4	<1	7.9	5.0	<1	0.8	0.063	0.056	34	44
7			7.3	1.0		1.1	0.026	0.063		
8			7.1	1.5		1.1	0.038	0.061		
9			7.3	5.0		0.8	0.021	0.000		<u> </u>
10		<1	7.7	5.0	<1	0.7	0.049	0.057		
11		<1	8.2	5.0	<1	0.7	0.044	0.058	***************************************	
12	······································		8.1	5.0	İ	0.6	0.043	0.057		†
13			8.2	5.0		0.7	0.055	0.000		
14	neter Accidentation	<1	7.6	5.0	<1	0.6	0.052	0.058		
15			7.5	5.0	İ	1.0	0.030	0.056		
16			7.4	5.0		0.7	0.043	0.055	***************************************	
17		<1	8.2	5.0	<1	0.7	0.045	0.056	***************************************	
18		<1	8.2	5.0	<1	0.6	0.062	0.061	a. 600,000	
19			8.1	5.0		0.5	0.052	0.055		
20	<2	<1	8.2	5.0	<1	0.5	0.042	0.056	34	42
21			7,9	4.4		0.5	0.049	0.049		
22			7.5	5.0		0.5	0.032	0.033		
23			7.6	3.3		0.6	0.040	0.000		
24		<1	8.2	4.7	<1	0.8	0.040	0.058		1
25		<1	7.6	2.5	<1	1.0		0.064		-
26	CONTRACTOR OF THE PROPERTY OF		7.3	3.1	***************************************	0.8	***************************************	0.058		
27		<1	7.3	1	<1			0.058		
				1.0		0.6	0.033			
28			7.2	5.0		0.6		0.060		
29	***************************************		7.2	5.0		0.6		0.060		-
30	No discount to the second of the second	<1	7.5	1.0	-	0.9		0.059		
	EEINO:	31	7.4	1.0	<1	1.0	0.104	0.000		
PLANT STA Day Shift O Day Shift O	perator	Class:		tification No.:						
Day Shift O		Class:		tification No.:						-
Day Shift O	perator	Class: _C		tification No.:	******************************		Alfred Gerard			_
Lead Opera		Class: _A_		tification No.;	***************************************		William Tren	del		_
Type of Effl	uent Disposa	Il or Reclaime	d Water Reu	ise:	Sprayfield			***************************************	or enable or each or extension	
Limited Wet V	Veather Disch	arge Activated: \	res:	No:	Not Applicable	: 🗸 🛚 🖽	yes, cumulative	days of wet weath	ner discharge	e

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

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Aqua Utilities, Fl.

PERMIT NUMBER:

FLA011078

MAILING ADDRESS:

P.O. Box 490310

Leesburg, FL 34748

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

Monthly

FACILITY:

Florida Central Commerce Park WWTP

MONITORING GROUP NUMBER:

R-001

Domestic

LOCATION:

140 Hope Street Longwood, FL

MONITORING GROUP DESC:

Public Access Irrigation, including Influent

NO DISCHARGE FROM SITE:

[]

09/01/2009 To: 09/30/2009 Seminole MONITORING PERIOD-From: COUNTY:

Parameter		Quantity o	f Loading	Units	Quality	or Concentr	ation	Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.039	and the company of the second	mgd					0	5 Days/Week	Flow-meter
PARM Code; 50050 Y Mon.Site No. FLW-2	Permit Measurement	0.095 (An Avg.)		mgd						5 Days/Week	Flow-meter
Flow	Sample Measurement	0.050		mgd				50 × 1800 No. 100 No. 100	0	5 Days/Week	Flow-meter
PARM Code, 50050 Mon Site No. FLW-2	Permit Measurement	Report (Mo:Avg.)	0.4154 (6.5) 101.15 <u>7</u> 3.41	mgd			12.00 H			5 Days/Week	Flow-meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.3			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 Y Mon Site No. EFA-1	Permit: Measurement		Charles		20.0 (An. Avg.)			MG/L	1200	Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			700	2.2	2.3		MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 I Mon Site No. EFA-1	Permit :				30.0 (Mo.Avg.)	60.0 (Max.)	74.65 (745) 51.945 hd	MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				1.2	# 0.00 A 0 MB 0.00 B 0.00 A 0.00 A 0.00 A		MG/L	0	3 Days/Week	Grab
PARM Code, 00530 - I Mon Site No. EFB-1	Permit				5.0 (Max.)			MG/L		3 Days/Week	Grab
рН	Sample Measurement				7.0	7.9		S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon Site No. EFA-1	Permit Measurement			11.07	6.0 (Min)	8.5 (Max)		S.U.		5 Days/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 besef, 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...

		ENT TELEPHONE NO.	The second secon
Villiam Trendel / Sen. Facilities Operator	(1VIIIm Quadel)	407-509-8398	09/10/18
OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference	ce all attachments here): (Attach additional sheets if necess	sary.)	10/

C

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER: R001

				MONITO	RING PERIOD	From:	09/01/2009	To:		09/30/2009	
Parameter	de constant au antiqui	Quantity of Loading Units Quality or Concentration					ration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detecton	Sample Measurement				100%		Angeliana Amerika da kanana parini yi kananane ya yani	#/100mL		3 Days/Week	Grab
PARM Code, 51005 I Mon Sile No. EFA-1	Permit Measurement				75 (Min.)			#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement						1.0	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 I Mon Site No. EFA-1	Permit Measurement						25 (Max)	#/100mL		3 Days∕Week	Grab
For Disinfection)	Sample Measurement				1.0			MG/L	0	Continuous	analyzer
PARM Code, 50060 A Mon Site No. EFA-1	Permit Measurement				1.0 (Min)			MG/L		Continuous	analyzer,
Turbidity	Sample Measurement				2.20			NTU	0	Continuous	analyzer
PARM Code, 00070 L Mon Site No. EFA-1	Permit Measurement				Report (Max)			NTU	Ť	Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				40			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 G Mon Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				63			MG/L	0	Every Two Weeks	Grab
PARM Code, 00530 G Mon Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Flow	Sample Measurement	0.042		MG/D					0	5 Days/Week	
PARM Code, 50050 P Mon Site No. FLW-1	Permit Measurement	0.095 (An.Avg.)		MG/D				in a series of the series of		5 Days∕Week	
Flow	Sample Measurement	0.044	0.045	MG/D					0	5 Days/Week	
ARM Code, 50050 Q Ion Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo Avg.)	MG/D						5 Days/Week	
ercent Capacity, FMADF/Permitted Capacity) 100	Sample Measurement				47,7%				0	Percent	Calculated
ARM Code, 00180 I lon.Site No. FLW-1	Permit Measurement				Report					Percent	Calculated
	Sample Measurement					11 (12)		\$20 A A B A SA			
	Permit Measurement			10.5					0.16		

PermitNumber: FLA011078

Monitoring P	Period	From:	9/1	/09	To:	9/3	0/09			
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L
Code	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INF-01	INF-01
1		<1	7.4	1.0	<1.1	1.0	0.060	0.061		
2			7.4	3.3		0.8	0.082	0.055	Marketon,	
3	2.3	<1	7.5	5.0	<1	0.8	0.044	0.060	38	61
4			7.5	5.0		0.8	0.059	0.059		
5			7.6	4.5		1.0	0.013	0.058		
6			7.5	4.3		1.2	0.032	0.058		
7	** According to the Common and According to		7.6	5.0		1.9	0.019	0.061		
8		<1	7.7	5.0	<1	2.1	0.046	0.000		
9			7.6	2.4		1.9	0.048	0.000		
10		<1	7.6	5.0	<1	1.4	0.053	0.000		***************************************
11		<1	7.7	4.0	<1	1.3	0.053	0.059	***************************************	*******************************
12			7.4	4.0		1.3	0.031	0.056		***************************************
13		Communication (Communication Communication C	7.6	3.9		1.8	0.030	0.058	***************************************	
14		<1	7.6	5.0	1	1.9	0.059	0.056		
15		<1	7.7	2.3	<1	2.2	0.037	0.058		
16			7.5	5.0		1.5	0.061	0.058		
17	2.1	<1	7.1	5.0	<1	1.1	0.038	0.058	41	65
18			7.6	5.0		0.7	0.038	0.058	41	65
19			7.9	5.0		0.9	0.022			
20			7.6	5.0		0.9	0.025	0.083		
21			7.9	5.0		1.4	0.023	0.100		Annual Contract Contr
22		<1	7.6	5.0	<1	1.5	0.059	0.039		
23		<1	7.4	1.0	<1	1.7	0.059			
24		<1	7.4	5.0	<1	1,1		0.063		and the commence of the commen
25			7.6	5.0		CONTRACTOR OF THE STATE OF THE	0.061	0.063		
26			7.6	1.0		1.0	0.031	0.000		
27		-	7.4	5.0		0.8	0.028	0.000		
28			7.4	1.0		0.8	0.039	0.022		
29		<1			10	1.2	0.055	0.064		
30		<1	7.0	5.0	1.2	1.0	0.045	0.055		
31			1.1	5.0	<1	1.1	0.047	0.057		
PLANT STAF Day Shift Ope Day Shift Ope Day Shift Ope Day Shift Ope	erator (erator (Class: Class: Class: Class: _C_	Certif Certif	fication No.: fication No.: fication No.:	11993	*	Alfred Gerardo			
Lead Operato Type of Efflue	or ent Disposal	Class: _A_ or Reclaimed	Certif Water Reus	fication No.:	9184 Sprayfield	_	William Trend	el		
Limited Wet We	eather Dischar	rge Activated: Ye	es:	No:	Not Applicable:	✓ Hy	es, cumulative d	ays of wet weather	er discharge	

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

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Aqua Utilities, FI.

PERMIT NUMBER:

FLA011078

MAILING ADDRESS:

P.O. Box 490310 Leesburg, FL 34748

LIMIT: CLASS SIZE: Final N/A R-001 REPORT GROUP

Monthly Domestic

FACILITY: LOCATION

Florida Central Commerce Park WWTP

140 Hope Street Longwood, FL

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

Public Access Irrigation, including Influent

COUNTY:	Seminole		MONITO	RING PERIOD-I	From:	10/01/2009	To:		10/31/2009	
Parameter		Quantity of Loading	Units	Quality or Concentration			Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.039	mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 Y Mon.Site No. FLW-2	Permit Measurement	0.095 (An:Avg.)	mgd						5 Days/Week	Flow-meter
Flow	Sample Measurement	0.044	mgd					0	5 Days/Week	Flow-meter
PARM Code, 50050 I Mon.Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)	mgd						5 Days/Week	Flow-meter.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.3			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 Y Mon.Site No. EFA-1	Permit Measurement			20.0 (An. Avg.)			MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.4	2.9		MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 I Mon.Site No. EFA-1	Permit Measurement			30.0 (Mo.Avg.)	60,0 (Max.)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement			1.4			MG/L	0	3 Days∕Week	Grab
PARM Code, 00530 I Mon.Site No. EFB-1	Permit Measurement			5.0 (Max.)			MG/L		3 Days/Week	Grab
pH	Sample Measurement			7.3	8.0		S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon Site No. EFA-1	Permit Measurement			6.0 (Min)	8.5 (Max)		S.U.		5 Days/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 cossibility of fine and imprisonment for knowing violations.

A SECTION OF THE PROPERTY OF T	The state of the s	er for the management of the second	The second section of the second seco
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMYDD)
William Trendel / Sen. Facilities Operator COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all a	William Gendel	407-509-8398	09/11/20
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all a	ttachments here): (Attach additional sheets if necessary.		- / /

6

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER: R001

					RING PERIOD-F		10/01/2009		Ma	10/31/2009 Frequency	Sample Type
Parameter	The state of the s	Quantity o	f Loading	Units	Quality	or Concentr	ation	Units	No. of Ex	of Analysis	Sample Type
Coliform, Fecal, % less than detecton	Sample Measurement				100%	e e entre		#/100mL		3 Days/Week	Grab
PARM Code, 51005 I Mon Site No. EFA-1	Permit Measurement				75 (Min.)			#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement						1 0	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 Mon Site No. EFA-1	Permit Measurement						25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				3.4			MG/L	0	Continuous	analyzer
PARM Code, 50060 A Mon.Site No. EFA-1	Permit Measurement				1.0 (Min)	26.54		MG/L		Continuous	analyzer
Turbidity	Sample Measurement	11000			1.30			NTU	0	Continuous	analyzer
PARM Code, 00070 I Mon.Site No. EFA-1	Permit Measurement		Brenning British		Report (Max)			NTU		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				49			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				66			MG/L	0 ·	Every Two Weeks	Grab
PARM Code, 00530 G Mon Site No. INF-1	Permit Méasurement			And a second of the second of	Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Flow	Sample Measurement	0.041		MG/D					0	5 Days/Week	
PARM Code, 50050 P Mon.Site No. FLW-1	Permit Measurement	0.095 (An.Avg.)		MG/D						5 Days/Week	
Flow	Sample Measurement	0.041	0.044	MG/D					0	5 Days/Week	
PARM Code, 50050 Q Mon.Site No. FLW-1	Permit Measurement	Report (Mo.Ayg.)	Report (3-Mo.Avg.)	MG/D						5 Days/Week	
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement		The state of the s	TO THE PERSON NAMED IN COLUMN TO THE	46.0%				0	Percent	Calculated
PARM Code, 00180 I Mon.Site No. FLW-1	Permit Measurement		Programme and the second secon		Report					Percent	Calculated
	Sample Measurement					Name of the state					
	Permit Measurement										

PermitNumber: FLA011078

Code Mon.Site II 2 3 4 5 6 7	B0D5 mg/L) B0082 EFA-1	Fecal Coliform Bacteria (#/100ml) 74055 EFA-1	pH (S.U.) 00400 EFA-1 7.6 7.3 7.4	TRC (For Disinfect.) (mg/L) 50060 EFA-1 5.0 5.0	TSS (mg/L) 00530 EFA-1	Turbidity (NTU) 50060 EFA-1	50050 FLW-1	50050	(mg/L) 80082	TSS (mg/L
Mon.Site 1 2 3 4 5 6 7 7	EFA-1	EFA-1 <1	7.6 7.3 7.4	EFA-1 5.0	EFA-1			-		00530
1 2 3 4 5 6 7 7		<1	7.6 7.3 7.4	EFA-1 5.0	EFA-1			-		
2 3 4 5 6 7	2.2		7.3 7.4		<1			FLW-2	INF-01	INF-01
3 4 5 6 7		<1	7.4	5.0		1.0	0.039	0.055	76	96
4 5 6 7		<1		grappy - tractic committee and an arrangement		0.8	0.030	0.051		1 1
5 6 7		<1		5.0		0.8	0.035	0.053	manager particles and appropriate	E and the second of the second
6 7	and the state of t	<1	1.4	5.0		0.9		0.069	e (nerve i v.) parec. Principality successive par	-
7			8.0	5.0	<1	1.1		0.066		
	The second secon	<1	7.5	5.0	<1	0.9		0.068		
	-		7.9	5.0	-	0.7	The second second	0.064	Marian Paramanan da Baranan da Antonio	
8		<1	7.7	5.0	<1	0.9	0.032	0.070		
9	1		7.4	5.0		0.7	0.065	0.000	Commence personal commence of the commence of	
10			7.8	3.4		0.8	0.039	0.073	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
11			7.9	5.0		1.0	0.047	0.069		
12		<1	7.4	5.0	<1	1.3	0.054	0.072	manage and a second control of the second	*****
13	1	<1	8.0	5.0	<1	0.8	0.049	0.073		<u> </u>
14	i		8.0	5.0		0.7	0.031	0.000	COLORO SERVICIONES CONTRACTOR DE LA COLORO DEL COLORO DE LA COLORO DEL COLORO DE LA COLORO DE LA COLORO DE LA COLORO DE LA COLORO DE LA COLORO DE LA COLORO DE LA COLORO DE LA COLORO DE LA COLORO DE LA COLORO DE LA COLORO DEL COLORO DE LA COLORO DE LA COLORO DE LA COLORO DE LA COLORO DE LA COLORO DE LA COLORO DE LA COLORO DE LA COLORO DE LA COLORO DE LA COLORO DE LA COLORO DE LA COLORO DE LA COLORO DE LA COLORO DE LA COLORO DE LA COLORO DEL COLORO DEL COLORO DE LA COLOR	
15	<2	<1	7.5	5.0	<1	0.6	0.040	0.059	25	48
16	1		7.8	5.0		0.9	0.046	0.057	The second section of the second section is a second section of the section of the	
17			7.4	5.0		0.9	A CALL SECTION AND ADDRESS OF THE PARTY OF T	0.058	time and the state of the state	# CALLET TO THE PARTY OF THE PA
18			8.0	5.0		0.6	f	0.000		
19		<1	7.5	5.0	1.4	1.3		0.057	ACQUITMENT TO THE TAXABLE CO. O. C. C. C. C. C. C. C. C. C. C. C. C. C.	And the second s
20		<1	7.7	5.0	<1	0.6	Prince Committee	0.000		
21	1		7.8	5.0		0.6		0.056	erentation and a second	
22		<1	7.7	5.0	<1	0.5	Andrew Control of the	0.000	CAMPET TO COMMANDER STREET OF THE 200	
23	····		7.8	5.0		0.6		0.061		ļ ———
24		1	7.5	4.7		0.5		0.000	manage of some sale of a second contract	
25			7.4	5.0		0.6		0.000	Marie a discourance delete	i
26		<1	7.6	5.0	1,1	0.5	-	0.000		1
27	**************************************	<1	7.8	5.0	<1	0.8	The second contract to the contract of	0.061		
28			7.8	5.0	T	0.7		0.060	A 1880 A A A A A A A A A A A A A A A A A A	
29	2.9	<1	7.8	5.0	<1	0.8		0.065	45	53
30			7.4	5.0	1	1,1	0.054	0.057		1
31			7.7	1		1.0		0.000	and y go, " or and and policy gray	
PLANT STAFF Day Shift Oper Day Shift Oper Day Shift Oper Day Shift Oper	ator ator ator ator	Class: Class: Class: Class: _C_	Cer Cer Cer	tification No.: tification No.: tification No.: tification No.:	11993		Alfred Gerard	do		-
Lead Operator Type of Effluen		Class: _A_		tification No.:	9184 Sprayfield		William Tren	del		-

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

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Aqua Utilities, Fl.

140 Hope Street

Longwood, FL

PERMIT NUMBER:

FLA011078

MAILING ADDRESS:

P.O. Box 490310 Leesburg, FL 34748

LIMIT:

Final REPORT:

GROUP:

Monthly Domestic

FACILITY: LOCATION: Florida Central Commerce Park WWTP

CLASS SIZE: MONITORING GROUP NUMBER: NIA R-001

MONITORING GROUP DESC:

Public Access Irrigation, Including Influent

NO DISCHARGE FROM SITE:

[]

COUNTY: Seminole MONITORING PERIOD-From: 11/01/2009 To: 11/30/2009

Parameter		Quantity o	f Loading	Units	Quality or Concentration			of of		Frequency of Analysis	Sample Type	
Flow	Sample Measurement	0.039		mgd	00000000000000000000000000000000000000				0	5 Days/Week	Flow-meter	
PARM Code, 50050 Y Mon Site No. FLW-2	Permit Measurement	0.095 (An Avg.)		mgd						5 Days/Week	Flow-meter	
Flow	Sample Measurement	0.032		mgd					0	5 Days/Week	Flow-meter	
PARM Code, 50050 I Mon Site No: FLW-2	Permit Measurement	Report (Mo.Avg.)		mgd						5 Days/Week	Flow-meter	
BOD, Carbonaceous 5 day, 20C	Sample Measurement		and the second s		2.2	The state of the s		MG/L	0	Every Two Weeks	Grab	
PARM Code, 80082 Y Mon Site No. EFA-1	Permit Measurement				20.0 (An: Avg.)			MG/L		Every Two Weeks	Grab	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1	2.1		MG/L	0	Every Two Weeks	Grab	
PARM Code, 80082 I. Mon Site No. EFA-1	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	Grab	
Solids, Total Suspended	Sample Measurement				1.4	The second secon		MG/L	0	3 Days/Week	Grab	
PARM Code, 00530 I Mon Site No. EFB-1	Permit Measurement				5.0 (Max.)			MG/L		3 Days/Week	Grab	
рН	Sample Measurement				7.0	7.9		S.U.	0	5 Days/Week	Grab	
PARM Code, 00400 I Mon Site No. EFA-1	Permit Measurement				6.0 (Min)	8.5 (Max)		S.U.		5 Days/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 (YYAMADD)
William Trendel / Sen. Facilities Operator	rence all attachments here): (Attach artitional sheets if necessary	407-509-8398	09/12/13
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Refe	rence all attachments here): (Attach additional sheets if necessary)	1	011

75

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER: R001

				MONITO	RING PERIOD-	From:	11/01/2009	To:		11/30/2009	
Parameter	of the state of th	Quantity o	of Loading	Units	Quality	or Concentr	ation	Units	No. of Ex	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detecton	Sample Measurement				100%			#/100mL		3 Days/Week	Grab
PARM Code, 51005 I Mon Site No. EFA-1	Permit Measurement			**	75 (Min.)			#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement						1.0	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 I Mon Site No. EFA-1	Permit Measurement						25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.1			MG/L	0	Continuous	analyzer
PARM Code, 50060 A Mon Site No. EFA-1	Permit Measurement				1.0 (Min)			MG/L		Continuous	analyzer
Turbidity	Sample Measurement				1.80			NTU	0	Continuous	analyzer
PARM Code, 00070 - 1 Mon Site No. EFA-1	Permit Measurement				Report (Max)			NTU		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				253			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 . G Mon Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				165			MG/L	0	Every Two Weeks	Grab
PARM Code, 00530 G Mon Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Flow	Sample Measurement	0.042		MG/D	***************************************				0	5 Days/Week	
PARM Code, 50050 P Mon Sile No. FLW-1	Permit Measurement	0.095 (An.Avg.)		MG/D						5 Days/Week	
Flow	Sample Measurement	0.042	0.042	MG/D	and the second s				0	5 Days/Week	
PARM Code, 50050 Q Mon Site No. FLW-1	Permit Measurement	Report (Mo Avg.)	Report (3-Mo.Avg.)	MG/D						5 Days/Week	
Percent Capacity, TMADF/Permitted Capacity) K 100	Sample Measurement				44.6%				0	Percent	Calculated
PARM Code, 00180 I Mon Site No. FLW-1	Permit Measurement				Report					Percent	Calculated
	Sample Measurement				***************************************					57 minutes (1,5 cm reg.)	
	Permit Measurement		water in							* · · · · · · · · · · · · · · · · · · ·	

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring P	eriod	From:	11/1	/09	To:	11/3	0/09			
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
Code	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INF-01	INF-01
1			7.5	5.0		0.9	0.025	0.000		
2		<1	7.7	5.0	1	0.9	0.061	0.000		
3	getting a very section of the contract of the	<1	7.8	5.0	1.4	- 1.0	0.054	0.060		
4			7.4	5.0	İ	0.9	0.048	0.022		1
5	,	<1	7.1	5.0	<1	0.8	0.055	0.060	***************************************	
6			7.0	2.0		1.1	0.042	0.055		
7			7.5	5.0		0.9	0.025	0.000	***************************************	1
8			7.6	3.0		0.8	0.034	0.068	and the second of the second o	A THE STREET STREET, S
9	A SECTION AND AND ADDRESS OF THE PARTY OF TH	<1	7.6	4.2	<1	0.7	0.051	0.000	The second secon	1
10		<1	7.3	1.4	<1	1.2		0.000		
11			7.4	3.6		1.0	0.059	0.000	AND A COMMENTAL OF THE PARTY OF	***************************************
12	2.0<	<1	7.5	2.8	<1	0.8	0.056	0.059	66	110
13			7.5	2.5		0.9		0.052		1
14	and the second s		7.2	5.0		0.7	0.029	0.059		
15			7.5	5.0		0.8		0.059		
16		<1	7.5	1.5	<1	0,6	0.060	0.060	Sin seminary application of the sind decident	·
17	- * ** · ** · · · · · · · · · · · · · ·	<1	7.6	5.0	<1	0.9	0.050	0.000	***************************************	
18	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7.5	1.5	İ	1.0		0.000		1
19		<1	7.6	5.0	<1	0.8	0.056	0.124		
20			7.5	3.6		0.7	0.037	0.055		
21			7.5	5.0		0.7		0.000		1
22			7.3	5.0		0.8		0.000	**************************************	
23			7.5	4,4	<1	0.7	0.038	0.000		100 gr
24	2.1	<1	7.5	5.0	<1	0.8		0.000	440	220
25	4. 1	<1	7.4	1.1	<1	0.9		0.054		
25			7.5	5.0	<u> </u>	0.9	1	0.056		
27		<1	7.6	5.0	AND THE CONTRACT OF THE PARTY O	0.8	CONTRACTOR AND ADMINISTRATION OF THE PROPERTY	0.058		
28			7,3	5.0		1.8	***************************************	0.056	***************************************	
29			7.8	5.0		1.2	***************************************	0.000		
30		<1	7.9	5.0	<1	0.8	A CONTRACTOR OF THE PROPERTY O	0.000		
31				3.0			0.000			
PLANT ST/ Day Shift O Day Shift O Day Shift O Day Shift O Lead Opera	perator perator perator perator ator	Class: Class: Class: _C Class: _C_ Class: _A_ al or Reclaime	Cer Cer Cer	tification No. tification No. tification No. tification No. tification No. use:	11993		Alfred Gerar William Tren			
Limited Wet	Weather Disch	arge Activated:	Yes:	No:	Not Applicable	· J If	yes, cumulative	days of wet weatt	ner discharg	e

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME:

Mon Site No. EFA-1

Aqua Utilities, Fl.

PERMIT NUMBER:

CLASS SIZE:

FLA011078

MAILING ADDRESS:

P.O. Box 490310 Leesburg, FL 34748

LIMIT:

Final N/A

REPORT GROUP:

Monthly Domestic

5 Days/Week

Grab

S.U.

FACILITY: LOCATION: Florida Central Commerce Park WWTP

140 Hope Street Longwood, FL

Measurement

MONITORING GROUP NUMBER: MONITORING GROUP DESC

R-001

Public Access Irrigation, Including Influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD -- From: 12/01/2009 To: 12/31/2009 COUNTY: Seminole No. Frequency Sample Type Quantity of Loading Units Quality or Concentration Units Parameter of Ex Analysis Flow Sample Flow-meter 0.039 mgd 5 Days/Week Measurement PARM Code, 50050 Y Permit 0.095 5 Days/Week Flow-meter mgd Mon Site No. FLW-2 Measurement (An:Avg.) Flow Sample 5 Days/Week Flow-meter 0.039 mgd Measurement PARM Code, 50050 1 Report Permit. 5 Days/Week Flow-meter mgd Mon Site No. FLW-2 (Mo.Avg.) Measurement BOD, Carbonaceous Sample Every Two 2.2 MG/L Grab 5 day, 20C Weeks Measurement PARM Code: 80082 Y Permit 20.0 5 Every Two MG/L Grab Mon Site No. EFA-1 Weeks Measurement (An Avg.) BOD, Carbonaceous Sample Every Two 2.4 Grab 2.0< MG/L 5 day, 20C Measurement Weeks 60.0 PARM Code, 80082 I Permit 30.0 Every Two Grab MG/L Mon Site No. EFA-1 Measurement (Mo.Avg.) (Max.) Weeks Solids, Total Suspended Sample MG/L 1.3 3 Days/Week Grab Measurement PARM Code, 00530 Permit 5.0 MG/L 3 Days/Week Grab Mon Site No. EFB-1 Measurement (Max.) Sample 6.7 7.9 S.U. 5 Days/Week Grab Measurement Permit PARM Code, 00400 8.5 6.0

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

(Min)

(Max)

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OLUQUE)	407-509-8398	10/01/18
3	the state of the state of the same	11/10/10 407-509-8398

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER:: R001

,				MONITO	RING PERIOD-	-From:	12/01/2009			12/31/2009	
Parameter		Quantity o	f Loading	Units	Quality	or Concent	ration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detecton	Sample Measurement				100%			#/100mL		3 Days∕Week	Grab
PARM Code, 51005 I Mon Site No. EFA-1	Permit Measurement		77	4	75 (Min.)			#J100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement						7.0	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 I Mon Site No. EFA-1	Permit Measurement						25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			il communication of the commun	1.0			MG/L	0	Continuous	analyzer
PARM Code, 50060 A Mon Site No. EFA-1	Permit Measurement				1.0 (Min)			MG/L		Continuous	analyzer ⁴
Turbidity	Sample Measurement				2.50			NTU	0	Continuous	analyzer
PARM Code, 00070 I Mon Site No. EFA-1	Permit Measurement				Report (Max)			NTU		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				65			MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 G Mon.Site No. INF-1	Permit Measurement				Report (Mo.Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				92			MG/L	0	Every Two Weeks	Grab
PARM Code, 00530 G Mon.Site No. INF-1	Permit Measurement				Report (Mo Avg.)	Allender Artikalis (1990) - Artikalis (1990) -		MG/L		Every Two Weeks	Grab
Flow	Sample Measurement	0.043		MG/D					0	5 Days/Week	7,000
PARM Code, 50050 P Mon Site No. FLW-1	Permit Measurement	0.095 (An:Avg.)		MG/D						5 Days/Week	
Flow	Sample Measurement	0.048	0.044	MG/D					0	5 Days/Week	
PARM Code, 50050 Q Mon Site No. FLW-1	Permit Measurement	Report (Mo Avg.)	Report (3-Mo.Avg.)	MG/D						5 Days/Week	
Percent Capacity, TMADF/Permitted Capacity) (100	Sample Measurement				46.0%				0	Percent	Calculated
PARM Code, 00180 I Mon Site No. FLW-1	Permit Measurement				Report					Percent	Calculated
	Sample Measurement		2, 403 SOM STATE			2 2 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7					
	Permit Measurement			¥		Si Manifestri			51.15		

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring F	Period	From:	12/1	1/09	To:	12/3	1/09			
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (S.U.)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)
Code	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INF-01	INF-01
1		<1	7.9	5.0	<1	1.1	0.046	0.000		
2			7.3	5.0		0.7	0.042	0.054		
3		<1	7.4	3.4	<1	0.6	0.054	0.054		
4	***************************************		7.3	5.0		0.6	0.064	0.000		
5	AA (0 T 0 T 0 T 0 T 0 T 0 T 0 T 0 T 0 T 0		7.3	5.0		0.5	0.061	0.000		
6			7.4	5.0		0.8	0.031	0.000		
7		<1	7.4	4.3	<1.3	1.4	0.037	0.000		
8		<1	7.4	3.4	<1	1.0	0.069	0.000		
9			7.4	4.6		0.8	0.052	0.056		
10	<2	7	7.4	5.0	<1	0.8	0.052	0.058	99	140
11			7.4	3.5		1.3	0.059	0.054	33	140
12			7.2	4.2		1.9	0.024	0.057		
13			7.3	4.2		2.5	0.033	0.054	***************************************	
14		<1	7.4	3.8	<1	2.5	0.066	0.062		
15		<1	7.3	3.7	<1	1.8	0.054	0.068		
16			7.3	3.2		1.4	0.060	0.057		
17		<1	7.4	3.3	<1	1.0	0.045	0.056		
18			7.2	5.0		1.1	0.032	0.057		
19		No. 200 (100 (100 (100 (100 (100 (100 (100	7.3	3.4	-	1.1	0.032	0.054	Marketon	A hear confidencia con company or company of the company of the contract of the company of the c
20	0178700 0444440041417		7.5	3.4		1.4	0.052	0.056		
21	V 80 4 100 4 100 100 100 100 100 100 100 10	<1	7.8	2.5	<1	1.5	0.063	0.000		
22	<2	<1	7.0	2.5	<1	1.5	0.074	0.057	30	44
23		<1	6.8	1.0	<1	1.7	0.052	0.071	30	1
24			6.7	4.0		1.5	0.032	0.071		
25			6.9	5.0		1.0	0.024	0.000		<u> </u>
26			7.0	5.0		0.9	0.040	0.071		
27			7.3	5.0		0.9	0.037	0.000	***************************************	
28		<1	7.3	5.0	<1	1.2	0.058	0.071		
29	**************************************	<1	7.7	5.0	<1	1.1	0.048	0.081		***************************************
30			7.4	5.0		1.0	0.050	0.000		
31	*****	<1	7.5	5.0	<1	0.8	0.038	0.000		
PLANT STA	FFING:		7.0	3.0		0,0	0.048	0.000;		
Day Shift Op Day Shift Op Day Shift Op Day Shift Op	perator perator perator	Class: Class: Class: Class: _C	Cert Cert	ification No.: ification No.: ification No.: ification No.:	***************************************	94 	Alfred Coro	0		-
Lead Opera		Class: _A_		ification No.:	9184		Alfred Gerard William Trend			•
the control of the second second		I or Reclaime			Sprayfield				***************************************	-
		irge Activated: Y	-	No:	Not Applicable	D H	ves cumulative	days of wet weath	er dischame	

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguira Boulevard Suite 232, Orlando, Florida 32903-3767

Agua Utilities, FI PERMITTEE NAME

P O Box 490310

PERMIT NUMBER

FLA011078

MAILING ADDRESS

Leesburg, FL 34748

LIMIT CLASS SIZE Final REPORT N/A GROUP

Monthly

Domestic

FACILITY

Florida Central Commerce Park WWTP

MONITORING GROUP NUMBER

R-001

LOCATION

140 Hope Street Longwood, FL

MONITORING GROUP DESC NO DISCHARGE FROM SITE.

Public Access Irrigation, including Influent []

COUNTY:	Seminole		MONITORIN	IG PERIOD-From	01/01/2010	To		01/31/2010	
Parameter		Quantity of Loading	Units	Quality or Conce	entration	Units	No of Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.040	mgd	patring and the same and the sa	**		0	5 Days/Week	Flow-meter
PARM Code, 50050 Y Mon.Site No. FLW-2	Permit Measurement	0.095 (An Avg.)	mgd					5 Days/Week	Flow-meter
Flow	Sample Measurement	0 036	mgd	The second of th	are the second	•L,	0	5 Days/Week	Flow-meter
PARM Code, 50050 Mon.Site No. FLW-2	Permit Measurement	Report (Mo Avg.)	mgd		-			5 Days/Week	Flow-meter
BOD, Carbonaceous 5 day 20C	Sample Measurement			2 2		MG/L		Every Two Weeks	Grab
PARM Code, 80082 Y Mon.Site No. EFA-1	Permit Measurement	and the second s		20.0 (An. Avg.)	a source of the second second	MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			23 25		MG/L		Every Two Weeks	Grab
PARM Code, 80082 Mon. Site No. EFA-1	Permit Measurement			30 0 60.0 (Mo Avg.) (Max.)		MG/L		Every Two Weeks	Grab
Solids Total Suspended	Sample Measurement	N 2	The second of	3 1	· · · · · · · · · · · · · · · · · · ·	MG/L	0	3 Days/Week	Grab
PARM Code, 00530 1 Mon Site No EFB-1	Permit Measurement			5.0 (Max.)		MG/L		3 Days/Week	Grab
рН	Sample Measurement			65 76		S.U	0	5 Days/Week	Grab
PARM Code, 00400 Mon Site No EFA-1	Permit Measurement			6.0 8.5 (Min) (Max)		S.U.		5 Days/Week	Grab

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

MINOPAL EXECUTIVE OF FICEN OF ALTHOPIZED AGENT

HAMEITITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

William Trendet / Sen Facilities Operator

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

TELEPHONE NO

407-509-8398

DISCHARGE MONITORING REPORT - PART A (Continued)

		and the second		MONITO	RING PERIOD	From	01/01/2010			11/31/2010	15301
Parameter		Quantity	of Loading	Units	Control of the last of the las	y or Concer	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	Units	No of	Frequency	Sample Typ
Coliform Fecal. % less than detection	Sample Measurement				100%			#/100m.	£x	Analysis 3 Days/Week	Grab
PARM Code, 51005 I Mon Site No. EFA-1	Permit Measurement				75 (Man)			#/100m		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement	1	(F)		(100011.)	¥	10	#/100mi	0	3 Days/Week	. Grab
PARM Code 74055 I Mon Site No EFA-1	Permit Measurement				to the second service		25	#/100mi.	-	3 Days/Week	Grab
Total Residual Chlorine For Disinlection)	Sample Measurement	, £ =			16	ON A STREET	(Max)	MGA	0	Continuous	analyzer
PARM Code, 50050 A Mon Site No EFA-1	Pernyl Measurement				1.0		* #	MGA		3,5, 1343	
Turbidity	Sample		1 (41 - 141)		(Min) 3 00				74	Continuous	analyzer
PARM Code, 00070	Measurement Permit				Report			NTL		Continuous	analyzer
Aon Site No EFA-1	Measurement Sample				(Max)	8 B 8 1	1774 m	NTU		Continuous Every Two	anaiyzer
PARM Code 80082 G	Permit Permit				Report	Market 1	Seculation III . Se	MG/L		Waeks Every Two	Grat
Aon Site No. INF-1 Solids Total Suspended	Measurement Sample		70 - 680 -		(Mo.Avg.)	Ne ora co	96 - 51	MGA		Weeks Every Two	Grab
ARM Code 00530 G	Measurement Permit				155 Report	₩ (300		MG/L		Weeks Every Two	Grab
Aon Sila No INF-1 Flow	M##Surement Sample				(Mo.Avg.)	•(0)		MG/L	1	Weeks	Grab
10110.4.1010.0	Measurement	\$ 043		MG/D						5 Days Week	
ARM Code, 50050 P Non Site No FLW-1	Permil Measurement	0 095 (An Avg.)		MG/D						5 Days Week	
Flow	Sample Measurement	0 045	0.045	MG/B	11.2.000 m of the			**	:	5 Days.Week	
ARM Code, 50050 Q on Site No. FLW-1	Permit Measurement	Report (Mo Avg.)	Report (3-Mo.Avg.)	MG/D			**** 5: * * *			5 Days/Week	
rcent Capacity MADF/Permitted Capacity 100	Sample Measurement		e recent Company of	4 1-14-1-	42.4%				ē.	Percer	Ca-culated
ARM Code 00180 I on Site No. FLW-1	Permil Measurement				Report					Percent	Calculated
r howell	Sample Measurement Permit						. igi				

PermitNumber FLA011078

Facility Name Florida Central Commerce Park WWTP

77	CBODS (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (S.U.)	TRC (For Disinfect) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L
Code Mon Site	80082 EFA-1	74055 EFA-1	00400 EFA-1	50060 EFA-1	00530 EFA-1	50060 EFA-1	50050 FLW-1	50050 FLW-2	80082 INF-01	00530 INF-01
1			7.4	5.0	TO THE REAL PROPERTY.	0.7	0 029	0 000		a to make an east.
2			7 4	3 2		0.8	0 D65	0 000		
3			74	1 0		1 2	0 048	0.000		
4		<1	7.4	5.0	<1	1 3	0 051	0 000		
5		<1	7 4	5.0	< 1	1.2	0 067	0 000		
G			7 3	2 2		1 3	0 046	0 000		
.7	<2	< 1	70	1.0	<1	20	0 054	0.000	86	18
8			72	5 0		3 0	0 049	0 000		
9			6.5	5 0		3 0	0 028	0 000		
10			6 9	5.0		3 0	0.043	0 006		
1.1		<1	6.8	10	3.1	3 0	0 020	0 057		
12			6 9	10		3 0	0 002	0 010		
13			6.8	10		3 0	0.055	0 100		
14			6.8	10		30	0.054	0 055		
15			7.0	1.3		3.0	0 040	0 056		
16			7 1	40		3.0	0 021	0.050		
5.7			73	13		1.7	0.046	0 000		
18		× 1	74	3 3	× 1	1.1	0.059	0.054		
1 G		8.1	7 3	3.8	<1	1.2		0.056		
20			7.3	4.2		1.5	0.058	0 054		
21	2.5	<1	7.1	3.5	1.3	1 9	0.054	0.055	99	13
22			6 9	2.7		2 3	0.056	0.051		
23			7.0	5.0		2.0	0 030	0.057		
24			7.3	50		10	0 026	0 054		
25		s.1	7.3	5 0	<1	0.9		0.057		
26		<1	7.2	5.0	<1	0.7		0.054		
27			7.6	50		0.8		0 056		
28		< 1	7.4	5.0	<1	13		0.058		
29			1.2	5.0		2.5	 st. sectors of * 	0.057		
30			7.1	5.0		2.6	0.016	0.055		
31			7.4	50		1.8	0 056	0.055		
LANT STAFF	ING	===	****					THE PERSON	CARREST CASA	*****
Juy Shift Oper		Cless	Cert	fication No						
ay Shift Oper		Class		fication No						
Day Shift Oper		Class		fication No						
Day Shift Open		Class C_		fication No	11993		Alfred Gerard			g:
ead Operator		Class _A_ or Reclaimed		dication No	9184 Spraylield		William Trend	61		

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

80

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed milk this report to: Dept. of Environmental Pretection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida, 32393-3767

PERMITTEE NAME Aqua Utilities, FI. PERMIT NUMBER FLA011078 MAILING ADDRESS P.O. Box 490310 Leesburg, FL 34748 LIMIT Final REPORT Monthly CLASS SIZE NA GROUP Domestic FACILITY Florida Central Commerce Park WWTP MONITORING GROUP NUMBER R-001 LOCATION 140 Hope Street MONITORING GROUP DESC: Public Access Irrigation, including Influent Longwood, FL NO DISCHARGE FROM SITE:

COUNTY.	Seminole		MONITOR	NG PERIOD-Fro	m;	02/01/2010	To		02/28/2010	
Parameter		Quantity of Loading	Units	Quality o	r Concent	tration	Units	of Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0 040	mgd	350				. 0	5 Days/Week	Flow-meter
PARM Code, 50050 Y Mon.Site No. FLW-2	Permit Measurement	0.095 (An.Avg.)	mgd						5 Days/Week	Flow-meter
Flow	Sample Measurement	0.035	mgd		***: -: *			0	5 Days/Week	Flow-meter
PARM Code, 50050 i Mon.Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)	mgd	The second secon					5 Days/Week	Flow-meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement	Character to the constant	the feedbase and the second se	2 2			MG/L	ō	Every Two Weeks	Grab
PARM Code, 80082 Y Mon.Site No. EFA-1	Permit Measurement			20.0 (An Avg.)	-		MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2 4	2.6		MG/L	ŋ	Every Two Weeks	Grab
PARM Code, 80082 Mon.Site No. EFA-1	Permit Measurement			30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement	The state of the s	- 1 1	2 1		• elementaring	MG/L	0	3 Days∕Week	Grab
PARM Code, 00530 Mon.Site No. EFB-1	Permit Measurement			5.0 (Max.)		\$	MG/L		3 Days/Week	Grab
рН	Sample Measurement		-	6.5	7 3		S.U.	0	5 Days/Week	Grab
PARM Code, 00400 Mon.Site No. EFA-1	Permit Measurement			6.0 (Min)	8.5 (Max)	1	S.U.		5 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supernation 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 incording the possibility of fine and impresoment for knowled violations.

NAME/TITLE OF	PRACIPAL	EXECUTIVE	OFFICER OR	AUTHORIZES	AGENT
21					

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

1616PHONE NO 407-509-8398

103/21

William Trendel / Sen. Facilities Operator

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

racility Name Florida Ce	men Commerce ra	IK VVVVIP	Perm		FLA011078		MUNITURIN	60	KUUP NUMBER	nw i
Parameter		Quantity	of Loading		RING PERIOD-From	02/01/2010			02/28/2010	
Coliform, Fecal, % less	Sample	Coastity	or Edading	Units	Quality or C	Concentration	Units	of Ex	of	Sample Typ
than detection	Measurement				100%		#/100mL		3 Days/Week	Grab
PARM Code, 51005 Mon.Site No. EFA-1	Permit Measurement			P N	75 (Min.)		#/100mL	-	3 Days/Week	Grab
Coliform, Fecal	Sample Measurement				· · · · · · · · · · · · · · · · · · ·	10	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 Mon.Site No. EFA-1	Permit Measurement					25 (Max)	#/100mL	1	3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0	,,,,,,,	MG/L	0	Continuous	analyzer
PARM Code, 50060 A Mon, Site No. EFA-1	Permit Messurement				1.0 (Min)		MGAL		Continuous	analyzer
Turbidity	Sample Measurement			<u> </u>	3 00		NTU	0	Continuous	analyzer
PARM Code, 00070 I Mon.Site No. EFA-1	Permit Measurement		-		Report (Max)	PREVIOUS STATE OF THE STATE OF	עדע		Continuous	analyzer
BOD Carbonaceous 5 day, 20C	Sample Measurement	A	*****		64	******	MGA	0	Every Two Weeks	Grab
PARM Code, 80082 G Won. Site No. INF-1	Permit Measurement	And the latest designation of the latest des			Report (Mo.Avg.)		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement	***************************************	Parameter (c. 25-)		75		MG/L		Every Two	Grab
PARM Code, 00530 G Mon Site No. INF-1	Permit Measurement		1		Report (Mo.Avg.)	1	MGA		Every Two Weeks	Grab
Flow	Sample Measurement	0 044		MG/D	and the second s	1	Marie Carlo Consideration Co.		5 Days/Week	
PARM Code, 50050 P Mon.Site No. FLW-1	Permit Measurement	0.095 (An.Avg.)		MG/D					5 Days/Week	S 50 F 7 MG
Flow	Sample Measurement	0.046	0.046	MG/D		NOT THE RESERVE OF		0	5 Days/Week	The management of the
ARM Code, 50050 Q Ion.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MG/D					5 Days/Week	of the same of the
ercent Capacity [MADF/Permitted Capacity] 100	Sample Measurement	Brancon, and an analysis of	l	li	48.8%			0	Percent	Calculated
ARM Code, 00180 1 lon.Site No. FLW-1	Permit Measurement				Report	The second section of the section of the sect	4		Percent	Calculated
A	Sample Measurement Permit Measurement									

PermitNumber: FLA011078

Facility Name Florida Central Commerce Park WWTP

Monitoring Pe	HIOU	From:	2/1/	10	To	2/2	8/10			
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (S.U.)	TRC (For Disinfect) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L
Code Mon Site	80082 EFA-1	74055 EFA-1	00400 EFA-1	50060 EFA-1	00530 EFA-1	50060 EFA-1	50050 FLW-1	50050 FLW-2	80082 INF-01	00530 INF-01
1		<1	7 2	29	<1	1.8	0.058	0 000		
2		<1	5.9	3.3	· <1	1.8		0.000		**
3		i i	6.7	15		2.9	0.063	0 054		
4	2.1	<1	6.6	22	1.4	2.4	0.041	0.000	76	96
5			6.7	2.9		3.0	0.037	0.000		
6			6 7	3.7		3 0	0 040	0.058		
7			6.6	5 0		3.0	0.022	0.000		
8		<1	6.7	5.0	1.4	3.0	0.055	0.057		
9		<1	6.7	1.5	1.7	3.0		0.056		
10	Name and the same	1 7 14	6.6	19		1.7		0.052	-	
11	Control of the Contro	<1	6.5	1 7	<1	1.4	0.055	0.015		•
12		y	6.7	3.4		15	Y Charles	0.000		
13		3	6.8	4.3	-5/	0.7		0.057		
14			7.1	4.6	E	0.7		0 051		
15		<1	7.0	26	<1	1.1	0.041	0.054		
16		<1	70	2 3	<1	1.1		0.055		V.
17			7.0	2.2		2.4		0.047		
18	2.6	<1	6.9	50	1.1	1.8	5	0.054	51	54
19			6.8	5.0		2.7		0 055	J	J-
20	i		6.8	10		2.7	0.023	0.048		Ŷ
21	AC N		7.0	3.6		20	0.023	0.000		
22		<1	6.8	5.0	1.1	3.0		0.000		
23		<1	6.7	50	11	3.0		0.050		
24		· .	6.7		1. 1.					
				5.0		30	E	0.049		
25	(100):	<1	6.9	5.0	2 1	28	0.060	0.055		
26	÷		6.9	5.0		1.8	0 070	0.053		
27			71,	50		2.0	0 039	0.051		
28			7.3	5 0		1.8	0.046	0.055		
29		9								
30								9		
31		-				į.				
PLANT STAFF		Class	Cont	fication No						
Day Shift Ope Day Shift Ope		Class		fication No.		2				
Day Shift Ope		Class:		fication No						
Day Shift Ope	rator	Class _C		fication No.	11993		Alfred Gerardo			
Lead Operator		Class: _A_		fication No	9184		William Trend	el		
Tune of Emile	nt Disposal	or Reclaimed	Water Reus	se:	Sprayfield					

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3787

PERMITTEE NAME
MAILING ADDRESS

Aqua Utilities, FI P O. Box 490310

ies, FI PERMIT NUMBER

FLA011078

14.117

CLASS SIZE:

Final N/A

REPORT

Monthly Domestic

FACILITY.

Florida Central Commerce Park WWTP

140 Hope Street Longwood, FL

Leesburg, FL 34748

MONITORING GROUP NUMBER. MONITORING GROUP DESC: NO DISCHARGE FROM SITE R-001

Public Access Irrigation, Including Influent

COUNTY.	Seminole		MONITOR	ING PERIOD -F	om. 03/	01/2010 To		03/31/2010	
Parameter Flow	Sample	Quantity of Loading	Units	Quality	or Concentration	on Units	No of Ex	of Analysis	Sample Type
	Measurement	0 041	mgd				0	5 Days/Week	Flow-meter
PARM Code, 50050 Y Mon.Site No. FLW-2	Permit Measurement	0.095 (An.Avg.)	mgd					5 Days/Week	Flow-meter
Flow	Sample Measurement	0 042	mgd		· · · · · · · · · · · · · · · · · · ·	t, ear	0	5 Days/Week	Flow-meter
PARM Code, 50050 Mon.Site No. FLW-2	Permit Measurement	Report (Mo Avg.)	mgd ·					5 Days/Week	Flow-meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement	ment of the second seco		22		MG/L	. 0	Every Two Weeks	Grab
PARM Code, 80082 Y Mon, Site No. EFA-1	Permit Measurement			20.0 (An. Avg.)	•	MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			20	20	MG/L	C	Every Two Weeks	Grab
PARM Code, 80082 I Mon.Site No. EFA-1	Permit Measurement			30 0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement	* #		6.8		MG/L	2	3 Days/Week	Grab
PARM Code, 00530 I Mon Site No. EFB-1	Permit Measurement		· · · · · · · · · · · · · · · · · · ·	5.0 (Max.)	ļ	MG/L		3 Days/Week	Grab
рН	Sample Measurement			68	7.4	su	3	5 Days/Week	Grab
PARM Code, 00400 I Mon.Site No. EFA-1	Permit Measurement			6.0 (Min)	8.5 (Max)	S.U.		5 Days/Week	Grab

I certify under penalty of law that this document and all ettachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons all more persons from the person of the complete of a pathern or those persons of the complete of the person of the p

				1				
NAMESTITUE	OF	PRINCIPAL	EXECUTIVE	OFFICER	OR	ALITHORIZED	AGEN	,

William Trendel / Sen Facilibes Operator
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

TELEPHONE NO

407-509-8398

10/04/25

DISCHARGE MONITORING REPORT - PART A (Continued)

	ntrai Commerce Pa	0.00.404.40404.	7 61-114	Number 1				u GR		1009
			THE RESERVE OF THE PARTY OF THE	CATHOLIC AND ADDRESS OF THE PARTY OF THE PAR	RING PER:OD-From	03/01/2010	To	-	03/31/2010	
Parameter Contorn, Fecal % less	Same	Quantity of	Loading	Units	Quality or Cond	entration	Units	No of Ex	Frequency of Analysis	Sample Typ
than delecton	Sample Measurement				100%		#/100mL		3 Days/Week	Grab
PARM Code, 51005 I Mon Site No. EFA-1	Permit Measurement				75 (Min.)		#/100mL		3 Days/Week	Grab
Coliform Fecal	Sample Measurement					10	#/100mL	Û	3 Days/Week	Grab
PARM Code, 74055 Mon. Site No. EFA-1	Permit Measurement	· · · · · · · · · · · · · · · · · · ·				25 (Max)	#/100mL		3 Days/Week	Grab
Total Residual Chlorine For Disinfection;	Sample Measurement	er - Mercel angre i propinsi anggapar	**************************************	•	10		MG/L	0	Continuous	analyzer
PARM Code: 50060 A	Permit				10					
Mon Side No EFA-1	Measurement				(Min)		MG/L		Continuous	analyzer
Turbidity	Sample Measurement	the state of the state of the state of			3 00		NTU	0	Combinuous	analyzer
PARM Code, 00070 : Mon Site No EFA-1	Permit Measurement				Report (Max)		NTU		Continuous	anatyzer
BOD Carbonaceous 5 day 20C	Sample Measurement	SES 21 11 6.			57		MG/L	ý	Every Two Weeks	Grap
PARM Code, 80082 G Non Site No. INF-1	Permit Measurement			37 W.T	Report (Mo.Avg.)	N	MG/L		Every Two Weeks	Grato
Solids Total Suspended	Sample Measurement	The second secon			80	1900 97.0	MGA	,	Every Two Weeks	Grati
PARM Code, 00530 G Aon. Site No INF-1	Permit Measurement				Report (Mo.Avg.)		MGL		Every Two Weeks	Grab
Fxow	Sample Measurement	0.544		MG/D	The state of the s			0	5 Days/Week	
ARM Code, 50050 P Aon, Site No. FLW-1	Permit Measurement	0.095 (An.Avg.)		MG/D					5 Days/Week	
Flow	Sample Measurement	0 049	0 047	MG/D			- ,	ē.	5 Days/Week	
ARM Code, 50050 Q fon.Site No. FLW-1	Permit Measurement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MG/D					5 Days/Week	THE TO S. P. L.
ercent Capacity MADF/Permitted Capacity: 100	Sample Measurement	Mary Property of the Committee of the Co	-		49 1%	ne e		9	Percent	Calculated
ARM Code, 00180 Non. Sittle No. FLW-1	Permit Measurement				Report		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Percent	Calculated
	Sample Measurement Permit			**********	r of a continu	4 45	err i		فيور دريت بيفايسيند	TO SEE SHIP COMPANIES

84

PermitNumber: FLA011078

Facility Name Florida Central Commerce Park WWTP

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (S.U.)	TRC (For Disinfect) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/l
Code Mon Site	80082 EFA-1	74055 EFA-1	00400 EFA-1	50060 EFA-1	00530 EFA-1	50060 EFA-1	50050 FLW-1	50050 FLW-2	80082 INF-01	00530 INF-01
1		<1	7.4	4.4	2.2	3.0		0.054		
2		<1	7.3	3.4	1	2.0		0.054		
3		47.	7.3	3.1		1 5		0.051		1
4	<2	<1	7.2	3 1	<1	1 2		0 052	73	
5			6 9	5 0		1.4	3	0.051		
6			6.9	5.0		1.5		0.059		
7			7.1	5 0		1 2		0 000		
8		<1	7.0	1.8	<1	3.0		0 000		• -
9		<1	7 0	3.0	<1	1 9		0.053		
10		*C+	7.1	1.2		16	0 045	0.056		
11		<1	7.0	2.0	<1	16	0 052	0 000		
12			6.8	3.4		16	0.064	0.000		
13			7.0	5 0		1 2	*	0 053		
14			7.1	5.0		0.9	0.023	0.055		
15	***	<1	7.2	5.0	<1	1.5	0.087	0.054		
16		<1	7.3	38	<1	1 2	0 051	0.055		
17			7 2	5.0		1.4	9	0.053		
18	<2	<1	70	5.0	<1	1.8		0.054	41	
19			6 9	5.0		2.0		0.059		4
20		*	6 9	5.0		20	0.018	0.056		
21			7.1	3.3		3 0	0 013	0 058		
22		<1	7.3	28	6.0	3.0	0.017	0.057		
23		<1	7.2	2 4	6.8	26	0 055	0.000		Ĭ.
24			7.3	2 5		2 7	0.054	0.000		<u>\$</u>
25		<1	7.0	2 5	<1	2 9	0 036	0.000		
26			7.2	1 7		1 4	0 054	0 053		
27			72	27	*	0 9	0.032	0.053		
28			7.3	4.3		0 6	0.043	0.053		
29			73	5.0		0.9	0.067	0.054		6.
30		<1	7 3	1 0	<1	0.9		0 053		for
31		<1	7.0	5.0	<1	0.7	0.053	0.053		
LANT STA	FING									
Day Shift O		Class	Cert	ification No.						-
Day Shift O		Class		diffication No.						_
Day Shift O Day Shift O		Class _C_		tification No. tification No.	11993		Alfred Gerard	do		-
Lead Opera		Class _A_		tification No	9184		William Tren	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I		-

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Transmitted and Mark I	about in Public or Entirophologistis Lianscoper, Caustal District, 3	211 Meguira Boulevard Bullo 232, Orlanda, Florida 326	163-3767		
PERMITTEE NAME MAILING ADDRESS	Aqua Uttribes, FI P.O. Box 490310	PERMIT NUMBER	FLA0110	78	
	Leesburg, Ft. 34748	LIMIT	Final	REPORT	Monthly
F - OH 181		CLASS SIZE	NIA	GROUP	Domestic
FACILITY	Flonda Central Commerce Park WWTP	MONITORING GROUP NUMBER	R-001		
LOCATION	140 Hope Street	MONITORING GROUP DESC	Public A	ccess irrigation,	including influent
	Longwood, FL	NO DISCHARGE FROM SITE	11		

COUNTY	Seminole		MONITO	RING PERIOD From	n	04/01/2010	To		04/30/2010	
Parameter		Quantity of Loading	Units	Quality or	Concen	tration	Units	No. of Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.042	mgd					þ	5 Days/Week	Flow-meter
PARM Code, 50050 Y Mon.Site No. FLW-2	Permit Measurement	0.095 (An.Avg.)	mgd	magazintes Estato					5 Days/Week	Flow-meter
Flow	Sample Measurement	0 044	mgd			-		Ü	5 Days/Week	Flow-meter
PARM Code, 60050 Mon Site No. FLW-2	Permit Measurement	Report (Mo.Avg.)	mgd						5 Days/Week	Flow-meter
BOD. Carbonaceous 5 day 20C	Sample Measurement			2 3		8 S	MG/L	ç	Every Two Weeks	Grab
PARM Code, 80082 Y Mon.Site No. EFA-1 300: Carbonaceous	Permit Measurement Sample		F 4-	20 0 (An Avg.)			MG/L		Every Two Weeks	Grab
dey 20C	Measurement	2	row a direct	3.2	5.5		MG/L	9	Every Two Weeks	Grab
PARM Code, 80082 Aon Site No EFA-1	Permit Measurement			30.0 (Mo Avg.)	50.0 (Max.)	1	MG/L		Every Two Weeks	Grati
Solids, Total Suspended	Sample Measurement		**	21			MG/L	Ş	3 Days/Week	Grab ,
ARM Code, 00530 Aon Site No. EFB-1	Permit Messurement			5.0 (Max.)			MGL		3 Days/Week	Grath
эн	Sample Measurement		* 2°0	70	80		SU	į. Ģ	5 Days/Week	Grab
ARM Code, 00400 I Aon. Site No. EFA-1	Permit Measurement			6.0 (Mins)	8.5 (Max)	94-1 52 35 cm	s.u		5 Days/Week	Grab

Exertly under pensity of law that the document and all attachments were prepared under my circular of supervision in accordance were a passed on my circular and assume that document and assume that document and assume that document and assume that document and assume that document and assume that document and assume that there are applicant pensions for submitted assume that there are applicant pensions for submitted and complete. It is not of my annealogs and benefit the according to according to the and applicant pensions.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). (Attachments streets if necessary)

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ING PERIOD-From		J1/2U1U	10:	- CI -	U413012010	Cample Trees
Parameter		Quantity of Loading	Units	Quality or	Concentration	n	Units	No of Ex	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detecton	Sample Measurement		o k	100%			#/100mL		3 Days/Week	Grab
PARM Code, 51005 I Mon. Site No. EFA-1	Permit Measurement	1		75 (Min.)	i i i i i i i i i i i i i i i i i i i		#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement	AND THE PARTY OF T				10	#/100mL	0	3 Days/Week	Grab
PARM Code, 74055 I Mon.Site No. EFA-1	Permit Measurement				T T T T T T T T T T T T T T T T T T T	25 (Max)	#/100mL	100 to 10	3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		and according to the second	1.0			MGA	0	Continuous	analyzer
PARM Code, 50060 A Mon. Site No. EFA-1	Permit Measurement		2	1.0 (Min)			MG/L		Continuous	analyzer
Turbidity	Sample Measurement			3 00			NTU	0	Continuous	analyzer
PARM Code, 00070 I Mon.Site No. EFA-1	Permit Measurement			Report (Max)	- manager of the second		UTN		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement	The same of the sa		86	-117		MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 G Mon. Site No. INF-1	Permit Measurement			Report (Mo.Avg.)	~		MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement			144			MG/L	0	Every Two Weeks	Grab
PARM Code, 00530 G Mon.Site No. INF-1	Permit Measurement			Report (Mo.Avg.)	!		MG/L		Every Two Weeks	Grab
Flow	Sample Measurement	0 044	MG/D					0	5 Days/Week	
PARM Code, 50050 P Mon.Site No. FLW-1	Permit Measurement	0.095 (An.Avg.)	MG/D) 20 V:		a designation of the second of		5 Days/Week	
Flow	Sample Measurement	0.042 0.046	MG/D					0	5 Days/Week	
PARM Code, 50050 Q Mon.Site No. FLW-1	Permit Measurement	Report Report (Mo.Avg.) (3-Mo.Avg.)	MG/D						5 Days/Week	
Percent Capacity (TMADF/Permitted Capacity) X 100	Sample Measurement			48.1%	and the second s			0	Percent	Calculated
PARM Code, 00180 Mon.Site No. FLW-1	Permit Measurement			Report	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*0			Percent	Calculated
A STATE OF THE STA	Sample Measurement Permit						al (in manufacture) when a single phonon when			The second secon
	Measurement			2					<u> </u>	

DAILY SAMPLE RESULTS - PART B

PermitNumber FLA011078

Facility Name Florida Central Commerce Park WWTP

Monitoring Per		From	4/1.	710	То		0/10			
	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (S.U.)	TRC (For Disinfect) (mg/L)	†\$\$ (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/
Code	80082	74055	00400	50060	00530	50060	50050	50050	80082	00530
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2	INF-01	INF-01
1	5.5	<1	7 1	5.0	<1	0.7	0 039	0 053	140	23
2			7 2	24		0.6	0 044	0 058		
3			7.2	50		0.5	0 034	0.054		
4			7.4	50		0.6	0 034	0 054		
5		<1	7.3	5.0	< 1	0.6	0 032	0 054		
6		<1	7 3	2 5	< 1	0.7	0.046	0.058		
7			7 3	5 0		0.6	0 055	0.055		
8		<1	7.2	4 6	<1	0.9	0.055	0 055		
9			7.2	50		1.0	0 044	0.081		
10			7.2	5 0		0.7	0.037	0.000		
11			7.3	5.0		0.6	0 026	0.000		
12		*.1	7 3	3 9	<1	0.7	0 057	0.000		
13		<1	7.2	5 0	<1	0.7	0 065	0 000		
14			7.1	5.0		07	0.045	0010		
15	42	41	7.2	5.0	<1	0.8	0.063	0.055	56	
16			70	1 4		2.8	0.032	0 051		
17			7.4	50		10	0.035	0.054		
18			73	2 9		0.9	0 041	0.052		
19		≪1	7.3	: 0	<1	10	0.071	0.049		
20		<1	7.3	5.0	<1	1.0	0 063	0 054		
21			7.3	5.0		3.0	0.003	0.052		
22			74	10		30	0 003	0.054		
23		<1	80	5.0	2 1	3 0	0 048	0.053		
24			7 5	5.0		1.9	0.020	0 053		
25			7 3	5.0		1.1	0 049	0.054		
26		<1	7.5	5.0	×1	1.5	0 045	0.054		
27		<1	7.4	5.0	<1	19	0 049	0.053		
28			7.4	5.0		19	0.056	0.054		
29	<2	<1	7.2	5.0	12	1.2	0 061	0.054	62	1
30			70	5.0		0.9				
31		1242								
PLANT STAFF	ING	3~			1107,					
Day Shift Oper		Class	Cert	ification No				are the second second		
Day Shift Oper		Class		ification No						
Day Shift Oper		Class:		ification No	11993		Offend Corne	^		
Day Shift Oper Lead Operator		Class _C Class _A_		ification No ification No.	9184		William Trend			*0
AND THE RESIDENCE OF THE PARTY		or Reclaimed			Sprayfield		7011			

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



Florida Department of Environmental Protection

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

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

SENT VIA E-MAIL TO: jmlivarcik@aquaamerica.com

June 3, 2010

AQUA UTILITIES FLORIDA INC PO BOX 2480 LADY LAKE FL 32158 OCD-C-WW-10-0424

ATTENTION JOHN M LIHVARCIK
PRESIDENT

Seminole County - DW
Florida Central Commerce Park WWTF
Wastewater Facility - Permit No. FLA011078
Noncompliance Letter

Dear Mr. Lihvarcik

On May 5, 2010, Department personnel conducted a routine inspection of the above-referenced facility. A copy of the inspection report is attached for your review. Please note the items listed below which need to be addressed:

- 1. The thermometer in the sample holding refrigerator was not verified against the NIST-traceable thermometer since April 10, 2009.
- A current inspection and testing certification was not on-site for the reduced pressure zone (RPZ) backflow preventer on the potable water supply line. RPZs shall be tested annually.

The Department requests a written response addressing the items listed above within 14 days from the date of this letter. Your response should include an explanation of any corrective actions that have either been taken or that you plan to take. Please note that this letter and report, being part of the Department's investigation, is preliminary to agency action in accordance with Section 120.57(5), Florida Statutes. Please direct your response and any questions to Blake Vahlsing at (407) 893-3313, or via e-mail: blake.vahlsing@dep.state.fl.us.

Sincerely,

David Smidele

David Smicherko Supervisor Wastewater Compliance/Enforcement

DS/bv/ar

Enclosure: Inspection Report

cc: Patrick Farris, PAFarris@aquaamerica.com

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Nam									
	e and Physical Location of Facility		WAFR ID:			County		Entry E	Date/Time
Flori	da Central Commerce Park WWTF		FLA011078			Seminole		05/05/2	010 11:25 AM
1401	Hope Street					Phone		@ Exit	Date/Time
Long	gwood, FL							05/05/2	010 12:48 PM
Nam	e(s) of Field Representatives(s)		Title					Phone	
Bill	Trendel		Operator					(407) 5	09-8398
Nam	e and Address of Permittee or Desi	gnated [Representative	Title		Phone		@ Op	erator Certification #
Edwa	ard Pellenz, P.E.			Operations	Manager	(352) 435-4033			
Aqua	a Utilities of Florida Inc.								
1100	Thomas Avenue								
Leesl	burg, FL 34748								
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INSPECTION FINDINGS

Facility Name: Florida Central Commerce Park WWTF

Facility ID: FLA011078 Inspection Type: CEI Date: 5/5/2010 11:25 AM

FACILITY BACKGROUND:

Address: 140 Hope Street, Longwood, FL 32750-5141, Seminole County

Permit Information: Wastewater Permit issued: 8/4/2009, and expired: 8/3/2014.

Treatment Summary: Extended aeration treatment plant consisting of flow equalization, influent screening, aeration, secondary

clarification, chemical feed facilities, filtration, chlorination, 3-day reject storage pond with provisions for

retreatment, and aerobic digestion of residuals.

Permitted Capacity: 0.095 MGD

1. Permit: IN COMPLIANCE

1.1 Observation: A copy of the permit was onsite.

1.2 Observation: The permit expires August 3, 2014.

2. Compliance Schedules: NOT APPLICABLE

2.1 Observation: The facility must submit the application for permit renewal prior to 180 days of the permit's expiration date.

3. Laboratory: NOT EVALUATED

4. Sampling: OUT OF COMPLIANCE

- 4.1 Observation: Chlorine meter The HACH DR 820 handheld meter is calibrated daily with secondary standards. The inline CL 17 is compared to handheld daily and are within range of each other. The inline meter calibrated July 22, 2009.
- 4.2 Observation: Gel standards Secondary gels were verified with primary standards on May 28, 2009. The gels appeared in good condition.
- 4.3 Observation: pH meter Handheld meter is calibrated daily with 7.0 and 10.0 buffers.
- 4.4 Observation: pH standards Buffers of 7.0 and 10.0 are onsite. They expire April 2011 and May 2011, respectively.
- 4.5 Observation: Turbidity meter The handheld HACH 2100 P is calibrated daily. The handheld grab is compared to the inline meter daily. The meters are within 20% of each other. The inline meter calibrated July 22, 2009.
- 4.6 <u>Observation</u>: *Turbidity standards* Secondary standards are used for calibration daily. Primary standards are used annually. The meter was last calibrated with primary standards on May 28, 2009.
- 4.7 Observation: Thermometers The thermometer in the holding fridge was 1°C. The thermometer was last compared to a NIST traceable thermometer on April 10, 2009. Thermometers must be verified against a NIST traceable thermometer.
- 4.8 Observation: Sampling All samples are collected as grab sample

5. Records and Reports: OUT OF COMPLIANCE

- 5.1 Observation: Operator logbook Logbook bound with numbered pages. Good visits and entries.
- 5.2 Observation: Plant operated 7 days per week, 6 hours per day.
- 5.3 Observation: Laboratory certification Certification for HBEL is onsite. It expires June 30, 2010.
- 5.4 Observation: Operator certifications All operator certifications are onsite. They empire April 30, 2011.
- 5.5 Observation: Operating Protocol Kept onsite. Was last updated September 2008.
- 5.6 Observation: Backflow prevention device RPZ was last inspected April 27, 2009. The RPZ must be inspected annually.
- 5.7 Observation: Generator log Generator is exercised one hour weekly. Exercise times are noted in the log sheets.
- 5.8 Observation: Pathogen Monitoring Pathogen Monitoring was Last performed November 20, 2008.

- 5.9 DMR review: June 2009 February 2010: All DMRs were received by the Department on time.
- 5.10DMR review: No discrepancies or transcription errors were noted during the period reviewed.
- 6.1 6. Facility Site Review: IN COMPLIANCE
- 6.2 Observation: Security The area is completely fenced. The gate was locked and advisory signs are posted.
- 6.3 Observation: Headworks The surge tank was in good condition. The tanks were mostly empty. Each tank has one diffuser. Reject pond returns to tanks. Bar screen in good condition. Raked every other day. Screenings go down chute, and are carried in a bucket to the dumpster. The dumpster is hauled to the landfill once a week.
- 6.4 Observation: Aeration Basins/Act. Sludge The contents in bays are very dark. All diffusers working properly. No odors, foam, or splashing noted.
- 6.5 Observation: Blowers/Motors Four blowers are onsite, all have belt guards installed and appear in good condition.
- 6.6 Observation: Clarifiers Surface is clear. Two floating skimmers working properly. Weir and trough are level and appear in good condition.
- 6.7 Observation: Filters Two sand filters. Both automatically backwash to surge tank when the float is raised. Filters appear in good condition.
- 6.8 Observation: Disinfection Contact chamber is covered. Steady chlorine drop at beginning of tank. Effluent very clear and bottom of tank is clean.
- 6.9 Observation: Advisory signs Reuse hose bibs are marked with advisory signs.
- 6.10 Observation: Generator Generator in good condition.
- 7. Flow Measurement: IN COMPLIANCE
 - 7.1 Observation: The effluent flow meter was last calibrated July 22, 2009.
 - 7.2 Observation: The irrigation flow meter was last calibrated July 22, 2009.
- 8. Operation and Maintenance: IN COMPLIANCE
 - 8.1 Observation: No problems observed. The facility is well kept.
- 9. Effluent Quality: IN COMPLIANCE
 - 9.1 <u>DMR review</u>: No exceedances were reported during the period reviewed.
 - 9.2 Inline meter: TRC: 3.23 mg/L
 - 9.3 Inline meter: turbidity: 1.037 NTU
- 10. Effluent Disposal: IN COMPLIANCE
 - 10.1 Observation: The reuse and reject storage ponds were well cut. The berms appeared in good condition.
 - 10.2 Observation: The ponds were fenced and locked.
 - 10.3 Observation: Reclaimed water advisory signs were properly posted in reuse areas.
- 11. Residuals/Sludge: IN COMPLIANCE
 - 11.1 Observation: Digester The level of the digester is very low. The digester is kept well aerated. No odors noted.
 - 11.2 <u>Observation</u>: *Hauler* Facility has a hauling contract with American Pipe and Tank. All hauling receipts are kept onsite. Facility hauls approximately once a month.
- 12. Groundwater Quality: NOT APPLICABLE



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

June 16, 2010

Blake Vahlsing FDEP CD 3319 Maguire Boulevard, Suite 232 Orlando, FL 32803-3767

RE: Reply to Compliance Evaluation Inspection Florida Central Commerce Park WWTF Facility ID No. FLA011078 Seminole County

Dear Mr. Vahlsing:

This letter is in response to your inspection of the facility referenced above on May 5, 2010.

- 1. Aqua has purchased a new thermometer for the sample holding refrigerator. The certification for this thermometer is enclosed for your review.
- 2. The RPZ was tested on June 10, 2010. A copy of this test is enclosed for your review.

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

Sincerely,

Patrick A. Farris

Environmental Compliance Specialist

Aqua Utilities Florida, Inc.

Enclosure: Thermometer Certification

RPZ Test Record

cc: Will Fontaine, via e-mail

Harry Householder, via e-mail Michael Pickel, via e-mail Español

Informe de precisión Termómetro FRÍO-Temp®



Mediante este informe se confirma que el termómetro con el número de serie mencionado anteriormente se ha comparado con patrones trazables de acuerdo con el National Institute of Standards and Technology (NIST) y el Deutscher Kalibrierdienst (DKD/PTB). La precisión de este termómetro se baso en divisiones de escala de ±1 entre -50 y 130°C y en divisiones de escala de ±2 para temperaturas inferiores a -50°C y superiores a 130°C.

El número de serie estándar se basa en el intervalo del termómetro. Los números de serie estándar calibrados por NIST y DKD/PT8 son los siguientes:

Nº 7713700 (NIST) y 728 (DKD/PTB) para intervalos inferiores a -30°C N° 844036 (NIST) y 730 (DKD/PTB) para intervalos entre -30°C y 10°C N° 9878708 (NIST) y 733 (DKD/PTB) para intervalos entre -30°C y 50°C N° 9810984 (NIST) y 735 (DKD/PTB) para intervalos entre 50°C y 50°C N° 9810984 (NIST) y 736 (DKD/PTB) para intervalos entre 100°C y 10°C N° 905334 (NIST) y 736 (DKD/PTB) para intervalos entre 100°C y 150°C Nº 878735 (NIST) y 739 (DKD/PTB) para intervalos entre 150°C y 200°C

El laboratorio de H-B Instrument Company está acreditado por AZLA conforme la reconocida norma internacional ISO/IEC 17025:2005. El laboratorio de H-B también cumple con los requisitos de ANSI/NCSL Z\$40-1-1994.

Las incertidumbres expandidas de medición asociadas con nuestro sistema de calibración son ±0,075°C de -80 a -1°C, ±0,064°C en el punto de congelamiento en baño de heido en fusión, ±0,066°C de 1 a 100°C, ±0,066°C de 10 a 200°C, ±0,068°C de 201 a 200°C, ±0,068°C, ±0,068°C de 201 a 200°C, ±0,068°C

Richard Jackson, Director de Producción H-B Instrument Company Registro ISO 9001:2000

Instrucciones para volver a unir el líquido separado de los termómetros Conserve los termómetros en posición vertical para evitar la separación de los líquidos. Póngase gafas y guantes protectores antes de empezar.

- Método de enfriamiento 1. Prepare una solución de hielo triturado y sal o de CO 2 (hielo seco) y alcohol. 2. Introduxa el bulbo del termómetro en la solución y mantenga el termómetro en posición
- vertical.

 3. Dise que la columna de líquido baje hasta el bulbo.

 4. Gire el terminnetro (con el bulbo hacia abajo) formando un arco hasta conseguir que el gas, atrapado suba por encimo de la columna.

 5. Deje que el terminnetro se caliente lentamente en posición vertical.

Método de calentamiento

- 1. Caleunte de hubbo del termómetro en posición vertical dentro de un liquido callente, con aire collente o sobre una llama no muy intensa. 2. Deje que da columna de liquido suba hasta la que parte separada de la columna entre en
- Ueje que la columna de inquiso subs hasta la que parte separad de la columna entre en la câmara de expansión en la parte superior del termiometro.
 Toda: En caso de ilenar en exceso la câmara de expansión, el termiometro se romperá.
 Dé unos ligeros golpes al termiómetro en posición vertical para dejar pasar el gar que separa la columna hasta subir por encina de la columna.
 Deje que el termiómetro se entiria lentaniente en posición vertical.

- Para termómetros para botellas de baja temperatura (de -90°C a 25°C)

 1. Mantenga el termómetro en posición vertical con el bulbo hado abajo.

 2. En el caso de los termómetros de mercurio, golpee ligoramenta el bulbo sobre un tapon de caucho o cualquier otre superficie blenda hasta que el mercurio alcance la parte inferior de la cimars de expansión. Aplique el calor minimo (basta con el calor de la mano). Naga que el mercurio restante suba por la columna hasta alcanzar el líquido seperado sin llenar la cimarsa de expansión más de la nalizon.

 3. En el caso de los termómetros que no son de mercurio, coliente el bulbo con una la lama no de apansión. Del ej que el fluido de liquido llegue a la parte inferior de la calorda de apansión. Del ej que el fluido de restante de los columnas se suches a unir modiante la capitación del líquido separado antes de que la camara de expansión esté medio llena.

 Dels que el termómetros se adríse no soción verticol.
- 4. Dele que el termómetro se enfrie en posición vertical



St desea obtener más información, llame al número (610) 489-5500 Fax (610) 489-9100 • info@hbinstrument.com • www.hbinstrument.com



This is to confirm the thermometer bearing the serial number above was compared with standards traceable to the National Institute of Standards and Technology (NIST) and Deutscher Kalibrierdienst (DKD/PTB). Accuracy for this thermometer is ±1 scale division from -50 to +130°C and ±2 scale divisions for temperatures below -50°C and above +130°C.

The Standard Serial Number is based on the range of the thermometer. The Standard Serial Numbers calibrated by NIST and DKD/PTB are as follows:

#7713700 (NIST), #728 (DKD/PTB) for ranges below -30°C #844016 (NIST), #730 (DKD/PTB) for ranges from -30°C to 10°C #878708 (NIST), #733 (DKD/PTB) for ranges from 0°C to 50°C #9810984(NIST), #735 (DKD/PT8) for ranges from 50°C to 100°C #905354 (NIST), #736 (DKD/PTB) for ranges from 100°C to 150°C #878735 (NIST), #739 (DKD/PTB) for ranges from 150°C to 200°C

H-B Instrument Company's laboratory is accredited in accordance with the recognized International Standard ISO/IEC 17025:2005 through A21A. H-B's faboratory also meets the requirements of ANSI/NCSL 2540-1-1994.

The expanded measurement uncertainties associated with our calibration system are ±0,075°C from +80 to -1°C, ±0.064°C at the ice point in melting ice bath, ±0,066°C from 1 to 100°C, ±0.066°C from 201 to 300°C, and ±0,064°C from 301 to 400°C. These uncertainties have been calculated using our Work Instruction WI-19 to 22 that utilizes methods found in NIST Technical Note 1297. The reported uncertainty represents an expanded uncertainty expressed at approximately the 95% confidence level using a coverage factor of k=2.

Richard Jackson, Production Manager H-B Instrument Company

ISO 9001:2000 Registered

Instructions for reuniting separated fluid in thermometers Store thermometers in an upright position to prevent liquid separation

Handle instruments with care. Wear safety glasses and gloves before proceeding Coating Method

- 1. Prepare a solution of shaved ice and sait OR CO₂ (Dry Ice) and alcohol.
 2. Place the thermometer bulb in the solution, keeping the thermometer upright.
- 3. Allow the liquid column to retreat into the bulb.
- 4. Swing the thermometer (built down) in an arc, forcing the entrapped gas to use above the
- 5. Allow the thermometer to warm slowly in an upright position.

Heating Method

- 1. Heat the thermometer bulb in an upright position in warm liquid, warm air or over a soft flame. 2. Allow the liquid column to rise until the separated portion of the column enters the expansion chamber at the top of the thermometer
- NOTE: over-filling the expansion chamber will break the thermometer.
- 3. Tap the thermometer gently in an upright position, allowing the gas separating the column to rise above the column.
- 4. Allow the thermometer to cool slowly in an upright position.

For Low Temperature Sottle Thermometers (-90°C to 25°C)

1. Hold the thermometer uprisht, bull down.
2. For nercury thermometers, tap the bulb onto a rubber stopper or other soft surface until the mercury comes to the bottom of the expansion chamber. Apply minimal heat (the warmth of your hand should bol). Foce the remaining mercury column up to meet the separated liquid without filling the expansion chamber more than half way.
3. For non-mercury thermometers, heat the bulb with a soft fisme or worm air until the liquid comes by themcometers, heat the bulb with a soft fisme or worm air until the liquid column.

to reunite by catching the separated liquid before the expansion chamber becomes half full.

4. Allow thermometer to cool in an upright position. Liquid Column Bulb Chamber more information call (610) 489-5500 • Fax (610) 489-9100 info@hbinstrument.com • www.hbinstrument.com

Form 0-602 Rev. 8

BF-13



Member of the Better Business Bureau

Huckling Spayinks - Firm Test Hydrant Tosting - Facilities: Maintenance Support

] * Longwood FJ. 32791 * Teleph		
	Edgewater Fl. 32/32* Telephon		
CUSTOMER NAME:	Jan Willited	TEST DATE: 6-	10.70
STREET ADDRESS:	140 Hope ST	22-0	· · · · ·
MAILING ADDRESS :		2750	
LOCATION OF ASSEMBLY		Hed	
TYPE OF ASSEMBLY: IMR	P [DC []PVB [IPSJ. 56 LITIME 3	10pm SIZH: 2
MANUFACTURE: LIA			ALNO: 34948
TYPE OF SERVICE (CHECH	KONE): M POTABLE	i IRRIGATION	FIRELINE
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With Back Pressure	Did Not Open	Gage Pressure Across Check	Check Valve:
Valvo & 8-0 PSI	1233 7434 7244	Valve: 1-4 - PSI	[Loaked]
Cleaned Only	Cleaned Only	1	Held At PSI
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Rubber Kit	Rubber Kit:	Rubber Kit	Rubber Kit
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O-Rings	Diaphragm	O-Rings	Disc, Air In
Bent	Seat.	Seet	Spring, Air
Spring Stem/Guide	Spring	Spring	Spring, C:V
Retainer	Guide	Stem/Guide	Retainer
Lock Nus	(O-Rings Other	Retainer	f Gnide
1 Other	Exercised	Lock Nuts	O-Ring
**************************************	***************************************	Other	Other
Gauge Pressure Across Check	Relief Valve Opened at	Сілидо Pressure Across Chock	Air Inlet PSI
ValvePSI	PSI	Valve PSI	Check Valve PSI
Shut Off Value #2 Outlet	Leaking	Holdight	map
Note:	ALL REPAIRS SHALL HE COMPL		i Exercised
REMARKS: 4-4-67	Text 16		
ASSIMBLY:	DATA IS ACCURATE AND REPLECT	STITLE PROPER OPERATION AND M	AINTANCE OF THE
	Z (ROD) CERTNO: 月12-05	2-2127	
TESTER: MAROLD EBERT			-11-44 -11-44
TEST EQUIP USED (MAKE &			
DATE LAST CALIBRATED:	2/08 9/04		357221
	9/01		(357271) 302754
TESTER'S COMPANY NAME	CORRECT PLOW, INC TESTER	'S SIGNATURE: THE COUL	7-1, 339865



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 0134

August 12, 2004

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

SUBJECT: Consumptive Use Permit #8357

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

The above referenced permit is hereby transferred to Aqua Utilities Florida as the new permit holder, you are required to comply with all the conditions as noted in the permit. If you have any questions concerning the conditions of your permit, please contact Shannon Joyce, Hydrologist IV, 407-659-4848.

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

Sincerely,

Gloria Lewis/Director

Division of Permit Data Services

Enclosures:

Permit Conditions of Issuance Compliance Forms Well Tags

CC: District Permit File

Lynn Minor, Data Management Supervis

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. 8357

ORIGINAL PERMIT ISSUED: <u>January 18, 2000</u> TRANSFER PROCESS DATE: August 11, 2004

PROJECT NAME: Harmony Homes

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 8.47 million gallons per year of ground water from the Floridan aquifer for household type uses.

LOCATION:

Site: Harmony Homes

Seminole County

Section(s):

7

Township(s):

208

Range(s):

30E

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 January 18, 2000

AUTHORIZED BY:

St. Johns River Water Management District Department of Resource Management

Bv:

Dwight Jenkins Division Director

"EXHIBIT A" CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 8357 AQUA UTILITIES FLORIDA DATED JANUARY 18, 2000

- 1. District Authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
- 2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event a water shortage, is declared by the District Governing Board, the permittee must adhere to the water shortage restriction as specified by the District, even though the specified water shortage restrictions may be inconsistent with the terms and conditions of this permit.
- 3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District, or the appropriate local government pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification, or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
- 4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to eliminate the leak or make the system fully operational.
- 5. Legal uses of water existing at the time of the permit application may not be interfered with by the consumptive use. If unanticipated interference occurs, the District may revoke the permit in whole or in part to curtail or abate the interference unless the permittee mitigates for the interference. In those cases where other permit holders are identified by the District as also contributing to the interference, the permittee may choose to mitigate in a cooperative effort with these other permittees. The permittee must submit a mitigation plan to the District for approval prior to implementing such mitigation.
- 6. Off-site land uses existing at the time of permit application may not be significantly adversely impacted as a result of the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the permittee.
- 7. The District must be notified, in writing, within 30 days of any sale, conveyance, or other transfer of a well or facility from which the permitted consumptive use is made or within 30 days of any transfer of ownership or control of the real property at which the permitted consumptive use is located. All transfers of ownership or transfers of permits are subject to the provisions of section 40C-1.612, Florida Administrative Code.
- 8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
- 9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.

- 10. Landscape irrigation is prohibited between the hours of 10:00 a.m. and 4:00 p.m., except as follows:
 - (a) Irrigation using a micro-irrigation system is allowed anytime.
 - (b) The use of reclaimed water for irrigation is allowed anytime, provided appropriate signs are placed on the property to inform the general public and District enforcement personnel of such use. Such signs must be in accordance with local restrictions.
 - (c) Irrigation of, or in preparation for planting, new landscape is allowed any time of day for one 30 day period provided irrigation is limited to the amount necessary for plant establishment.
 - (d) Watering in of chemicals, including insecticides, pesticides, fertilizers, fungicides, and herbicides when required by law, the manufacturer, or best management practices is allowed anytime within 24 hours of application.
 - (e) Irrigation systems may be operated anytime for maintenance and repair purposes not to exceed ten minutes per hour per zone.
- 11. Well No.1 (GRS # 15638), as listed on the application, is equipped with individual, totalizing flowmeter. This meter must maintain 95% accuracy, be verifiable, and be installed according to the manufacturer's specifications.
- 12. This permit will expire on January 18, 2020.
- 13. Permittee must implement the conservation plan approved by the District in accordance with the schedule contained therein.
- 14. 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.
- 15. All submittals made to demonstrate compliance with this permit must include the permit number 8357 plainly labeled.
- 16. Total withdrawal from Well No. 1 (GRS # 15638), as listed on the application, must be recorded continuously, totaled monthly, and reported to the District at least every six months for the duration of this permit using District Form No. EN-50. The reporting dates each year will be as follows:

Reporting Period

Report Due Date

January - June

July 31

July - December

January 31.

- 17. The permittee must have the flow meters calibrated 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.
- 18. The permittee must maintain all 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.
- 19. Maximum annual withdrawal from the following sources; the Floridan Aquifer, for household type uses must not exceed:
 - 8.470 million gallons for 2000 for 0.250 acres.

8.470 million gallons for 2001 for 0.250 acres. 8.470 million gallons for 2002 for 0.250 acres. 8.470 million gallons for 2003 for 0.250 acres. 8.470 million galions for 2004 for 0.250 acres. 8.470 million gallons for 2005 for 0.250 acres. 8.470 million gallons for 2006 for 0.250 acres. 8.470 million gallons for 2007 for 0.250 acres. 8.470 million gallons for 2008 for 0.250 acres. 8.470 million gallons for 2009 for 0.250 acres. 8.470 million gallons for 2010 for 0.250 acres. 8.470 million gallons for 2011 for 0.250 acres. 8,470 million gallons for 2012 for 0.250 acres. 8.470 million gallons for 2013 for 0.250 acres. 8.470 million gallons for 2014 for 0.250 acres. 8.470 million gallons for 2015 for 0.250 acres. 8.470 million gallons for 2016 for 0.250 acres. 8.470 million gallons for 2017 for 0.250 acres. 8.470 million gallons for 2018 for 0.250 acres. 8.470 million gallons for 2019 for 0.250 acres. 8.470 million gallons for 2020 for 0.250 acres.

02

License Number

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



-555_900/3\Alternate

See Pages 4 for Instructions. I. General Information for the Month/Year of: May, 2008 A. Public Water System (PWS) Information 3590497 PWS Identification Number PWS Name: Harmony Homes Transient Non-Community PWS Type: Non-Transient Non-Community Consecutive ✓ Community Total Population Served at End of Month: 158 Number of Service Connections at End of Month: 61 PWS Owner: Agua Utilities Florida Contact Person's Title: Area Manager Contact Person: Brian Heath State: Florida Zip Code: 34749 Contact Person's Mailing Address: PO Box 490310 City: Leesburg Contact Person's Telephone Number Contact Person's Fax Number (352) 787-6333 (352) 787-0980 beheath@aquaamerica.com Contact Person's E-Mail Address: B. Water Treatment Plant Information Plant Name: Plant Telephone Number: 407-339-5424 Harmony Homes Plant Address: City Altamonte Spr State: Florida Zip Code: 32701 101 Plymouth Avenue Type of Water Treatment by Plant: Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 216.000 Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): IV Licensed Operators License Class License Number Day(s) / Shift(s) Worked Name Lead/Chief Operator: William Trendel 6411 Days 1st Shift Other Operators: Terry McCarthy 4617 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 C-6411 William Trendel

Printed or Typed Name

03

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

PWS I	lentification	n Number:		3590497		Plant Name:	Harmony He	ines						
III. D	aily Data	for the M	lonth/Year	of:		May, 2008								
Means	of Achievin	ng Four-Log	Virus Inactiv	ation/Remov			Chlorine Di	oxide [Oz		par Canal	Land Challent	/ Cl-1		
	traviolet R			r (Describe):		diorate 1	Culornie Di	oxide 1 Oz	one	Comb	uned Uniorii	ne (Uniorar	nines)	
						بدني					genon.			
ype c	it Disinfed	ctant Resid	lual Maintair		bution System:	Free Chl		Combined Chl				Chlorine I	Dioxide	
3				(CT Calculations, or	UV Dose, to	Demostate l	our-Log Virus	Inact	ivation, if /	Applicable*			
						CT Calc	*****	liveral Six Section			UV			
	Activities of	a com				AT CREATED IN	El Salara		- 12		V. W. 180	e distant		
						92.00	Lowest CT		46					
	Days Plant					Disinfectant	Provided				ta ta			
	Staffed or		Net Quantity		Lowest Residual Disinfectant	Contact Time	Before or at					Minimum	Lowest Residual	
	Visited by		of Finished	The Black	Concentration (C)	(T) at C Measurement	First Customer				Lowest	UV Dose	Disinfectant Concentration at	F
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work th
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of pH of V			UV Dose,	mW-	Distribution	Involves Taking Water System Component
Month	"X")	Operation	gal	Rate, gpd	Peak Flow, mg/L	minutes	min/L.	Water, OC if Apple	cable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
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^{*} Refer to the instructions for this report to determine which plants must provide this information.

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



DEP Form

555. 900(3)Alternate

See Pages 4 for Inst										
. General Informatio	n for the Month	/Year of: June, 2	800							
A. Public Water System	m (PWS) Inforn	nation								
PWS Name:	Harmony Homes						PWS Identification Num	ber:	3590497	
PWS Type:	✓ Community	Non-Transient Non-Com	nmunity T	ransient Non-Com	nunity	П	Consecutive			
Number of Service Conne						-	Population Served at End	of Month:	228	
PWS Owner:	Aqua Utilities Flor	rida	**************************************					***************************************		
Contact Person:	Brian Heath		A CONTROL OF THE PROPERTY OF T			Conta	et Person's Title:	Area Manage	:r	
Contact Person's Mailing	Address:	PO Box 490310			City: Leesbu	ırg	State: Florida		Zip Code:	34749
Contact Person's Telephon	ne Number:	(352) 787-0980				Conta	ot Person's Fax Number:	(352) 787-63	33	
Contact Person's E-Mail A		beheath@aquaamerica.	.com	Manager Comments and Comments a					***************************************	
. Water Treatment P	lant Information	n								
Plant Name:	Harmony Homes						Plant Telephone Number	:	407-339-54	24
Plant Address:	101 Plymouth Ave	nue			City: Altamo	onte Spr	State: Florida		Zip Code:	32701
Type of Water Treatment I	oy Plant:	✓ Raw Ground Water	Purchased Fin	ished Water						
Permitted Maximum Day				216,000						
Plant Category (per subsec		F.A.C.): I	V			Plant C	lass (per subsection 62-69	9.310(4), F.A.C	.): C	
Licensed Operators		Name	APP STREET	License Class	License Nu	ımber	\mathbf{D}	ay(s) / Shift(s	s) Worked	
Lead/Chief Operator:	William Trendel			C	6411		Days 1st Shift			
Other Operators:	Terry McCarthy			C	4617		Days 1st Shift			

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Certification by Lea	d/Chief Operat	or-		Sales Sales					20 TO 18 TO 18 TO 18 TO 18 TO 18 TO 18 TO 18 TO 18 TO 18 TO 18 TO 18 TO 18 TO 18 TO 18 TO 18 TO 18 TO 18 TO 18	
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		true and accurate to the best								
		licable standards referenced								
were prepared each da	ay that a licensed	d operator staffed or visited the	his plant during the	e month indicated	dabove: (1)	recor	ds of amounts of che	micals used a	nd chemical	feed rates; and
(2) if applicable, appr	opriate treatmen	t process performance record	ds. Furthermore, I	agree to provide	these additi	onal o	perations records to	the PWS own	er so the PV	VS owner can
		is report, at a convenient loca					 Control to the processor of the control of the contro			
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Signature and Date	Je Vall Ill	1/0/08						*****	License Nui	wher
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Page

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

PWS I	dentificatio	n Number:		3590497		Plant Name:	Harmony H	omes						
III. Daily Data for the Month/Year of: June, 2008														
Means	Means of Achieving Four-Log Virus Inactivation/Removal: ✓ Free Chlorine Chlorine Dioxide Combined Chlorine (Chloramines)													
	traviolet R			r (Describe):		,	Chiornic Di	OXIGE	1 Ozone	COMO	med Cmorn	ic (Cinoran	innes /	
-					bution System:	₩ Free Chlo	г	Combin	ad Chlorino	(Chloramine	e) [Chlorine I	Vissida	
Type	I DISINICI	Liant Kesic	luai iviaiman									Chiorine L	Tioxide	
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	Staffed or	st service	Net Quantity	resident de	Disinfectant	(T) at C	First	1.0				Minimum	Disinfectant	
Daniel	Visited by		of Finished		Concentration (C)	Measurement	Customer		dece		Lowest Operating	UV Dose Required,	Concentration at	Emergency or Abnormal Operating
Day of the	Operator (Place	Hours plant in	Water Producted	Peak Flow	Before or at First Customer During	Point During Peak Flow	During Peak Flow, mg	Tempof	nH of Water,	Minimum CT	UV Dose,	mW•	Remote Point in Distribution	Conditions: Repair or Maintenance Work that Involves Taking Water System Components
Month	"X")	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L		if Applicable		mW-sec/cm ²	sec/cm ²	System, mg/L	Out of Operation
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^{*} Refer to the instructions for this report to determine which plants must provide this information.

90

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



DEP Form F° 555, 900(3)Alternate

See Pages 4 for Instructions. 1. General Information for the Month/Year of: July, 2008 A. Public Water System (PWS) Information PWS Name: Harmony Homes PWS Identification Number: 3590497 PWS Type: ✓ Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 61 Total Population Served at End of Month: 158 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager Contact Person's Mailing Address: PO Box 490310 State: Florida City: Leesburg Zip Code: 34749 Contact Person's Telephone Number: (352) 787-0980 (352) 787-6333 Contact Person's Fax Number: Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Name: Harmony Homes Plant Telephone Number. 407-339-5424 Plant Address: 101 Plymouth Avenue Altamonte Spr State: Florida Zip Code: 32701 Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 216,000 Plant Category (per subsection 62-699.310(4), F.A.C.) IV Plant Class (per subsection 62-699,310(4), F.A.C.) Licensed Operators Day(s) / Shift(s) Worked Name License Class License Number Lead/Chief Operator: William Trendel 6411 Days 1st Shift Other Operators: Terry McCarthy 4617 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. William Trendel C-6411 Signature and Date Printed or Typed Name License Number

Page

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

PWS I	dentificatio	n Number:		3590497		Plant Name:	Harmony H	omes						
III. I	Daily Data	for the N	lonth/Year	of:		July, 2008								
			Virus Inactiv		THE RESIDENCE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, WHEN THE PERSON NAMED IN COLUMN TWO IS NAMED IN THE OWNER, WHEN THE PERSON NAMED IN THE OWNER, WHEN THE PERSON NAMED IN THE OWNER, WHEN THE PERSON NAMED IN THE OWNER, WHEN THE PERSON NAMED IN THE OWNER, WHEN THE PERSON NAMED IN THE OWNER, WHEN THE PERSON NAMED IN THE OWNER, WHEN THE PERSON NAMED IN THE PE		Chlorine Di	ovida	□ Ozone	F C	in a Chilania	(Chlann	.:	
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								- 62 11	1.631.1.1	(011)	, <u></u>			
Type	of Disinfe	Hant Kesic			bution System:	Free Chlo				(Chloramine		Chlorine I	Dioxide	
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	Section .					CT Calc	illations .				UVI	Dose		
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	Visited by		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency of Abnormal Operating
Day of	Committee of the commit	Hours plant	Water		Before of at First	Point During	During Peak	7 39 Q		Minimum CT	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work that
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal	Rate, gpd	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm2	sec/cm ²	System, mg/L	Out of Operation
×11.4	X	24.0			0.8		**************************************						0.8	on interreconnect, due to hydro tank rep.
2	X	24.0			0.8								0.7	on interreonnect, due to hydro tank rep.
3	X	24.0			0.7								0.7	on interrconnect, due to hydro tank rep.
4	X	24,0			0.9								0.8	on interreonnect, due to hydro tank rep.
5	X	24.0			0.9		**************************************						0.8	on interrconnect, due to hydro tank rep.
6 1.	X	24.0							4					on interrconnect, due to hydro tank rep.
7 ~	X	24.0			1.1									on interrconnect, due to hydro tank rep.
8	X	24.0			0.9									on interrconnect, due to hydro tank rep.
9	X	24.0			0.9									on interrconnect, due to hydro tank rep.
10	X	24.0			1.0								0.8	on interreonnect, due to hydro tank rep.
11	X	24.0			0.9								0.8	on interreconnect, due to hydro tank rep.
12	X	24.0			1.0									on interrconnect, due to hydro tank rep.
13	X	24.0			1.2								1.1	on interrconnect, due to hydro tank rep.
15 -	X	24.0			0.8									on interrconnect, due to hydro tank rep.
16		24.0			1.0			,	***************************************					on interrconnect, due to hydro tank rep.
17	X	24.0 24.0			0.8									on interrconnect, due to hydro tank rep.
18	X	24.0			0.7								0.6	on interreonnect, due to hydro tank rep.
19	X	24.0			0.5	***************************************							0.7	on interrconnect, due to hydro tank rep.
20	$\frac{\lambda}{x}$	24.0			0.8								0.7	on interreonnect, due to hydro tank rep.
21	$\frac{\hat{x}}{x}$	24.0			1.0								0.7	on interrconnect, due to hydro tank rep.
22	$\frac{\lambda}{X}$	24.0			0.9								The same of the sa	on interrconnect, due to hydro tank rep.
23	X	24.0			0.6									on interrconnect, due to hydro tank rep.
24	X	24.0			0.6								0.5	on interreonnect, due to hydro tank rep.
25	X	24.0			0.5								0.5	on interreconnect, due to hydro tank rep.
26	X	24.0			0.5								0.5	on interreonnect, due to hydro tank rep.
27	X	24.0			0.5								0.5	on interrconnect, due to hydro tank rep.
28	X	24.0			0.5								0.4	on interreconnect, due to hydro tank rep.
29.	X	24.0			0.5								0.4	on interrconnect, due to hydro tank rep.
30	X	24.0			0.8								0.8	on interrconnect, due to hydro tank rep.
31	Х	24.0			0.8								0.8	
al		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.

DEP For \$2-555, 900(3)Alternate

I. General Information		Year of: August, 2008	8				
A. Public Water Systen	(PWS) Informa	ation					
PWS Name:	Harmony Homes					PWS Identification Number	3590497
PWS Type:	✓ Community	Non-Transient Non-Commun	ity T	ransient Non-Comn	nunity	Consecutive	
Number of Service Connec						Population Served at End of N	Month: 158
PWS Owner:	Aqua Utilities Florid	da	- 1 1980 800 0000000000000000000000000000				
Contact Person:	Brian Heath				Conta	ct Person's Title:	Area Manager
Contact Person's Mailing A	ddress:	PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone	Number:	(352) 787-0980			Conta	ct Person's Fax Number: ((352) 787-6333
Contact Person's E-Mail Ad		beheath@aquaamerica.com	1				
3. Water Treatment Pl	ant Information						
Plant Name:	Harmony Homes					Plant Telephone Number:	407-339-5424
Plant Address:	101 Plymouth Aven				City: Altamonte Spi	State: Florida	Zip Code: 32701
Type of Water Treatment b		✓ Raw Ground Water	Purchased Fin	ished Water			
Permitted Maximum Day C				216,000			
Plant Category (per subsect	ion 62-699.310(4), F					lass (per subsection 62-699.3	
Licensed Operators		Name	To the last stranger and	License Class	License Number	Day	(s) / Shift(s) Worked
Lead/Chief Operator:				C	6411	Days 1st Shift	
Other Operators:	Terry McCarthy			C	4617	Days 1st Shift	
							Manus Hairi Harris Harr
ALTON COMME							
		A					
I. Certification by Lead	WChief Onesate						e sustantial production of the second
	THE RESERVE THE PERSON NAMED IN COLUMN 2 I		.1 1 1/1:	6		1	
		t operator licensed in Florida, ar					
							cals used at this plant conform to NS
							nal operations records for this plant
							cals used and chemical feed rates; and
(2) if applicable, appro	opriate treatment	process performance records. F	Furthermore, I	agree to provide	these additional o	perations records to the	PWS owner so the PWS owner can
retain them, together v	vith copies of this	s report, at a convenient location	for at least ter	n years.			
1	. /	41-1-		41E)			**
11/1/11/11	20 /	11/2/03	William Trend	del			C-6411
Signature and Date		1/6/	Printed or Typ				License Number
Senature and Date		V E	rimed of Typ	red (vaine			Lieense Number

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



DEP Form Ph-555, 900(3) Alternate

See Pages 4 for Instructions. 1. General Information for the Month/Year of: September, 2008 A. Public Water System (PWS) Information PWS Name: Harmony Homes 3590497 PWS Identification Number: PWS Type: ✓ Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 61 Total Population Served at End of Month: 158 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: Harmony Homes Plant Telephone Number 407-339-5424 Plant Address: 101 Plymouth Avenue Altamonte Spr State: Florida Zip Code: 32701 City: Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day 216,000 Plant Category (per subsection 62-699.310(4), F.A.C.) IV Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators Name License Class License Number Day(s) 7 Shift(s) Worked Lead/Chief Operator: William Trendel 6411 Days 1st Shift Other Operators: Terry McCarthy 4617 Days 1st Shift H. 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. William Trendel C-6411 Signature and Date Printed or Typed Name License Number

PW5 I	dentificatio	n Number:		3590497		Plant Name:	Harmony H	omes						
11. E	aily Data	for the M	lonth/Year	of:		September, 200)8							
1eans	of Achievii	ng Four-Log	Virus Inactiv	ation/Remov	al: 🔽 Free C	hlorine r	Chlorine Di	ovide	F Ozone	r Comb	oined Chlori	na (Chlarae	ninae)	
	traviolet R			er (Describe):			Chiorate Di	OAUC) Ozone	1 Com	omed Chiorn	ne (Cmorai	nuies)	
					bution System:	▼ Free Chle			1011	(Chloramine		011		
ype (n Distilled	ctant Kesic										Chlorine I		
97		#10104GF			T Calculations, o				Virus Inac	tivation, if	Applicable*			A 1 States A Sharts Hall
						CT Calc	ulations			100	UVI	Dose		
				4.100			Lowest CT				705F			
				7.5		Disinfectant	Provided				2.5			
	Days Plant				Lowest Residual	Contact Time	Before or at						Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First		A. S. Sub		10.33	Minimum	Disinfectant	
1000	Visited by		of Finished		Concentration (C)	Measurement	Customer	100		ALC TO SERVICE	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water		Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work thi
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of		Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	gal	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm2	sec/cm ²	System, mg/L	Out of Operation
-1	X	24.0			1.1	Andrew State Control of the Control							1.0	plant on interconnect
2	X	24.0			1.0								1.0	plant on interconnect
3	X	24.0			1.2								1.0	plant on interconnect
4	X	24.0			1,1					,			1.0	plant on interconnect
5	X	24.0			1.0	***************************************							1.0	plant on interconnect
6	X	24.0			0.9									plant on interconnect
7		24.0												plant on interconnect
9	X	24.0			1.0									plant on interconnect
10	X	24.0			0,7									plant on interconnect
11	$\frac{\hat{x}}{x}$	24.0 24.0			0.9									plant on interconnect
12	X	24.0			0.7									plant on interconnect
13	$\frac{\lambda}{X}$	24.0			1.0									plant on interconnect
14		24.0			1.0									plant on interconnect
15	X	24.0			0.9									plant on interconnect
16	X	24.0			0.9									plant on interconnect plant on interconnect
17	X	24.0			0.8									plant on interconnect
18	X	24.0			0.9									plant on interconnect
19	X	24.0			0.8									plant on interconnect
20	X	24.0			0.8									plant on interconnect
21		24.0			-7.5								1	plant on interconnect
22	X	24.0			1.0								1.0	plant on interconnect
23	Х	24.0	ı		0.7					. 10				plant on interconnect
24	Х	24.0			0.8								***************************************	plant on interconnect
25	Х	24.0			1.0								<u> </u>	plant on interconnect
26	X	24.0			1.1	***************************************								plant on interconnect
27	X	24.0			1.0									plant on interconnect
28		24.0											\$-m	plant on interconnect
29	X	24.0			1.0								1.0	plant on interconnect
30	X	24.0			0,8								***************************************	plant on interconnect
31														ALTHOUGH TO THE LAND
1053		Same of the												

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



See Pages 4 for Instructions. I. General Information for the Month/Year of: October, 2008 A. Public Water System (PWS) Information PWS Name: 3590497 Harmony Homes PWS Identification Number: PWS Type: ✓ Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month 158 61 PWS Owner Aqua Utilities Florida Contact Person: Edward Pellenz Contact Person's Title: Manager of Operations Zip Code: Contact Person's Mailing Address: 34749 PO Box 490310 City: Leesburg State: Florida Contact Person's Fax Number: (352) 787-6333 Contact Person's Telephone Number: (352) 787-0980 Contact Person's E-Mail Address: ejpellenz@aquaamerica.com B. Water Treatment Plant Information 407-339-5424 Plant Name: Harmony Homes Plant Telephone Number: Zip Code: 32701 Plant Address: 101 Plymouth Avenue Altamonte Spr State: Florida Type of Water Treatment by Plant: Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 216,000 Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): IV Day(s) / Shift(s) Worked Licensed Operators. License Number -Name License Class Lead/Chief Operator: William Trendel 6411 Days 1st Shift Other Operators: Terry McCarthy 4617 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	or at least ten years.	
Willia Jel 11/6/08	William Trendel	C-6411
Signature and Date	Printed or Typed Name	License Number

2-555 900(3)Atternate

PWS I	dentificatio	n Number		3590497		Plant Name:	Harmony H	omes						
II. D	aily Data	for the N	lonth/Year	of:		October, 2008								
	of Achievii traviolet R		Virus Inactiv	ration/Remov (Describe):		hlorine [Chlorine Di	oxide	Ozone	ſ Comb	ined Chlori	ie (Chlorae	nines)	
Type o	of Disinfee	ctant Resid	lual Maintair	ned in Distri	bution System:	Free Chlo	orine [Combin	ed Chlorine	(Chloramine	s) [-	Chlorine I	Dioxide	
:					T Calculations, or	UV Dose, to	Demostate I	Four-Los	Virus Inac	tivation, if A	Applicable*		-17	AL 10 19 II
,				2 367			culations .	1 1811	理[1 5 pm		UVI		17 77 72	
			1	WHITE THE				4 3.0	Tropies -				-17	Contract to
Day of the	(Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal	Peak Flow Rafe, 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, OC		Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW- sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution Systein, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work th Involves Taking Water System Component Out of Operation
- 1	X	24.0			0.8								0.8	Plant off line / hydro-tank rep
3	X	24.0 24.0			0.8								0.8	
4	X	24.0			0.8								0.8	a v
5	_^	24.0			V.8								0,8	45 44
6	X	24 0			1.0		-						0.9	ti n
7	X	24.0			0.7								0.7	p n
8	X	24.0			0.7								0.7	ef. ej
9	X	24.0			0.7								0.7	а м
10	X	24.0			13								1 2	о а
11	X	24 0 24.0			1.1								1.1	y 4
13	X	24.0												
14	×	24.0		-	0.9								0.8	41 74
15	X	24.0			. 0.8				-				0.8	n v
16	Х	24.0			0.8			_					0.7	40 80
17	X	24.0			0.9								0.8	. "
18	X	24.0			1.0								0.8	7
19		24.0												
20	X	24.0			0.9								0.9	61 14
21	X	24.0			1.0								0.8	4 4
23	X	24.0			1,3								12	4 4
24	X	24.0			1.2								12	0 0
25	X	24.0			1.1								12	
26		24.0			1.1				-				, ,	9 n
27	X	24.0			10								10	hydro-tank replaced
28.	Х	24.0			1.2									hydro-tank replaced
29	X	24.0			1.0									hydro-tank . chlorinated
30	X	24.0			1.2								_1.1	flushed , ready to sample
31	X	24.0			10								1.0	

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

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



See Pages 4 for Instructions.

General Information		Year of: November	er 2008					
		·	01, 2000	•	. 4			
Public Water System PWS Name:	Harmony Homes	tion				PWS Identification Num	nber: 3590497	•
PWS Type:	✓ Community	Non-Transient Non-Comm	wwnih.	ancient Non Comi	munity	Consecutive	10er 3390497	
Number of Service Connec			TIUTILYT	ansient Non-Comi			of Month. 158	
PWS Owner:	Aqua Utilities Florid		×		Total	Population Served at End	et Mouth. 158	
Contact Person:		a				- / ID I- "T - I	N	
Contact Person's Mailing A	Edward Pellenz	DO D - 400310				ct Person's Title:	Manager of Operations	40
Contact Person's Telephone		PO Box 490310			City: Leesburg	State: Florida	Zip Code. 3474	49
Contact Person's E-Mail Ad		(352) 787-0980	00.00		IC onta-	ct Person's Fax Number:	(352) 787-6333	
Water Treatment Pla		ejpellenz@aquaamerica.d	COITI					
	The same of the sa					[10] . T. J. J N N.	107 270 6424	
Jant Address	Harmony Homes	09			~	Plant Telephone Number	A STATE OF THE PARTY OF THE PAR	4) 1
Type of Water Treatment by	101 Plymouth Avenu				City: Altamonte Spr	State. Florida	Zip Code: 3270	01
ermitted Maximum Day O		Raw Ground Water	Purchased Finis					
lant Category (per subsecti				216.000	DI C		20 210 11 11 4 (1)	<u> </u>
Licensed Operators	ion 62-699.310(4). F.,			License Class	License Number	lass (per subsection 62-69	99.310(4), F.A C.): C Day(s) / Shift(s) Worked	
	William Trendel	Name	` .	License Class			Day(s) / Simi(s) worked	*, *
ther Operators:				C	6411	Days 1st Shift		
the Operators.	Terry McCarthy			C	4617	Days 1st Shift		
* 1 ~ 1								
*								
				-				
e de la companya della companya della companya de la companya dell								
n ing								
8				,				
- 1 - 1						l		_
ertification by Lead	/Chief Operator							
			am the lead/abiet	Congretor of the	water treatment n	lant identified in par	t I of this report. I certify that	the
							emicals used at this plant confo	
							tional operations records for th	
							emicals used and chemical feed	
					these additional o	perations records to	the PWS owner so the PWS or	wner can
tain them, together w	rith copies, of this	report, at a convenient locat	tion for at least ten	years.				
1.	1 1							
1/1/1/16	a Victor	12/2/08	William Trend	el			C-6411	
gnature and Date		- Company Co	Printed or Type				License Number	
								7
DEP Form F* 455, 900(3)AI	ternale			Page				(

	lentification			3590497		Plant Name.	Harmony Ho	nacs						
II. D	aily Data	for the M	onth/Year	of:		November, 200	8							
Means (of Achievir	ig Four-Log	Virus Inactiv	ation/Remova	al: Free C	hlorine [Chlorine Di	oxide	Conc	[Comb	ined Chlorii	ie (Chloran	nines)	
	raviolet R	(2)		r (Describe):		·			,	1 64,1111	area cinerii	ic (citiorati		
					bution System:	▼ Free Chk		Combin	ed Chlorine	(Chloramine	c) }-	Chlorine I	Vignida	
ype o	Disinted	tant Kesio	uai Maintan									Chiorine L	nonde	
- 465			2000年	C	CT Calculations, or					tivation, if A		7,43	BOS ALL YES	
			70 15 15 15 15 15 15 15 15 15 15 15 15 15		的图题 中国 对 经	CT Calc	ulations	e pour la			UVI	Dose 1	THE STATE OF THE S	Charles with the sale
fa ye			loke Play	型: 10K	取為特別公司的		Lowest CT		KIN The			10 10 1		
			Y 14			Disinfectant	Provided		- 21 1 H	11.7		. 4	원 - 취수 공	
100	Days Plant	4411	3.34		Lowest Residual	Contact Time	Before or at	THE T	R. ARM		7,,		Lowest Residual	
	Staffed or	* P	Net Quantity		Disinfectant	(T) at C	First	War :	1 - 10		2	Minimum-	Disinfectant	The second state of the second
16.57	Visited by	4-1-1	of Finished		Concentration (C)	Measurement	Customer	41.0	100	1 2 2 2	Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of		Hours plant	Water	15 10 6	Before or at First	Point During	During Peak	35.50	177. 1965	Minimum CT	Operating	Required,	Remote Point in	Conditions, Repair or Maintenance Work th
the	(Place	in	Producted.	Peak Flow	Customer During	Peak Flow,	Flow, mg-		pH of Water.	Required, mg	UV Dose.	mW-	Distribution	Involves Taking Water System Componen
Month	"X")	Operation	gal.	Rate, gpd	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm²	System, mg/L	Out of Operation
1		24.0			1.1								10	Plant Off Line Due To Hydro Tank
2 .														Plant Off Line Due To Hydro Tank
3		24,0	X		10								0.0	Plant Off Line Due To Hydro Tank
4		24.0	X		1.1								1.1	Plant Off Line Due To Hydro Tank
-5		24.0	X		1.1								1.0	Plant Off Line Due To Hydro Tank
6		24.0	X		1.1								10	Plant Off Line Due To Hydro Tank
7		24.0	X		12								10	Plant Off Line Due To Hydro Tank
8		24 0	Χ		1 3									Plant Off Line Due To Hydro Tank
9 -														Plant Off Line Due To Hydro Tank
10.		24 0			10									Plant Off Line Due To Hydro Tank
11		24 0			_10									Plant Off Line Due To Hydro Tank
12		24.0			1.3									Plant Off Line Due To Hydro Tank
13		24.0			1,1									Plant Off Line Due To Hydro Tank
14		24,0			13									Plant Off Line Due To Hydro Tank
15 .	-	24.0	X		1.0		-						10	Plant Off Line Due To Hydro Tank
16			.,											Plant Off Line Due To Hydro Tank
17 -	-	24 0			1.1									Plant Off Line Due To Hydro Tank
19		24.0			1.0	 -								Plant Off Line Due To Hydro Tank Plant Off Line Due To Hydro Tank
20		24.0			101					-				Plant Off Line Due To Hydro Tank
21.	-				10			<u> </u>						Plant Off Line Due To Hydro Tank
22		24.0 24.0			12			_						Plant Off Line Due To Hydro Tank
23		24.0	^		1.2								10	Plant Off Line Due To Hydro Tank
24	i	24.0	v		1,1					 			1.0	Plant Off Line Due To Hydro Tank
25		24.0			1.2					-				Plant Off Line Due To Hydro Tank
26		24.0			1,2									Plant Off Line Due To Hydro Tank
27		24.0			10									Plant Off Line Due To Hydro Tank
28		24 0			12									Plant Off Line Due To Hydro Tank
29, :		24.0			10									Plant Off Line Due To Hydro Tank
30		24.0			1.0									Plant Off Line Due To Hydro Tank
31														
otal	THE STREET	TEMS IS												
vgerage	William Vice	s-1 - United Sales												

^{*} 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

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100	Panas	1	tor	Instructions	
Occ	1 4203	~	101	THEFT OFFI	

DEP Form F "15 900(3) Alternate

General Information		Year of: December,	2008			-	
Public Water System		ation					
PWS Name	Harmony Homes					PWS Identification Numb	eer: 3590497
PWS Type:	✓ Community	Non-Transient Non-Commur	ity LT	ransient Non-Comi		Consecutive	
Jumber of Service Connec	tions at End of Mont	th: 61			То	tal Population Served at End o	f Month: 158
WS Owner:	Aqua Utilities Flori	da					
ontact Person:	Edward Pellenz					mtact Person's Title	Manager of Operations
ontact Person's Mailing A		PO Box 490310		_	City: Leesburg	State. Florida	Zip Code 34749
ontact Person's Telephone		(352) 787-0980			Co	nlact Person's Fax Number	(352) 787-6333
ontact Person's E-Mail Ad		ejpellenz@aquaamerica.com	<u>n</u>				
ater Treatment Pl	CONTRACTOR OF THE PROPERTY OF	<u> </u>					
ant Name:	Harmony Homes					Plant Telephone Number:	407-339-5424
ant Address	101 Plymouth Aver				City Altamonte	Spr State: Florida	Zip Code: 32701
pe of Water Treatment b		Raw Ground Water	Purchased Fini	shed Water			
rmitted Maximum Day C				216.000			
ant Category (per subsect		F.A.C.): IV				t Class (per subsection 62-699	
Licensed Operators		Name		License Class	License Numb	per Da	ay(s) / Shift(s) Worked
ead/Chief Operator:	William Trendel			С	6411	Days 1st Shift	
ther Operators:	Terry McCarthy			C	4617	Days 1st Shift	
, * *							
*							
* *						19	
· · · ·							
<u> </u>							
AND COMPANY OF THE PARTY OF THE			5) 9				
ertification by Lead			* * * · · ·		4.	<u>, </u>	
the undersigned wat	er treatment plan	it operator licensed in Florida, a	m the lead/chie	f operator of the	water treatmer	t plant identified in part	I of this report. I certify that the
formation provided	in this report is to	rue and accurate to the best of m	y knowledge a	nd belief. I certi	ify that all drink	ting water treatment cher	nicals used at this plant conform to
ernational Standard	60 or other appl	icable standards referenced in si	ubsection 62-5:	55.320(3), F.A.C	C. I also certify	that the following additi	onal operations records for this pla
							nicals used and chemical feed rates
							he PWS owner so the PWS owner o
		s report, at a convenient location		_	mese additione	in operations records to the	io i ii o o inter se die i ii o o inter
, am mem, rogemer v	/ copies of the	s report, at a convenient location	i ioi ai icasi (e)	i years.			
11/11/2	111.	1) Miller					
Lallan	XVILLULLE	2/ 1/4/(1)	William Trend	iel			C-6411
gnature and Date		1 (Printed of Typ	ned Name			License Number

PWST	Jentification	n Number.		3590497		Plant Name	Harmony Ho	omes						
HI. D	aily Data	for the M	lonth/Year	of:		December, 200	18							
Means	of Achievii	ng Four-Log	Virus Inactiv	ration/Remov	al. Free C	hlorine T	Chlorine Di	oxide	□ Ozone	F Comi	oned Chlorii	ne (Chlorai	nines)	
	traviolet R			r (Describe):		100,000	c.itini) (iiic. Cri	C/, sape	, sometime	Come	mica Cinori	is (Circiai	1111(0.57)	
					bution System:	▼ Free Chlo	ring [Combin	ed Chlorine	(Chloramine	·s) [Chlorine I)iavide	
Type	T DISHITEC	Tant Kesic	IUAI IVIAIIITAII									CHIOTHIC	710.000	
		,			CT Calculations, or			our-Log	Virus Inac	tivation, it A				X*
		Se e				CT Calc	ulations			· · ·	UVI	Jose		Ξ
			,			NO.	Lowest CT	ŀ			,	a .	1	
			191			Disinfectant	Provided					8		
	Days Plant				Lowest Residual	Contact Time	Before or at	}					Lowest Residual	
	Staffed or		Net Quantity		Disinfectant	(T) at C	First					Minimum	Disinfectant	4
	Visited by		of Finished	^	Concentration (C)	Measurement	. Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
Day of	Operator	Hours plant	Water	. 31.	Before or at First	Point During	During Peak			Minimum CT	Operating	Required,	Remote Point in	Conditions; Repair or Maintenance Work the
the	(Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water.	Required, ing	UV Dosc.	mW-	Distribution	Involves Taking Water System Components
Month	*X°)	Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, "C	if Applicable	mitt/L	inW-sec/cm2	sec/cm ²	System, mg L	Out of Operation
1		24.0			11									Plant OOS
2		24.0			1.2									Plant OOS
3 .		24 0			13									Plant OOS
4		24 0	1,500		1.3									Plant OOS
5		24.0			13									Plant OOS
6		24.0	2,700		1.4									Plant OOS
7		24.0												Plant OOS
8		24 0			10									Plant OOS
9		24.0	2,500		1.2									Plant OOS
10		24.0	9,800		1.2									Plant 00S
11		24 0	9,100		12									Plant Back In Service
12		24 0	9,300		2.8				}				20	
		24.0	8,400		1.7								13	
14		24.0	9,000		0.0									
16		24.0	9,000		0.8								0.7	
17		24.0	9,800		1.3								1,0	
18		24.0			15									
19 1		24.0	9,000		22								1.8	
20		24.0	9,200		2 2					ļ ————			18	
21		24.0	8,750		- 22							-	18	
22		24.0	8,750		1.9		-				-		1.5	-,
. 13		24 01	9,100		1.9								14	
24		24 0	11,600		1.7								15	
25		24 0	12,200		1,5				-				1.3	
26		24.0	9,400		2.9						-		2.3	
27		24.0	9,500		1.5								14	
28		24.0	19,900		0.5								11	
29		24.0	22,800		13								1.0	
30		24.0	8,900		1,3								11	
31		24.0	12,400		1.3					-	_			
otal			242,400			31								
vgerage			7,819											

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

22,800

DEP For 1/900/3/Attendate

Maximum



See Dears 4 feet I	4					
See Pages 4 for In	ion for the Month/Yea	r of: January, 2009			Section of the Consequence	
i. Cienciai informat	ion for the pronth/fea	uanuary, 2005				Company of the Compan
	tem (PWS) Information	1				
PWS Name:	Harmony Homes				PWS Identification Number	er: 3590497
PWS Type:	✓ Community [Non-Transient Non-Community	Transient Non-Co		Consecutive	
	nections at End of Month:	61	- , a diversification y con	То	tal Population Served at End of	f Month: 158
PWS Owner:	Aqua Utilities Florida	California de la casa	Manager of the same of the sam	Carried San E. Commercial		
Contact Person:	Edward Pellenz		AND THE PROPERTY OF THE PARTY.		ntact Person's Title:	Manager of Operations
Contact Person's Mailin		3ox 490310		City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Teleph) 787-0980		1.19 Co	ntact Person's Fax Number;	(352) 787-6333
Contact Person's E-Mai		ellenz@aquaamerica.com				
B. Water Treatment	Plant Information					
Plant Name:	Harmony Homes				Plant Telephone Number:	407-339-5424
Plant Address:	101 Plymouth Avenue			City: Altamonte	Spr State: Florida	Zip Code: 32701
Type of Water Treatmer	nt by Plant:	Raw Ground Water	Purchased Finished Water			
	ny Operating Capacity of Plan		216,000	25 / 17 / 25 / 17 / 17 / 17 / 17 / 17 / 17 / 17 / 1		
	section 62-699.310(4), F.A.C.				t Class (per subsection 62-699	
Licensed Operato		Name: * * *	License Cla	ss Dicense Numb	ier konstant entertieben Da	y(s)// Shift(s) Worked
Lead/Chief Operation			C	6411	Days 1st Shift	
Other Operators:	Terry McCarthy		C	4617	Days 1st Shift	The state of the s
White above the second			TALLET AND THE			
2001年第四日 第					which the state of the state of	
2.4000000000000000000000000000000000000						
A STATE OF STATE	Market Species Comme					
substance and leading		Constitution of devis Autorities				
Acceptance of						
11 特拉拉						
II. Certification by L						
I, the undersigned v	vater treatment plant ope	erator licensed in Florida, am	the lead/chief operator of	the water treatmen	nt plant identified in part	I of this report. I certify that the
information provide	ed in this report is true a	nd accurate to the best of my	knowledge and belief. I c	ertify that all drinl	cing water treatment cher	nicals used at this plant conform to NS
International Standa	ard 60 or other applicab	e standards referenced in sub	section 62-555.320(3), F.	A.C. I also certify	that the following additi	onal operations records for this plant
were prepared each	day that a licensed oner	rator staffed or visited this pla	nt during the month indica	ted above: (1) re	cords of amounts of then	nicals used and chemical feed rates; and
(2) if applicable an	propriate treatment prod	ess performance records. Fu	rthermore. I agree to provi	de these additions	al operations records to the	ne PWS owner so the PWS owner can
retain mem, togethe	with copies of this rep	ort, at a convenient location i	of at least tell years.			
1 . 1 . 1	in a VV	110/1/00	A STATE OF THE STA			
- 1000	an Junae	1)9/6/14	William Trendel		ALL PROPERTY OF THE PROPERTY O	C-6411
Signature and Date		1	Printed or Typed Name			License Number

		irus Inactiv	ation/Remov	al: Free (Chlorine [Chlorine D	ioxide	C Ozone	T Com	bined Chlor	ine (Chloran	nines)	
Ultraviolet R	adiation	Othe	r (Describe):					*			,		
e of Disinfe	tant Residu	al Maintair	ned in Distri	ibution System:	Free Chl	orine [Combi	ned Chlorine	(Chloramir	nes) 「	Chlorine D	Dioxide	
7 76 4				GI Calculations, o	r UV Dose do	Demostate	limits Loi	Virus Inpo	tivation if	Applicable			建设设施设施
						ulations					Dec	111111111111111111111111111111111111111	
es la la company	of Long					1000		T TO SEE					
Martin Mi	7 3				10 3 1 2 3	Lowert GT Provided	34	Catalan	for The			3 200	
Dayley M	alignation is	Acceptable (a Austr	Inwest Residual	- Disinfectant- Contact Time	Before or at	Barrier.	Talana J		The street	14.5	near Desidia	有点是是特别性的人的特别
Staffed or	Market 1	Ver Quantity		Disinfestant	(T) at G	100	100	1.0	11 11	I di dike	Minimum	Disintectant	LANGER OF THE PROPERTY.
Visited by		of Finished	1000年	Concentration (C)	Measurement	Customer	* + +	May be		Lowest	UV Dose	Compentration a	Linergency of Alumormal Operating
of Operator	Floors plant	Water	2014	Before or at First	Point During	During Peak		1 P. C.	Minimum C		Required	Remote Point in	Conditions, Repair or Maintenance Wor
Place	in the	Producted.	Peak Plow	Clistomer During	Peak Flow	Flow, mg-	Templof	SH of Water	Required, m	IV Dose,		Distribution	Involves Taking Weter System Compet
th (XP)	Operation	gal	Rate, god		minutes	- amind27 \$	Water, (if Applicable	min/L	mW-sec/cm	1 sector	System, mg/L	Out of Operation 4 18
7 5 FEB 10	24.0	9,300		1.1		4 7 7 7			194 334			1.0	
	24.0	9,700 10,600		2.5 1.6								1,5	
100 to 10	24.0	11,550	en en en en en en en en en en en en en e	1.0			30				0.0000000000000000000000000000000000000	2002	10 10 10 10 10 10 10 10 10 10 10 10 10 1
Personal State	24.0	11,550		1.0						10.000	1	0.9	
	24.0	9,100		2.3	100 m a 100 30 50 50	0 22 8					S COLUMN TO SERVE	2.0	
Section 1	24.0	13,100	93,481 C. S.M.	1.2	THE PROPERTY OF		No Sell Control	191467		100 110 110 240		1.2	
Religion	24.0	8,500	ing from	2.7	NUMBER OF STREET	12 2 2 2	3 18 15	77 77 70				2.4	
	24.0	9,700		1.9								1.9	
	24.0	9,900		17			in the					1.5	
	24.0	11,900					-K-6			75 Last 1.			
A CONTRACTOR	24.0	11,900	W. 21-74-00-40	1.8				LONG CARRY	13885	1 137 250		1.7	
	24.0 24.0	7,300 10,900		2.2								2.0 1.5	
	24.0	8,700		1.6 2.0		tild the same	1653 164 15			22.00		1.7	
4500000	24.0	9,700		2.0		Fi 30 1 8			121 1 28			1.8	
16/12/09 (19)	24.0	9,600		1.8				inta cosanos				1.8	
MARIO ES	24.0	11,350							136.2.7	1 She 1 8 18		signatures	
O Cold Division Library	24.0	11,350		1.4	121-10-27		11000			Pag. Is sa		1.3	
	24.0	15,100		1.1			10000	14.11.3				1.0	
	24.0			11			100 11 1	MALL IN THE			Min Micc		plant taken off line temp / bad relay
44200000	24.0			1,0			7 5 6				e siles es la		plant taken off line temp / bad relay
A STATE OF THE STA	24.0	10,400	THE STREET	2.0	9136-55-56		512 3534	29 13 2 8 15	Error Carlotte			1.7	
	24.0	9,400 12,750	grand of Palific	23		1997 G H1 - \$1			2 2 2 2		1 X X X X X X X X X X X X X X X X X X X	1 2.0	
100 0000	24.0	12,750		2.5		9 T. S. S. S. S. S. S. S. S. S. S. S. S. S.						2.4	
The second	24.0	11,200		1.5	37 S. U.S. 25 (6 D. 6)	F 2 4 1	100000		541.61.3650		ki ka	1.4	
	24.0	11,500		1.5		17. 143.425 158		Marine Barrie		1. 2. to 10. T.		1.4	
Calebra and Calebra	24.0	9,800		2.7	8 1.6 - 18 55-1		100 OF 100 OF		alestas b	C C PRO CORRESPO		2.4	
	24.0	8,200		2.4			9-11-122		No. of the Solid	L. Galleria	esticita i	2.0	
STATE OF THE PARTY	24.0	9,200		CONTRACTOR OF THE PROPERTY OF	Property of the second second			100 mm 100 mm	The state of the state of			Comment of the control	

^{*} 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



55. 900(3)Alternate

See Pages 4 for Ins	structions									
I. General Informati	on for the Month	/Vear of: Sehr	uary, 2009							
W 22" several real time to the same as			uary, 2009		49.50	describ	100 - 100 10 10 10 10 10 10 10 10 10 10 10 10		Karal Caral	
A. Public Water Syst		nation								
PWS Name:	Harmony Homes						PWS Identification Num	nber:	3590497	
PWS Type:	Community	Non-Transient Non-C	Community	Transient Non-C	ommunity		Consecutive			
Number of Service Conr					14,800,111	Total	Population Served at End	of Month:	158	
PWS Owner:	Aqua Utilities Flor	rida						The K. W.	Nego -	
Contact Person:	Edward Pellenz						act Person's Title:	Manager of		
Contact Person's Mailing	Marine Ma	PO Box 490310			City: Lee	esburg	State: Florida	ern tels		34749
Contact Person's Telepho		(352) 787-0980			er-value et al	Cont	act Person's Fax Number:	(352) 787-6	333	
Contact Person's E-Mail B. Water Treatment		ejpellenz@aquaameri	ca.com							
Plant Name:		1								
Plant Address:	Harmony Homes 101 Plymouth Ave						Plant Telephone Numbe	er:	407-339-5424	4
Type of Water Treatment	The same of the sa				City: Alt	amonte Sp	or State: Florida	21 ASI 32	Zip Code:	32701
Permitted Maximum Day		Raw Ground Water	Purchase	ed Finished Water						-10
Plant Category (per subse	ection 62, 600 310(4)	Plant, gallons per day:		216,000	_				144 75 45 507	
Licensed Operator			IV				Class (per subsection 62-69			
Lead/Chief Operator		Name		License Cla		The second secon		Day(s) / Shitt	(s) Worked 💨	
Other Operators	Terry McCarthy			C		11	Days 1st Shift			
	Terry Miceardity				46	17	Days 1st Shift	No Philosophia		
										14.
					4					
4 134						<u> </u>				
	- 1815									
						-	The second of the second			
the things and							i carrie	30 100	一个一个时间的	
<u> </u>	28 Nacro 1882 - 1283 - 1284 -		40.00 Jako 2005	<u> </u>	, Tell tradition				1199092038	
I. Certification by Lea	ad/Chief Operato	or			FOR YOUR AND MAKE	100 Per 50 Mer.		and the first section		
		nt operator licensed in Flor	rida am the lead	chief operator of	ha water tra	otmont :	Jane I dantificad in rea-	T of the man	T court of	
information provided	in this report is to	rue and accurate to the bas	t of my knowled	las and hallast to	me water ne	annem j	nant identified in part	t i oi tiiis rep	ort, I certify ti	nat the
International Standar	d 60 or other anni	rue and accurate to the bes	at of my knowled	ige and belief. I co	ruly that all	arinkin	g water treatment che	emicais used	at this plant co	onform to NSF
were prepared each	lay that a ligated	licable standards reference	a in subsection of	02-000.320(3), F.A	I.C. I also c	ertify th	at the following addit	tional operati	ions records to	or this plant
(2) if applicable and	ay mat a ncensed	operator staffed or visited	this plant durin	g the month indica	ted above: ((1) reco	rds of amounts of che	micals used	and chemical f	eed rates; and
(2) if applicable, app	ropriate treatment	process performance reco	ords. Furthermore	re, I agree to provi	de these add	litional o	operations records to 1	the PWS own	ner so the PWS	S owner can
retain them, together	with copies of thi	s report, at a convenient lo	ocation for at lea	st ten years.						
1.1.										
Mullion	X Durdel	13/4/09	William	Trendel					C-6411	
Signature and Date		- American de la companya del companya del companya de la companya		or Typed Name					License Numb	· ar
×				- Jped Hame					License Numb	161

VS Id	entificatio	n Number:		3590497		Plant Name. Harmony Homes											
l. Da	aily Data	ı for the M	onth/Year o	of:		February, 200	February, 2009										
			Virus Inactiva		/al: ▼ Fre		Chlorine D	ioxide	☐ Ozone	Com	bined Chlor	ine (Chloran	nines)				
		Radiation		(Describe)		,	CHOIMEL	io dec	, 02000	, com	onica Chia	nie (Cinoraa	111103)				
					ibution System:	Free Ch	anina [Combi	ned Chlorine	(Chloramin	PCI [Chlorine I)iovide				
pe o	Disinie	ciam Resid	uai Maintain										MOAIGE	and the second s			
	4970041	Alexandra	r sedakti.	Contract Contract	CI Calculations	or UV Dose, to	Demostate	Hour-Lo	g Viras Inac	ityalion, it	Applicable		有限 多音	Short week at the light of the Ha			
	建油油	0.5-0405	trans-bet		144747	4 CT CA	culations			a grade to	UV	Dose		创意的代码 网络拉拉斯			
	10.00	1970		意味があ	国际营业等	S BENDARA	Lowest CT	159000	国际外部	1.141度	14141	14 000	14 经产品分割	(1985年·新沙州本)[1981年]			
					16 9 1	Disinfectant	Provided					1124.20	119936	第2000年1月1日 [1] 1月1日 [
	Days Plant				Lowert Residua		Before or er		Maria II	200	11112	122.3	Lowest Residual Litainfeotant				
	Staffed of		Net Quantity		Disinfectant	(TIALC.	First					Minimum	Disinfectant				
	Visited by		of Hinished		Concentration (C) - Maasurement	Customet	17			Lowest	U.V. 19058	Concentration at	Emergency of Abnormal Operat			
y of	Operator	Hours plant	Water		Refore or at Firs	Point During	During Peak Flow, mg-	Tamp		Minimum C	T TV DASA	max.	Remote Point in	Conditions, Repair of Maintenance V. Involves Taking Water System Com			
nth	(Place	inte Operation	Producted,	Peak Flow Rate, gpd	Customer Durin Peak Flow, mg/l	Peak Flow, minutes		Water O	TIT Anniloshie	min/i	Toll sallow	sectom ²	Distribution System, mg/L	Out of Operation 1 - 1			
		24.0	10,200		100004	5-4-50 P		Male Care			Zeroma en en	11 11 11 11					
	X	24.0	10,200		1	.4					1	1 2 2	1.1				
	X	24.0	9,200		1	3	102 SEC. 13						1.1				
	X	24.0	9,600			.4	1-7 38			3 32	PARE IN THE		1.2				
	X	24.0	13,700			19							0.9				
	X	24.0	9,600			.0							1.8	THE RESIDENCE OF A PRINCIPLE			
	X	24.0	10,000			2	1					1	2.0				
	x	24.0	11,550		<u> </u>		-			100			1.5				
	X	24.0	11,550			7 2			1 1 1 2 2 2 2 2 2 2 2 2				2.0				
	X	24.0	8,600			3	0 1 10E 10						2.0				
XIII	X	24.0	8,600			5	100	12 12 12 13	1 1 1 1 1 1 1 1 1			7 7 16	2.2				
	X	24.0	10,600		Accessed to the second	.5							2.2				
	X	24.0	10,500		18 Family 12	3							2.0				
	(Q) -1 (1)	24,0	12,300	100 ST 10	for the par		171 37						9X % 8 - 11.9				
	X	24,0	12,300	-11 //25	THE MANAGEMENT OF	5		1.538					2.2				
	X	24.0	10,700			3	23754						2.1				
	X	24.0	11,400			.8	-				-	4. 3. 114	1.7				
	X	24.0	11,100			.0		+	7 15 377	37 32,01745	+		2.0				
	X	24.0	9,000		A THE RESERVE THE PARTY OF THE	7	100, 180, 19	9-3-16-3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	30		931701210	2.5				
		24.0	10,900		L parts		139 140.00		115 - 117		49-1700,200	1 5 3 5 13 8 5	Constitution of				
	X	24,0	10,900	an Nama Visio	2	.6	100	LLAL		100	1 to 13 to	4. 12. 14.9.1	2.5	a de region e de design			
	Χ	24.0	8,200			5		100			1000		3.0				
	X	24.0	10,000			.0				50 50		1 11 11	2.0				
	X	24.0	9,500			.5			11 25 45				3.0				
	X	24.0	11,300			.6	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(1) 1 THE LEW	2 7 7 7 2 7 4	THE STATE		2.4				
	X	24.0 24.0	10,400			.6	7 4500 57	-			1	1	1.5				
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mum	Commence of the	A STATE OF THE STA	13,700														

^{*} 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

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Marie Committee	Be.
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FLORIDA	

See Pages 4 for Instructions. 1. General Information for the Month/Year of: March, 2009 A. Public Water System (PWS) Information PWS Name: Harmony Homes PWS Identification Number: 3590497 PWS Type: ✓ Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month Total Population Served at End of Month: 158 61 PWS Owner: Aqua Utilities Florida Edward Pellenz Contact Person: Contact Person's Title: Manager of Operations Contact Person's Mailing Address: PO Box 490310 State: Florida Zip Code: 34749 City: Leesburg Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 eipellenz@aquaamerica.com Contact Person's E-Mail Address: B. Water Treatment Plant Information Plant Name: Harmony Homes Plant Telephone Number: 407-339-5424 Plant Address: 101 Plymouth Avenue City: Altamonte Spr State: Florida Zip Code: 32701 Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 216,000 Plant Class (per subsection 62-699.310(4), F.A.C.) Plant Category (per subsection 62-699.310(4), F.A.C.): IV Licensed Operators License Class | License Number | Day(s) / Shift(s) Worked The Land Contract Name Lead/Chief Operator: William Trendel 6411 Days 1st Shift Other Operators: Terry McCarthy 4617 Days 1st Shift

11. Certification by Lead/Chief Operator

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

Page 1

_ William O	und 9 4/2/09
Signature and Date	17 70

William Trendel

C-6411

License Number

Day There Day There Day There Day There Day There Day There Day Day There Day Day There Day		
ans of Achieving Four-Log Virus Inactivation/Removal:		
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Visited by Operator Finished Contentration (C) Measurement Customer Minimum CT Operator Producted Peak Flow, mg/L Pe	imum Disinfectant	上,我的我们的是一个人的。 第二章
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X	c/cm ² System, mg/L	
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16 X 24.0 12,700 1.6 17 X 24.0 13,900 0.8 18 X 24.0 11,350 1.1 19 X 24.0 11,350 3.5 20 X 24.0 10,900 2.3 21 X 24.0 12,500 1.5 22 X 24.0 5,900 1.7 23 X 24.0 18,000 1.6		
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rerage 11,365 kimum 18,000		

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

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



DEP Form 92-555, 900(3)Alternate

See Pages 4 for Instructions. I. General Information for the Month/Year of:	April, 2009					
. General Information for the Month/Tear of.	April, 2003					
A. Public Water System (PWS) Information			****,			
PWS Name: Harmony Homes				PWS Identification Nur	nber;	3590497
	nt Non-Community	Transient Non-Com		Consecutive		
Number of Service Connections at End of Month:	61		Tota	1 Population Served at End	of Month:	158
PWS Owner: Aqua Utilities Florida						
Contact Person: Edward Pellenz			y	tact Person's Title:	Manager of Ope	
Contact Person's Mailing Address: PO Box 490310			City: Leesburg	State: Florida		Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980			Con	tact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address: ejpellenz@aqua	aamerica.com		777			
B. Water Treatment Plant Information						
Plant Name: Harmony Homes				Plant Telephone Number		407-339-5424
Plant Address: 101 Plymouth Avenue			City: Altamonte S	pr State: Florida		Zip Code: 32701
Type of Water Treatment by Plant:		sed Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day		216,000	r			
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Class (per subsection 62-6		С
Licensed Operators Name	<u> Arawalana, era 3</u>	License Class	License Numbe		Day(s) / Shift(s)	Worked
Lead/Chief Operator: William Trendel		<u>C</u>	6411	Days 1st Shift		
Other Operators: Terry McCarthy		C	4617	Days 1st Shift		
Land Company Box						
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and the second s						
A ALL DOMESTICS AND A SECOND STATE OF THE SECO						
A STATE OF THE STA						
I. Certification by Lead/Chief Operator						
I, the undersigned water treatment plant operator licensed	l in Florida, am the lea	d/chief operator of the	water treatment	plant identified in par	t I of this report	. I certify that the
information provided in this report is true and accurate to	the best of my knowle	edge and belief. I cert	ify that all drinki	ng water treatment ch	emicals used at t	his plant conform to NSF
International Standard 60 or other applicable standards re	eferenced in subsection	162-555.320(3), F.A.C	. I also certify t	hat the following addi	tional operation	s records for this plant
were prepared each day that a licensed operator staffed o	r visited this plant duri	ng the month indicate	d above: (1) reco	ords of amounts of che	emicals used and	chemical feed rates; and
(2) if applicable, appropriate treatment process performan	nce records Furtherm	ore. 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 conve			those additional	operations records to		
retain them, together with copies of this report, at a conve	ament location for at it	ast ton years.				
14 hillion (Nevel A) 5/2/00	verest-	m 1.1				0.6411
COULUM SUMMED 5/3/04		m Trendel				C-6411
Signature and Date	Printed	d or Typed Name				License Number

WS Id	entification			3590497	THE ON TO	Plant Name: Harmony Homes									
III. D	aily Data	for the M	onth/Year	of:		April, 2009									
Aeans (of Achievir	ng Four-Log	Virus Inactiv	ation/Remov	al: 🔽 Free C	Chlorine	Chlorine Di	oxide	┌ Ozone	Com	bined Chlori	ne (Chlorar	nines)		
- Uli	raviolet R	adiation	┌ Othe	r (Describe):					* 6	,		(
vne o	f Disinfer	etant Resid			ibution System:	Free Chlo	rine [Combin	ned Chlorine	(Chloramin	es) [Chlorine I)ioxide		
ype c	Diamire	Main Resid	das iviamitan		CT Calculations, of								J.C.Ade		
					of Calculations, of			Out-Los	virus inac	tivation, it		Dose	1000	The ball of the second second	
		994 Sept.	A.S.A.A.	2 2 2 2 2	No. of the second	C1 Calc	DECEMBER OF STREET	1 5 6 3			UY	Duse	0.000.000	ACTIVATED SET SET SET SET SET	
4	1296	cate Children	Appropria		Access to the later		Lowest CT	1000	species in	3.6	网络	7 h 259		COLUMN PARTIES	
	5.514		Arben	0.6000		Disinfectant	Provided .	0.34550	all the left	444	No Francis	1-1-200		THE REPORT OF THE PARTY OF THE	
	Days Plant	1,24.1	11 700	100	Lowest Residual	Contact Time	Before or at	A STATE	454.5	1200000	process		Lowest Residual	国际企业 医多种皮肤皮肤的	
	Staffed or		Net Quantity	10.45	Disinfectant	(T) at C	First				Lowest	Minimum UV Dose	Disinfectant		
ay of	Visited by Operator	Hours plant	of Finished Water		Concentration (C) Before or at First	Measurement Point During	Customer During Peak		Address Span	Minimum CT	Operating	Required,	Concentration at Remote Point in	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work	
the	(Flace	of the second	Producted,	Peak Flow	Customer During	Peak Flow	Flow, mg.	Temp of	nH of Water	Required, mg		mW.	Distribution	Involves Taking Water System Component	
1onth	"X")	Operation	gal.	Rate, gpd	Peak Flow, mg/L	minutes	min/L	Water, PC	if Applicable	min/L	mW-sec/cm²		System, mg/L	Out of Operation	
The state of	X	24.0	10,100		1.8								1.7	1	
2	X	24.0	8,600		2.6								2.3		
3 .	X	24.0	10,500		2.0								1.8		
4.	X	24.0	11,900		1.4						ļ		1.4		
	X	24.0 24.0	11,800 11,800		1.8								1.3		
6	X	24.0	10,700		1.8				 				1.7		
g	X	24.0	10,000		1.8								1.7		
0	X	24.0	10,600		2.4								2.2		
10	X	24,0	9,100		1.7								1.7		
11	Х	24,0	13,300		1.4	······································							1.4		
12	X	24.0	13,900												
13	X	24.0	13,900		1.6	***************************************							1.5		
14	X	24.0	10,100		2.0								1.8		
15 16	X X	24.0 24.0	10,200 11,500		1.5								1.4		
17	$\frac{\hat{x}}{x}$	24.0	10,500		2.0								1.7		
18	X	24,0	13,100		1.0								1.0		
19	X	24.0	10,000		4.9					***************************************			1.0		
20	Х	24,0	10,000		2.0	***************************************	200 No. 100 No. 100 No. 100 No. 100 No. 100 No. 100 No. 100 No. 100 No. 100 No. 100 No. 100 No. 100 No. 100 No.	ē.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					1.9		
21	X	24.0	20,400		2.1								1.8		
22	X	24.0	14,100		0.8								0,8		
23	X	24.0	13,400		2,5								2.0		
24 25	X	24.0	14,200		1.5								1.4		
25 25	X	24.0 24.0	15,600 12,000		1,2 0,9								1.2		
40 27	$\frac{\hat{x}}{x}$	24.0	17,400		0.9	·							0.6		
28	X	24.0	7,300		0.7									plant taken off line / pump bad	
29	X	24.0			0.9								0.7	plant taken off line / pump bad	
30	X	24.0	4,800		0.9									plant taken off line / pump bad	
3]	X	24.0													
(al)	Control of the last of the las		340,800			***************************************	***************************************								
gerage	territoria de la constitución de	_	10,994												
ועודוואו	n e lo	1980/1994	20,400		1										

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

C-6411

License Number

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



See Pages 4 for Instructions. General Information for the Month/Year of: May, 2009 A. Public Water System (PWS) Information PWS Name: Harmony Homes PWS Identification Number: 3590497 PWS Type: Consecutive Non-Transient Non-Community Transient Non-Community Number of Service Connections at End of Month: Total Population Served at End of Month. 158 61 PWS Owner: Aqua Utilities Florida Contact Person: Edward Pellenz Contact Person's Title: Manager of Operations Zip Code: 34749 Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: Florida Contact Person's Telephone Number: (352) 787-6333 (352) 787-0980 Contact Person's Fax Number: Contact Person's E-Mail Address: eipellenz@aguaamerica.com B. Water Treatment Plant Information Plant Name 407-339-5424 Harmony Homes Plant Telephone Number: Plant Address: Zip Code: 32701 101 Plymouth Avenue City: Altamonte Spr State: Florida Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 216,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) IV Licensed Operators Day(s) / Shift(s) Worked Name 1 License Class | License Number Lead/Chief Operator: William Trendel Days 1st Shift 6411 Other Operators Terry McCarthy Days 1st Shift 4617 IL 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.

DEP Form 62-555, 900(3)Alternate

Signature and Date

William Trendel

Printed or Typed Name

PWS I	dentification	on Number:		3590497	KEPOKITO	Plant Name:	Harmony H							
11. 1	Daily Data	a for the M	lonth/Year	of:		May, 2009								
1eans	of Achiev	ing Four-Log	y Virus Inactiv	ation/Remov	al: 🔽 Free (Chlorine r	Chlorine D	ioxide	Cone	Com	bined Chlori	ne (Chloran	nines)	
		Radiation		er (Describe):		,	C mor me o	ionicio	, 020	, com	cinea cineri		,	
`vne	of Disinfe	ectant Recid			bution System:	Free Ch	lorine T	Combin	ed Chlorine	Chloramin	es) [Chlorine I	Dioxide	
7100	OI DISHING	Tant Nest												
				11 3 5 4	T Calculations, o	r UV Dose, to	Demostate	HORI-TX05	VITUS ITIACI	vanon, il-	Applicable			第一个一个工程的证明的工作的
						CLCa				34 (1911)	UVI	Juse		
		14.5					Lowest C.T.			7.40				是 1977年 1975
			Net Quantity of Finished Water			Disinfectant	Provided				and the same of th			
	Days Plan		contraction.		Lowest Residual	Contact Time	Before or at	9 48 6			Lowest	Minimum	Lowest Residual	RESERVE BESTER OF AN
	Staffed or Visited by	1801	Net Quantity		* Disinfectant Concentration (C)	(T) at Cas		tal acc			Lawest	UV Dose	Disinfectant Concentration at	Emergency or Abhormal Operating
ay of	OHerbion	Hours plant	Water -	10.25	Reference of at First	Measurement Point During	During Peak	1.0	3 3 3 4	vin mum C	Operating	Required.	Remote Point in	Conditions, Repair of Maintenance Work
the.	(Place)	in	Producted,	Peak Flow	Customer During	Peak Flow	Flow mg-	Temp of	bld of Water.	Required, mi	g UV Dosc,	mW.	Distribution	Involves Taking Waler System Componer
lonth	"X")	Operation	gal i	Rate, gpd.	Peak Flow, mg/L	- minutes	min/L	Water, 90	if Applicable	min/L	mW-sec/cm	sec/cm ²	System, mg/L	Out of Operation
1	X	24.0			0.7									Plant off line
2	X	24.0	28,100		0.7									Plant off line
3 4	X	24.0	1,150		0.0	ļ								Plant off line/ well clear. Bact. Plant off line/ well clear. Bact
5	X	24.0	1,150 15,800		0.8	<u> </u>	 				-			Plant off line
6	X	24.0	1,600		0.7			 			 		Annual Control of the	Plant off line / flush well
7	Х	24.0	40,400		0.7			<u> </u>						Plant off line / flush well
8	X	24.0	9,500		0.6									Plant off line / flush well
9	Х	24.0	12,500		0.5									Plant off line
10 / 11 -	X	24.0	17,200											Plant off line
12	X	24.0	17,200 8,600		0.5									Plant off line Plant off line
3	X	24.0	7,300		1.1		 	-				 		Plant off line
4 =	X	24.0	8,700		1.4	-11					1			Plant off line
5	X	24.0	9,500		1.4								1.2	Plant off line
6	X	24.0	14,150											Plant back on line
7.5	X	24.0	14,150		2.0								1.8	
9	X	24.0	16,900 13,700		1.1								0.5	
0.41	X	24.0	11,500		1.8						7,		1,6	
	X	24.0	9,500	1	2.7		 				1		2.3	
2	X	24.0	10,100		2.1								1.8	
() —	Х	24.0	11,300		1.3								1.2	
4	Х	24.0	10,500											
5 6	X	24.0	10,500		1.2		<u> </u>						1.2	
7	X	24.0	14,700	2-12	1.7								1.5	
8	X	24.0	10,100		2.2		1			-	1		1.8	
9	X	24.0	9,600		2.1								1.8	
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	X	24.0	23,500											
I,	e de la financia de		380,600		-									
erage		2000000	12,277											
iumi	η	2000	40,400		59									

^{*} 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



m 62-555_900(3)Alternate

夏/FLORIDA					
See Pages 4 for Instructions.					
I. General Information for the Month/Year of: June, 2009					
A. Public Water System (PWS) Information			Town II are as North	er: 3590497	
PWS Name: Harmony Homes			PWS Identification Number	er: 3590497	
PWS Type:	Transient Non-Con		Consecutive	21/ 1	
Number of Service Connections at End of Month: 61		Total	Population Served at End of	f Month: 158	
PWS Owner: Aqua Utilities Florida		10.	B 1 Trid		
Contact Person: Edward Pellenz		The state of the s	act Person's Title:	Manager of Operations	24246
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida	Zip Code.	34749
Contact Person's Telephone Number: (352) 787-0980		Cont	act Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address: ejpellenz@aquaamerica.com					
B. Water Treatment Plant Information					
Plant Name: Harmony Homes		<u>, </u>	Plant Telephone Number:	407-339-5	
Plant Address: 101 Plymouth Avenue		City: Altamonte Sp	State: Florida	Zip Code:	32701
Type of Water Treatment by Plant:	nased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	216,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):			Class (per subsection 62-699.	310(4), F.A.C.): C	
Licensed Operators Name	Dicense Class	License Number	The state of the s	y(s) / Shift(s) Worked	
Lead/Chief Operators: William Trendel	С	6411	Days 1st Shift		
Other Operators: Terry McCarthy	C	4617	Days 1st Shift		
499(1(s/m)) (-					
		<u> </u>			
II. Certification by Lead/Chief Operator					
I, the undersigned water treatment plant operator licensed in Florida, am the	ead/chief operator of the	ne water treatment	plant identified in part	of this report. I certi	ry that the
information provided in this report is true and accurate to the best of my know	wledge and belief. I cer	tify that all drinkir	g water treatment chen	nicals used at this plan	t conform to NSF
International Standard 60 or other applicable standards referenced in subsect	ion 62-555.320(3), F.A	.C. I also certify the	at the following addition	onal operations record	s for this plant
were prepared each day that a licensed operator staffed or visited this plant di	uring the month indicat	ed above: (1) reco	rds of amounts of chem	nicals used and chemic	al feed rates; and
(2) if applicable, appropriate treatment process performance records. Further	more. I agree to provid	e these additional	operations records to th	e PWS owner so the F	WS owner can
retain them, together with copies of this report, at a convenient location for a	least ten years.				
	and the family				
udillame dierdel 7/6/09 wii	Non Tourse			C-6411	
	Iliam Trendel				
Signature and Date Prin	nted or Typed Name			License N	umber

WS I	lenti fication	n Number:		3590497		Plant Name:	Harmony Ho	mes						
II. D	aily Data	for the M	onth/Year o	of:	· 以可以可能是 (1914) 2014	June, 2009								
1eans	of Achievir	ng Four-Log	Virus Inactiv	ation/Remov	al: Free C	hlorine	Chlorine Di	oxide	□ Ozone	Γ Comb	ined Chloris	ne (Chloran	nines)	
	traviolet R			r (Describe):										4
			lual Maintair	ned in Distri	bution System:	Free Chle	orine 「	Combin	ned Chlorine	(Chloramine	rs) 「	Chlorine I	Dioxide	
per	Dismirec		4.7	1	T Calculations, o			inur-Lac	Virus Inac	livation If	Applicable*	er i i i i i		The substitute of the State of
					- Carculations, o	OT Call	ulations 1	Cui Eo		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	UVI	lose		
	1				60 60 8 W 5 6 W	CI CHIC	Commence of the Commence of th							
	ST-150 No.	received a	a de la companya de l	6.50	The second secon	a distribution	Lowest CT		54,654			E46-124		Constitution of the San San San San San San San San San San
	WG .	45 5020				Disinfectant	Provided -			\$1000-500	100		Lowest Residual	Cartie Capital Street Co.
	Days Plant	4000		7.03	Lowest Residual Disinfectant	Contact Time (T) at C	Before or at	3.5			福度 传来	Minimum	Disinfectant	自使中央交叉中部设置多量等
	Staffed or Visited by		Net Quantity of Fmished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at	Emergency or Abnormal Operating
ay of		Hours plant	Water		Before or at First	Point During	During Peak			Minintum CT	Control Companies to the	Required,	Remote Point in	Conditions: Repair or Maintenance Work
the	Place	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-	Temp of	pH of Water,	Required, mg	UV Dose,	mW-	Distribution	Involves Taking Water System Componer
ionth	"X")	Operation	244 SECTION 1	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²	sec/cm²	System, mg/L	Out of Operation
1	Х	24.0	11,500		1.0								0.8	
2	X	24.0	11,700		0.5								0.4	
3	X	24.0	12,500		1.4		-		-				1.2	
4	Х	24.0	9,400		2.4 0.7		-						0.6	
5	X	24.0 24.0	5,200 22,200		1.5		 		 				1.3	
6 ; 79	X	24.0	11,700		1.2		-						1.5	
8	X	24.0	11,700		1.3								1.0	
9	X	24.0	24,400		1.7		1						1.5	
10	X	24.0	13,400	İ	1.3								1.2	
11	X	24.0	14,100		1.7								1.6	
12	Х	24.0	15,700		1.4								1.4	
13	Х	24.0	17,600		1.1				-				1.0	
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17	X	24.0	12,500	 	1.7			-					1.5	
18	X	24.0	11,300		2.1		1		1				1.8	
19	X	24.0			1.8								1.7	
200	Х	24.0	13,000		2.1								1.8	
21	Х	24.0												
22	X	24.0		1	2.0								1.6	
23	X	24.0		<u> </u>	1.7		-		-				1,5	
24 25	X	24.0			2.1				 				1.7	
25 26	X	24.0			1.4								1.7	
27:	X	24.0			2.1				†				1.7	
28	X	24.0			2.2								1.6	
29	X	24.0			2.0								1.6	
30	Х	24.0			1.2								1.2	
31	Х	24.0					<u></u>		<u> </u>	L	L		L	
tal		APPER ST	385,200	1										
gera		State Committee	12,426											
ximi	m		24,400]										

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

License Number

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



See Pages 4 for Instructions. General Information for the Month/Year of: July, 2009 A. Public Water System (PWS) Information PWS Name: Harmony Homes PWS Identification Number: 3590497 ✓ Community Non-Transient Non-Community PWS Type: Transient Non-Community Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month: 61 158 Aqua Utilities Florida PWS Owner: 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 (352) 787-0980 Contact Person's Telephone Number: Contact Person's Fax Number: (352) 787-6333 eipellenz@aguaamerica.com Contact Person's E-Mail Address: B. Water Treatment Plant Information Plant Name: Harmony Homes Plant Telephone Number: 407-339-5424 Plant Address: 101 Plymouth Avenue Altamonte Spr State: Florida Zip Code: 32701 Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 216,000 IV Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) Filterised Operators | Fig. | Name | | Dicelise Class | Licelise Muniter| | Dayis | Statica Worker, 240 Filterise Lean Chie Oppositors William Trendel 6411 Days 1st Shift Chine (One altons Land Terry McCarthy 4617 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. William Trendel C-6411

Printed or Typed Name

Signature and Date

/S Identii	fication	Number:	35	90497 Plant Name: Harmony Homes										
. Daily	Data (for the Mo	onth/Year of:		July, 2009									
ans of A	chievin	g Four-Log	Virus Inactivation	on/Removal: Fre	Chlorine [Chlorine D	ioxide	☐ Ozone	Comb	ined Chlori	ne (Chlorar	nines)		
Ultravi			Other (D			Cilio, are 2	TOTALLO	1 Ozone	Como	med Chlori	ne (Cinorai	mics)		
e of Di	isinfect	tant Residu		in Distribution System:	Free Ch	orine [Combi	ned Chlorine	(Chloramine	e) [Chlorine I	Diovide	A STATE OF THE STA	
COLUMN TO	istinee.	cuint records										JIOXIGE	grands and market and a second second	
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				aktion Camacidaine		2100 ing-	Paring of		Compensary	UVIDES	mw.	ារមក្រាមហា	Lincoles Telent Were Systemy Comp.	
	The second second second second			tensor Personal	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	f. min	water (if Applicable	, tionve	mW.sectem	sæoni	System, mg/	Opioi Spranton :	
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The same of the sa	X	24.0	10,200			\$ 1887 C.S. / C.E.W. Sec.	1000000		er er en en en en en en en en en en en en en		1 - 8 - 4 - 2 - 2 - 2	1.3		
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			10,661											

^{*} 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

DEP Form 62-555, 900(3)Alternate

See Pages 4 for Instruct					7.57 X.20 & E. 7. C. 7. C.			
I. General Information fo	r the Wonth/Y	ear of: August, 2009		A second with a second	G 2877 (156)	KAROLET STATE OF STREET		
A. Public Water System (P	WS) Informat	ion						
PWS Name: Ha	rmony Homes	rojek kaj provincija kaj provincija kaj kaj kaj kaj kaj kaj kaj kaj kaj k			distribute	PWS Identification Number	3590497	
PWS Type:	Community	Non-Transient Non-Community	Transient N	Ion-Community	y L	Consecutive		
Number of Service Connections	s at End of Month:	61			Tota	Population Served at End of N	Month: 158	
PWS Owner: Aq	ua Utilities Florida							Allen and the second of the Co
Contact Person: Ed	ward Pellenz			with the side for	Cont	act Person's Title:	Manager of Operations	
Contact Person's Mailing Addre		O Box 490310		City:	Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Nur	THE RESERVE THE PARTY OF THE PA	352) 787-0980			Cont	act Person's Fax Number: ((352) 787-6333	
Contact Person's E-Mail Addres		ejpellenz@aquaamerica.com	The state of the s					
B. Water Treatment Plant								
	rmony Homes					Plant Telephone Number:	407-339-54	
	Plymouth Avenue			City:	Altamonte S	or State: Florida	Zip Code:	32701
Type of Water Treatment by Pla			Purchased Finished Water	er				
Permitted Maximum Day Opera			216,000		MARIO EXPERIO	PLOCHES AMAZON COMPANY	And the Manager Subject	
Plant Category (per subsection (Class (per subsection 62-699.3		
		2. Vané i sa	Licens	Colassi Inice	mse Mumbia		(s)/Shiff(s) Worked	
Lead Chief Oberator Will Office Oberators			<u>C</u>		6411	Days 1st Shift		
And Andrews	ry MicCartiny		<u> </u>	Gen a Company	4617	Days 1st Shift		
						4 LeSe (A.C. 442/ H.M. Saladis (A.C. 442/ A.C.	4.00	A CONTRACTOR AND A CONT
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Charles and Arthur								
			W. 400 July 1957 6			The state of the state of		4.14
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				72.57 (1.53)	19 St 1945 F		-125	
I. Certification by Lead/Cl								
		perator licensed in Florida, am						
information provided in th	is report is true	and accurate to the best of my	knowledge and belief	I certify the	at all drinkin	g water treatment chemic	cals used at this plant	conform to NSF
International Standard 60	or other applica	able standards referenced in sub-	section 62-555.320(3)), F.A.C. I a	lso certify th	at the following addition	al operations records	for this plant
were prepared each day the	at a licensed of	perator staffed or visited this pla	nt during the month in	ndicated above	ve: (1) reco	rds of amounts of chemic	cals used and chemica	l feed rates; and
(2) if applicable, appropria	ate treatment pr	ocess performance records. Fur	thermore, I agree to I	provide these	additional of	operations records to the	PWS owner so the PV	VS owner can
		eport, at a convenient location for						
i sullians	herd	19/2/09	William Trendel				C-6411	and the state of
Signature and Date		/ /	Printed or Typed Name				License Nui	mber

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

S Identification	Number:	359049	7	Plant Name:	Harmony Ho	omes						
Daily Data	for the M	onth/Year of:		August, 2009								
ns of Achievin	g Four-Log	Virus Inactivation/Re	emoval: Free C	nlorine [Chlorine Di	oxide	Ozone	☐ Comb	oined Chlo	rine (Chloran	nines)	
Ultraviolet Ra		Other (Descr						A 1 TO STORE		3.70.00 4 .70.000.000		
			Distribution System:	Free Chk	rine T	Combin	ed Chlorine	(Chloramine	(s) [Chlorine I	Dioxide	
e of Distintect	ant Residi	ual Maintained in I	. CT Calculators or				A STATE OF THE STA				100000000000000000000000000000000000000	
			· Cr centralisations on			(Glais version	William Greek	etan Grand and	11.00	/ (D) sixto		
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X	24.0	9,400	1.7.			122	37.00 04.1				1.5	
X X	24.0	10,200	1.0	Carlotte St		1.1213.4	400	Car explanation	1002	S Child	1.0	P. C. C. C. C. C. C. C. C. C. C. C. C. C.
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X	24,0	A CONTRACTOR OF THE R		CANDON FOR	Marie Contract	El Friday		Lacy National	Albert Service			plant on interconnect
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X	24.0	8,100	1.5			25 75 75	3.15 (12.0 E) (12.0 E)			7.8	1.2	
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	THE PERSON NAMED IN COLUMN TWO	273,600							***************************************		A	
ara kalendari		8,826										

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

13,800

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



#VALUE!

Public Water S PWS Name:	System (PWS) Information Harmony Homes		Control State		PWS Identification Number:	3590497
PWS Type:		Non-Community	Transient Non-Com	munity	Consecutive	****
	Connections at End of Month:	61			Population Served at End of Mon	th: 158
PWS Owner:	Aqua Utilities Florida					
Contact Person:	Will Fontain	SSO Exclipe Deposit		Con	act Person's Title: Man	ager of Operations
Contact Person's Ma	niling Address: PO Box 490310			City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Tel	lephone Number: (352) 787-0980			Con	act Person's Fax Number: (352) 787-6333
Contact Person's E-1	Mail Address:	Burker Edward film	sate of the same	an yênêd		
Water Treatme	ent Plant Information					
Plant Name:	Harmony Homes				Plant Telephone Number:	407-339-5424
lant Address:	101 Plymouth Avenue			City: Altamonte S	or State: Florida	Zip Code: 32701
ype of Water Treat		ater Purchased F	inished Water			
	Day Operating Capacity of Plant, gallons per day:		216,000	CARROL SETTINGS		
	subsection 62-699.310(4), F.A.C.):	IV			Class (per subsection 62-699.310(4	
	diens Name		and come the control of the control		Day(s)	Shittis) Worked
end Chief Ope	aroje William Trendel		- C	64112 =	Days 1st Shift	
)ម្លែង Opengois	Terry McCarthy	BERKE SURVEYS BURKES - E.	C Garage	4617	Days 1st Shift	
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At the state of			250			
						territoria de la composição de la compos
			1.0 Per 15 Pe 26 Per 12/3			
						The second secon
ertification by	Lead/Chief Operator			C. C. S. Denison		
	d water treatment plant operator licensed	in Florida, am the lead/ch	ief operator of the	water treatment	plant identified in part I of t	his report. I certify that the
	vided in this report is true and accurate to t					
	ndard 60 or other applicable standards ref					
	ach day that a licensed operator staffed or					
	appropriate treatment process performand			these additional	operations records to the PV	vs owner so the PWS owner of
		tient location for at least	ten vears			
	ther with copies of this report, at a conver	Helit location for at least	ion years.			
etain them, toge	/	O	ion yours.			
etain them, toge	in a conver	9 William Tre				C-6411

WS Identification			3590497	REPORT FO	Plant Name:	Harmony									
I. Daily Data		onth/Year			Sept. 2009										
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leans of Achievir Ultraviolet Ra			r (Describe):		hlorine	Chlorine	Dioxide	Ozone	Comb	oined Chlori	ne (Chlorar	nines)			
				ibution System:	Free Chl	orine	Comb	ined Chlorin	e (Chloramine	es) [Chlorine I	Dioxide			
534 2000				T Chicolations, or	OUNTRACTION	Demones	ediamedia	e Wheth line	odvenion bi	Samo terfole		10.000 (20.000)			
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iic Phot		Finalisies)	Residence	Committee Dambig	float place	filow in		as of White	Required inc	- 4000 (Disse	10 W	Distribution	Towns is take W		
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X	24.0	10,000		-1.4	HE SEPTIME STREET	Z1 /2 - 5 8 1	& J. 18	1 - Nov edge at 1	Pro Transition	Sterrick AT 455		-1.1			
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^{*} Refer to the instructions for this report to determine which plants must provide this information.

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



DEP Form 62-555..900(3)Alternate

#VALUE

See Pages 4 for Instructions.	DOE.					
I. General Information for the Month/Year of:	Oct. 2009					
A. Public Water System (PWS) Information						
PWS Name: Harmony Homes				PWS Identification Num	ber: 3590497	
	n-Transient Non-Community	Transient Non-Com	munity	Consecutive		
Number of Service Connections at End of Month:	61			Population Served at End of	of Month: 158	
PWS Owner: Aqua Utilities Florida				A STATE OF THE STA		
Contact Person: Edward Pellenz			Cont	act Person's Title:	Manager of Operations	
Contact Person's Mailing Address: PO Box 49	0310	The Americans of the Section Co.	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number: (352) 787-	0980	antegrally a	Cont	act Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address: ejpellen	z@aquaamerica.com					
B. Water Treatment Plant Information						
Plant Name: Harmony Homes			6 a 16 a 27 a 20	Plant Telephone Number	407-339-5	424
Plant Address: 101 Plymouth Avenue			City: Altamonte Sp	or State: Florida	Zip Code:	32701
		d Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallo		216,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	, - ' : - IV			Class (per subsection 62-699		e.
Ligenses Operators	Name	Liferance Charas	License Kumbe		av(s)/Shift(s)/Windsed	
Benjal Clarat Opterators William Trendel	2 for 2 contracted to 2 days (8 contracted to 2 days)	C	6411	Days 1st Shift		
Other Oberations Terry McCarthy		Cartena	4617	Days 1st Shift		
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			2.34874.0475075_3.2486	2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1		
I. Certification by Lead/Chief Operator						12 (2000)
I, the undersigned water treatment plant operator	licensed in Florida, am the lead	chief operator of the	water treatment	plant identified in part	Lof this report Logrtif	v that the
information provided in this report is true and ac						
International Standard 60 or other applicable star						
were prepared each day that a licensed operator s						
(2) if applicable, appropriate treatment process p						
			these additional c	operations records to it	ie rws owner so the r	w 5 Owner Call
retain them, together with copies of this report, a	a convenient location for at leas	st ten years.				
William deadel) 11	14/09 William	Trendel			C-6411	
Signature and Date		r Typed Name			License Nu	umber

WS Identification	on Number:		3590497		Plant Name:	Harmony H	omes							
l. Daily Data	for the M	lonth/Year	of:		Oct. 2009									
ans of Achiev				/al: ▼ Free C	hlorine [Chlorine D	iovide	Ozone	Com.	bined Chlori	na (Chlores	ninas)		
Ultraviolet F	. 19 11 0		r (Describe):		1	CHIOTHE D	loxide	1 i Ozone	j ; Com	oinea Chiori	ne (Chiorai	nines)		
					Free Chlo	r	Combi	and Chlorin	c (Chloramin	-a) [Chlorine I	Discide.		
pe of Disinfe	ctant Resid	ual Maintai		ibution System:								Dioxide		THE COMMENT AND THE COMMENT
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of Ogenio	Stone of the	Wider		Concern the	Pana Diana	Dampitel	176.5		Strong Ci		Monitor	Removement	Conditions Regalized Att	
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^{*} Refer to the instructions for this report to determine which plants must provide this information.

20,600

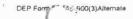
MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See Pages 4 for Instructions. General Information for the Month/Year of: November, 2009 A. Public Water System (PWS) Information 3590497 PWS Name: Harmony Homes PWS Identification Number ✓ Community Non-Transient Non-Community Transient Non-Community Consecutive PWS Type: Total Population Served at End of Month: 158 Number of Service Connections at End of Month: 61 PWS Owner: Aqua Utilities Florida Contact Person: Edward Pellenz Contact Person's Title: Manager of Operations PO Box 490310 City: Leesburg State: Florida Zip Code: 34749 Contact Person's Mailing Address: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 Contact Person's Telephone Number: eipellenz@aguaamerica.com Contact Person's E-Mail Address: B. Water Treatment Plant Information Plant Telephone Number: 407-339-5424 Plant Name: Harmony Homes City: Altamonte Spr State: Florida Zip Code: 32701 101 Plymouth Avenue Plant Address: Type of Water Treatment by Plant: ✓ Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 216,000 Plant Class (per subsection 62-699.310(4), F.A.C.) Plant Category (per subsection 62-699.310(4), F.A.C.): Legistal Obardors Tricense (Class III hearste Number II Davis) / Stittis) Workel Read/Chier Chieratora William Trendel 6411 Days 1st Shift Other Committees Terry McCarthy 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. C-6411 William Trendel Printed or Typed Name License Number Signature and Date

S Identificati	on Number:	3590497	PI	ant Name:	Harmony H	omes							
Daily Dat	a for the M	onth/Year of:	N	ovember, 200)9								
ns of Achiev	ving Four-Log	Virus Inactivation/Remov	val: Free Chi	orine [Chlorine Di	oxide [Ozone	Com	bined Chlor	ine (Chloran	nines)		
Ultraviolet	Radiation	Other (Describe)		200				. ,		(/		
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E Z	10 partition 24.0	11,750 Reite 1998	concention inche	immines.			4-11/10/2012					remente en la caraci	
X	24.0	11,750	1.6					1 1 1 1 1 1 1 1	9 40 43, 22 13	27 (24 (24)	1.5		
X	24.0	9,100	1.8					CHRISTIAN CO.		1000	1.5		
X	24.0	10,400	1.2		518.55.00						1.2		
X	24.0	16,500	0.4							1000	0.4		
X	24.0	9,500	1.4	TAXABLE A	State of the state of			1.00			1.2		
X	24:0	8,600	1,4	na blada da ca		and the second		As also			1,2		
_ X	24.0	11,100									2 / 1 1 2 kg J	A Market Received.	1.13.13.22
X	24.0	11,100	1.8		s New all	1.00			Systematic		- 1.5		
X	24.0	8,100	1.8		Paper land	100 CO 100 CO		Cotta Visc	4 100 200 100	M	1.5	ediction between	
X	24.0	11,300	0.9		\$ 5 SHE	1 (10 Per de l	South Aller as a	Sahada	THE PERSON	CASCANDO CA	0.8		
X	24.0	11,200	1,8		100-100 to 100 to	in distance is			40.746.00	10 00 EVE	1,5		
X	24.0	8,000	1,4		\$7.50 a segret		Si de mus			99 50 16 - 70	1.3	5.8x. 341-57.20.13	
X	24.0	9,800	1.0			a (4) 5 (4) E				140	41.92		
X	24.0	10,800	Ľ8					5 Part 1			1.6=		
X	24.0	10,000	1.2				3 9 9 15 1		10-14-5	0.000	1.0		1 7 1 2
X	24.0	10,200	1.2			100000000000000000000000000000000000000	B. Commission	i lag de ligras	1 250 ACM 35	1000000	1.0	SEPARATOR ASSOCIATION	
X	24.0	10,900	1.0	1 5 /2 /2 1		100000		10 37 54 16	9 (121) (4.3.12)	PART OF SA	0.9		
X	24.0	9,700	1.7		63,000,000,000					\$1.00 Mag. (1)	1.4		
X	24.0	9,300	1.5	10 10 10 10	7771						1.4		
2 X	24.0	12,100											
X	24.0	12,100	0.8								0.7		
X	24.0	12,000	1.2	1.00			C 1350			1000	1.0		
X	24.0	12,900	2.2								1.7		
X	24.0	11,100	2.1	1975 L 75 Set 34	2.3 2.4-9				1 3 3 3	42.8	1.7		
X	24.0	10,700	2.2	9 (170 p. 12) (4)				61 F 5 F 5 F 5	100.50		1.7		
X	24.0	10,000 8,900	1.8								1,7		
X	24.0	14,400	2.2		******	DEFECT OF S		A CONTRACTOR OF THE CONTRACTOR			1.9		
X	24.0	14,400	2.5										
		324,100	L		L			1	1	1	L.		
116	100	10,803											
		16,500											

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





White the same of		Polymer Page 3 Due in	n December								
See Pages 4 for In		V 6									
I. General Informa	tion for the Month/	rear of: Dec	ember, 2009			The Profes	4. 1. 11. 12.	316 44 11344	State State		
A. Public Water Sys	tem (PWS) Informa	tion									
PWS Name:	Harmony Homes	HOTEL HER SELECTION		tern and the second	444		PWS Identification Numb	er:	3590497	. 4"	14354
PWS Type:	✓ Community	Non-Transient Non-C	Community	Transient Non-	Community		Consecutive				
Number of Service Con	nnections at End of Month	61-3	A STATE OF THE STA	Market States	and Bertalin	Total I	opulation Served at End o	f Month:	-158	- 1	444
PWS Owner:	Aqua Utilities Florid	a	Switz Hills		The water	Territory is a				11/2/4/16	100
Contact Person:	Edward Pellenz		100		er i salata.	Contac	t Person's Title:	Manager of O	perations	12.17	In one as
Contact Person's Mailin	ng Address:	PO Box 490310	Het I	14 3 7	City: L	eesburg	State: Florida		Zip Code:	34749	100
Contact Person's Telepi	hone Number:	(352) 787-0980			10, 10, 10, 10, 10	Contac	t Person's Fax Number:	(352).787-633		- 9.36,6	8 ST 15 15 15
ntact Person's E-Ma	il Address:	ejpellenz@aquaamer	ica.com	E. Tali Marrie British	FIFTENSE			The talket is	4.1612	ata ji Ki	12.0 ₄ .1
B. Water Treatment	Plant Information										
Plant Name:	Harmony Homes	and the server that the				days .	Plant Telephone Number:		407-339-54	24	
Plant Address:	101 Plymouth Avenu	ie – Paris is			City: A	Itamonte Spr	State: Florida		Zip Code:	32701	i i i i i i i i i i i i i i i i i i i
Type of Water Treatme	nt by Plant:	✓ Raw Ground Water	Purchase	d Finished Water					10.27		
Permitted Maximum D	ay Operating Capacity of	Plant, gallons per day:		216,000	1.0			2 - 36 (18 of 6		1 1010	
	osection 62-699.310(4), F.		₹IV.				ass (per subsection 62-699			ă.	
		Name		Literate C	ass Liberis	e Number	- Die	y(s)#.Slini(s) Worked		Well
Trends Clares Queres		· 当时的"为新发的。"		- # G * '	3070	6411	Days 1st Shift	LANS.	\$198.8 ₆ 19	44.14	1.5
Oder Operator	Terry McCarthy			C.	e i sandata	4617	Days 1st-Shift	SUPPLEMENT FOR			Value V
	。 在最高音樂 特別。	e e en la tracégi			10 4 10 5	40 y 2 y 3 y 3		1. 1. 4. 4. 5. 12.	gradina in		
1000 (100) (100) (100) (100) (100) (100)			10.347 <u>/ 2</u> .16								100
											19.14
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			100000				<u> 1887 (1927 - 1937)</u> 1		36 11 3 11		4/12
A STATE OF THE STATE OF			1 (4.19)		F 4 7 . 17 Fr.	2.15g (3.15)	And Alexander				
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		4.50						1 70 7114 (4)	<u> </u>		
L	**************************************		Mark Carlotter			14.1.1.2					
II. Certification by L	and/Chief Operator							Alexandria di Cara			
			eide am the lead	(alai a Comorator o	Cilo mater t				1	at a cat	
		operator licensed in Flo									
		e and accurate to the be									
		cable standards reference									
		perator staffed or visited									
The state of the s	Carlotte and the control of the cont	process performance rec			vide these ac	dditional of	perations records to th	e PWS owne	r so the PV	VS owne	r can
retain them, togeth-	er with copies of this	report, at a convenient l	ocation for at leas	st ten years.							
	Ka /										
11/111	W 2/X//	17/10	William	Trendel					C-6411		
Signature and Date		, ,	Printed o	r Typed Name					License Nu	nber	

DEP Form 62-555..900(3)Alternate

S Identification			590497		Plant Name:	Harmony F	iomes							
Daily Data	for the Mo	nth/Year of	f:		December, 200	09								
ans of Achievir	ng Four-Log V	'irus Inactiva	tion/Remova	Free C	hlorine [Chlorine D	ioxide	□ Ozone	☐ Com	bined Chlori	ne (Chlorar	nines)		
Ultraviolet R	adiation	Other ((Describe):						127/02/10/2000			4.35.50.2 5		
a of Disinfer	stant Pecidus	I Maintaine	ed in Distrib	oution System:	Free Chl	orine [Combin	ned Chlorin	(Chloramin	es) [Chlorine I	Dioxide		
be of Distilled	tant Residua												In the second second second	Office of the second
		-	1.5	Central tions of			into (il este o)	c Andreanna	Sevaration! In	Applied to the		A 1/2 (1974)		le compa
					(Cit cit)	antangist					Dose			
						Lawrence		1.7						
4			10.40		interior	30.05	CARC	Dear Sel						A. 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
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بالكناوات		Hance !		क्षित्व जन्मका <i>र</i>	१४८ धार्यत्तिक	Cusioner				i elemen	MAD28-	on an item	Philipperson And	micl Opening
Operation	1600 0000	Water		15300 Gov 1 7 Mail	reduce in the	D. 11 (1) (1) (1)			Mintellier C		Required	मुखाम्बर-अवर्गुःम	Continue Report of the	Hitelita - Well
HARIDE	14	Hotel Leed	Part Plots	Confidence During	PERMINE.	30. 10.		profivac	Required in	Ulvalbose		1000 minima	lundly, satisficances	A an and a
use Ma	(Operation	Marchael L	Kalergod	Read High and 1	www.mules		Waterenio	WApplicabl	a seminar	mwasec/ema	N secient	System in 2/13	(midde)	Jenon'
. X	24.0	6,700	12 30 4 4 4	2.0	37777	4.207 (19) 34 8	1 / 4 h / h	1 Table 1	POST FOR THE	1000	一种。	1,7	3-18 (*10 c=76, c.4)kljing Te	
X	24.0	10,900	100	2.0	Control Appropriate	85 M. F36V.	and the second	A-185 A-25	1 7 7 7 7		15 5% 15 46 C	0.8	Event in the Committee of the	- F166
X	24.0	8,900		- 1.85	and the second		1 1 1 1 1 1 1 1		12			1.6	45 (300) Section (54.4 (20)	
X	24.0	7,800		. 0.5	2, 0.V) = 1, 3	1 80 - 1 - 1 (A)	111	N.	Transfer of the		57.75 7.9	0.4	America Salario a della	
X	24:0	57,000 I	A Charles Company	7	3. mg (5. 144.62	GANE CONTRACT		Called and	A Comment	1 at 1 at 1 at 1 at 1		10.40 10.00 10.00 10.00	Plant on interconnect / po	wer comp.
X	24.0	Salar Salar Sa	aranyonan a	0.8		200 y 11 A 1 A	1534500		1.5-mar 1.50 f		iet e e.	0.8	Plant on interconnect / po	
X	24.0	and the c	Ortified (0.8	(740 A. C. C. A.		14600	Restarion.		Market St.	5000000	0.74	Plant on interconnect / po	
X	24.0	9,100		1.7	mg4,715.11	3, 15, 11	10.20	4.50	2-50	dia distribution	4	1.4	55 FULL NO. 18 15 15	
X	24.0	9,800	v6 *1.1-15	1.7	Latinian La	Mark Street	100	2.215.46	1	125 Sept. 1		1.4	W. B. Carrier	
X	24.0	8,500		3.2:15	Water Lote:	Talkette.	14.5	6 4 A S	313730	The state of	Maritie Par	1.8	CANADA S	
31 X	24.0	8:300	4.670 年,中国主要	1.9		"沙克尔"的	Per 14 1 14	town of	初始的			1.7	1 7	
X	24.0	9,150	(金属) 4.5		1-00-20-20		J. 166	192 4 50 500	1 The San	I TOTAL	00 F 6792	35.14.15.15.16.16.16.16.16.16.16.16.16.16.16.16.16.	74 104 12 12 15 15 1	
X	24.0	9,150		1.8		4	MARK 3-14	4 12 7.4	D. Bridge	Dark M. FALL	March 19	5,70 - 1.7	File Week was a	
X	24 0	8,800	1.3. 12%	-1.9		196 31 75	7	Man Contract	20140 20	Land State	21 77.3	30 - 0 - 17:		
X	24.0	9,500		1.5		M		7 7 1 1 1 1 1	ST. 5-30	14x,1,73,75	Production Control	1.5	24.00	
X	24:0	-9,200		7 2.0	(V			24				1.7,		13.00
X	24.0	10,700		1.0	# 44 CO.	8.						1.0	TOTAL STATE OF THE	
X X	24.0	11,950	N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.8	e de la companya de l	1 (5 kg 1 kg 1)	555 HF 1	Steen Street Commission	12 - Apr. 10 Apr. 1	104 10 10 10 10 10 10 10 10 10 10 10 10 10	10 500 10 10 452	1,7	が、100円を発生する。 かりからなどを発生する。	
X	24.0	11,950		1.0				F 1 2 3 3 4 4 5	The second	20.00	21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.9	7.75/31.75 4/25/e-miles	
X	24.0	7;200	4.75	2.4		St. 10 COA.		The A Coult	1. (1.3)		1247 34 54	2.0	Market St. Market St.	1. 1. 1. 1. 1.
- X	24 0	10,000		2.1	Jan J. William			- Sec 2	***		738 1123	1.8	F 500000	
1, X	24:0	9,400		(2.2)	20 P 12 P	13.5%	71774	Wallet in	15/5/2-175-2	1.	100 B	1.8.		
e i X	24.0	-10,100	38-57	1.7	Cole Cole	\$95.0 Page 1	W1 - 14	11 mm 1	14 (A)	- 12 m 1 - 25 - 10 m	di tradi	1.6	Ashara Charles	· ·
X	- 24.0	9,800	90 m 1 1 1 1	L.8	1.17 (2.17.Ye)	Harry Jane	1	E. 3. 1. 4.1.	1981 25 25 2	V. 131. 1-17".	1317 474	1.8.	Markey And Committee	7 (1) 1 (1
X	24.0	9,750	Transfer A			Same Services		Hallenge		4	Property Co.	8 18 1 W		177 187 18
X	24.0	9,750		20 1.75 Per 1.75		Sept. Combine	W. E	10000000	, S. H. S. P.	· 子类 放心物學	38(4)	1.6	新设定的数据 [19]	in 1958
3: X %	24.0	10,300		1.6	*** *** ****	VALUE OF STREET	Transfer !	8-24 PT	The sales of	Charles Physics	0.0,750.00	1.6	13-11-11-1	- 1.55
X	24:0	10,000	2004 198 27 18	1.8		7.0	12.34 10.3	- T	100 100 100		100	≥ 1.7	A CONTRACTOR	
. X	24.0	9,200				The Switzer	11.7						I substitution of the	
		263,300												
de District		8,494												

Page 2

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



#VALUE!					
See Pages 4 for Instructions.					
I. General Information for the Month/Year of: Jan. 2010					
A. Public Water System (PWS) Information					
PWS Name Harmony Homes			PWS Identification Numb	ber 3590497	
PWS Type: Community Non-Transient Non-Comm	unity Transfent Non-Community	, [Consecutive	337777	
Number of Service Connections at End of Month: 61			al Population Served at End of	of Month 158	
PWS Owner Aqua Utilities Florida		1.00			
Contact Person Edward Pellenz		Cor	itact Person's Title:	Manager of Operations	
Contact Person's Mailing Address PO Box 490310	City	Loesburg	State: Florida	Zip Code	34749
Contact Person's Telephone Number (352) 787-0980		Cor	itact Person's Fax Number.	(352) 787-6333	
Contact Person's E-Mail Address: ejpellenz@aquaamerica.c	om				
B. Water Treatment Plant Information					
Plant Name Harmony Homes			Plant Telephone Number	407-339-	5424
Plant Address 101 Plymouth Avenue	Cin.	Altamonte S		Zip Code	
Type of Water Treatment by Plant Raw Ground Water	Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	216,000				
Plant Category (per subsection 62-699 310(4), F.A.C.): IV		Plant	Class (per subsection 62-69	9.310(4), F.A.C.) C	
juine parties	The state of the s			San Tale	4
William Trendel	c	6411	Days 1st Shift		
Terry McCarthy	c	4617	Days 1st Shift		
			1		
H. Certification by Lead/Chief Operator					C. d d.
I, the undersigned water treatment plant operator licensed in Florida					
information provided in this report is true and accurate to the best of					
International Standard 60 or other applicable standards referenced in	subsection 62-555.320(3), F.A.C. 1:	iso certify	that the following addit	tional operations record	is for this plant
were prepared each day that a licensed operator staffed or visited thi	s plant during the month indicated abo	ive: (1) rec	ords of amounts of che	emicals used and chemi	cal feed rates; and
(2) if applicable, appropriate treatment process performance records	. Furthermore, I agree to provide thes	e additiona	l operations records to	the PWS owner so the	PWS owner can
retain them, together with copies of this report, at a convenient local	ion for at least ten years.				
1'11'- 11 -1-1-					
William Guidel) 2/7/10	William Trendel			C-6411	
Signature and Date	Printed or Typed Name			License 1	Number

Date Date	S Identification	Number	3590497			ony Homes					
Combined Chlorine (Chloramines) Combined Chlorine (Chloramines) Chlorine Dioxide	. Daily Data f	or the Mon	th/Year of:	人工等的基本的	an. 2010						
Chlorine Combined Chlorine Chloramines Combined Chlorine Chloramines Chlorine Dioxide	ns of Achieving	Four-Log V	rus Inactivation/Ren	noval	lorine [Chlo	rine Dioxide	C Ozone	Combined C	blorine (Chloram	ines)	
X 340 14700 1.4				e):	,) Combined C	motore (Chorae.	illes)	
X 24.0 14.700 1.4 1.5 1.5					Free Chlorine	Combin	ed Chlorine	Chloramines)	Chlorine D	Invide	
X 240 8.790	se or Disintect	an residua	I Manitzined in Di	stribution system.	Tree Chlorine		September 1		· CHRITICE	/IO/ACC	
X 240 8,790 1.8											
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X 24.0 9,900 2.0 1.7 X 24.0 8,800 1.7 1.5 X 24.0 7,700 2.2 2.0 X 24.0 7,700 2.2 1.9 X 24.0 8,200 2.5 2.1 X 24.0 9,700 2.2 2.1 X 24.0 9,700 2.1 1.9 X 24.0 7,500 2.1 1.9 X 24.0 7,500 2.1 1.9 X 24.0 10,300 1.0 0.9 X 24.0 10,300 1.0 0.9 X 24.0 6,100 2.0 1.7 X 24.0 3,000 1.5 1.3							 			<u> </u>	
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X 24.0 10,300 1.0 0.9 X 24.0 6,100 2.0 1.7 X 24.0 8,000 1.5 1.3							1				
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X 24.0 8,000 1.5 1.3	X	24.0	6,100	2.0							
24.0	X		8,000	1.5						1.3	
		24.0	9,200								
284,800			The state of the s								
9,187			AND DESCRIPTION OF THE PERSON								

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



See Pages 4 for										
	ation for the Mor	nth/Year of: Fo	ebruary, 2010							
. Public Water Sy	stem (PWS) Info	rmation								
PWS Name	Harmony Hom						PWS Identification Num	ber:	3590497	
PWS Type:	Communi	the same of the sa	n-Community	Transient Non-Co	mmunity		onsecutive			
Number of Service C	onnections at End of N					Total	opulation Served at End	of Month:	158	
PWS Owner	Aqua Utilities I	Florida								
Contact Person	Edward Pellenz	!				Contac	t Person's Title	Manager of	Operations	
Contact Person's Mai	ling Address	PO Box 490310			Cny. Lees	gurg	State Florida		Zip Code	34749
Contact Person's Tele	phone Number	(352) 787-0980				Contac	t Person's Fax Number:	(352) 787-6	5333	
Contact Person's E-N	fail Address	ejpellenz@aquaam	erica.com							
. Water Treatme	nt Plant Informat	ion								
Plant Name	Harmony Home	es					Plant Telephone Numbe	r	407-339-54	24
Plant Address	101 Plymouth	Avenue			City: Alta	monte Spr	State Florida		Zip Code	32701
Type of Water Treatm	nent by Plant	☑ Raw Ground Water	r Purd	hased Finished Water						
Permitted Maximum	Day Operating Capaci	ty of Plant, gallons per day		216,000						
	ubsection 62-699.310(4), F.A.C.)	IV			Plant Cl	ass (per subsection 62-69	9.310(4), FA.		
	is a section of the s	(Marine)	•		S. Mary S.	1.44	the second second second second second second		(s. 7 bse.)	
14018 1 1 1 1 1 1 1 1	William Trende	il		С	641		Days 1st Shift			
B. C. Tillian	Terry McCarth	y		C	461	7	Days 1st Shift			
ť										
(to fination by	Lord Chief One									
Certification by				- 1/- Lie C C				1 - Cabi-	Table 1	4 - 4 - 4
		plant operator licensed in I								
		is true and accurate to the								
		applicable standards refere								
		sed operator staffed or vis								
		ent process performance r			de these add	itional o	perations records to	the PWS ov	wher so the P	WS owner car
retain them, toge	ther with copies of	this report, at a convenier	nt location for a	t least ten years.						
11/1/1/1/	an lac-	/3/7/10	Wi	lliam Trendel					C-6411	
Signature and Date	A CONTRACTOR OF THE PARTY OF TH		Pri	nted or Typed Name				-	License Nu	mber
No. of the latter of the same of the latter				10 to 10 to						

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

S Identification	Number.	3590497		Plant Name	Harmony	Homes					
. Daily Data	for the Mor	ith/Year of:		February, 201	10						
ans of Achievin	ig Four-Log V	irus Inactivation/Rem	noval: Free	Chlorine F	Chlorine I	Dioxide F	zone [Combined Ch	abrine (Chlore	ninar)	
Ultraviolet Ra		Cother (Describ			CHICANIC	ylondae C	ZOIR	Comorned Cr	norme (Chiorai	IIB (CZ.)	
ne of Disinfec	tant Residua		stribution System:	₩ Erec Ch	brine	Combined C	Jorine (Chle	oramines)	Chlorine I)imida	
be of District	Caste Residue	i Manitalied in Di	surroution system.	TV TIEC CI	ANTIK.	Comoniza C	norme (Cine	orpaniaes)	Chorac	J IO AROC	-
X	24.0	18,400	1.3		7						
x	24.0	5,300	1.8		-	++-				1.5	
X	24.0	8,300	1.5		+	+				1.4	
X	24.0	8,500	1.5		+	1				1.3	
X	24.0	8,800	1.4							1.3	
X	24.0	7,400	1.0							1.0	
X	24.0	10,450									
X	24.0	10,450	0.7					10		0.5	
, X	24.0	7,500	1.3							1.2	
X	24.0	8,500	0.8	THE RESERVE AND PARTY AND PARTY.	1					0.7	
X	24.0	9,100	1.4							1.2	
X	24.0	9,600 7,000	1.2		+					1.2	
X	24.0	8,900	1.3	 	-	-				1.2	
X	24.0	8,900	0.9	 	+	+				0.7	
X	24.0	6,400	10		+	+	-+-			0.9	
X	24.0	7,500	1.9		1					1.7	
X	24.0	7,300	1.4							1.3	
X	24.0	9,800	0.8							0.7	
X	24.0	7,800	1.4							1.2	
X	24.0	9,950			1						
X	24.0	9,950	3.1		1					0.8	
X	24.0	5,400	1.5		+	+				1.2	
X	24.0	7,800	1.8		-	+				1.6	
X	24.0	6,600 8,400	1.8	 	+					0.8	
X	24.0	11,900	0.5	 		+				0.8	
X	24.0	7,450	1	 	+	+			-	0.5	
X	24,0			 							
х	24.0										
X	24.0										
		243,350									
		8,691									
Callani	· · · · · · · · · · · · · · · · · · ·	18,400									

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

146

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



900(3)Aitemate

See Pages 4 for I	nstructions.							
. General Informa	ition for the Montl	h/Year of: March,	2010					
. Public Water Sy	stem (PWS) Inform	nation						
PWS Name	Harmony Homes					PWS Identification Number:	3590497	
PWS Type.	✓ Community	Non-Transient Non-Com	munity Tra	insient Non-Communit	b II	Consecutive	3370477	
Number of Service Co	onnections at End of Mo					Population Served at End of M	Ionth 158	
PWS Owner:	Aqua Utilities Flo	orida			1,54	- operation out the difficult of the	750	
Contact Person:	Edward Pellenz				Conta	ct Person's Title:	lanager of Operations	
Contact Person's Mail	ing Address	PO Box 490310		City		State: Florida	Zip Code:	34749
Contact Person's Teles	ohone Number	(352) 787-0980					352) 787-6333	
Contact Person's E-Ma	ail Address:	ejpellenz@aquaamerica	.com			· ·		
. Water Treatmen	t Plant Informatio	n						
Plant Name.	Harmony Homes					Plant Telephone Number	407-339-54	124
Plant Address	101 Plymouth Av	enue		City	Altamonte Spi		Zip Code.	32701
Type of Water Treatm	ent by Plant:	Raw Ground Water	Purchased Finish	ned Water				
Permitted Maximum I	Day Operating Capacity	of Plant, gallons per day:	2	216,000				
Plant Category (per su	bsection 62-699.310(4),	, F.A.C.):	/		Plant C	lass (per subsection 62-699.31)	0(4), F.A.C.): C	
		And the second		The Bolton Berlins	Acres Francis		Serie Value	
	William Trendel				6411	Days 1st Shift		100000000000000000000000000000000000000
•	Terry McCarthy		C	C	4617	Days 1st Shift		
					13			
				l'a				
	Lead/Chief Operat							
I, the undersigned	water treatment pla	int operator licensed in Florida	a, am the lead/chief	operator of the wat	er treatment p	lant identified in part I of	f this report. I certify	that the
information provid	led in this report is	true and accurate to the best of	of my knowledge and	I belief. I certify th	nat all drinking	water treatment chemica	als used at this plant	conform to NS
International Stand	dard 60 or other app	olicable standards referenced i	in subsection 62-555	i.320(3), F.A.C. 11	also certify the	at the following additiona	al operations records	for this plant
were prepared eac	h day that a licensed	d operator staffed or visited th	is plant during the n	nonth indicated abo	ve: (1) recor	ds of amounts of chemica	als used and chemical	feed rates: and
(2) if applicable, a	ppropriate treatmen	nt process performance record	s. Furthermore, I ag	gree to provide thes	e additional o	perations records to the F	PWS owner so the PV	VS owner can
retain them, togeth	er with copies of th	nis report, at a convenient loca	tion for at least ten	years.			n new Territory and the second of the second	
<i>!</i> ' .								
_/ William	ald d	4/4/10	William Trendel				C-6411	
Signature and Date		and the second of the second o	Printed or Typed	d Name			License Nur	mber
			11	serverse.			Discourage [16]	

Page 1

47

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

S Identification	Number.	3590497		Plant Name	Harmon	y Homes						
Daily Data f	or the Mon	th/Year of:	TO A STATE	March, 2010								
ns of Achieving	Four-Log Vi	rus Inactivation/Removi	al. Free C	hlorine [Chlorin	· Dioxide	□ Ozone	□ Com	hined Chk	orine (Chlora	mines)	
Ultraviolet Rac		Cother (Describe):	8		C. #01 E	D IG/DGC	, 020.00	Com	Office City	naic (Chiana	2110103)	
		Maintained in Distri	hution System:	Free CI	blocine	Combi	ned Chlorine	(Chloramin	cs)	Chlorine	Dioxide	
oc or Disinect	ant Residual	Wallicanied in Discis	oution system.	10 1100 01	IN UK	L Combi	THE CHIEFTER	(Cilior Engl		CHOIDE	Dioxide	
X	24.0	14,900	07	1775 HP 30				e Prince Control	100 A	THE SECTION ASSESSED.	763	
X	24.0	6,200	1.6	5 m 1 m 1 m	S (47) 18							
X	24.0	8,400	1.8								1.3	The state of the s
X	24.0	11,300	1.2								1,0	
- X	24.0	5,600	1.6					1			1.5	
X	24.0	8,800	12				1				1.0	
X	24.0	9,050										
X	24.0	9,050	1.5		1 1 1 1		1	1			1.7	
X	24.0	7,800	1.8.			F 1 X 4 A			†		1.6	
X	24.0	8,300	1.8				1				1.6	
X	24.0	7,200	1,9				1			1 7	1.6	
X	24.0	7,900	1.0								1.0	
X	24.0	4,400	0.7	i pratical di			1	T				Plant off line on interconnect
X	24.0										1	pressure switch bad
X	24.0		1.0								0.7	
X	24.0		0,4				1, 5				0.3	
X	24.0		0.9	22 - 1 T				(V) (1 × 10)	100			Hart back on line
X	24.0	6,300	2.0							12	1.3	
X	24.0	8,000	2.0							1	3 31.7	
X	24.0	8,100	1.9	1.4 50			1	, t			1.7	the state of the s
X	24.0	10,650			in the same of			1			F T	
X	24.0	10,650	1.1.								1.0	ā izmaininininininininininininininininininin
X	24.0	6,700	1.6			7-			2 2 2 3 1			
X	24.0	6,700	1.6				T		T		The state of the s	
X	24.0	7,400	1,9				1				1.7	
X	24.0	7,900	1.7								1.6	
X	24.0	8,300	1.5							1		
X	24.0	9,850										
X	24,0	9,850	1.4				1				11.4	
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X												
X	24.0	9,200 224,600									1	

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

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



DEP Form 62-555, 900(3)Alternate

See Pages 4 for Ins									
l. General Informati	ion for the Month/Ye	ar of: April. 2010)						
A. Public Water Syst	em (PWS) Informatio	on							
PWS Name.	Harmony Homes					PWS Identification Num	ber	3590497	
PWS Type	✓ Community	Non-Transient Non-Commi	unityTr	ransient Non-Communi	by []	Consecutive			
Number of Service Conf	rections at End of Month	61			Total	Population Served at End o	of Month	158	
PWS Owner	Aqua Utilities Florida								
Contact Person	Edward Pellenz				Conta	et Person's Title	Manager of Ope	rations	
Contact Person's Mailing	g Address: PC) Box 490310		City	Leesburg	State Florida		Zip Code	34749
Contact Person's Teleph		52) 787-0980			Conta	et Person's Fax Number.	(352) 787-6333		
Contact Person's E-Mail	Address: e	pellenz@aquaamerica.co	om						
3. Water Treatment	Plant Information								
Plant Name	Harmony Homes					Plant Telephone Number	~~~	407-339-543	24
Plant Address	101 Plymouth Avenue			City	Altamonte Spr	State Florida		Zip Code	32701
Type of Water Treatmen		Raw Ground Water	Purchased Fini	shed Water					
	y Operating Capacity of Pla			216,000					
	ection 62-699.310(4), F.A.					lass (per subsection 62-69)		С	
		And Sent Name Land of the	作是對文化是具有	Lucense, Class Luc		\$11 TO THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED I	ay(s) &Shift(s)	Workeda	9年,李林高兴
Lead/Chief@gerato	William Trendel			C	6411	Days 1st Shift			
Office on the lines	Terry McCarthy			C	4617	Days 1st Shift			
and the second						L			
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A Charles	<u></u>								
A. A. A. A. A. A. A. A. A. A. A. A. A. A	<u> </u>								
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						<u> </u>			
I. Certification by Lo	out Chief Operator	建筑和建筑区域的 基础设置			AGENERAL				
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		and accurate to the best of							
		ble standards referenced in							
		erator staffed or visited this							
		ocess performance records.			se additional o	perations records to t	he PWS owner	so the PW	/S owner can
retain them, togethe	r with copies of this re	port, at a convenient location	on for at least ten	years.					
1 2. "		-1.1.							
(1)11Una	24 Clerca	5/6/10	William Trend	el ·				C-6411	
Signature and Date		111	Printed or Typ	ed Name			_	License Nun	nber
380			7.6						

Page 1

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

5 Identification		3590497			armony Homes							
			ar a de atra e ans 🖪									
ins of Achievin	goul-tuoi gr	Virus Inactivation/Rer	moval Free Chi	erine F C	hkirine Dioxide	F Ozona	[Comb	ined Chlerit	ne (Chlorani	nes)		
Ultraviolet R	adiation	[Other (Describ	be)									
e of Disinfer	tant Residu	al Maintained in 1)	istribution System:	Free Chlori	ne 「Com	oined Chlorin	e (Chloramine	si F	Chkirine D	coade		
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X	24.0	9,300	1 11	$\overline{}$					-	11		
X	24.0	9,900	16				1		 	1.4		
X	24.0	11,650										
X	24 0	11,650	8.0				1			0.6		
X	24 0	6,300	1,2							14		
X	24 0	10,500	1.5							14		
X	24.0	11,500	0.7							0.5		
X	24.0	8.800	1.8							1.5		
λ	24.0	10,100	1.6							1.5		
X	24.0	9,200				-						
X	24.0	9,200	17	-					-	1.5		
X	24.0	8,200	1.8			-				1.5		
X	24.0	9,800	1.6							15		
X	34.0	8,800	18				+			16		
X	240	9,000	1.5							14		
X	24.0	10,750					1					
Y	24.0	10,750	11							09		
X	24.0	6,100	1.3							12		
X	24.0	8,290	12							10		
X	24.0	7,900	15							1.4		
. X	24.0	8,300	12							12		
7.72	24.0	9,900	11							10		
X	24.0	11,350										
X	24.0	11,350	1.4				+			11		
X	24.0	6,100	17				+			1.5		
X	24.0	8,900	13				+		-	1.4		
X	24.0	11,000	12			+	+		-	1.3		
X	24.0	,1,000					1			- 12		
	-	280,800										
		0,360										
		11,650										

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

Phone: (772) 465-8584 Fax: (772) 467-I584

Date issued: June 16, 2009

To:

Will Fontaine

Agua Utilities Florida, Inc.

140 Hope Street

Longwood, FL 327505141

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Harmony Homes Triannual

[2134838]

Received:

5/26/09 12:33

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.

300 US 1 North rort Pierce, FL 34946 FDOH # E96080

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



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

Quality Control Summary

Client:

Aqua Utilities Florida, Inc.

Workorder ID: Harmony Homes Triannual

Received:

5/26/09 12:33

[2134838]

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)

<u>Number</u>

Sample ID Analytical Method **Description**

Quality Control Summary

<u>Method</u>

HBEL Batch Analyte

Analytical Issue

EPA 505

PEST5347

2134838001 Decachlorobiphenyl

Surrogate - Outside acceptance Limits.

EPA 515.1

PEST5355

2134838001 2,4,5-TP Accuracy - Outside acceptance limits in the MS.

2134838001

2.4.5-TP

Precision - Outside acceptance limits between the MS and MSD.

Precision - Outside acceptance limits between the MS and MSD.

2134838001

2,4-Dichlorophenylacetic acid Surrogate - Outside acceptance Limits.

2134838001

Dalapon

Accuracy - Outside acceptance limits in the MS.

2134838001

Dalapon

Accuracy - Outside acceptance limits in the MSD.

2134838001 2134838001

Dinoseb **Picloram** Accuracy - Outside acceptance limits in the MS.

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



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CERTIFICATE OF ANALYSIS [2134838]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Harmony Homes Triannual

Parameter	Qualifie	1 Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	213483800 ⁻ Point of En				Sampled: 05/26/0 Matrix: Water			l: 05/26/09 Wet Weight B		
рH	Q	7.77	SU	0.200	EPA 150.1	WCGE31106		05/30/09 12:55	GS	E96080
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META9404		06/5/09 21:43	DM	E96080
Barium		0.0048	mg/L	0.0018	EPA 200.7	META9404		06/5/09 21:43	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META9404		06/5/09 21:43	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META9404		06/5/09 21:43	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META9404		06/5/09 21:43	DM	E96080
Copper		0.027	mg/L	0.0014	EPA 200.7	META9404		06/5/09 21:43	DM	E96080
Iron		0.54	mg/L	0.025	EPA 200.7	META9404		06/5/09 21:43	DM	E96080
Manganese		0.011	mg/L	0.0037	EPA 200.7	META9404		06/5/09 21:43	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META9404		06/5/09 21:43	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META9404		06/5/09 21:43	DM	E96080
Sodium		19	mg/L	0.50	EPA 200.7	META9404		06/5/09 21:43	DM	E96080
Zinc		0.014	mg/L	0.010	EPA 200.7	META9404		06/5/09 21:43	DM	E96080
Antimony		0.0013	mg/L	0.00082	EPA 200.9	META9390		06/1/09 19:31	DM	E96080
Arsenic		0.0012	mg/Ł	0.0010	EPA 200.9	META9393		06/2/09 16:15	DM	E96080
_ Lead		0.00070 U	mg/L	0.00070	EPA 200.9	META9403		06/5/09 20:35	DM	E96080
Selenium		0.0022 ป	mg/L	0.0022	EPA 200.9	META9396		06/3/09 12:23	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META9395		06/2/09 19:05	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META9398	06/2/09 10:10	06/3/09 12:38	DM	E96080
Chloride		31	mg/L	5.0	EPA 300.0	IC8076		06/1/09 14:37	SP	E96080
Fluoride		0.16	mg/L	0.011	EPA 300.0	IC8071		05/27/09 12:58	JL	E96080
Nitrate as N		0.11	mg/L	0.0030	EPA 300.0	IC8071		05/27/09 12:58		E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC8071		05/27/09 12:58	JL	E96080
Sulfate		14	mg/L	1.4	EPA 300.0	IC8076		06/1/09 14:37	SP	E96080
1,2-Dibromo-3- chloropropane		0.0035 U	ug/L	0.0035	EPA 504.1	PEST5350	06/1/09 15:00	06/2/09 1:23	JL	E96080
1,2-Dibromoethane		0.0046 U	ug/L	0.0046	EPA 504.1	PEST5350	06/1/09 15:00	06/2/09 1:23	JL	E96080
Chlordane		0.13 ∪	ug/L	0.13	EPA 505	PEST5347		05/27/09 23:21	JL	E96080
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST5347		05/27/09 23:21	JL	E96080
gamma-BHC (Linda	ne)	0.020 U	ug/L	0.020	EPA 505	PEST5347		05/27/09 23:21	JL	E96080
Heptachlor	,	0.036 ป	ug/L	0.036	EPA 505	PEST5347		05/27/09 23:21	JL	E96080
Heptachlor epoxide		0.027 U	ug/L	0.027	EPA 505	PEST5347		05/27/09 23:21	JL	E96080
Methoxychlor		0.043 U	ug/L	0.043	EPA 505	PEST5347		05/27/09 23:21	JL	E96080
PCB		0.14 U	ug/L	0.14	EPA 505	PEST5347		05/27/09 23:21	JL.	E96080
Toxaphene		0.60 U	ug/L	0.60	EPA 505	PEST5347		05/27/09 23:21	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST5355	06/2/09 8:00		JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST5355	06/2/09 8:00		JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST5355	06/2/09 8:00		JL	E96080
Dinoseb		0.23 U	ug/L	0.23		PEST5355	06/2/09 8:00		JL	E96080
Pentachiorophenol		0.39 U	ug/L	0.39		PEST5355	06/2/09 8:00		JL	E96080
Picloram		0.23 U	ug/L	0.23		PEST5355	06/2/09 8:00		JL	E96080
			- J				70.2000.00		02	E30000

3600 US 1 North Fort Pierce, FL 34946 FDOH # E96080

Printed: 6/16/09

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



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

CERTIFICATE OF ANALYSIS [2134838]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Harmony Homes Triannual

			Reporting		Laboratory	Prep	Analyzed		Lab
Parameter	Qualifier Result	Units	Limit	Method	Batch	Date/Time	Date/Time	Analyst	
1,1,1-Trichloroethane	0.21 U	ug/L	0.21	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
1,1,2-Trichloroethane	0.44 U	ug/L	0.44	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
1,1-Dichloroethene	0.23 U	ug/L	0.23	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
1,2,4-Trichlorobenzene	0.41 U	ug/L	0.41	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
1,2-Dichlorobenzene	0.21 U	ug/L	0.21	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
1,2-Dichloroethane	0.29 U	ug/L	0.29	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
1,2-Dichloropropane	0.40 บุ	ug/L	0.40	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
1,4-Dichlorobenzene	0.23 U	ug/L	0.23	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
Benzene	0.20 U	ug/L	0.20	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
Carbon tetrachloride	0.24 U	ug/L	0.24	EPA 524.2	VQC3097		06/2/09 22:41	WR	E96080
Chlorobenzene	0.30 U	ug/L	0.30	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
cis-1,2-Dichloroethene	0.21 U	ug/L	0.21	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
Ethylbenzene	1.5	ug/L	0.21	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
Methylene chloride	0.23 U	ug/L	0.23	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
Styrene	0.21 U	ug/L	0.21	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
Tetrachloroethene	0.24 U	ug/L	0.24	EPA 524,2	VOC3097		06/2/09 22:41	WR	E96080
Toluene	0.22 U	ug/L	0.22	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
Total Xylenes	2.9	ug/L	0.46	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
trans-1,2-Dichloroethene	0.35 U	ug/L	0.35	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
Trichloroethene	0,36 U	ug/L	0.36	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
Vinyl chloride	0.32 U	ug/L	0.32	EPA 524.2	VOC3097		06/2/09 22:41	WR	E96080
Alachlor	0.60 U	ug/L	0.60	EPA 525.2	SVOC2783	06/1/09 13:00	06/5/09 0:22	WR	E96080
Atrazine	0.48 U	ug/L	0.48	EPA 525.2	SVOC2783	06/1/09 13:00	06/5/09 0:22	WR	E96080
Benzo(a)pyrene	0.069 U	ug/L	0.069	EPA 525.2	SVOC2783	06/1/09 13:00	06/5/09 0:22	WR	E96080
bis(2-ethylhexyl)phthalate	0.84 U	ug/L	0.84	EPA 525.2	SVOC2783	06/1/09 13:00	06/5/09 0:22	WR	E96080
Di(2-ethylhexyl)adipate	0.67 ป	ug/L	0.67	EPA 525.2	SVOC2783	06/1/09 13:00	06/5/09 0:22	WR	E96080
Hexachiorobenzene	0.30 U	ug/L	0.30	EPA 525.2	SVOC2783	06/1/09 13:00	06/5/09 0:22	WR	E96080
Hexachlorocyclopentadien	e 0.23 U	ug/L	0.23	EPA 525.2	SVOC2783	06/1/09 13:00	06/5/09 0:22	WR	E96080
Simazine	0.62 U	ug/L	0.62	EPA 525.2	SVOC2783	06/1/09 13:00	06/5/09 0:22	WR	E96080
Carbofuran	0.41 U	ug/L	0.41	EPA 531.1	HPLC2602		05/29/09 16:53	JJM	E96080
Oxamyl	0.13 U	ug/L	0.13	EPA 531.1	HPLC2602		05/29/09 16:53	JJM	E96080
Glyphosate	13 U	ug/L	13	EPA 547	HPLC2604		06/1/09 12:00	JJM	E96080
Endothall	2.8 U	ug/L	2.8	EPA 548.1	SVOC2779	06/1/09 14:00	06/2/09 23:24	WR	E96080
Diquat	1.9 ប	ug/L	1.9	EPA 549.2	HPLC2605	06/2/09 9:30	06/4/09 12:30	MLL	E96080
Gross Alpha	2.0 U +/- 1.8	pCi/L		EPA 900.0	SAL1134		06/15/09 10:36	SAL	E84129
Radium 226	0.6 +/- 0.2	pCi/L		EPA 903.1	SAL1134		06/9/09 17:58	SAL	E84129
Radium 228	0.4 U +/- 0.2	pCi/L		EPA Alter.	SAL1134		06/11/09 16:24	SAL	E84129
Color	3.0	CU	1.8	SM2120 B	WCGE31087		05/27/09 16:00	TCL	E96080
Odor - Dechlorinated	1.0 U	T.O.N.	1.0	SM2150 B	WCDE19090		05/27/09 7:33		E83509
Total Dissolved Solids	300	mg/L	16	SM2540 C	WCGE31096		05/29/09 12:25		E96080
Cyanide	0.0047 U	mg/L	0.0047	SM4500CN E			05/28/09 11:33		E96080
Surfactants as LAS, Mol.wt.340	0.022 ป	mg/L	0.022	SM5540 C	WCGE31108	05/27/09 15:15 ·	05/29/09 17:41	GG	E96080

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

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



Printed: 6/16/09

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CERTIFICATE OF ANALYSIS

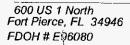
[2134838]

Client: Aqua Utilities Florida, Inc.

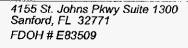
Workorder ID: Harmony Homes Triannual

Parameter	1 Qualifier Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Analyzed Date/Time Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2134838002 Trip Blank			Sampled:	4	Received: 05/26/09		
·-	•			Matrix: Wa	iter Results	reported on Wet Weight	Basis	
1,1,1-Trichloroethan	e 0.21 U	ug/L	0.21	EPA 524.2	. VOC3097	06/2/09 23:15	WR	E96080
1,1,2-Trichloroethan	e 0.44 U	ug/L	0.44	EPA 524.2	. VOC3097	06/2/09 23:15	WR	E96080
1,1-Dichloroethene	0.23 U	ug/L	0.23	EPA 524.2	VOC3097	06/2/09 23:15	WR	E96080
1,2,4-Trichlorobenze	ene 0.41 U	ug/L	0.41	EPA 524.2	2 VOC3097	06/2/09 23:15	WR	E96080
1,2-Dichlorobenzene	e 0.21 U	ug/L	0.21	EPA 524.2	VOC3097	06/2/09 23:15	WR	E96080
1,2-Dichloroethane	0.29 U	ug/L	0.29	EPA 524.2	. VOC3097	06/2/09 23:15	WR	E96080
1,2-Dichloropropane	0.40 U	ug/L	0.40	EPA 524.2	. VOC3097	06/2/09 23:15	WR	E96080
1,4-Dichlorobenzene	0.23 U	ug/L	0.23	EPA 524.2	VOC3097	06/2/09 23:15	WR	E96080
Benzene	0.20 U	ug/L	0.20	EPA 524.2	VOC3097	06/2/09 23:15	WR	E96080
Carbon tetrachloride	0.24 U	цg/L	0.24	EPA 524.2	VOC3097	06/2/09 23:15	WR	E96080
Chlorobenzene	0.30 บ	ug/L	0.30	EPA 524.2	VOC3097	06/2/09 23:15	WR	E96080
cis-1,2-Dichloroethe	ne 0.21 U	ug/L	0.21	EPA 524.2	VOC3097	08/2/09 23:15	WR	E96080
Ethylbenzene	0.21 U	ug/L	0.21	EPA 524.2	VOC3097	06/2/09 23:15	WR	E96080
Methylene chloride	0.23 U	ug/L	0.23	EPA 524.2	VOC3097	06/2/09 23:15	WR	E96080
Styrene	0.21 U	ug/L	0.21	EPA 524.2	VOC3097	06/2/09 23:15	WR	E96080
Tetrachloroethene	0.24 U	ug/L	0.24	EPA 524.2	VOC3097	06/2/09 23:15	WR	E96080
oluene	0.22 U	ug/L	0.22	EPA 524.2	VOC3097	06/2/09 23:15	WR	E96080
Total Xylenes	0.46 U	ug/L	0.46	EPA 524.2	VOC3097	06/2/09 23:15	WR	E96080
trans-1,2-Dichloroett	nene 0.35 U	ug/L	0.35	EPA 524.2	VOC3097	06/2/09 23:15	WR	E96080
Trichloroethene	0.36 U	ug/L	0.36	EPA 524.2	VOC3097	06/2/09 23:15	WR	E96080
Vinyl chloride	0.32 U	ug/L	0.32	EPA 524.2	VOC3097	06/2/09 23:15	WR	E96080

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



Printed: 6/16/09





Q Sample held beyond the accepted holding time.



)ARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US I North, Fort Pierce, FL 34946 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLÉR

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USE BALLIPOINT PEN Laboratory not responsible for omitted information

_FDOH # E96080

____FDOH # E85370

307 Coolidge Avenue

Lehigh Acres, FL 33936

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COMPLETELY FILL OUT 5600 U.S. 1 North

ALL NON GREYED AREAS Fort Pierce, FL 34946

Agreement to Perform Services

	Phon€:	(772) 465-	2400,	Ext. 28	35 Fa	ex: (772) 467-158	:4				PRII	NT:LEC	IBLY		./				
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Client Co	ontact:	Bil	17	•	#3	8690497)r	ICF.	E		${}^{\overline{1}}C_{E}$					Prese	rvation K	<i>ey</i> hosphoric Acid
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Sampled	Ву:	Bil	17	. <u>. </u>				Business Days pratory Approval) () ()		j.	0	A STATE OF THE STA		A STATE OF THE STA	\$4.548.4 \$4.548.4	S=Sulfuric Acid	kide U=U	Thiosulfate Inpreserved
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5	DATE	TIME	Sample	MATRIX**	# Contr		ill Appear On	Report	Prim. I	£01/2	Volat Padia	重品						114117114	
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			C+Co	mpoşil	ė 🖫			id SL≟Sludge DW-	Orinking	Water			-		ice Wat	er WW	≑Wastewater.: N	/≟Marine	
S Rep	RELINQUISH DATE/TIME	HED BY 169. 5/2/10	444	Ull	200		RELINQUISHED BY DATE/TIME	Compan	,,,,,	7		RELING DATE/T	UISHED	BY	Me	ife	- []	Wheel	_
Report Page	RECEIVED		מעזו	Ar-	<u>09</u>		RECEIVED BY	Tual of	233	2			ED FOR	HBELIG	<i>2 -</i> cust on	26.7 Y.BY	19 /600 Marit	A & 21 V	34184541
, <u>,</u> ,	DATE/TIME	5)	24/0	19	090		DATE/TIME /	5/26/09	1299	3		DATE/T	2		# 7 2 7 5 S	2 4 4 7	C7 09		

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

System Name:			
	Community N	lontransient Noncommunity	Transient Noncommunity
City:		State:	ZIP Code:
Phone #:		Fax #:	
E-Mail Address:			
SAMPLE INFORMATION (to be c			
Sample Number:		Location Code (if known)):
	05/26/09	Sample Time:	
Sample Location (be specific): F	Point of Entry Grab	·	
		alomethance and halogratic acids): mg/L Field pH:
	en reporting results for thin		
Sample Type (Check Only One)		Reason(s) for Sample (Check all that apply)
Distribution		e Compliance (with 62-550)	Quarterly (Which Qtr?
Entry Point (to Distribution)	Confirm	nation of MCL Exceedence*	Special (not for compliance with 62-550)
Plant Tap not for compliance with	in 62-550) Compo	site of Multiple Sites**	Violation Resolution
Raw (at well or intake)	Clearar	nce (permitting)	Replacement (of Invalidated Sample)
Max Residence Time	Other:		
Ave Residence Time	Sampling		mments:
Near First Customer		The state of the s	
*See 62-550.500(6) for red Note: See 62-550.512(3) for Nitrate or Nitrite	for additional requirement		550(4) for requirements and sults page for each site.
Sampler's Name:			
			WANTER COLUMN TO A COLUMN TO THE COLUMN TO T
Sampler's E-Mail Address:	, , , , , , , , , , , , , , , , , , ,		
CERTIFICATION (to be completed to	y sampler)		
l,Print Name			
Print Name do HEREBY CERTIFY that the a completed and correct.	bove public water sys	tem and sample collection int	Print Title formation is
Signature:		Date:	
		January 1995. Revised January 2004	

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

LABORATOI ATTACH A CUF	RENT DOH ANA			
Lab Name:	HBEL, Inc.		Florida Certification	#: E96080
Address:	5600 US 1 N			te:06/30/2009
Particularies	Fort Pierce,	FL 34946		465-8584
ANALYSIS II	NFORMATION	(to be completed by lab)	Date Sample(s) Received::	5/26/09
PWS ID (Fro	m Page 1):		Sample Number (From Page 1):	
Lab Assigned	l Report Numb	er or Job ID:	2134838001	
Group(s) Ana	alyzed and Res	ults attached for complia	ance with Chapter 62-550, F.A.C. (Ch	eck all that apply):
Inorg	anics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
AI	1 17	AII 30	∡]Ail 21	Trihalomethanes
₹Pa	artial	All Except Dioxin	Partial	Haloacetic Acids
Ni	trate	Partial		Bromate
N i	trite	Dioxin Only	Radionuclides	Chlorite
As	sbestos Only		☑Single Sample	Secondaries
			Qtrly Composite**	⊠ All 14
Were any an	alyses subcont	racted? X Yes	No No	Partial
v · ·	•	certification numbers:	E84129	t.a.d
ATTACH DOH	ANALYTE SHEET	FOR EACH SUBCONTRACT		
			RTIFICATION	
l,	Eric Charest		Laboratory	Manager
do HERERY	(Print Name) CERTIEY that	all attached analytical da	Print Ti) ata are correct and unless noted meet	
		oratory Accreditation Co		
Signature	<u>ئر</u>	Tuffares	Date:16-Jun	-0 9
* Failure to prov			ation number and a current Analyte Sheet for	
in rejection of th	e report, possible		lic water system for failure to sample, and ma	
Bureau of Labo ** Please provide	_	ple dates Jocations for each	quarter.	
COMPLIANC	E DETERMIN	ATION (to be completed by	DEP or DOH)	
Sample Colle	ection Info Satis	sfactory: Yes	No Sample Analysis Info S	Satisfactory: Yes No
Replacen	nent Sample(s)	Requested (circle or highligh	ht group(s) above) Revised Report Req	uested (circle or highlight group(s) above)
Additiona	I Monitoring Re	quired (circle or highlight grou	p(s) above)	
Reason(s):	MCL(s) E:	ceeded	Detection(s)	Incomplete Report
		nalyte Sheet(s)	Location Unsatisfactory	Analysis Unsatisfactory
- Parson Motifi	Other: ed:		Date Notifier	j:
· CISOTI NOUII				·
Comments:			EP/DOH Reviewing Official:	

HBEL, Inc. 00 U.S. I North, Fort Pierce, FL 34946 one: (772) 465-8584 Fax: (772) 467-1584

INORGANIC CONTAMINANTS 62 - 550.310 (1)

Client:

Aqua Utilities Florida, Inc.

Workorder:

Harmony Homes Triannual

Sample Location:

Point of Entry Grab

Sample Number:

2134838001

Sampling Date:

5/26/09 8:00

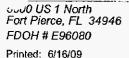
Date Received:

5/26/09 12:33

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	0.11		EPA 300.0	0.0030	5/27/09 12:58	E96080
1041	Nitrite as N	[1]	mg/L	0.0022	U	EPA 300.0	0.0022	5/27/09 12:58	E96080
1005	Arsenic	[0.01]	mg/L	0.0012	I	EPA 200.9	0.0010	6/02/09 16:15	E84129
1010	Barium	[2]	mg/L	0.0048	I	EPA 200.7	0.0018	6/05/09 21:43	E96080
1015_	Cadmium	[0.005]	mg/L	0.00070	U	EPA 200.7	0.00070	6/05/09 21:43	E96080
20	Chromium	[0.1]	mg/L	0.0018	U	EPA 200.7	0.0018	6/05/09 21:43	E96080
1024	Cyanide	[0.2]	mg/L	0.0047	U	SM4500CN E	0.0047	5/28/09 11:33	E96080
1025	Fluoride	[4]	mg/L	0.16		EPA 300.0	0.011	5/27/09 12:58	E96080
1030	Lead	[0.015]	mg/L	0.00070	Ü	EPA 200.9	0.00070	6/05/09 20:35	E96080
1035	Mercury	[0.002]	mg/L	0.000060	U	EPA 245.1	0.000060	6/03/09 12:38	E96080
1036	Nickel	[0.1]	mg/L	0.0020	U	EPA 200.7	0.0020	6/05/09 21:43	E96080
1045	Selenium	[0.05]	mg/L	0.0022	U	EPA 200.9	0.0022	6/03/09 12:23	E96080
1052	Sodium	[160]	mg/L	19		EPA 200.7	0.50	6/05/09 21:43	E96080
1074	Antimony	[0.006]	mg/L	0.0013	i	EPA 200.9	0.00082	6/01/09 19:31	E96080
1075	Beryllium	[0.004]	mg/L	0.00010	U	EPA 200.7	0.00010	6/05/09 21:43	E96080
1085	Thallium	[0.002]	mg/L	0.0010	U	EPA 200.9	0.0010	6/02/09 19:05	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 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 a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring peri





서BEL, Inc.

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

SECONDARY CONTAMINANTS 62 - 550.320

Client:

Aqua Utilities Florida, Inc.

Workorder:

Harmony Homes Triannual

Sample Location:

Point of Entry Grab

Sample Number:

2134838001

Sampling Date:

5/26/09 8:00

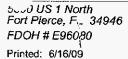
Date Received:

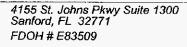
5/26/09 12:33

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	6/05/09 21:43	E96080
1017	Chloride	[250]	mg/L	31		EPA 300.0	5.0	6/01/09 14:37	E96080
1022	Copper	[1]	mg/L	0.027		EPA 200.7	0.0014	6/05/09 21:43	E96080
1025	Fluoride	[2]	mg/L	0.16		EPA 300.0	0.011	5/27/095/27/09	E96080
~~28	Iron	[0.3]	mg/L	0.54		EPA 200.7	0.025	6/05/09 21:43	E96080
32	Manganese	[0.05]	mg/L	0.011	1	EPA 200.7	0.0037	6/05/09 21:43	E96080
1050	Silver	[0.1]	mg/L	0.0010	U	EPA 200.7	0.0010	6/05/09 21:43	E96080
1055	Sulfate	[250]	mg/L	14		EPA 300.0	1.4	6/01/09 14:37	E96080
1095	Zinc	[5]	mg/L	0.014	1	EPA 200.7	0.010	6/05/09 21:43	E96080
1905	Color	[15]	CU	3.0	i	SM2120 B	1.8	5/27/09 16:00	E96080
1920	Odor - Dechlorinated	[3]	T.O.N.	1.0	U	SM2150 B	1.0	5/27/09 7:33	E83509
1925	р Н	[6.5-8.5]	SU	7.77	Q	EPA 150.1	0.200	5/30/09 12:55	E96080
1930	Total Dissolved Solids	[500]	mg/L	300		SM2540 C	16	5/29/09 12:25	E96080
2905	Foaming Agents	[0.5]	mg/L	0.022	U	SM5540 C	0.022	5/29/09 17:41	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 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 a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring peri







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

SYNTHETIC ORGANICS 62 - 550.310 (4) (b)

Client:

Aqua Utilities Florida, Inc.

Workorder:

Harmony Homes Triannual

Sample Location:

Point of Entry Grab

Sample Number:

2134838001

Sampling Date:

5/26/09 8:00

PWS ID (From Page 1):

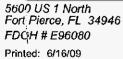
Date Received:

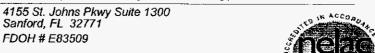
5/26/09 12:33

Contan				Analysis	ند.	Analytical	Lab		Extraction	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qual.	Method	MDL	RDL	Date	Date/Time	Cert #
2005	Endrin	[2]	ug/L	0.10	U	EPA 505	0.10	0.01	5/27/09	5/27/09 23:21	E96080
2010	gamma-BHC (Lindane)	[0.2]	ug/L	0.020	U	EPA 505	0.020	0.02	5/27/09	5/27/09 23:21	E96080
2015	Methoxychlor	[40]	ug/L	0.043	U	EPA 505	0.043	0.1	5/27/09	5/27/09 23:21	E96080
2020	Toxaphene	[3]	ug/L	0.60	U	EPA 505	0.60	1	5/27/09	5/27/09 23:21	E96080
2031	Dalapon	[200]	ug/L	2.3	U	EPA 515.1	2.3	1	6/02/09	6/05/09 1:46	E96080
2032	Diquat	[20]	ug/L	1.9	U	EPA 549.2	1.9	0.4	6/02/09	6/04/09 12:30	E96080
2033	Endothall	[100]	ug/L	2.8	U	EPA 548.1	2.8	9	6/01/09	6/02/09 23:24	E96080
2034	Glyphosate	[700]	ug/L	13	U	EPA 547	13	6		6/01/09 12:00	E96080
2035	Di(2-ethylhexyl)adipate	[400]	ug/L	0.67	U	EPA 525.2	0.67	0.6	6/01/09	6/05/09 0:22	E96080
2036	Oxamyi	[200]	ug/L	0.13	U	EPA 531.1	0.13	2		5/29/09 16:53	E96080
2037	Simazine	[4]	ug/L	0.62	IJ	EPA 525.2	0.62	0.07	6/01/09	6/05/09 0:22	E96080
9	bis(2-ethylhexyl)phthalate	[6]	ug/L	0.84	U	EPA 525.2	0.84	0.6	6/01/09	6/05/09 0:22	E96080
2040	Picloram	[500]	ug/L	0.23	U	EPA 515.1	0.23	0.1	6/02/09	6/05/09 1:46	E96080
2041	Dinoseb	[7]	ug/L	0.23	U	EPA 515.1	0.23	0.2	6/02/09	6/05/09 1:46	E96080
2042	Hexachlorocyclopentadiene	[50]	ug/L	0.23	U	EPA 525.2	0.23	0.1	6/01/09	6/05/09 0:22	E96080
2046	Carbofuran	[40]	ug/L	0.41	Ü	EPA 531.1	0.41	0.9		5/29/09 16:53	E96080
2050	Atrazine	[3]	ug/L	0.48	U	EPA 525.2	0.48	0.1	6/01/09	6/05/09 0:22	E96080
2051	Alachlor	[2]	ug/L	0.60	U	EPA 525.2	0.60	0.2	6/01/09	6/05/09 0:22	E96080
2065	Heptachlor	[0.4]	ug/L	0.036	U	EPA 505	0.036	0.04	5/27/09	5/27/09 23:21	E96080
2067	Heptachlor epoxide	[.2]	ug/L	0.027	U	EPA 505	0.027	0.02	5/27/09	5/27/09 23:21	E96080
2105	2,4-D	[70]	ug/L	0.22	U	EPA 515.1	0.22	0.1	6/02/09	6/05/09 1:46	E96080
2110	2,4,5-TP	[50]	ug/L	0.19	U	EPA 515.1	0.19	0.2	6/02/09	6/05/09 1:46	E96080
2274	Hexachlorobenzene	[1]	ug/L	0.30	U	EPA 525.2	0.30	0.1	6/01/09	6/05/09 0:22	E96080
2306	Benzo(a)pyrene	[.2]	ug/L	0.069	U	EPA 525.2	0.069	0.02	6/01/09	6/05/09 0:22	E96080
2326	Pentachlorophenol	[1]	ug/L	0.39	U	EPA 515.1	0.39	0.04	6/02/09	6/05/09 1:46	E96080
2383	PCB	[.5]	ug/L	0.14	U	EPA 505	0.14	0.1	5/27/09	5/27/09 23:21	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	ug/L	0.0035	U	EPA 504.1	0.0035	0.02	6/01/09	6/02/09 1:23	E96080
2946	1,2-Dibromoethane	[.02]	ug/L	0.0046	U	EPA 504.1	0.0046	0.01	6/01/09	6/02/09 1:23	E96080
2959	Chlordane	[2]	ug/L	0.13	U	EPA 505	0.13	0.2	5/27/09	5/27/09 23:21	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 y==ceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.





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

VOLATILE ORGANICS 62 - 550.310 (4) (a)

Client:

Aqua Utilities Florida, Inc.

Workorder:

Harmony Homes Triannual

Sample Location:

Point of Entry Grab

Sample Number:

2134838001

Sampling Date:

5/26/09 8:00

PWS ID (From Page 1): _____

Date Received: 5/26/09 12:33

Contar ID	n Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	RDL	Analysis Date/Time	DOH Lab Cert #
2378	1,2,4-Trichlorobenzene	[70]	ug/L	0.41	U	EPA 524.2	0.41	0.5	6/02/09 22:41	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.5	6/02/09 22:41	E96080
2955	Total Xylenes	[10000]	ug/L	2.9		EPA 524.2	0.46	0.5	6/02/09 22:41	E96080
2964	Dichloromethane	[5]	ug/L	0.23	U	EPA 524.2	0.23	0.5	6/02/09 22:41	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	0.21	U	EPA 524.2	0.21	0.5	6/02/09 22:41	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	0.23	U	EPA 524.2	0.23	0.5	6/02/09 22:41	E96080
~6	Vinyl chloride	[1]	ug/L	0.32	U	EPA 524.2	0.32	0.5	6/02/09 22:41	E96080
2977	1,1-Dichloroethene	[7]	ug/L	0.23	U	EPA 524.2	0.23	0.5	6/02/09 22:41	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	0.35	U	EPA 524.2	0.35	0.5	6/02/09 22:41	E96080
2980	1,2-Dichloroethane	[3]	ug/L	0.29	U	EPA 524.2	0.29	0.5	6/02/09 22:41	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	0.21	U	EPA 524.2	0.21	0.5	6/02/09 22:41	E96080
2982	Carbon tetrachloride	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.5	6/02/09 22:41	E96080
2983	1,2-Dichloropropane	[5]	ug/L	0.40	U	EPA 524.2	0.40	0.5	6/02/09 22:41	E96080
2984	Trichloroethene	[3]	ug/L	0.36	Ų	EPA 524.2	0.36	0.5	6/02/09 22:41	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	0.44	U	EPA 524.2	0.44	0.5	6/02/09 22:41	E96080
2987	Tetrachloroethene	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.5	6/02/09 22:41	E96080
2989	Chlorobenzene	[100]	ug/L	0.30	U	EPA 524.2	0.30	0.5	6/02/09 22:41	E96080
2990	Benzene	[1]	ug/L	0.20	U	EPA 524.2	0.20	0.5	6/02/09 22:41	E96080
2991	Toluene	[1000]	ug/L	0.22	U	EPA 524.2	0.22	0.5	6/02/09 22:41	E96080
2992	Ethylbenzene	[700]	ug/L	1.5		EPA 524.2	0.21	0.5	6/02/09 22:41	E96080
2996	Styrene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.5	6/02/09 22:41	E96080

Reporting Format 62-550.730

Effective January 1995, Revised January 2007

US 1 North Fort Pierce, FL 34946 FDOH # E96080

Printed: 6/16/09

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



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

SOUTHERN ANALYTICAL LABORATORIES, INC.

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



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

June 16, 2009 Project No: 92357

Laboratory Report

FDEP Report form attached for the following samples:

Client Project Description:

92357.01

2134838

Sample Number

Sample Description

2134838-001

Date & Time Collected

05/26/09 08:00

Date & Time Received

05/29/09

09:15

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

FDOH Laboratory No. E84129 NELAP Accredited

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

Page 1 of 3

SOUTHERN ANALYTICAL LABORATORIES, INC.

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

Harbor Branch Environmental Laboratory

2134838

Sample ID: 2134838-001

June 16, 2009

Sample No.: 92357.01

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	1.8	06/15/09	10:36	E84129
4020	Radium-226	5*	pCi/L	0.6		EPA 903.1	0.03	1	0.2	06/09/09	17:58	E84129
4030	Radium-228	5*	pCi/L	0.4	U1	EPA RA-05	0.4	1	0.2	06/11/09	16:24	E84129

^{*} Combined Limit

* Qualifiers:

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

Page 2 of 3

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

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

Harbor Branch
Environmental Laboratory

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

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

	Receiving Laboratory: The samples are to be shipped by		EEX	to arrive or	n_ <i>5/2%</i>	1/09	. TA	T:		STE	>		
	HARBOR BRANCH ENVIRONM PROJECT NAME: 2) 34838		ABORATOR	.Y		N		ALYSIS R		D		COLLECTION	REMARKS
Page 3 of 3	SAMPLE TYPE: Composite = C, Grab = G, MATRIX: Drinking Water = DW, Groundwater S, Waste = W, Oil = O Client Code. MATRIX COLLECTION	H ₂ S	 .	H, Unpreserved = I	Ů	While H	Sur and	J.22 RAY					
91	DATE T	NO C-		P. HWC	Bottles	7	7	7				SAMPLE COM	MENIS
				21,500									
	RELINQUISHED BY:	Per	DATE 5-2879	TIME 16 NV		li		EIVED BY	元か	Ex		5/29/09	0915
	RELINQUISHED BY:		DATE	TIME		LABOR	ATORY NA	ME AND RE	CEIVED BY	(1		DATE	TIME

162

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

PUBLIC WATER SYSTEM INFORMATIC	M (to be completed by sampler - Please type or pr	mit regiony)
System Name:	PWS I.D. #:	
System Type (check one) Commur	nity Nontransient Noncommunity	Transient Noncommunity
Address:		
City	0.4	7/0.0-1
	State:	
Phone #:	Fax #:	
E-Mail Address:		
SAMPLE INFORMATION (to be completed	by sampler)	
Sample Number:	Location Code (if known)	; <u></u>
Sample Date: 05/26/09	Sample Time:	12:00 AM
Sample Location (be specific): Trip Blan	k	
Disinfectant Residual (Required when reporti	ng results for trihalomethanes and haloacetic acids;	mg/L Field pH:
Sample Type (Check Only One)	Reason(s) for Sample (
	The state of the s	
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)		Violation Resolution
Raw (at well or intake)	Clearance (permitting)	Replacement (of Invalidated Sample)
Max Residence Time	Other:	mmonto:
Ave Residence Time	Sampling Procedure Used or Other Co	IIIIIIEIII5
Near First Customer *See 62-550.500(6) for requirements Note: See 62-550.512(3) for addition	nal requirements attach a res	550(4) for requirements and sults page for each site.
Sampler's Name:		
	Sampler's Fax #:	
Sampler's E-Mail Address:		
CERTIFICATION (to be completed by sampler)	
l,		
	blic water system and sample collection inf	Print Title
Signature:	Date:	
	550 730 Effective January 1995 Revised January 2004	

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

ATTACH A CU	JRRENT DOH AN	ALYTE SHEET								
Lab Name:	HBEL, Inc.		Florida Certificatio	n#: <u>E96080</u>						
Address:	5600 US 1	North	Certification Expiration D	ate:06/30/2009						
-	Fort Pierce	e, FL 34946	Phone #:(772	2) 465-8584						
ANALYSIS	INFORMATION	(to be completed by lab)	Date Sample(s) Received::	5/26/09						
PWS ID (Fr	om Page 1):		Sample Number (From Page 1):							
Lab Assigne	ed Report Numl	per or Job ID:								
Group(s) An	alyzed and Re	sults attached for complia	ance with Chapter 62-550, F.A.C. (C	heck all that apply):						
Inor	ganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts						
A	JI 17	AII 30	✓All 21	Trihalomethanes						
□P	'artial	All Except Dioxin	Partial	Haloacetic Acids						
	litrate	Partial		Bromate						
	litrite	Dioxin Only	Radionuclides	Chlorite						
A	sbestos Only		Single Sample	Secondaries						
			Qtrly Composite**	Ali 14						
Were any ar	nalyses subcon	tracted? X Yes	No	Partial						
•	•	certification numbers: _	E84129							
ATTACH DOH	ANALYTE SHEE	FOR EACH SUBCONTRAC	TED LAB							
		CEF	RTIFICATION							
l,	Eric Charest		, Laboratory							
do HERERY	(Print Name) CERTIFY that	all attached analytical da	Print 1) ata are correct and unless noted mee							
		oratory Accreditation Co		a dir requirements of the						
Signature			Date:16-Jur	ኒ በዓ						
			ation number and a current Analyte Sheet for							
in rejection of the Bureau of Laborate	he report, possible pratory Services.	enforcement against the pub	lic water system for failure to sample, and m	ay result in notification of the DOH						
		nple dates locations for each ATION (to be completed by								
		sfactory: Yes		Satisfactory: Yes No						
		•	nt group(s) above) Revised Report Re	•						
		equired (circle or highlight grou		quootou (circle of highlight group(s) above						
Reason(s):	MCL(s) E		Detection(s)	Incomplete Report						
	Missing A	nalyte Sheet(s)	Location Unsatisfactory	Analysis Unsatisfactory						
Person Notif	ied:		Date Notifie	d:						
Comments:										
Date Review	red:	DE	P/DOH Reviewing Official:							

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

VOLATILE ORGANICS 62 - 550.310 (4) (a)

Client:

Aqua Utilities Florida, Inc.

Workorder:

Harmony Homes Triannual

Sample Location:

Trip Blank

Sample Number:

2134838002

Sampling Date:

5/26/09 0:00

PWS ID (From Page 1): ___

Date Received:

5/26/09 12:33

Contam			Analysis		Analytical	Lab		Analysis	DOH Lab	
ID	Contam Name	MCL	Units	Result	Qual.	Method	MDL	RDL	Date/Time	Cert#
2378	1,2,4-Trichlorobenzene	[70]	ug/L	0.41	U	EPA 524.2	0.41	0.5	6/02/09 23:15	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.5	6/02/09 23:15	E96080
2955	Total Xylenes	[10000]	ug/L	0.46	U	EPA 524.2	0.46	0.5	6/02/09 23:15	E96080
2964	Dichloromethane	[5]	ug/L	0.23	U	EPA 524.2	0.23	0.5	6/02/09 23:15	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	0.21	U	EPA 524.2	0.21	0.5	6/02/09 23:15	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	0.23	U	EPA 524.2	0.23	0.5	6/02/09 23:15	E96080
€ 6	Vinyl chloride	[1]	ug/L	0.32	U	EPA 524.2	0.32	0.5	6/02/09 23:15	E96080
2977	1,1-Dichloroethene	[7]	ug/L	0.23	U	EPA 524.2	0.23	0.5	6/02/09 23:15	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	0.35	U	EPA 524.2	0.35	0.5	6/02/09 23:15	E96080
2980	1,2-Dichloroethane	[3]	ug/L	0.29	U	EPA 524.2	0.29	0.5	6/02/09 23:15	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	0.21	U	EPA 524.2	0.21	0.5	6/02/09 23:15	E96080
2982	Carbon tetrachloride	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.5	6/02/09 23:15	E96080
2983	1,2-Dichloropropane	[5]	ug/L	0.40	U	EPA 524.2	0.40	0.5	6/02/09 23:15	E96080
2984	Trichloroethene	[3]	ug/L	0.36	U	EPA 524.2	0.36	0.5	6/02/09 23:15	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	0.44	U	EPA 524.2	0.44	0.5	6/02/09 23:15	E96080
2987	Tetrachloroethene	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.5	6/02/09 23:15	E96080
2989	Chlorobenzene	[100]	ug/L	0.30	U	EPA 524.2	0.30	0.5	6/02/09 23:15	E96080
2990	Benzene	[1]	ug/L	0.20	U	EPA 524.2	0.20	0.5	6/02/09 23:15	E96080
2991	Toluene	[1000]	ug/L	0.22	U	EPA 524.2	0.22	0.5	6/02/09 23:15	E96080
2992	Ethylbenzene	[700]	ug/L	0.21	U	EPA 524.2	0.21	0.5	6/02/09 23:15	E96080
2996	Styrene	[70]	ug/L	0.21	IJ	EPA 524.2	0.21	0.5	6/02/09 23:15	E96080

Reporting Format 62-550.730

Effective January 1995, Revised January 2007

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

Printed: 6/16/09

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



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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

JKINIKIP	AND LAE	SORATORY REP	ORTING FORMA	T	,,,,,,,			4	HE	261	L. II	חר ו
	5600 US 1 No	rth	4155 St. Johns Parkw	ay							Testing S	EFVICES
F	ort Pierce, FL (FDOH # E96		Suite 1300 Sanford, FL 32771				Phone (772) 465-8584 Fax (772) 467-1584 Lab Receipt Date and Time: 4//6//(3 1463					
			FDOH # E83509				i i			,		
			Sub-Conf	ract Lab	ID:		Rece	eived for Labo	oratory!	Ву:	TEWN	90
Coliler	_	Membrane Filtration			0 4	7	<i>7</i> 11	ysis Date and			10 1	356
System N	lame:	HARMONY	HOMES +	# 32	۷		Samr	le Preservation	Z	On loe		3,60°c
System A	ddress:	102 P	YMOUTH				Disint	fectant Check		Anot Detect	ed	>0.1 mg/L
City:,	ALT.	Spas.	Syste	m or Ow	ner's Phone	#: 40	7-33	9-5424	/ Faxi	#:		
Collector	. 1.	MCCARTHY						lector's Phon				
Relinquis	hed By:	uy Ma Contre	/ 5 Received B	y:				Relinquishe	d By:			·
Date	/Time: _4/	16/10 14	03 Date/Time	ə:				Date/Ti	ime:			
Type of S	, , , , , , , , , , , , , , , , , , ,	Community Water Sy Private Well		nunity Wa		No	ntransient-N ttled Water	loncommunity	Water S	ystem	Limited Us Other	se System
Reason	for Sampling	: (check only one)	Routine Compliance	Rep	eat	Repla	cement	Main Clea	arance	We	li Survey	Other
Sample (Collection Da	ate(s): 4/6	110					ORATOR' form Analysis				
·		BE COMPLETED BY COL	/ 					alysis Method			UG (Coliler	
Sample		SAMPLE POINT	Collection Time	Sample Type t	Disinfect Res'd mg/L	pН	Non	Total Coliform E	E. Coli	Data Qual. 2		Sample mber
Number	· -	on or Specific Address) # /	0800	R	INCOUNTED	6.9	COMBINI	A			213692	
		E 50 T O	0815	D	1.5	7.2	}	A				007
2					<u> </u>	7,2		1				
3	121	FORD	0825	<u>D</u> –	1.7	1.4		<u> </u>			213692	<u>и 003</u>
		. <u></u>			 -	 						
	<u>=</u>	,		<u> </u>		<u> </u>						
!												
icommuni	ty and nontran	sient noncommunity sy:	d repeat samples. (Comstems serving population to samples in the average	ns up to	16		TNTC-To	Present A - Ab o Numerous to 0 bsence of gas or	Count TA	-Turbid	irowth inalyst:	17
Disinfect	ant Residual A	nalysis Method:	DPD Colorimetric	Other		- - R	eport auth	orized by:		221	ede_	<u> </u>
. A		tor (# <u>C-4617</u>	_) [_]En		y a certified la	ab D	ate: 4	1/9/10	11	-	rector or Desig erwise noted, a	
		certified operator (#		nployed b	y DEP or DO	 g:	uidelines. Qi	in this report me Jestions regardi	eet all app ng this rep	licable Met	nod, Laboratory	y and NELAC
			irm to Receive Report		CALLED TO SERVICE OF THE PARTY	Š		e phone numbe	er above.			
AQUA UTIL. FL.					nela							
140 HOPE St. Page 1					e / of	,		wed by DEP/D				
Lowcwood, FL 32750 Page 1 of 1								Reviewing Offi earance, etc.)		ned in Florida	Administrative C	ode Rule 62-160



Florida Department of Environmental Protection

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

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

VIA EMAIL
JMLIHVARCIK@AQUAAMERICA.COM

October 31, 2008

Mr. Jack Lihvarcik Aqua Utilities Florida, Inc. 1100 Thomas Avenue Leesburg, FL 34748 OCD-PW-SS-08-1351

Seminole County – PW Harmony Homes PWS ID Number 3590497

Dear Mr. Lihvarcik:

This confirms a visit to the subject community public water system on October 29, 2008 by Chris Rossing to conduct a sanitary survey inspection. A copy of the sanitary survey inspection report is enclosed for your reference and records.

Deficiencies found during the sanitary survey and in Department records are listed in the enclosed report. These deficiencies shall be corrected in order to return to compliance with *Florida Administrative Code* (F.A.C.) Rules 62-550, 62-555, 62-560 and 62-602.

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, **no later than December 19, 2008**. (You may use the attached response form to indicate the corrective actions taken.)

If you have any questions, please contact Chris Rossing by e-mail at Chris.Rossing@dep.state.fl.us or by phone at (407)893-3318, extension 2294.

Sincerely,

Reggie Phillips, Environmental Supervisor II Drinking Water Compliance and Enforcement

RFP/cr Enclosures

cc: Edward J. Pellenz, P.E., Operations Manager [EJPELLENZ@AQUAAMERICA.COM]
Patrick Farris, Aqua Utilities Florida, Inc. [PAFARRIS@AQUAAMERICA.COM]
Chris Rossing, DEP Drinking Water Compliance and Enforcement

State of Florida Department of Environmental Protection Central District

SANITARY SURVEY REPORT

Plant Name	HARMONY HOMES	Count	y <u>Sem</u>	inole	PWS ID#_	3590497
Plant Location	196 Magnolia Street, Altamonte Springs, FL 3	32701			Phone	<u>407/339-5424</u>
Owner Name	Aqua Utilities Florida, Inc., Attn: Jack Lihvarc	ik			Phone	<u>352/435-4028</u>
Owner Address _	1100 Thomas Avenue, Leesburg, FL 32748					
Contact Person _	Patrick Farris T	itle <u>En</u>	<u>v. Compliar</u>	ice Spec	Phone	352/435-4029
This Survey Date	e <u>10/29/08</u> Last Survey Date <u>9/21/05</u>	<u> </u>	ast Compl	liance Ir	spection Da	te <u>7/9/98</u>
PWS TYPE: Co	<u>ommunity</u>		NATER SO			
PLANT CATEG	ORY & CLASS: (5D)	⊠ GF	ROUND; N	umber o	of Wells PWS ID #	1
MAX-DAY DES	IGN CAPACITY: 216,000 gpd	⊠ Em	rchasei rergency V	Vater So	Ource City of A	Altamonte Springs
						nual interconnect
PWS STATUS:	Approved					
					JRCE: Not R	-
TREATMENT P	PROCESSES IN USE	Source	the of Stane	dby (k)M	')	
Disinfection, iro	on sequestration - Aquadene	Switch	over: $\square A$	aby (kw Automat	ic Manu	al
					d	
SEDVICE AREA	A CHARACTERISTICS		equipment			
Subdivision	A CHARACTERISTICS	□ V	Vell Pump	s		
Food Service: [☐ Yes ☐ No ☒ N/A		ligh Servic	ce Pump	os	
1 000 001 1100.		_ []]	reatment	Equipm	ent	1
	ce Connections67	Satisfy	avg. daily	deman	d? ∐Yes ∟	No □Unknown
Population Serve	ed 234 Basis Operator		visual alar		es ∐no	
OPERATION &	MAINTENANCE	Comm	enra			·
	es No Location Plant					
Odin Log. DA 10	So :: Coodiion <u>1,144</u>	PLAN	S AND MA	APS		
CERTIFIED OP	PERATOR: Yes		m Samplin			□ No □ N/A
	ertification Class-Number:	D/DBF	Monitorin	g Plan	∐ Yes	⊠ No □ N/A ⊠ No □ N/A
William Trende	el C-6411	Lead a	and Coppe	r Plan	∐ Yes	
		Distrib	ution Syste	em iviap	Yes Dan C	□ No ⊠ N/A □ No ⊠ N/A
	d Visit* Actual Visit*		ents			
Days/wk: Require	ed 3 Actual 3	Comm		. ,		
Non-consecutive	e Days? ⊠ Yes □ No □ N/A					
	isits must add up to a cumulative total of				NANCE/08	
at least 0.3 hr/w	/еек					Yes No
					Program 🗵	
MONTHLY OPE	RATION REPORTS (MORs)	Fiι	ushing Pro	gram cords		es ⊠ No □ N/A es ⊠ No □ N/A
	regularly? 🛛 Yes 🔲 No 🔲 N/A	lec	اعم Iation Val			es 🔯 No 🔲 N/A
Data missing fro		130		cords		es 🛭 No 🗌 N/A
	om MORs) 6,959 gpd	Comm	ents		-	
	from MORs) <u>50,600 gpd 10/07</u>					
Comments		0000		OTION:	CONTRO	
					CONTROL # Tosted	Van
		# BFP	As <u>l</u> PRPZ No		# Tested	<u>yes</u> sted <u>N/A</u>
	Device Flow Meter		n Plan No		Date Tes	· · · · · · · · · · · · · · · · · · ·
Meter Size & Ty			ients			110 11
Date Last Calibr	rated <u>7/27/06</u>	5011111				

PWS ID#	3590497
Date	10/29/08

GROUND WATER SOURCE

GROUND WATER		T	
Well Number (Flori	da Unique Well ID #)	1 (AAH2586)	
Year Drilled		1965	
Depth Drilled		Unknown	
Drilling Method		Unknown	
Type of Grout		Unknown	
Static Water Leve		Unknown	
Pumping Water Le	evel	Unknown	
Design Well Yield		Unknown	
Test Yield		Unknown	
Actual Yield (if differ	ent than rated capacity)	Unknown	
Strainer		Unknown	
Length (outside ca	asing)	Unknown	
Diameter (outside	casing)	8"	
Material (outside o	casing)	Steel	
Well Contamination	on History	None	
Is inundation of we	ell possible?	No	
6' X 6' X 4" Concr	ete Pad	Yes	
	Septic Tank	>100'	
SET	Reuse Water	N/A	
BACKS	WW Plumbing	>100'	
	Other Sanitary Hazard	None observed	
	Туре	Submersible	
	Manufacturer Name	Sta-Rite	
PUMP	Model Number	Unknown	
	Rated Capacity (gpm)	300	
	Motor Horsepower	10	
Well casing 12" above grade?		No*	
Well Casing Sanitary Seal		OK	
Raw Water Sampling Tap		Yes	
Above Ground Check Valve		Yes	
Security		Yes	
Well Vent Protecti	on	Yes	
t <u> </u>		·	•

COMMENTS *The Department will continue to accept the well casing height as it currently exists unless the well is shown to be chemically or microbially contaminated.

		0 # <u>3590497</u> 10/29/08
CHLORINATION (Disinfection) Type: ☐ Gas ☐ Hypo Make Capacity 85 gpd Chlorine Feed Rate	STORAGE FACILITIES (G) Ground (C) Clearwell (B) Bladder (H) Hydropneu	
Avg. Amount of Cl ₂ gas used N/A	Tank Type/Number	Н
Chlorine Residuals: Plant 1.11* Remote 1.28* Remote tap location 107 Mercury Street	Capacity (gal)	2,937
DPD Test Kit: On-site With operator	Material	Steel
	Gravity Drain	Yes
Injection Points	By-Pass Piping	Yes
Booster Pump Info N/A Comments Plant components not in operation due to	Protected Openings	Yes
new tank installation. *Residuals taken are from the City of Altamonte Springs Water Department due to	Sight Glass or Level Indicator	Yes
system being on interconnect at time of inspection.	PRV/ARV	PRV
Chlorine Gas Use YES NO Comments	Pressure Gauge	Yes
Requirements	On/Off Pressure	50/70
Dual System	Access Secured	Yes
Auto-switchover	Access Manhole	Yes
Alarms: Loss of Cl ₂ capability	Tank Sample Tap Location	On tank
Cl ₂ leak detection	Date of Inspection	*
Scale	Date of Cleaning	*
Chained Cylinders		
Reserve Supply	Commonter this is a line of	1.10/00/00
Adequate Air-pak	Comments: *New tank installe	ed 10/28/08.
Sign of Leaks		
Fresh Ammonia		· · · · · · · · · · · · · · · · · · ·
Ventilation		
Room Lighting	HIGH SERVICE PUMPS	
Warning Signs	Pump Number	
Repair Kits	Туре	
Fitted Wrench	Make	
Housing/Protection	Model	
	Capacity (gpm)	
AERATION (Gases, Fe, & Mn Removal) Type Capacity Aerator Condition	Motor HP Date Installed	
Aerator Condition		
Visible Algae Growth Protective Screen Condition	Comments	
Frequency of Cleaning		
Date Last Inspected/CleanedComments		

PWS ID#	3590497
Date	10/29/08

DEFICIENCIES:

1. Failure to provide a written valve exercise program.

Preventive maintenance on electrical or mechanical equipment -- including exercising of auxiliary power sources, checking the calibration of finished-drinking-water meters at treatment plants, testing of air or pressure relief valves for hydropneumatic tanks, and exercising of isolation valves -- shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water. [Rule 62-555.350(2), F.A.C.]

2. Failure to keep records documenting that isolation valves are being exercised.

Suppliers of water shall keep records documenting that their isolation valves are being exercised in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

3. Failure to provide a written flushing program.

Dead-end water mains conveying finished drinking water shall be flushed quarterly or in accordance with a written flushing program established by the supplier of water; additionally, dead-end or other water mains conveying finished water shall be flushed as necessary whenever legitimate water quality complaints are received. [Rule 62-555.350(2), F.A.C.]

4. Failure to keep records documenting that dead-end water mains are being flushed.

Suppliers of water shall keep records documenting that their water mains conveying finished drinking water are being flushed in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

5. Failure to provide a disinfectant/disinfection byproducts rule monitoring plan.

The monitoring plans required under 40 CFR 141.132(f) shall be prepared in a format containing all the information in 62-550.821(11), F.A.C. and shall be available for review during sanitary surveys conducted by the Department. [62-550.321(10) and (11), F.A.C.]

An example monitoring plan format can be downloaded from the following website: http://www.dep.state.fl.us/water/drinkingwater/forms.htm

Submit a copy of the monitoring plan to the Department for review.

6. Failure to provide a lead and copper tap sampling plan on site.

All community and non-transient non-community public water systems must have a lead and copper sampling plan. This form shall be completed and submitted by community water systems (CWS's) and by non-transient non-community water systems (NTNCWS's). Complete all parts of this form, attach any maps and written narrative describing the sampling plan, and submit the completed form and any attachments to the appropriate Department of Environmental Protection (DEP) District Office 30 DAYS PRIOR TO THE BEGINNING OF A SIX-MONTH MONITORING PERIOD FOR LEAD AND COPPER IN DRINKING WATER. All information provided on this form shall be typed or printed in ink. The DEP District Office will notify a system of approval of a Sampling Plan in writing, which will provide the system notice to proceed. Submit a revised Sampling Plan using this form if any changes in the selection of sampling sites must be made. When no changes have been made, no resubmission is necessary prior to sampling during the next six-month sampling period. [Rule 62-555.900 (12), F.A.C.]

An example monitoring plan format can be downloaded from the following website: http://www.dep.state.fl.us/water/drinkingwater/forms/pdf/555fm12.pdf

PWS ID#	3590497
Date	10/29/08

DEFICIENCIES (continued):

- 7. Failure to establish and implement a cross-connection control program. The written cross-connection program shall include procedures for:
 - Written legal authority.
 - ii. Written schedule and written procedure for surveying and retrofitting existing facilities.
 - iii. Written procedures for plan review and inspection of all new construction.
 - iv. Written schedule and written procedures for at least annual testing of backflow prevention assemblies and for repair when necessary.
 - v. Written procedures for approving competent backflow preventer testers and insuring that required premisesisolating backflow preventers are tested only by approved, competent backflow preventer testers.
 - vi. Written procedures for keeping installation, testing, and repair records for each required premises-isolating backflow preventer (to be kept for not less than ten years).
 - vii. Written procedures for educating premise owners about (a), the need to have registered professional engineers or certified fire-protection system contractors check the hydraulics of existing fire-protection systems when premises-isolating backflow preventers are added at existing service connections to which existing fire-protection systems are in turn connected and (b), the need to install thermal expansion devices and/or pressure relief valves within closed loop plumbing systems created by the installation of premises-isolating backflow preventers.
 - viii. Written procedures for handling backflow complaints and emergencies.
 - ix. A program manual containing all of the above mentioned written material.

Community water systems, and all public water systems that have service areas also served by reclaimed water systems regulated under Part III of Chapter 62-610, F.A.C., shall establish and implement a routine cross-connection control program to detect and control cross-connections and prevent backflow of contaminants into the water system. This program shall include a written plan that is developed using recommended practices of the American Water Works Association set forth in *Recommended Practice for Backflow Prevention and Cross-Connection Control*, AWWA Manual M14, as incorporated into Rule 62-555.330, F.A.C. [Rule 62-555.360(2), F.A.C.]

Upon discovery of a prohibited cross-connection, public water systems shall either eliminate the cross-connection by installation of an appropriate backflow prevention device acceptable to the Department or shall discontinue service until the contaminant source is eliminated. [Rule 62-555.360(3), F.A.C.]

The Florida Rural Water Association's website, <u>www.frwa.net</u> has a cross-connection control manual for your reference.

PWS ID#	3590497
Date	10/29/08

COMMENTS/REMINDERS:

- Lead and copper tap sampling must be conducted during the January through December 2011 monitoring period. For other chemical monitoring requirements, you are advised to call Marie Carrasquillo at (407) 894-7555, extension 2242, or Paul Morrison at (407) 893-3988.
 - Early sampling is recommended. Results shall be submitted within the first ten days following the end of the required monitoring period, or the first ten days following the month in which the sample results were received, whichever time is shortest.
- Submit a copy of the last risk assessment of the existing premises. This assessment is a requirement of all cross-connection control programs and ensures that all hazards are identified and properly protected. Provide this information in writing to Manuel F. Cardona in the potable water section at 3319 Maguire Blvd., Orlando, FL 32803 or via email at Manuel.Cardonal@dep.state.fl.us. [Section 2.7, AWWA Manual M14, 2nd Edition as incorporated into Rule 62-555.330, F.A.C.]

Inspector	Title _	Env. Specialist I	Date	10/31/08
Approved by	Title	Env. Supervisor II	Date	11/6/08

RESPONSE

Please provide any changes to the following:

PWS ID Number: <u>3590497</u>	Business Name:	
PWS Name: Harmony Homes		
	Owner(s) Name:	
Mailing Address:		
	Mailing Address:	<u> </u>
Date:	Phone Number(s):	
	Fax #:	
	E-Mail Address:	
Florida Department of Environmental I Drinking Water Compliance/Enforcemental States of States and		
Attention: Chris Rossing, Environmental Spec	cialist	
In response to the Department's Sanitary Su following actions were done to correct the list	rvey Report for the subject public water systemed deficiencies:	em dated October 29, 2008, the
Deficiency <u>Item No.</u> <u>Corr</u>	ective Action Done	Date Done
(Attach additional sheet if necessary)		
I hereby certify to the correctness of the above	ve information:	
PWS Owner/Representative Signature:		
Name of PWS Owner/Representative:	(Diago Time of Britis)	
	(Please Type or Print)	

CROSS – CONNECTION CONTROL TEMPLATE FOR PRIVATE UTILITIES SERVING PRIVATE PREMISES NOT UNDER THE CONTROL OF THE WATER PURVEYOR

Note to the User:

This cross-connection control template has been created in order to assist small drinking water utilities create a compliant cross-connection control program manual. The template is considered compliant with Chapter 62-555.360, Florida Administrative Code and the American Water Works Association's M-14 manual, "Recommended Practice for Backflow Prevention and Cross-Connection Control".

Your use of the attached template is at your discretion. It is not required that you use it. Also, the template may be modified to suit your particular situation. However, be aware that much of the material in the template pertains to items that are required to be addressed by rule. Therefore, if you propose to make any changes to what is indicated in the template, please review your proposed changes with the person from either the Florida DEP district office or approved county health department who will be reviewing your cross- connection control plan. He or she will ensure that your proposed changes are compliant.

You should read the template carefully and have an understanding of the policies and procedures within it prior to submitting it for review and adopting it. You should note that the template includes a number of action items, several of which you may not have been previously performing as required. A partial list of these action items includes:

- You will need to ensure that you have a cross-connection control contract with the customer at each service
 connection serving premises that are not under your legal control. The cross-connection control contract will
 establish the cross-connection control responsibilities of the customer and will also provide enforcement remedies
 if customers do not meet their responsibilities. The cross-connection control contract language can be
 incorporated into your existing water service contract or it can be created separately as an addendum to your water
 service contract.
- 2. You will need to perform initial and recurring hazard assessments at premises served by your water system and have any required backflow prevention assemblies installed as necessary, consistent with the policy that you have established. New service connections will need to be correspondingly addressed prior to activation of water service.
- 3. You will need to have a program that ensures that required backflow assemblies are field tested on an annual basis by certified testers and repaired as necessary.
- 4. You will need to have a public education program.
- 5. You will need to maintain an up-to-date spreadsheet inventory of all required backflow assemblies and also maintain all records associated with your cross-connection control program. (Such records must be retained at least ten years.) Examples include copies of hazard assessment reports, copies of backflow prevention assembly field test reports, copies of enforcement or correspondence documents and copies of public education materials (including dates performed).

You may contact the Florida Rural Water Association for additional assistance with your cross-connection control program, including cross-connection control related forms. You may also contact your local Florida DEP water program district office or approved county health department for additional assistance.

NAME OF WATER SYSTEM

POLICY ON CONTROL OF BACKFLOWAND CROSS-CONNECTIONS

1. CROSS-CONNECTION CONTROL – GENERAL POLICY

- 1.1. **Purpose**. The purpose of this Policy (the term "Policy", herein used, shall mean the "Name of Water System Policy on Control of Backflow and Cross-Connections") is:
 - 1.1.1. To protect the public potable water supply of *Name of Water System* from the possibility of contamination or pollution by isolating within the customer's internal distribution system(s) or the customer's private water system(s) such contaminants or pollutants which could backflow into the public water system; and,
 - 1.1.2. To promote the elimination or control of existing cross-connections, actual or potential, between its customers' water system(s) and non-potable water system(s), plumbing fixtures and piping systems; and,
 - 1.1.3. To provide for the maintenance of a continuing program of cross-connection control, which will systematically and effectively prevent the contamination or pollution of all potable water systems.

1.2. Responsibility.

1.2.1. The Name of Water System shall be responsible for the protection of the public potable water distribution system from contamination or pollution due to the backflow of contaminants or pollutants through the water service connection. If, in the judgment of said Name of Water System an approved backflow-prevention assembly is required (at the customer's water service connection; or, within the customer's private water system) for the safety of the water system, the Name of Water System or a designated agent shall give notice in writing to said customer to install such an approved backflow-prevention assembly(s) at specific location(s) on his/her premises. The customer shall immediately install such approved assembly(s) at his/her own expense; and, failure, refusal, or inability on the part of the customer to install, have tested, and maintain said assembly(s) shall constitute grounds for discontinuing water service to the premises until such requirements have been satisfactorily met.

2. **DEFINITIONS**

2.1. Approved.

- 2.1.1. The term "approved" as herein used in reference to a water supply shall mean a public water supply that has been approved by the Florida Department of Environmental Protection or the delegated county health department in which the water supply is located.
- 2.1.2. The term "approved" as herein used in reference to an air gap, a double check valve assembly, a reduced pressure principle backflow prevention assembly or other backflow prevention assemblies or methods shall mean approved per Chapter 62-555.360, Florida Administrative Code.
- 2.2. Auxiliary Water Supply. Any water supply on or available to the premises other than the water purveyor's approved public water supply. These auxiliary waters may include water from another purveyor's public potable water supply or any natural source(s) such as a well, spring, river, stream, harbor, and so forth; used waters; or industrial fluids. These waters may be contaminated or polluted, or they may be objectionable and constitute an unacceptable water source over which the water purveyor does not have sanitary control.
- 2.3. **Backflow.** The undesirable reversal of flow in a potable water distribution system as a result of a cross-connection.

- 2.4. **Backpressure.** A pressure, higher than the supply pressure, caused by a pump, elevated tank, boiler, or any other means that may cause backflow.
- 2.5. Backsiphonage. Backflow caused by negative or reduced pressure in the supply piping.
- 2.6. Backflow Preventer. An assembly or means designed to prevent backflow.
 - 2.6.1. Air gap. The unobstructed vertical distance through the free atmosphere between the lowest opening of any pipe or faucet conveying water or waste to a tank, plumbing fixture, receptor, or other assembly and the flood level rim of the receptacle. These vertical, physical separations must be at least twice the diameter of the water supply outlet, never less than 1 in. (25 mm)
 - 2.6.2. Reduced Pressure Principle Backflow Prevention Assembly. The approved reduced pressure-pressure principle backflow-prevention assembly consists of two independent acting approved check valves together with a hydraulically operating, mechanically independent pressure differential relief valve located between the check valves and below the first check valve. These units are located between two tightly closing resilient-seated shutoff valves as an assembly and equipped with properly located resilient-seated test cocks.
 - 2.6.3. **Double Check Valve Backflow Prevention Assembly.** The approved double check valve assembly consists of two internally loaded check valves, either spring-loaded or internally weighted, installed as a unit between two tightly closing resilient-seated shutoff valves and fittings with properly located resilient-seated test cocks. The assembly shall only be used to protect against a pollutant (that is, a non-health hazard).
- 2.7. Contamination. An impairment of a potable water supply by the introduction or admission of any foreign substance that degrades the quality and creates a health hazard.
- **2.8.** Cross-Connection. A connection or potential connection between any part of a potable water system and any other environment containing other substances in a manner that, under any circumstances would allow such substances to enter the potable water system. Other substances may be gases, liquids or solids, such as chemicals, waste products, steam, water from other sources (*potable or nonpotable*), or any matter that may change the color or add odor to the water.
- **2.9. Cross-Connections Controlled.** A connection between a potable water system and a non-potable water system with an approved backflow prevention assembly properly installed and maintained so that it will continuously afford the protection commensurate with the degree of hazard.
- 2.10. Cross-Connection Control by Containment. The installation of an approved backflow-prevention assembly at the water service connection to any customer's premises, where it is physically and economically unfeasible to find and permanently eliminate or control all actual or potential cross-connections within the customer's water system; or it shall mean the installation of an approved backflow-prevention assembly on the service line leading to and supplying a portion of a customer's water system where there are actual or potential cross-connections that cannot be effectively eliminated or controlled at the point of the cross-connection.
- **2.11. Hazard, Degree of.** The term is derived from an evaluation of the potential risk to public health and the adverse effect of the hazard upon the potable water system.
 - 2.11.1. Hazard Health. A cross-connection or potential cross-connection involving any substance that could, if introduced into the potable water supply, cause death or illness, spread disease, or have a high probability of causing such effects.
 - 2.11.2. **Hazard Plumbing.** A plumbing type cross-connection in a consumer's potable water system that has not been properly protected by an approved air gap or an approved backflow-prevention assembly.
 - 2.11.3. **Hazard Pollution.** A cross-connection or potential cross-connection involving any substance that generally would not be a health hazard but would constitute a nuisance or be aesthetically objectionable, if introduced into the potable water supply.

- 2.11.4. **Hazard System.** A an actual or potential threat of severe danger to the physical properties of the public water system or the consumer's potable water system or of a pollution or contamination that would have a protracted effect on the quality of the potable water in the system.
- 2.11.5. **Industrial-Fluids System.** Any system containing a fluid or solution that may be chemically, biologically or otherwise contaminated or polluted in a form or concentration that would constitute a health, system, pollution or plumbing hazard if introduced into an approved water supply. This may include, but is not be limited to, polluted or contaminated waters; all types of process waters and used waters originating from the public potable water system that may have deteriorated in sanitary quality; chemicals in fluid form; plating acids and alkalies; circulating cooling waters connected to an open cooling tower; and/or cooling waters that are chemically or biologically treated or stabilized with toxic substances; contaminated natural waters such as from wells, springs, streams, rivers, bays, harbors, seas, irrigation canals or systems, and so forth; oils, gases, glycerin, paraffins, caustic and acid solutions and other liquid and gaseous fluids used in industrial or other purposes for fire fighting purposes.
- 2.12. **Pollution.** The presence of any foreign substance in water that tends to degrade its quality so as to constitute a non-health hazard or impair the usefulness of the water.
- 2.13. Water Potable. Water that is safe for human consumption as described by the public health authority having jurisdiction.
- 2.14. Water Non-potable. Water that is not safe for human consumption or that is of questionable quality.
- 2.15. Water Service Connection. The terminal end of a service connection from the public potable water system, that is, where the water purveyor loses jurisdiction and sanitary control of the water at its point of delivery to the customer's water system. If a water meter is installed at the end of the service connection, then the service connection shall mean the downstream end of the water meter. There should be no unprotected takeoffs from the service line ahead of any water meter or backflow-prevention assembly located at the point of delivery to the customer's water system. Service connection shall also include water service connection from a fire hydrant and all other temporary or emergency water service connections from the public water system.
- 2.16. Water Service Contract. A written contract, signed by the water customer, outlining the terms and conditions by which the customer shall receive water from the water purveyor. A water service contract must include a written cross-connection control component that explicitly establishes the following: 1) Customer's are required to take reasonable precautions not to allow any unapproved connection or cross-connection with the water purveyor's water system, 2) Customer's are to allow the water purveyor to perform cross-connection control inspections or hazard assessments upon their premises at reasonable times, 3) Customer's are to install, test at least annually and maintain, at their own expense, any required backflow prevention assembly, 4) Water service shall be discontinued to any water customer or consumer who fails to abide by the terms of the service contract or causes a violation of this policy.
- 2.17. **Water Used.** Any water supplied by a water purveyor from a public potable water system to a consumer's water system after it has passed through the point of delivery and is no longer under the sanitary control of the water purveyor.

3. REQUIREMENTS

3.1. Water System

- 3.1.1. The water system shall be considered as made up of two parts: the utility system and the customer's system.
- 3.1.2. The utility system shall consist of the source facilities and the distribution system and shall include all those facilities of the water system under the complete control of the utility, up to the point where the customer's system begins.

- 3.1.3. The source shall include all components of the faculties utilized in the production, treatment, storage and delivery of water to the distribution system.
- 3.1.4. The distribution system shall include the network of conduits used for the delivery of water from the source to the customer's system.
- 3.1.5. The customer's system shall include those parts of the facilities beyond the termination of the utility distribution system that are utilized in conveying utility-delivered domestic water to the points of use.

3.2. Policy

- 3.2.1. **Conditions for Service** No water service connection to any premise shall be installed or maintained by the water purveyor unless the following conditions have been met:
 - 3.2.1.1. The customer responsible for the water service has provided a signed copy of the water purveyor's water service contract.
 - 3.2.1.2. The water purveyor has completed a cross-connection control survey of the premise or if a prior existing single family residence premise and otherwise deemed acceptable to the water purveyor the customer has submitted a properly completed and signed cross-connection control questionnaire.
 - 3.2.1.3. The water supply is protected as required by this policy and applicable laws and regulations.
- 3.2.2. Right of Inspection The customer's system should be open for inspection at all reasonable times to authorized representatives of the water purveyor to determine whether unprotected cross-connections or other structural or sanitary hazards, including violations of these regulations, exist. When such a condition becomes known, the water purveyor shall deny or immediately discontinue service to the premises by providing for a physical break in the service line until the customer has corrected the condition(s) in conformance with the local and state regulations relating to plumbing and water supplies and the regulations adopted pursuant thereto.
- 3.2.3. **Premises Requiring Protection** An approved backflow prevention assembly shall be installed on each service line to the customer's water system at or near the property line and before the first branch line leading off the service line wherever the following conditions exist:
 - 3.2.3.1. In the case of premises having an auxiliary water supply which is not or may not be of safe bacteriological or chemical quality and which is not acceptable as an additional water source by the Florida Department of Environmental Protection or delegated county health department, the public water system shall be protected against backflow from the premises by installing in the service line an approved backflow prevention assembly commensurate with the degree of hazard, and in conformance with the most current edition of the American Water Works Associations manual, M-14, "Recommended Practice for Backflow Prevention and Cross-Connection Control".
 - 3.2.3.2. In the case of premises on which any industrial fluids or any other objectionable substance is handled in such a fashion as to create an actual or potential hazard to the public water system, the public system shall be protected against backflow from the premises by installing an approved backflow prevention assembly in the service line, commensurate with the degree of hazard. This shall include the handling of process waters and waters originating from the water purveyor's system which have been subject to deterioration in quality.
 - 3.2.3.3. In the case of premises having (1) internal cross-connections that cannot be permanently corrected or protected against, or (2) intricate plumbing, and piping arrangements or where entry to all portions of the premises is not readily accessible for inspection purposes, making it impracticable or impossible to ascertain whether or not dangerous cross-connections exist, the public water system shall be protected against backflow from the premises by installing an approved backflow prevention assembly in the service line.

- 3.2.4. **Type of Protection Required** The type of protective assembly required under subsections 3.2.3.1, 3.2.3.2, and 3.2.3.3 above shall depend upon the degree of hazard which exists as follows:
 - 3.2.4.1. In the case of any premise where there is an auxiliary water supply as stated in subsection 3.2.3.1 of this section and it is not subject to any of the following rules, the public water system shall be protected by an approved air gap or an approved reduced pressure principle backflow prevention assembly.
 - 3.2.4.2. In the case of any premise where there is water or a substance that would be objectionable but not hazardous to health, if introduced into the public water system, the public water system shall be protected by, at minimum, an approved double check valve backflow prevention assembly.
 - 3.2.4.3. In the case of any premise where there is any material dangerous to health that is handled in such a fashion as to create an actual or potential hazard to the public water system, the public water system shall be protected by an approved air gap or an approved reduced pressure principle backflow prevention assembly. Examples of premises where these conditions will exist include sewage treatment plants, sewage pumping stations, chemical manufacturing plants, hospitals, mortuaries and plating plants.
 - 3.2.4.4. In the case of any premise where there are "uncontrolled" cross-connections, either actual or potential, the public water system shall be protected by an approved air gap or an approved reduced pressure principle backflow prevention assembly at the service connection.
 - 3.2.4.5. In the case of any premise where, because of security requirements or other prohibitions or restrictions, it is impossible or impractical to make a complete in-plant cross-connection survey, the public water system shall be protected against backflow from the premises by either an approved air gap or an approve reduced pressure principle backflow prevention assembly on each service to the premise.
 - 3.2.4.6. In the case of any premises where, in the opinion of the Florida Department of Environmental Protection or delegated county health department, an undue health threat is posed because of the presence of extremely toxic substances, the Florida Department of Environmental Protection or delegated county health department may require an air gap at the service connection to protect the public water system. This requirement will be at the discretion of the Florida Department of Environmental Protection or delegated county health department and is dependent upon the degree of hazard
- 3.2.5. **Assembly Standards and Specifications** Any backflow prevention assembly required herein shall be of a make, model and size approved by the *Name of Water System*. The term "Approved Backflow Prevention Assembly" shall mean an assembly that has been manufactured in full conformance with the standards established by the American Water Works Association titled:

AWWA/ANSI C510-07 Standard for Double Check Valve Backflow Prevention Assembly; AWWA/ANSI C511-07 Standard for Reduced Pressure Principle Backflow Prevention Assembly; and, have met completely the laboratory and field performance specifications of the Foundation for Cross-Connection Control and Hydraulic Research (FCCHR) of the University of Southern California established by: "Specifications of Backflow Prevention Assemblies" - Section 10 of the most current edition of the Manual of Cross-Connection Control.

Said AWWA and USC FCCCHR standards and specifications have been adopted by the water purveyor. Final approval shall be evidenced by a "Certificate of Compliance" for the said AWWA standards or a "Certificate of Approval" for the said USC FCCCHR Specifications, issued by an approved testing laboratory.

The following testing laboratory has been qualified by the AWWA to test and approve backflow prevention assemblies and said qualification is adopted by the water purveyor:

Foundation for Cross-Connection Control and Hydraulic Research University of Southern California KAP-200 University Park MC-2531 Los Angeles, California 90089-2531

Testing laboratories other than the laboratory listed above will be added to an approved list as they are qualified by the AWWA.

Backflow preventers that may be subjected to backpressure or backsiphonage that have been fully tested and have been granted a Certificate of Approval by said qualified laboratory, and are listed on the laboratory's current list of approved backflow prevention assemblies, may be used without further testing or qualification.

3.2.6. **Testing and Maintenance Requirements** - It shall be the duty of the customer at any premise where required backflow prevention assemblies are installed to have certified inspections and field tests made upon installation and at least once per year thereafter. In those instances where the water purveyor deems the hazard to be great enough, certified inspections or tests at more frequent intervals may be required. It shall be the duty of the water purveyor to see that these tests are made in a timely manner.

These inspections and tests shall be at the expense of the water customer and shall be performed by a certified tester, as verified and approved by the water purveyor. The customer shall notify the water purveyor in advance when the tests are to be undertaken so that an official representative may witness the field tests if so desired. Backflow prevention assemblies shall be repaired, overhauled or replaced at the expense of the customer whenever said assemblies are found to be defective. The customer shall retain records of tests or repairs and forward a copy of such to the water purveyor within ten days of completion.

Backflow assembly test reports will provide, at a minimum, the customer's name, customer's street address; type of assembly and location of the assembly on the property; manufacturer, model and serial number of the assembly; tester's gauge manufacturer, test gauge serial number and date the gauge was last calibrated; detailed results of the test and clear indication of whether the assembly passed or failed; name and certification number of the tester and the date and time of the test. The water purveyor may also require that the tester include with the test report an endorsed statement to the effect that the test was performed according to required procedures and that the assembly was not exercised prior to testing.

3.2.7. Policy Adoption and Existing Customers - All customers who have not entered into a water service contract with the water purveyor at the time of adoption of this policy, or who have previously entered into a water service contract lacking a sufficient cross-connection control component shall, within 30 days of being notified, either sign an updated water service contract or sign a separate written contract that properly registers the customer's acceptance of assigned cross-connection control responsibilities, as defined by this policy.

All presently installed backflow prevention assemblies which do not meet the requirements of this section but were approved devices for the purposes described herein at the time of installation and which have been properly maintained, shall, except for the testing and maintenance requirements under subsection 3.2.6, be excluded from the requirements of these rules so long as the water purveyor is assured that they will satisfactorily protect the water purveyor's system. Whenever the existing assembly is moved from the present location or requires more than minimum maintenance or when the water purveyor finds that the maintenance thereof constitutes a hazard to health, the unit shall be replaced by an approved backflow prevention assembly meeting the requirements of this section.

3.2.8. **Enforcement** - Service of water to any premise may be discontinued if a customer timely refuses to provide a properly signed water service contract, fails to allow a cross-connection control survey or inspection of the customer's premises, or fails to install, test or maintain a backflow prevention assembly required by this policy. If it is found that a backflow prevention assembly has been removed, bypassed, or if an unprotected cross-connection exists on the customer's premises, service shall likewise be discontinued.

Service to a customer may be discontinued immediately and without written notice if, in the opinion of the water purveyor, such action is necessary to protect public health or the public water supply. Service will not be restored until all circumstances, conditions or defects causing discontinuance of service are fully corrected.

- 3.2.9. New Construction Plan Review The water purveyor shall not provide water service to a newly constructed facility without first performing a cross-connection control hazard assessment of the premises and ensuring that the purveyor's water system is protected according to this policy. In lieu of such a hazard assessment by the water purveyor, receipt of a documented cross-connection control hazard assessment by a plumbing inspector of the governmental entity requiring a building permit may be utilized. The conditions for service established by this policy must also be satisfied. (See Section 3.2.1. of this policy.)
- 3.2.10. Surveying and Retrofitting Existing Facilities The water purveyor shall survey and retrofit existing facilities as follows, in the order described:

Premises known to pose a high degree of cross-connection hazard or premises having facilities commonly associated with a high degree of cross-connection control hazard will be ranked from highest to lowest according to the relative degree of hazard. Higher ranked premises shall be prioritized for a cross-connection control survey and any corrective actions necessary to ensure compliance with this policy. All premises known to have high hazard facilities shall be brought into compliance as soon as possible but no later than month(s) after adoption of this policy.

Multi-family residences or commercial premises having no prior indication of posing a high degree of backflow hazard will receive a cross-connection control survey and brought into compliance with this policy as soon as possible but no later than ______ year(s) after adoption of this policy.

All remaining premises, including single family residences for which the degree of cross-connection control hazard is not known, will receive a cross-connection control survey and brought into compliance with this policy as soon as possible but no later than ______ year(s) after adoption of this policy. In lieu of a cross-connection control survey, the water purveyor may, for single family residences having no known cross-connection hazards, rely upon a cross-connection control questionnaire, as properly completed and signed by the customer.

Owners of facilities having existing fire-protection systems will be advised to have a registered professional engineer or certified fire-protection contractor check the hydraulics of the existing fire-protection system(s) to ensure that any installed backflow prevention assembly is compatible with the proper performance of the fire-protection system.

The initiative to survey and retrofit existing facilities will continue until all premises served by the water purveyor have been inventoried and each premise has either received a cross-connection control survey or has, if a single family residence with no known cross-connection hazards, submitted a completed and signed cross-connection control questionnaire.

- 3.2.10.1. Recurring Surveys and Inspections All premises categorized as posing a high degree of cross-connection hazard will be re-surveyed at least once every _____ year(s). Multi-family and commercial premises not previously categorized as posing a high hazard shall be re-surveyed at least once every _____ year(s). Premises having only a single family residence, and not previously found to pose any type of cross-connection hazard, shall be re-surveyed at least once every _____ year(s). In lieu of a cross-connection control survey the water purveyor may, for single family residence premises having no known cross-connection hazards, rely upon a cross-connection control questionnaire, as properly completed and signed by the customer.
- 3.2.11. Training The water purveyor shall ensure that persons directly responsible for implementation of this policy have had, at a minimum, training in basic cross-connection concepts and cross-connection control practices. The University of Florida Center for Training, Research & Education for Environmental Occupations (UF/TREEO Center) is an example of a facility that may be utilized for this type of training.

Training offered by comparable training institutions may be substituted.

3.2.12. **Public Education** - The water purveyor shall provide customers with educational information concerning cross-connection control and the water purveyor's cross-connection control program. New customers shall be provided written educational information upon initial connection. Existing customers shall receive educational information at least once every year(s). At a minimum, the following information will be included in public education initiatives:

The nature of the public health risk posed by actual or potential cross-connection hazards

- The fact that the water purveyor is responsible for protecting the public water system from contamination and has policies relating to cross-connection control
- The fact that the customer is responsible for preventing a contaminant from entering their plumbing system and thereafter entering the public water system
- The fact that customer's need to be aware that the installation of a backflow prevention device or assembly on their premise causes their plumbing system to be a closed system and closed systems are at greater risk for damage or harm due to thermal expansion that may be caused by water heaters or boilers. Notice that it is important that such customers perform routine testing of temperature and pressure valves on water heaters or boilers and that they may wish to contact a plumber for an evaluation of their water system in relation to thermal expansion, as well as any other plumbing considerations unique to the customer's property
- 3.2.13. **Backflow Incident Reports** The water purveyor shall investigate backflow incidents specifically as such and shall maintain investigatory and corrective action records in a file separate from customer complaint investigations or other investigations determined to not be related to a backflow incident.
- 3.2.14. **Backflow Incident Response Plan** The water purveyor shall, upon becoming aware of an actual or suspected backflow incident, perform the following actions:
 - Locate the source of the contamination
 - Isolate that source to protect the water distribution system from further contamination
 - Determine the extent of the spread of contamination through the distribution system and provide timely, appropriate notification to the public and to regulatory agencies
 - Take corrective action to clean the contamination from the distribution system
 - Restore service to the customers.
- 3.2.15. **Record Keeping -** Cross-connection control related records shall be retained for a minimum of ten years and shall be available for review by regulatory agencies when requested. At a minimum, the following records shall be maintained:
 - 3.2.15.1. Cross-Connection Survey Reports and Customer Questionnaires Cross-connection survey reports or hazard assessments and customer questionnaires shall be created and maintained on approved forms. Such forms shall make clear the type and degree of hazard present upon the premises, and minimum type of backflow assembly required.
 - 3.2.15.2. Inventory The water purveyor shall maintain, in a spreadsheet format, written inventory of all required backflow prevention assemblies present in the water system. Such information will include a description of the hazard isolated at each applicable premise, the location of each backflow assembly or air gap, the type of backflow prevention assembly and, if not an air gap, information describing the size, make, model and serial number of installed backflow assemblies. The most recent test date or cross-connection control survey or received questionnaire (if applicable) of each required assembly will be noted recorded.
 - 3.2.15.3. **Test Reports and Certified Testers** Backflow assembly test, maintenance and repair reports shall be retained. Documentation supporting the credentials of certified testers will be retained.

- 3.2.15.4. Public Education and Training—Copies of materials used to convey to consumers information about cross-connection control and their responsibilities shall be maintained. The dates such information is disseminated shall be recorded. Documentation supporting the credentials and training of the water purveyor's cross-connection control program personnel, including any sub-contracted personnel, shall be retained.
- 3.2.15.5. **Other Documentation** Copies of all other cross-connection program documentation will be retained, including service contracts, notifications to customers, enforcement actions, backflow incident reports and other related activity.
- 3.2.16. **Budgeting** The water purveyor shall ensure that all the actions necessary to implement this policy are budgeted and that monies are available as necessary. The water purveyor shall adjust water rates as may be necessary to fully implement this cross-connection control policy and meet state and local requirements.
- 3.2.17. **Reclaimed Water** Reclaimed water is currently not available in the water purveyor's service area. At such time as reclaimed water may be available to premises served by the water purveyor this policy will be amended or modified as necessary to protect against potential backflow from reclaimed water.
- 3.2.18. The water purveyor is authorized to make all necessary and reasonable rules and policies with respect to the enforcement of this policy. All such rules and policies shall be consistent with the provisions of this policy and shall be effective upon adoption.

	The foregoing p	olicy was approved and adopte	ed by on the	_ day of <u></u>	_, 20
_	(Signature)				
	Printed Name:		Printed Title:		la.



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

Chris Rossing FDEP Central District 3319 Maguire Blvd. Suite 232 Orlando, FL 32803-3767

RE: Reply to Sanitary Survey Harmony Homes WTP PWS ID No. 3590497 Seminole County

Dear Mr. Rossing:

This letter is in response to your inspection of the facility referenced above on October 29, 2008.

- 1. The valve exercising plan is attached to this letter.
- 2. The valve exercising records are attached.
- 3. The flushing program is attached.
- 4. The most recent flushing records are attached.
- 5. The disinfectant/disinfection byproducts monitoring plan is attached.
- 6. The lead and copper sampling plan is attached.
- 7. The cross connection control plan is attached.

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

Sincerely.

Patrick A. Farris

Environmental Compliance Specialist

Aqua Utilities Florida, Inc.

Enclosure:

Requested records

cc:

Will Fontaine, via e-mail

AQUA UTILITIES FLORIDA ISOLATION VALVE EXERCISING PLAN

Purpose:

The purpose of this program is to insure the reliability of the isolation valves within the potable water distribution system.

Intent:

The intent of this program is to provide minimum guidelines to operations personnel for maintaining the valves in good working order. The valves are designed to minimize the possibility of contamination in the event of a main break or other dilemma.

Exercise plan:

There are two valves in this system. One is located at the water treatment facility and one is located at the interconnect with the City of Altamonte Springs. Each isolation valve will be exercised fully at a minimum of annually. In the event a valve should not work properly, that valve will be repaired or replaced. Records shall be maintained of isolation valve exercising either in the operation and maintenance log book or on the form included in this plan.

Date	Isolation Valve Location	Working Properly (Y/N)	If "N" for column 3, Repaired or Replaced
2/18/10	Altamonte Springs interconnect 2"	Y	
2/18/10	Inline @ plant 3"	У	
-			

Harmony Homes PWS Flushing Plan

Purpose

The purpose of this program is to insure the quality of the potable water provided to the Aqua Utility Florida, Inc. customers in the Harmony Homes service area.

Intent:

The intent of this program is to provide minimum guidelines to operations personnel in daily operations. Specific conditions in the distribution system may dictate additional flushing and monitoring.

Distribution System Monitoring, Action Levels, & Actions:

Table 1. Distribution System Action Levels and Actions

Parameter	Parameter Goals		Action				
Residual / Free	0.8mg/l - 2.0mg/l	< 0.5 mg/l	Inc. cl2 dosage / cont. flushing to 0.5>				

Manual Flushing:

The following locations shall be manually flushed as indicated below until water is visibly clear and an acceptable chlorine residual is achieved.

Location	Frequency
120 Plymouth Ave / Mercury St.	Monthly
109 Mercury St.	Monthly
101 Ford Ave.	Monthly

Flushing frequency may be increased at any time should conditions dictate in order to improve water quality. Customer complaints for occurrences of discolored water, taste and odor are typically caused by loss of chlorine residual. Manual flushing must be conducted in order to increase the chlorine residual per Table 1 above.

Implementation:

The flushing program is currently being implemented in the Harmony Homes water system and shall remain in effect as long as the system is on free chlorination

FLUSHING:

Plant: Harmony Homes
Month / Ye Mar-10

	r loss calculations tables, located on the Florid	H2U	CI2	H2U	Clz	Flushing	lime		Readings	Total Gallons	Reason	Customer Complaint Address
Date	Location of Flush Point		Residual Before	Appearance After	After		Flushed (minutes)		ailable) end	Flushed	Flushed	(if flushing was a result of customer water quality compalint)
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					-					<u> </u>		
												
				1								
3/1-3/31	On site usage, analyser									5,000		
3/1-3/31	On site usage, analyses			-						5,000		
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otal										0		
											Flushing legend Flushing Program	d: m FP Customer Complaint CC
											Line Repair Contractor Use	LR Main Clearance MC

191

FLUSHING:

Plant: Harmony Homes
Month / Y

Feb-10

Date	Location of Flush Point	H2O Appearance Before			Time Flushed (minutes)	Readings silable) end	Total Gallons Flushed	Reason Flushed	Customer Complaint Address (if flushing was a result of customer water quality compalint)
2/8/2010	120 Plymouth					 	1,500	FP	
2/8/2010	109 Mercury						1,500	FP	
2/8/2010	101 Ford						1,500	FP	
2/8/2010	Hydro Tank		 			<u> </u>	500	FP	
2/1-2/28	On site usage, analyser			 			5,000		
		:							
	······································					 			
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tal						 	5,000	Flushing led	

Flushing legend:
Flushing Program FP Customer Complaint CC
Line Repair LR Main Clearance MC
Contractor Use CU (explain others)

FLUSHING:

Plant: Harmony Homes
Month / Y

F Jan-10

Date	Location of Flush Point	H ₂ U Appearance Before	CI2 Residual Before	H ₂ O Appearance After	Cl2 Residual After		Time Flushed (minutes)	leadings ilable) end	Total Gallons Flushed	Reason Flushed	Customer Complaint Address (if flushing was a result of customer water quality compalint)
/4/2010	120 Plymouth								2,000	FP	
/4/2010	109 Mercury								2,000	FP	
/4/2010	101 Ford								2,000	FP	
/4/2010	Hydro Tank								1,000	FP	
1/1-1/31	On site usage, analyser								5,000		
						-			1		
						7					
											and the state of t
				-							
al								 	7,000		

Flushing legend:
Flushing Program FP Customer Complaint CC
Line Repair LR Main Clearance MC
Contractor Use CU (explain others)

Plant: Harmony Homes FLUSHING: Month / YEApr-10 (Use AWWA water loss calculations tables, located on the Florida Compliance Network Drive to estimated water losses.)

Date	Location of Flush Point	Appearance	Residual	Appearance	Residual	Flushing Point	Flushed	(if ava	leadings nilable)	Total Gallons Flushed	Reason Flushed	(if flushing was a result of customer
I		Before	Before	After	After	Size	(minutes)	start	end	i	:	water quality compalint;
4/5/2010	120 Plymouth	_								2,000	FP	
4/5/2010	109 Mercury									2,000	FP	
4/5/2010	101 Ford									2,000	FP	
4/5/2010	Hydro Tank									1,000	FP	
4/1-4/30	On site usage, analyser									5,000		

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		-										
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Total										7,000	Flushing le	

Flushing Program FP Customer Complaint CC Line Repair LR Main Clearance MC Contractor Use CU (explain others)

STAGE 1 DISINFECTANTS/DISINFECTION BYPRODUCTS RULE MONITORING PLAN FOR GROUND WATER SYSTEMS¹

Feb.					
System Name: Harmony Homes	County: Seminole				
PWS ID Number: 3590497	Contact Person: Bill Trendel				
Phone Number:					
e-mail address (optional): BETrendel@	Fax Number (optional) 407-339-7490				

SECT	SECTION 2: SYSTEM CHARACTERISTICS										
	SYSTEM TYPE	POPULATION DATA									
	Community	Total Population Served ¹ *:	158								
	Non-Transient, Non Community	Number of Service Connections-	61								
	Transient Non-Community ^{2*}	Source of Population Data (i.e. U.S. Census, Based on number of service connections (indicate multiplier) etc.)	2.59								
	Consecutive	Effective Date of Population Data	Oct. 2003								

¹In accordance with 62-550.821(2)(a), the number of persons served by a wholesale system must include the number of persons served by the consecutive systems that receive finished water from the wholesale system.

² The Stage 1 D/DBP Rule <u>only</u> applies to TWS that are using chlorine dioxide.

	How Many Wells?	1		
		Wholesale System Name	PWS ID Number	
□ Purchased	If finished or raw water is purchased from a wholesale system(s), indicate the name and PWS ID Number for the system.	Altamonte Springs	3590026	
 In accordance system is con If your system 550.821(9), Figure 1 plants treating complete the Please note that 	2			

¹Monitoring plans must be prepared in accordance with 62-550.821(11), F.A.C. This example format does not address the monitoring plan requirements for subpart H systems or for PWSs using chlorine dioxide or ozone. Example format prepared by the Florida Department of Environmental Protection and the Florida Rural Water Association. Effective date 09/30/03.

SECTION 4: DISINFECTANTS INDICATE THE DISINFECTANTS UTILIZED IN THE TREATMENT PROCESS AS A DISINFECTANT OR OXIDANT (CHECK ALL THAT APPLY)									
⊠ Chlorine	If chlorine is selected as the primary disinfectant, indicate the chlorine type below	Does your system have one or more disinfection addition points after the entrance to							
Chloramines	☐ Chlorine Gas	the distribution system? (i.e. booster chlorination)							
- Onlordinines	⊠Sodium Hypochlorite	☐ Yes ☑ No							
Other (Specify ¹)	☐ Calcium Hypochlorite ☐ Other (Specify)	If yes, indicate the number of addition points in your system:							

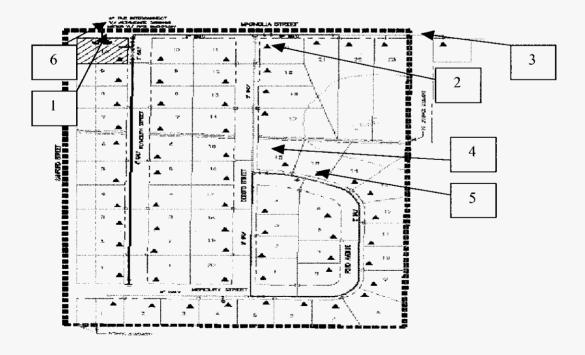
SECTION 5: SCHEMATIC DRAWING OF THE DISTRIBUTION SYSTEM

In accordance with Rule 62-550.821(11) (e) attach a schematic drawing of the system's distribution system. The schematic drawing at a minimum, must include the following information: (An example is provided below)

Entry points to the distribution system (i.e. water treatment plants and, if the system is a consecutive system, entry points from the wholesale systems)

Finished water storage facilities and booster chlorination facilities

Sampling locations identified and numbered

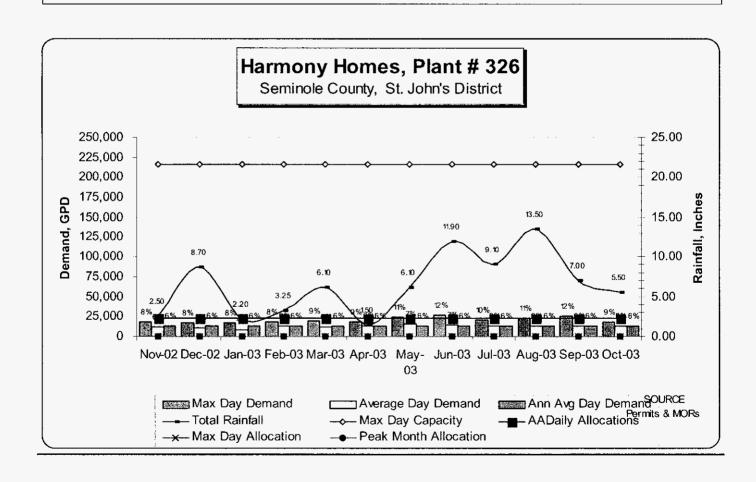


¹Monitoring plans must be prepared in accordance with 62-550.821(11), F.A.C. This example format does not address the monitoring plan requirements for subpart H systems or for PWSs using chlorine dioxide or ozone.

SECTION 6: DISTRIBUTION SYSTEM CHARACTERISTICS

In accordance with 62-550.821(11)(f) F.A.C., provide a summary of typical distribution system operating characteristics. The summary should address seasonal operating characteristics and identify the areas where average and maximum residence times are expected to occur in the distribution system. Provide a brief explanation of why you believe the locations that you selected represent the maximum residence time(s). (You may have more than one location to represent your maximum residence time sampling point.) For example, "the maximum residence time is located in an area with several dead-ends"; "in the summer months few residents are served by our water system resulting in extended residence times", etc).

This system operates within a residential community. These residents are primarily year round residents and demand is consistent throughout the year. The areas where average and maximum residence times are expected are at sample location 5. This is due to their location in relationship to the water treatment plant and the Sanlando Utilities' Interconnect. The interconnect is used only infrequently consequently only one sample site was designated. See the Harmony Homes chart below for details of yearly demand within this system.



SECTION 7: DISINFECTANT MONITORING SCHEDULE FOR CHLORINE/CHLORAMINES Analysis Information (Indicate one of the following) Sample Sample(s) will be analyzed by: Sample Sample Sample Location Analytical Handling & 1. A licensed operator Time ID (Frequency) Method Preservation A person under the direct Number Requirements supervision of a licensed operator 3. Analyzed at a certified laboratory SM 4500 Water Plant POE NONE 1 Daily licensed operator CI G SM 4500 2 106 Plymouth Avenue Bi-Monthly NONE licensed operator CI G SM 4500 3 NONE 304 Magnolia Drive Bi-Monthly licensed operator CI G SM 4500 4 111 DeSoto Avenue Bi-Monthly NONE licensed operator CI G SM 4500 5 121 Ford Avenue Daily NONE licensed operator CI G **Altamonte Springs** SM 4500 6 Daily NONE licensed operator Interconnect CI G

SECTION 8: RO	OUTINE MONITO	RING FREQUENCY F	OR TTHM A	ND HAA5			
System Population	Minimum Monitoring Frequency	Sample Location(s)	Number of Treatment Plants ¹	Minimum Number of Samples Required ³	Number of samples your facility will collect	Indicate the month(s) that samples will be collected	Conditions for Increased Monitoring
Ground water system serving at least 10,000 persons	One sample per quarter per treatment plant	Locations representing the maximum residence time ²					N/A
Ground water system serving less than 10,000 persons	One sample per year per treatment plant during the warmest month of water temperature	Locations representing the maximum residence time ²	1	1	1	July	If the sample (or average if more than one sample is collected) exceeds the MCL, the system must increase monitoring to one sample per treatment plant per quarter, taken at a point representative of the maximum residence time

¹If your system has submitted a request in accordance with 62-550.821(9), F.A.C. to consider multiple plants treating water from multiple wells in the same aquifer as one treatment plant, please complete the TTHM / HAA5 system consolidation information table below. Consecutive systems with multiple entry points into their distribution system that have requested to be considered as one plant should also complete the consolidation table below. (In accordance with 62-550.821(5), an entry point from a wholesale system to a consecutive system is considered a plant for the consecutive system.)

³Multiply the number of treatment plants by one (1) to obtain the minimum number of compliance samples required annually.

	Total Number of Treatment	h 62-550.821(5)(a) or 62-55	Date DEP/DOH Approval	Total Number of
System Type	Plants/Number of Entry Points from the wholesale system	Date Request Submitted	Received (Attach letter of approval)	Consolidated Treatment Plants or Wholesale System Entry Points
Ground Water System (multiple plants treating water from the same aquifer)				
Consecutive System				

²Locations representing maximum residence time. If the system elects to sample more frequently than the minimum required, at least 25 percent of all samples collected <u>each quarter</u> (including those taken in excess of the required frequency) must be taken at locations that represent the maximum residence time of the water in the distribution system.

0	
0	
N	

Sample Location	Distribution System Location	Sample	Analytical	Sampling Handling	ANALYSIS INFOR	MATION
	(Average, or Maximum Residence Time)	(Frequency)	Method	and Preservation Requirements	Laboratory Name	DOH ID Number
121 Ford Avenue	Maximum	Yearly	EPA 524.2	See Section 11	Harbor Branch	E96080
	Sample Location 121 Ford Avenue	Sample Location System Location (Average, or Maximum Residence Time)	Sample Location (Average, or Time (Maximum Residence Time)	Sample Location (Average, or Maximum (Frequency) Residence Time) System Location Sample Time (Frequency)	Sample Location (Average, or Maximum Residence Time) System Location Sample Time (Frequency) Time (Frequency) Residence Time) Analytical and Preservation Requirements	Sample Location (Average, or Maximum Residence Time) System Location (Average, or Maximum Residence Time) Sample Location (Analytical Method Preservation Requirements Laboratory Name

SECTION	110: ROUTINE MONITOR	NG SCHEDULE	FOR HALO	ACETIC ACID	S FIVE (HAA5)		
Sample ID	Sample Location	Distribution System Location (Average, or	Sample Time	Analytical Method*	Sampling Handling and Preservation Requirements	ANALYSIS INFORMATION	
Number		Maximum Residence Time)	(Frequency)	Method*		Laboratory Name	DOH ID Number
5	121 Ford Avenue	Maximum	Yearly	EPA 552.1	See Section 11	Harbor Branch	E96080
			1				
- ,		<u></u>					
							-

^{*}The analytical method selected for HAA5s affects the maximum holding time.

SECTION 11:	ECTION 11: SAMPLE COLLECTION PROCEDURES													
Parameter	Container	Cap/Septa : Material	Sample Collection Guidelines	Preservative(s)	Maximum Holding Time	Analytical Method(s)								
	> 500 mL Plastic		Grab sample. Either free or		Analysis should be	Free-Standard Methods (SM) 4500-C1D, CL F, 4500-C1 G (DPD Colormetric)								
Chlorine	or Glass	N/A	total residual chlorine measurement is acceptable	· · · · · · · · · · · · · · · · · · ·	completed within 15 minutes of collection	Combined- SM 4500 CI D, F, G								
						Total-SM 4500-Cl D, E, F, G, I								
Chloramines	> 500 mL Plastic or Glass	N/A	Grab sample. The residual measurement must be combined or total chlorine	None	Analysis should be completed within 15 minutes of collection	Standard Methods 4500C1 D, 4500C1E, 4500CL F4500-C1 I 4500-C1G-(DPD Colormetric) ASTM Method D 1253-86								
	>100 mL amber glass								Fill bottle completely but I careful not to flush out	Fill bottle completely but be careful not to flush out	NH₄CL (ammonium		28 days @ 4°C	EPA Method 552.1
HAA5	>50 mL amber glass	Teflon-lined septum	preservatives 2. Sample should not have	the specific method for max holding	7-14 days @ 4°C	EPA Method 552.2								
	40-60 mL glass vial		bubbles 3. Sample disinfectant at time of collection	times/preservation procedures.	9 days @ 4°C to extraction, 21 days to analysis @ -11°C	Standard Method 6251B								
рН	Plastic or Glass	N/A	Grab Sample	None	Sample should be analyzed within 15 minutes of collection	All methods allowed in 40 CFR 141.23(k)(1) including but not limited to Standard Method 4500 H B, EPA Method 150.1 & 150.2								
	40-120 mL Glass vial	Teflon- lined septum	Samples must be dechlorinated prior to acidification.	Dechlorination with Na ₂ S ₂ O ₃ and acidification using HCL to pH <2	14 Days @ 4°C	EPA Methods 502.2 , 524.2								
ТТНМ	60 mL Glass viat	Teflon- lined septum	2 Sample residual disinfectant at time of collection.	Sodium sulfite or NH ₄ CL (ammonium chloride) with a phosphate buffer (pH = 4.5-5.5)	14 Days @ 4°C	EPA Method 551.1								

PARAMETER	APPLICIBILITY		AMETER APPLICIBIL		ARAMETER APPLICIBILITY MONITORING REDUC		CRITERIA FOR REDUCED MONITORING	REDUCED MONITORING FREQUENCY*	IS YOUR SYSTEM CONDUCTING ROUTINE, REDUCED, OR INCREASED MONITORING?	
Chlorine/ Chloramines	PWSs that use the disinfectants		At the same time and location and frequency as total coliform sampling	Monitoring may not be reduced.	Not Applicable					
Fotal	All CWS & NTNC syst are adding a cher disinfectant	Ground water systems serving at least 10,000 persons	One sample/ per quarter/ per treatment plant	≤ 50% of the TTHM & HAA5 RAA MCLs	One sample/ per year/ per treatment plant at maximum residence time location(s) in the distribution system during the month of warmest water temperature.					
s (TTHMs) & Haloacetic Acids 5 (HAA5s)	Ground water systems serving fewer than 10,000 persons One sample/ per treatment plant/ during the month of the warmest water temperature		≤ 50% of the TTHM & HAA5 RAA MCLs for 2 years OR ≤25 % of the TTHM & HAA5 RAA MCLs for 1 year	One sample/ Every 3 years/ At max residence time location(s) in the distribution system during the month of warmest water temperature.	Routine					

¹ Please review 40 CFR 141.132 "Monitoring Requirements" for complete details on routine and reduced monitoring requirements.

^{*}In accordance with 40 CFR 141.132(5)(b)(1)(iii), systems on reduced monitoring may remain on a reduced schedule as long as the average of all samples taken in a year (for systems monitoring quarterly or more frequently) or the result of the sample (for systems monitoring annually during the month of the warmest water temperature) is no more than 0.060 mg/L and 0.045 mg/L for TTHMs and HAA5s respectively. Systems that do not meet these criteria must return to routine monitoring.

SECTION 13: METHOD FOR CALCULATING COMPLIANCE FOR MAXIMUM RESIDUAL DISINFECTANT LEVELS (MRDL) (CHLORINE AND/OR CHLORAMINES)

<u>Sample Locations</u>: Within the distribution system at the same time and locations where samples for total coliform are collected in accordance with 62-550.518, F.A.C.

<u>Compliance Determination:</u> In accordance with 40 CFR 141.133(c)(1), compliance is based on a running annual arithmetic average computed quarterly, using the monthly averages of all samples collected

How to Determine Compliance with the MRDL:

- Each month, add together the disinfectant residual results of all the samples taken during the month at the total coliform sampling locations. Divide by the total number of total number of samples. This is your monthly MRDL average.
- 2. Determine the running annual average. To determine the running annual average, add the twelve most recent consecutive monthly MRDL averages together, then divide by twelve. This is your running annual average.
- 3. Compare your running annual average to the MRDL for chlorine / chloramines of 4.0 mg/L. If your running annual average for the MRDL is less than 4.0 mg/L, the facility is in compliance with the maximum residual disinfectant level.

An example MRDL compliance calculation is provided below. The results are listed in mg/L.

Month	MRDL Monthly Averages	Reporting the MRDL to the Department
January 2004	4.5	
February 2004	3.5	
March 2004	3.2	
April 2004	4.6	Report your Monthly MRDL results to the
May 2004	3.3	Department on a quarterly basis.
June 2004	2.4	Submit the quarterly RAA within 10 days of the end
July 2004	3.4	of each quarter
August 2004	2.9	 For example, January-March 2004 results are due to the Department on April 10, 2004.
September 2004	2.8	the Department on April 10, 2004.
October 2004	2.7	
November 2004	2.4	
December 2004	3.1	
MRDL Running		e last 12 monthly averages to calculate the RAA
Annual Average	4.5 + 3.5 +	3.2 + 4.6 + 3.3 + 2.4 + 3.4 + 2.9 + 2.8 + 2.7 + 2.4 + 3.1 = 38.8/12 (Most Recent Months) = 3.2 mg/L

The running annual average is 3.2 mg/L. Therefore, the system in the example is in compliance with the MRDL of 4.0 mg/L.

SECTION 14: METHOD FOR CALCULATING COMPLIANCE WITH THE MAXIMUM CONTAMINANT LEVELS FOR TTHMS AND HAA5

<u>Compliance Determination:</u> In accordance with 40 CFR 141.133(b)(1), for systems monitoring quarterly (ground water systems serving > 10,000 persons) compliance is based on a running annual average computed quarterly, using the quarterly arithmetic averages of all samples collected by the system.

For systems monitoring less frequently than quarterly; (ground water systems (GWS) serving less than 10,000 persons that monitor annually) compliance is demonstrated if the single sample collected in the month of the warmest water temperature at a location representing the maximum residence time is in compliance with the MCL of 0.080 mg/L for TTHMs and 0.060 mg/L for HAA5. If the average of these samples exceeds the MCL, the facility is not immediately out of compliance. The system must increase to quarterly monitoring immediately. Compliance is then based on the running annual average, computed quarterly, using all of the quarterly sample results. (Note if the sum of fewer than four quarters of data exceeds 0.320 mg/L for TTHM or 0.240 mg/L for HAA5, then the system is immediately in violation since they will exceed the applicable MCL even if the remaining quarters are zero.)

How to Determine Compliance with the MCLs for TTHM and HAA5 for Systems Monitoring Quarterly:

- 1. Determine the quarterly average. To calculate the quarterly average, add together the concentrations of all samples taken during the quarter (Please note that TTHM and HAA5 samples should be averaged separately.) Divide by the total number of samples to obtain the quarterly average.
- 2. Determine the running annual average. To determine the running annual average, add the four most recent consecutive quarterly averages together, then divide by four. This is your running annual average.
- Compare your running annual averages for TTHM and HAA5. If your running annual average for TTHM and HAA5 is less than or equal to 0.080 mg/L or 0.060 mg/L respectively, the facility is in compliance with the MCLs.

An example of a TTHM compliance calculation is provided below. All values listed are in ug/L, (MCL in ug/L=TTHM= 80 ug/L HAA5 = 60 ug/L)

Quarter	Number of Sampling Points	TTHM Quarterly Average	TTHM Running Annual Average
Q1=Jan- Mar	3	<u>50 + 45+ 39</u> = 45 3	
Q2=Apr- Jun		<u>57+49+43</u> = 50	Q1 Average = 45 Q2 Average = 50 Q3 Average = 84 Q4 Average = 70
Q3 =Jul- Sep	3	75 + 80 + 98 = 84 3	45 + 50+ 84 + 70 = 62
Q4 =Oct- Dec	3	60 + 72 + 79 = 70 3	

The running annual average for TTHM in this example is 62 ug/L. Therefore, the system is in compliance with the MCL of 80 ug/L.



See page 6 for instructions.

I. General Information			
Public Water System (PWS) Nam			
PWS Identification Number: 359			on-Transient Non-Community
		opulation Served: 158	
Population Interval:* A	BCD	□E ⊠F □G	
PWS Owner: Aqua Utilities Flori	da		
Contact Person: Patrick Farris		Contact Person's Ti	tle: Env. Compliance Specialist
Contact Person's Mailing Address	s: 1100 Thomas Ave.		
City: Leesburg		State: Fl	Zip Code: 34748
Contact Person's Telephone Num		Contact Person's Fax Number:	352-435-4029
Contact Person's E-Mail Address:			
			(WQP) distribution system sample
	ilation interval, which is selected		
			non-transient persons to whom the
	ool children, office and commerc		
Total Population Served	Population Interval	LC Sites	WQP Sites
greater than 100,000	A	100	25
50,001 to 100,000	В	60	10
10,001 to 50,000	\overline{C}	60	10
3,301 to 10,000	D	40	3
501 to 3,300	E	20	2
101 to 500	\overline{F}	10	1
less than 101	\overline{G}	5	1
II. Records Review	1		
Locate and review existing plans,			
departments or code enforcement	offices to identify available samp	ling sites and the total number o	r lead service lines in the
distribution system.			
A. Identification of Interior Plumb	oing Material Types		
Identify single family and mult	tinle femily regidences and byild	imag that have interior absorbing	containing lead pipe, copper pipe
			ore January 1, 1983; and identify
	id those with point-of-entry or po		ore January 1, 1965; and identify
	• • •		
Required sources of review (ch		Optional sources of review	
Plumbing or building code		Interviews with building	
Plumbing or building perm	uts.		plumbers about when and where
			rom 1983 to the present.
	g department, municipal clerk's		the sections of the service area
	agencies for historical documenta		r copper pipe with lead solder is
of the service area develop		suspected to exist.	
	sampling results, such as those from	om Interview of local cont	ractors and developers.
lead testing in schools.			

_	1 All All All All All All All All All Al	LICO					
PW	/S Identification Number: 3590497						
B. I	dentification of Lead Service Lines and Components with Lead Co	ontent					
	Identify the number and location of lead service lines and identify the location of water distribution system components that contain lead.						
	sequired sources of review (check after review): Distribution system maps and record drawings.	Optional sources of review (check those utilized): Interviews with utility employees familiar with past construction practices.					
	Information collected on the presence of lead and copper as required under 40 CFR 141.42, Special Monitoring for Corrosivity Characteristics.	Service line sampling where lead service lines are suspected to exist but their presence is <u>not</u> otherwise confirmed.	2				
	Capital improvement plans or master plans for distribution system development.	Review of permit files.					
2	Current and historical standard operating procedures or operation and maintenance manuals for the type of materials used to install service connections.	☐ A community survey.					
	Utility records, including meter installation records, customer complaint investigations, and other historical documents, that indicate or confirm the location of lead service connections.	☐ Interview of local pipe suppliers, contractors, and developers.					
2	Drinking water sampling results that indicate that a structure is susceptible to lead in drinking water.						

III. Materials Survey

Fill out the following Materials Survey Summary Table to summarize the results of the records review performed under Part II of this form to identify a sampling pool of lead and copper tap sampling sites.

		Type	of Structure Being	g Served
Materials Sur	vey Summary	PARSERS AND	MFRs	BLDGs
电影响响识别通问者型的影响		Num	ber of Service Con	nections
A. Interior Plumbing Material Sites			and the state of the state of	
Lead Pipe				
Copper Pipe With Lead Solder	nstalled After 1982			
Copper Pipe With Lead Solder	nstalled Before 1983	10		
Brass Faucets				
Point-of-Use or Point-of-Entry	Treatment Devices			
Lead-Lined Water Coolers				
Other Lead Plumbing Compone	nts			
B. Lead Service Line Sites				
Total Initial Number of Lines th	at Are Entirely Lead and Subject			
to Replacement			l	
Partial Lead Lines	Goosenecks			
Tartar Lead Effics	Pigtails			
C. Lead Distribution System Comp				
Service Connections Within 100				
Components Containing Lead				
D. Total No. of Service Connection	s to Available Sampling Sites	10		
E. Total Number of Service Conne	ctions in Distribution System	61		

80

PWS SAMPLING PLAN FOR LEAD AND COPPER TAP SAMPLES AND WATER QUALITY PARAMETERS

PWS Identification Number: 3590497

IV. Lead and Copper Tap Sampling Plan

After completing the Materials Survey, develop a Lead and Copper Tap Sampling Plan by establishing a pool of potential sampling sites. Each plan must include at least the number of sites as shown in the table in the footnote under Part I of this form. It is recommended that a system establish a sampling pool equal to 150 percent of the minimum number required to be sampled to secure a list of optional sites that can be sampled as replacement sites or as additional samples. List all identified sampling sites in the table below. Use additional copies of the table below as necessary.

				Contact Person			Home	Field		Training
ID						LSL	Plumbing	Verified	Site Status	Status
110	Tier	Type	Location	Name*	Phone	Y/N	Material	Y/N	S/O	Y/N
<u> </u>	3	SFR	107 Ford Ave.	Ezell Allen	407-831-9807	YES	Pbl	YES	SAMPLE	YES
_2	3	SFR	116 Desoto Ave	Rubye Denson	321-299-8642	YES	Pbl	YES	SAMPLE	YES
3	3	SFR	107 Plymouth Ave	Roderick Davis	321-460-7769	YES	Pbl	YES	SAMPLE	YES
4	3	SFR	117 Plymouth Ave.	Willie Hall	None	YES	Pbi	YES	SAMPLE	YES
5	3	SFR	110 Plymouth Ave.	Mable Hollinger	407-293-3066	YES	Pb1	YES	SAMPLE	YES
6	3	SFR	304 Magnolia Ave.	James Nelson	407-339-8341	YES	Pbl	YES	OPTIONAL	NO
7	3	SFR	121 Plymouth Ave.	D.Owens	407-831-7366	YES	Pb1	YES	OPTIONAL	NO
8	3	SFR	104 Plymouth Ave.	Jerome Miller	407-830-5633	YES	Pb1	YES	OPTIONAL	NO
9	3	SFR	113 Plymouth Ave.	Billy Lomax	407-331-4708	YES	Pb1	YES	OPTIONAL	NO
10	3	SFR.	111 Plymouth Ave.	Clitton Carter	407-260-0627	YES	Pbi	YES	OPTIONAL	NO
									· · · · · · · · · · · · · · · · · ·	
										
										
										
										
										
										
										
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		Dent Littlewie				with the second of the second	50 H. H. S. Water C. P. C. C. L. H. C. C. C. C. C. C. C. C. C. C. C. C. C.	70,200 (1,000 000 000 000		<u> </u>
		i i kuma								

Total Tier 1 Sites: 0	Total Selected Sampling Sites with Lead Service Lines: 0			
Total Tier 2 Sites: 0	Percentage of Sampling Sites with Lead Service Lines: 0 %			
Total Tier 3 Sites: 10				
Total Tier 4 Sites: 0				

PWS Identification Number: 3590497

V. Water Quality Parameter Sampling Plan

Fill out the following table to identify water quality parameter sampling sites. The total number of entry point sampling sites identified must equal the total number of entry points or, for consecutive systems, the total number of interconnection points, to the distribution system. The total number of distribution system sampling sites must at least equal the number of sites shown in the table in the footnote under Part I of this form. Distribution system sampling sites may be selected from among the system's microbiological sampling sites.

-64 (44 cm)	Entry Point Sampling Sites			Distribution System Sampling Sites		
ID Nümber		Target Dates	ID Number	Location	Target Dates	A
POE 1	117 Magnolia Ave.		WQP 1	304 Magnolia Ave.		
						
						209
						(V
 						
Total Samplin	g Sites at Entry Points: 1		Total Sampling	Sites in Distribution System: 1		

PWS Identification Number: 3590497	·					
VI. Certification A. Site Selection Criteria						
Whenever possible, lead and copper tap 1 sites; and if sites were changed from c		usively. Explain the selection of other than tier thy the sites were changed (attach additional er 3 sites				
D. Land Carrier Time Cite						
When lead service line sites are identifie	Lead Service Line Sites When lead service line sites are identified, they must comprise at least 50 percent of the selected samples. Explain why the percentage of lead service line sites is <u>not</u> at least 50 percent of the required number of sampling sites (attach additional pages if necessary). N/A					
C. Water Quality Parameter Sampling Plan	1					
distribution system sampling sites repre-						
this form is true and accurate to the best of form was used to perform the materials sur the sampling pool and sampling plans. I also	my knowledge and belief. I certify that the vey in order to identify the total number of so certify that the number of lead service lin	form. I certify that the information provided on e information listed and checked in Part II of this lead service lines in the PWS and to establish nes reported in Part III of this form is the total Part IV of this form are the highest risk sites				
Taking Jamis 10/19/09	Patrick Farris	Env. Compliance Specialist				
Signature and Date	Printed or Typed Name	Title				

INSTRUCTIONS: This form shall be completed and submitted by community water systems (CWSs) and by non-transient non-community water systems (NTNCWSs). Complete all parts of this form, attach any maps and written narrative describing the sampling plan, and submit the completed form and any attachments to the appropriate Department of Environmental Protection (DEP) District Office or Approved County Health Department (ACHD) 30 DAYS PRIOR TO THE BEGINNING OF A SIX-MONTH MONITORING PERIOD FOR LEAD AND COPPER IN DRINKING WATER. All information provided on this form shall be typed or printed in ink. The DEP District Office or ACHD will notify a system of approval of a Sampling Plan in writing, which will provide the system notice to proceed. Submit a revised Sampling Plan using this form if any changes in the selection of sampling sites must be made. When no changes have been made, no resubmission is necessary prior to sampling during the next six-month sampling period.

The following specific instructions are for the table in Part III of this form.

In A and B, show, by type of structure being served (i.e., single-family residences [SFR], multiple-family residences [MFR], or other buildings [BLDG]), the number of service connections to sites having the listed interior plumbing material characteristics or the listed service line characteristics. In C, show, by type of structure being served, the number of service connections within 100 feet of distribution system components containing lead. In D, show, by type of structure being served, the total number of service connections in the distribution system.

The following specific instructions are for the table in Part IV of this form.

ID. Enter a site identification number of up to three digits.

TIER. Enter the tier number of each site. Lead and copper tap sampling sites are categorized as tier 1, for the highest risk, to tier 2, 3, or 4 for successively lower risks. The tier categories are different for CWSs and NTNCWSs. For CWSs, tier 1 sites are single-family residences or child care facilities that contain either: copper pipe with lead solder installed after December 31, 1982, lead pipe, or a lead service line. Multiple-family residences are tier 1 when they comprise at least 20 percent of the structures served by the system. For CWSs, tier 2 sites include buildings and multiple-family residences that contain: copper pipe with lead solder installed after December 31, 1982, lead pipe, or a lead service line. For CWSs, tier 3 sites consist of single-family residences that contain copper pipe with lead solder installed before January 1, 1983. For CWSs, tier 4 sites are those that are identified as susceptible to lead or copper contamination but not belonging to one of the other tiers. For NTNCWSs, tier 1 sites are buildings that contain: copper pipe with lead solder installed after December 31, 1982, lead pipe, or a lead service line. For NTNCWSs, tier 2 sites are buildings that contain copper pipe with lead solder installed before January 1, 1983. For NTNCWSs, tier 3 sites are those identified as susceptible to lead or copper contamination and are the same as CWS tier 4 sites. When too few tier 1 sites are identified, tier 2 sites must be located to develop the sampling plan and so on through tiers 3 and 4.

TYPE, LOCATION, and CONTACT PERSON. Enter the type of structure in the Type column. Site types are identified as a single-family residence (SFR), a multiple-family residence (MFR), or a building (BLDG). Enter the street address of the site in the Location column and the name and phone number of the building or residence owner in the Contact Person column.

LSL and HOME PLUMBING MATERIAL. Enter a "Y" in the LSL column to identify a site with a lead service line. The plumbing material must be identified for each site in the Home Plumbing Material column. Enter one of the following:

- "Pb1" to identify a site with lead solder installed after December 31, 1982;
- "Pb2" to identify a site with lead solder installed before January 1, 1983;
- "LP" to identify a site with lead pipe;
- "BF" to identify tier 4 sites (tier 3 for NTNCWSs) that have brass faucets;
- "WC" to identify tier 4 sites that have water coolers with lead content;
- "POE" or "POU" to identify tier 4 sites that have a point-of-entry or point-of-use treatment device, respectively; or
- "LC" to identify a tier 4 site within 100 feet of a lead component in the distribution system.

FIELD VERIFIED, SITE STATUS, and TRAINING STATUS. Show if the site's home plumbing or service line material has been field verified by a "Y" in the Field Verified column. Sites selected for sampling should be indicated by entering an "S" in the Site Status column. Optional sites are identified by an "O." To be a selected site, there must be an agreement with the site building owner to sample himself or to have the site sampled by the system. All homeowners who will sample at the selected sites must receive training in sampling procedures. Indicate which homeowners have received training by a "Y" in the Training Status column.

The following specific instructions are for the table in Part V of this form.

ID NUMBER. Use a two-digit number as an identification number. LOCATION. The street address should be given as the site location.

TARGET DATES. List target sampling dates for the two required sampling rounds to demonstrate how sampling will evaluate seasonal water quality differences.



CROSS CONNECTION CONTROL POLICY

August 2007

TABLE OF CONTENTS

FORWARD

SECTION 1 INTRODUCTION

SECTION 2 OBJECTIVES

SECTION 3 RESPONSIBILITIES

SECTION 4 POLICIES

SECTION 5 INSPECTIONS

SECTION 6 DEFINITIONS

SECTION 7 APPLICABLE STANDARDS AND DESCRIPTIONS

SECTION 8 TESTING OF BACKFLOW DEVICES

SECTION 9 RESULTS OF NON-COMPLIANCE

SECTION 10 FIRE SYSTEMS

References:

AWWA - Manual of Cross Connection (M14)

ASSE - American Society of Sanitary Engineers

SBCC - Southern Building Code (Standard Plumbing Code)

FCCCHR of USC - University of Southern California

Foundation for Cross Connection Control and

Hydraulic Research (Manual for Cross Connection Control)

FOREWORD

This Manual of Cross-Connection Control has been prepared by Aqua Utilities Florida, Inc. to establish an effective cross connection control program in Aqua Utilities Florida, Inc. water service areas in accordance with directives issued by the Florida Department of Environmental Protection and directives issued on the Federal level. Responsibilities for the control of cross connections are shared by the consumer, Aqua Utilities Florida, Inc. and the Florida Department of Environmental Protection, Aqua Utilities Florida, Inc. intends to supply the safest and best drinking water possible to its service areas through an ongoing quality program of potable water delivery. The basic procedure for insuring the proper functioning of the public water supply through a coordinated program to prevent pollution or contamination of potable water supplies by cross-connections is contained herein.

This manual supplements and extends present guidelines for Aqua Utilities Florida, Inc. potable water supply, treatment and distribution system by providing a means of detecting and eliminating unprotected cross-connections in the interest of public safety. Aqua Utilities Florida Inc. enjoys a positive relationship with its consumers. Community support is required for this program to be successful. Aqua Utilities Florida, Inc. encourages and promotes the education and commitment of its consumers in the area of cross-connection control. It is the intent of Aqua Utilities Florida, Inc. to implement the regulations and procedures as outlined herein.

Section 1 Introduction

A cross connection is defined as:

"any connection or structural arrangement between public or a consumer's potable water system and any non-potable source or system through which backflow can occur. Bypass arrangements, jumper connections, removeable sections, swivel or changeover devices, and other temporary or permanent devices through which, or because of which, backflow can occur are considered cross connections."

1.01 Purpose

The purpose of a cross-connection control program is to prevent waterborne diseases and contaminants from entering the potable water distribution system and thus the water we drink. More exactly, the program is intended to prevent delivered water (water that has passed beyond the public water system and into the private distribution system of consumers) from re-entering the public distribution system and being subsequently delivered to other consumers. The program aims to protect *Aqua Utilities Florida*, *Inc.* and its consumers from those water-using establishments which could possibly reduce the quality and safety of *Aqua Utilities Florida*. *Inc's* water supply through backflow and / or cross connection.

1.02 Legal Authority

In Florida, the primary responsibility for safeguarding potable water quality on private property historically has been left to local health agencies and building inspection departments. The Safe Drinking Water Act created new authority through a requirement for all public water systems to have a cross-connection control program. Contained within the Rules of the Department of Environmental Protection, Chapter 62-555, Rule 62-55.360, Florida Administrative code, the State of Florida adopted the following policy:

"Community water systems shall establish a routine cross-connection control program to detect and prevent cross-connections that create or may create an imminent and substantial danger to public health. Such program shall be developed using accepted practices of the AWWA manual. M14, "Backflow Prevention and Cross-Connection Control." Upon discovery of a prohibited cross-connection, public water systems shall either eliminate the cross-connection by installation of an appropriate backflow prevention device acceptable to the Department or shall discontinue service until the contaminant souce is eliminated."

1.03 Causes of Backflow

Where cross-connections exist, protection against backflow is needed to reduce the possibility of contamination. The causes of backflow cannot usually be elimated completely since backflow is often initiated by accidents or unexpected circumstances. However, some causes of backflow can be partially controlled by good design and informed maintenance. Listed below are the major causes of backflow as outlined under the two types of backflow - Backsiphonage and Backpressure.

A. Backsiphonage

Backsiphonage is caused by reduced or negative pressure being created in the supply piping. A major cause of Backsiphonage is the interruption of the supply pressure. This will allow negative pressures to be created by water trying to flow to a lower point in the system. Another cause is undersized piping. If water is withdrawn from a pipe at a very high velocity, the pressure in the pipe is reduced and the pressure differntial created can cause water to flow into the pipe from a contaminated source. The potable water supply can thus become contaminated due to backsiphonage into the potable water supply creating the potential for serious health problems.

The principal causes of backsiphonage are:

- 1. A line repair or break which occurs at a lower elevation than the service point;
- 2. Undersized piping;
- Lowered pressure in a water main due to a high withdrawal rate such as firefighting, water main flushing, or water main breaks; and
- 4. Reduced supply main pressure on the suction side of a booster pump.

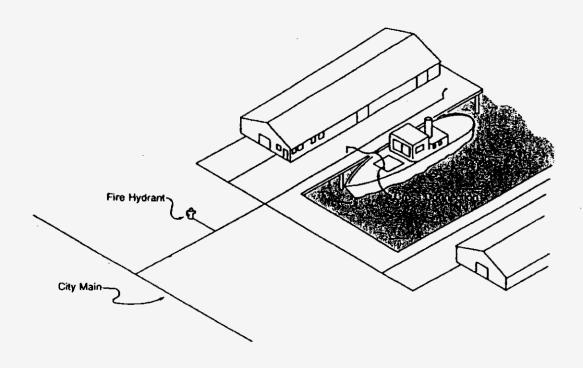
B. Backpressure

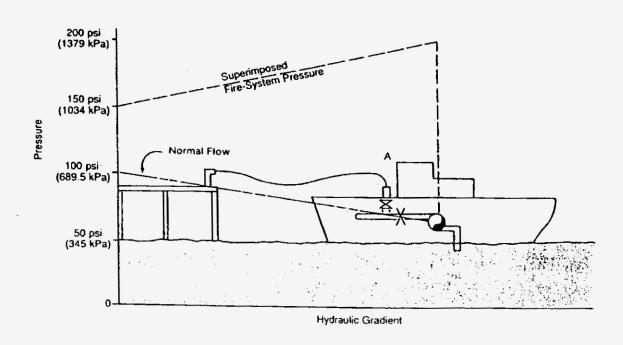
Backpressure may cause backflow to occur where a potable water system is connected to a non-potable supply operating under a higher pressure by means of pump, boiler, elevation difference, air or steam pressure and so forth.

The principal causes of backpressure are:

- Booster pump systems designed without backflow prevention devices;
- 2. Potable water connections to boilers and and other pressure systems without backflow prevention devices;
- Connections with a non-potable system which may, at times, have a higher pressure; and
- 4. Non-potable water stored in tanks or plumbing systems which, by virtue of their elevation, would create head sufficient to cause backflow if pressure were lowered in the public system.

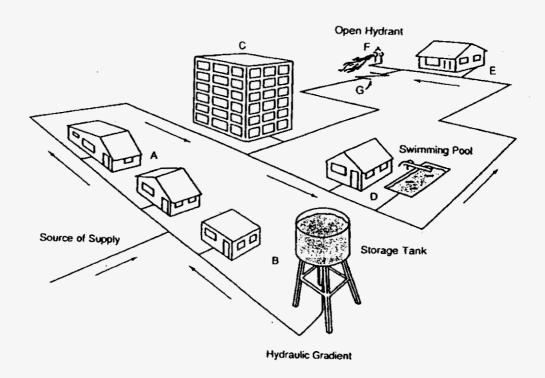
BACKFLOW DUE TO BACKPRESSURE

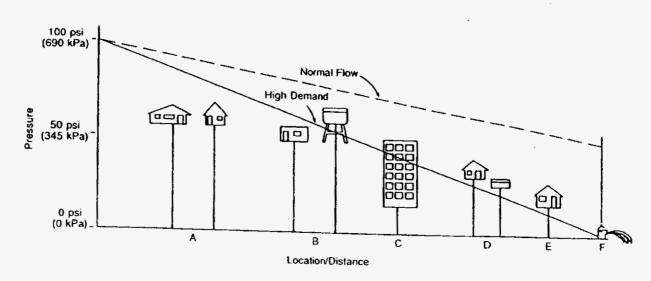




Backflow due to backpressure.

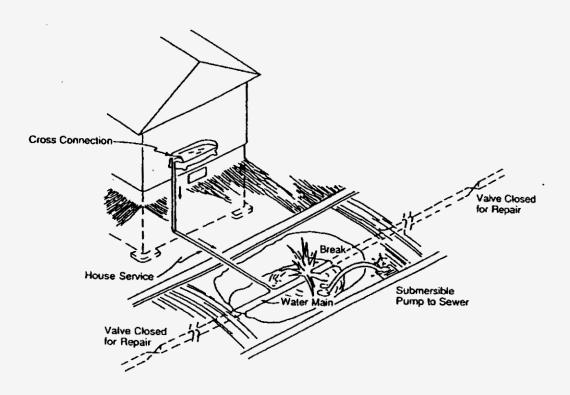
BACKSIPHONAGE DUE TO HIGH WITHDRAWAL RATE OF WATER





Backsiphonage due to high withdrawal rate of water.

BACKFLOW DUE TO MAIN BREAK



Backflow due to main break.

Section 2 Objectives

The objectives of Aqua Utilities Florida, Inc. are as follows:

- 1. To protect *Aqua Utilities Florida*, *Inc.* potable water supply from the possibility of contamination or by containing, within its consumers' private water systems, backflow through uncontrolled cross-connections into the public water system.
- 2. To eliminate or control existing cross-connections, actual or potential, between the consumer's on premise potable water system(s) and non-potable water system(s) plumbing fixtures and industrial piping systems.
- 3. To provide a continuing inspection program of cross-connection control, which will systematically and effectively control all actual or potential cross-connections which exist presently or may exist in the future.
- 4. To maintain an on-going public information program to educate the community on cross-connection control and to encourage consumer cooperation and coordination toward a successful cross-connection control program.

Section 3 Responsibility

3.01 Water Purveyor

Under the Safe Drinking Water Act and the Rules of the Florida Department of Environmental Protection, Rule 62-555.360, FAC, relating to cross-connection, the water purveyor has the primary responsibility of maintaining a cross-connection control program to prevent water from unapproved sources, or any other substances, from entering the public potable water system. Failure to implement such a program may result in enforcement by the Florida Department Environmental Protection against *Aqua Utilities Florida, Inc.*

3.02 Consumer

The consumer's responsibility starts at the point of delivery from the public potable water system (i.e. just after the meter) and includes all of the consumer's water systems. The consumer, at his own expense, is required to install, operate, test and maintain approved backflow prevention devices, as directed by *Aqua Utilities Florida*, *Inc.* The consumer must maintain accurate records of tests and repairs made to backflow prevention devices and provide *Aqua Utilities Florida*, *Inc.* with copies of such records. In the event of accidental pollution or contamination of the public or consumer's potable water system due to backflow on or from the consumer's premises, the consumer shall promptly take steps to confine further spread of pollution or contamination within the consumer's premises and is required to immediately notify *Aqua Utilities Florida*, *Inc.* of the hazardous condition.

The consumer's system shall be open for inspection at all reasonable times to authorized representatives of *Aqua Utilities Florida*, *Inc.* to determine whether cross connections or other

structural or sanitary hazards, including violations of these regulations, exist. When such a conditions becomes knows, *Aqua Utilities Florida*, *Inc.* shall deny or immediately discontinue service to the premises by providing for a physical break in the service line until the consumer has corrected the condition(s) in conformance with state/provincial and city statutes relating to plumbing and water supplies and the regulations adopted pursuant thereto.

3.03 Backflow Prevention Device Installation

The installer's responsibility is to ensure proper installation of backflow prevention devices in accordance with the manufacturer's installation instructions and those furnished by Aqua Utilities of Florida, Inc. The installer is also responsible to conduct a test of the device when it is installed, and is required to furnish the following vital data to Aqua Utilities Florida, Inc. immediately after a reduced pressure principal backflow preventer (RP), double check valve assembly (DCVA) or pressure vacuum breaker (PVB) is installed:

- 1) service address where device is located
- 2) owner
- 3) description of device's location
- 4) date of installation
- 5) type of device
- 6) manufacturer
- 7) model number
- 8) serial number

Testing at the time of installation for all RP'S, DCVA'S, and PVB'S shall be performed by a certified backflow prevention device technician. Test results are to be provided immediately to *Aqua Utilities Florida*, *Inc.*

Section 4 Policy

Aqua Utilities Florida, Inc. has the continuing authority to inspect all industrial, commercial and residential users of potable water, where pollution, health or system hazards may exist or be created; where materials dangerous to health are handled in tanks, piping systems, or other vessels on the premises, or where the water system is unstable and cross-connections may occur. The following policies to cross-connections will apply:

- 1. Should the connection be between two (2) approved public water supplies, common gate or check valves may be used, provided this has the approval of both water suppliers and the Florida Department of Environmental Protection.
- 2. Should the connection be between an approved public potable water supply and a service or other water supply which has, or may have, any material in the water dangerous to health that is, or may be, handled under pressure, subject to negative pressures, protection shall be an approved air-gap separation (AG). The air-gap shall be located as close as practicable to the service cock or other connection to the approved supply. All piping between such connection and air-gap shall be entirely visible. If these conditions cannot be reasonably met, the public potable water supply shall be protected alternatively with an approved Reduced Pressure principle backflow prevention device (RP), provided the alternative is acceptable to Aqua Utilities Florida, Inc. and the Florida Department of Environmental Protection

Section 5 Inspections

5.01 Frequency

Due to changes in models or components of equipment, methods of manufacturing and additions of plants, buildings, etc., water use requirements undergo continual change. As a result, new cross-connections may be installed and existing protections may be by-passed, removed or made otherwise ineffective; therefore, an annual, biennial, or more frequent detailed inspection by Aqua Utilities Florida, Inc. of all water usage is required. In addition, all new building construction shall also be plan-checked and inspected during installation by Aqua Utilities Florida, Inc. to insure conformance with cross-connection control policy.

5.02 New Construction

All new construction plans and specifications for industrial or commercial facilities shall be submitted to *Aqua Utilities Florida*, *Inc.* for evaluation to determine the degree of possible cross-connection hazards. Backflow prevention and cross-connection control shall be accomplished by a combination of plans review and field inspections.

Aqua Utilities Florida, Inc. will inspect and require testing and approve or disapprove the completed backflow preventer installation. Field inspections during construction or immediately after will also serve to indentify hazards that were not apparent during plans review or were introduced during construction.

After final approval of the installation and satisfactory test results, in accordance with cross-connections rules and regulations, a report will be filed by the installer to **Aqua Utilities Florida**, **Inc.**. This report will include size, model, location, and all other pertinent details of the installation including satisfactory test results attested to by a certified tester.

All non-residential construction of any building to be served by Aqua Utilities Florida, Inc. water system shall be plan-checked and inspected by Aqua Utilities Florida, Inc. for compliance with cross-connection control rules and regulations prior to connection to Aqua Utilities Florida, Inc. potable water main.

For containment purposes, the following types of buildings shall have an approved backflow prevention device at the water service connection:

- 1) Medical or Research Buildings
- 2) Morgues, mortuaries and autopsy facilities
- 3) Chemical related industries
- 4) Wastewater Plants
- 5) Metal plating facilities

5.03 Emergency procedures

If a consumer discovers a hazardous situation where contaminants are actually in the process or suspected of entering the distribution system of *Aqua Utilities Florida*, Inc. potable water supply, the consumer is authorized to take such immediate steps as necessary to correct the questionable existing hazardous condition. He is further responsible for immediately notifying *Aqua Utilities Florida*, *Inc.* of the need for flushing the contaminants out of the system.

Aqua Utilities Florida, Inc. is authorized to take immediate steps deemed necessary to correct a hazardous condition; which shall include the right to immediately discontinue potable water service to premises where a hazardous condition may be occurring. Such emergency steps, including discontinuance of potable water service, may be taken without advance notice to the consumer. The consumer shall be notified as soon as possible thereafter if potable water service has been discontinued; and the matter simutaneously brought to the attention of Aqua Utilities Florida, Inc.'s attorney and President..

Section 6 Definitions

<u>Air-gap separation</u> - The term air-gap separation shall mean a physical separation between the free-flowing discharge end of a potable water supply pipeline and an open or non-pressure receiving vessel. An approved air-gap separation shall be a distance of at least two (2) times the diameter of the supply pipe measured vertically above the top rim of the vessel - with a minimum distance of one (1) inch.

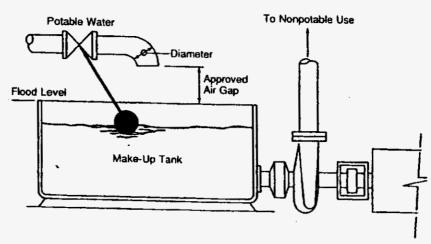
Approved - a) The term approved, as herein used in reference to a water supply, shall mean a potable water supply that has been approved by the Florida Department of Environmental Protection. b) The term approved, as herein used in reference to air-gap separation, a double check valve assembly or a reduced pressure principle backflow prevention device or method, shall mean as approved by Aqua Utilities Florida, Inc.

<u>Auxiliary Intake</u> - The term auxiliary intake shall mean any piping connection or other device whereby water may be secured from a source other than that normally used.

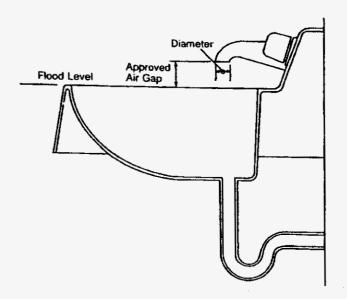
<u>Backflow</u> - The term backflow, shall mean the undesirable reversal of the flow of water or other liquids, mixtures, gases, or other substances into or towards the distribution piping of a potable supply of water from any source or sources.

<u>Backflow prevention device</u> - A backflow prevention device shall mean any efffective device, method or construction used to prevent backflow into a potable water system. The type of device used should be based on the degree of hazard, either existing or potential, and identified by the condition which it is designed to prevent.

DIAGRAM -- AIR GAP



Air gap on tank.



Air gap on lavatory.

Backflow prevention device tester - (Certified) - The term certifed backflow prevention device tester shall mean a person who has proven his / her competency to the satisfaction of Aqua Utilities Florida, Inc.. Each person who is certified to make competent tests or to repair, overhaul and make reports on backflow prevention devices shall be conversant with applicabale laws, rules and regulations, and shall have attended and successfully completed the TREEO (Training, Research, and Education for Environmental Occupations) Certification program for backflow prevention device testers, or other USCFHR or DEP approved program.

<u>Backpressure</u> - Backpressure shall mean any elevation of pressure in the downstream piping system (by pump, elevation of piping, or steam and/or air pressure) above the supply pressure at the point of ensideration which would cause or tend to cause, a reversal of the normal flow through a backflow prevention device.

<u>Backsiphonage</u> - Backsiphonage shall mean a reversal of the normal direction of flow in the pipeline due to a negative pressure (vacuum) being created in the supply line with the backflow source subject to atmospheric pressure.

<u>Consumer</u> - Any member, person, firm or corporation using or receiving water from *Aqua Utilities Florida Inc.*'s potable water system.

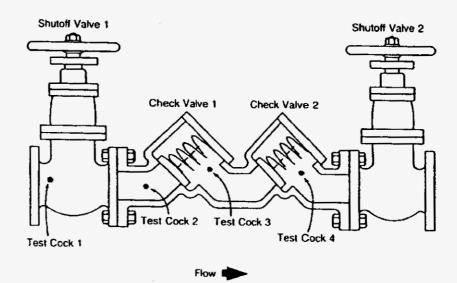
<u>Contamination</u> - The term contamination shall mean an impairment of the quality of the potable water supply by sewage, industrial fluids or any other foreign substance to a degree which creates an actual hazard to the public health through the potential spead of disease or toxic materials.

<u>Critical level</u> - The term critical level shall mean the marking on a vacuum breaker which determines a minimum elevation above the flood level rim of the fixture or receptacle served at which the device may be installed.

<u>Cross-Connection</u> - The term Cross-Connection shall mean any unprotected connection between any part of a water system used or intended to supply water for drinking purposes and any source or system containing water or substances that is potable for human consumption. By-pass arrangements, jumper connections, removable sections, swivel or change-over devices and other temporary or permanent devices through which or because of which "backflow" can or may occur, are considered to be cross-connections.

Double Check Valve Assembly - The term double check valve assembly means an assembly of at least two (2) independently acting, approved, spring and weight loaded check valves with resilient discs for the intended purpose of preventing back pressure backflow in a water supply line. Assembly is usually furnished with test cocks for the field testing the tightness of the check valves. Some assemblies include a "vacuum breaker" to admit atmospheric air downstream of the assembly. The unit shall include tightly-closing ball-type or resilient seated valves located at each end of the device.

DIAGRAM - DCVA



Double check valve assembly.

<u>Fire Sprinkler System</u> - A sprinkler system, for fire protection purposes, is an integrated system of underground and overhead piping designed in accordance with fire protection and engineering standards. The installation includes one or more water supplies.

Flood Level Rim - The edge of the receptacle from which water overflows is the flood level rim.

<u>Hazard - (Degree of)</u> - The term, degree of hazard is a qualification of what potential and actual harm may result from cross-connections within a water -using facility. Establishing the degree of hazard is directly related to the type and toxicity of contaminants that could possibly cause a "pollution" (non-health) or a "contamination" (health) hazard.

<u>Hazard - (Health)</u> - The term health hazard shall mean an actual or potential threat of contamination or pollution of a physical or toxic nature to the public potable water system or the consumer's potable water system to such a degree or intensity that there would be a danger to health.

Hazard - (Plumbing) - The term plumbing hazard shall mean a plumbing type cross-connection in a consumer's potable water system that has not been properly protected by a vacuum breaker, air-gap separation or other device. Unprotected plumbing type cross-connections are considered to be a health hazard. They include, but are not limited to, cross-connection to toilets, sinks, lavatories, wash trays, domestic washing machines and lawn sprinkler systems. Plumbing type cross-connections can be located in many types of structures, including homes, apartment houses, hotels and commercial and industrial establishments. Such a connection, if permitted to exist, must be properly protected by an appropriate type of cross connection control assembley

<u>Hazard - (Pollution)</u> - The term pollution hazard shall mean an actual or potential threat to the physical properties of the water system or the potability of the public or the consumer's potable water system, but which would not constitute a health or system hazard, as defined. The maximum degree of intensity of pollution to which the potable water system could be degraded under this definition would cause a nuisance, or be aesthetically objectionable, or could cause minor damage to the system or its appurtenances.

<u>Hazard - (System)</u>- The term system hazard shall mean an actual or potential threat of severe danger to the physical properties of the public or the consumer's potable water system, or of a pollution or contamination which would have a protracted effect on the quality of the potable water in the system.

Industrial Fluid - The term industrial fluid shall mean any fluid or solution which may be chemically, biologically or otherwise contaminated or polluted in a form or concentration, such would constitute a health, system, pollution or plumbing hazard if introduced into an approved potable water supply. This may include, but not be limited to: polluted or contaminated used waters; all types of process waters and "used waters" originating from the public potable water system which may deteriorate in sanitary quality; chemicals in fluid form; plating acids and alkalies; circulated cooling waters connected to an opening cooling tower and/or cooling waters that are chemically or biologically treated or stabilized with toxic substances; contaminated

natural waters such as from wells, springs, streams, rivers, bays, harbors, seas, irrigation canals or systems, etc.; oils, gases, glycerine, paraffins, caustic and acid solutions or other processes for fire fighting purposes.

<u>Industrial Piping System - Consumer's</u> - The term consumer's industrial piping system shall mean any system used by the consumer for transmission of or to store any fluid, solid or gaseous substance other than an approved water supply. Such a system would include all pipes, conduits, tanks, receptacles, fixtures, equipment and appurtenances to produce, convey or store substances which are or may be polluted or contaminated.

<u>Inlet</u> - The open end of the water supply pipe through which the water is discharged into the plumbing fixture shall be the inlet.

<u>Laboratory - Approved Testing</u> - Reference to an approved testing laboratory shall mean the Foundation for Cross-Connection Control Research of the University of Southern California, or any other laboratory having the equivalent facilities for both the laboratory and field evaluation of the devices approved by the American Water Works Association or American Society of Sanitation Engineers.

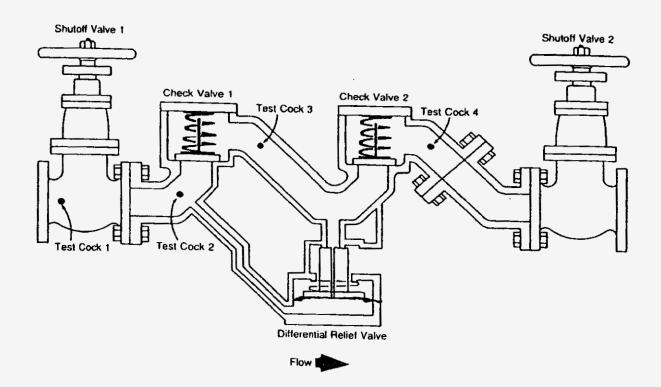
<u>Plumbing System</u> - The term plumbing system includes the potable water supply and distribution pipes; plumbing fixtures and traps; oil waste and vent pipes; building drains and building sewers, including their respective connections, devices and appurtenances within the property line of the premises; and water-treating or water-using equipment.

Point of delivery - see service connection

<u>Pollution</u> - Pollution shall mean an impairment of the quality of the water to a degree which does not create an actual hazard to the public health, but which does adversely and unreasonably affect the quality of the water for domestic use.

Reduced Pressure Principle Backflow Prevention Device - RP - The term approved reduced pressure principle backflow prevention device (RP) shall mean a device containing within its structure a minimum of two (2) independently acting, approved check valves, together with an automatically operating pressure differential relief valve located between the two check valves. The first check valve reduces the supply pressure a predetermined amount, so that during normal flow and at cessation of normal flow, the pressure between the checks shall be less than the supply pressures. In case of leakage of either check valve, the differential relief valve by discharging to the atmosphere, shall operate to maintain the pressure between the checks less than the supply pressure. The unit shall include tightly-closing ball type or resilient seated shutoff valves located at each end of the device and each device shall be fitted with properly located test cocks.

<u>Service Connection</u> - The term service connection shall mean the terminal end of the public potable water system, i.e., where the water purveyor loses justisdiction and sanitary control over the water at its point of delivery to the consumer's water system. If a meter is installed at the end



Reduced-pressure principle backflow-prevention assembly.

of the service connection, then the service connection shall mean the downstream end of the meter. There shall be no unprotected takeoffs from the service line ahead of any backflow prevention device located at the point of delivery to the consumer's water system.

<u>Vacuum Breaker - Nonpressure- Atmospheric Type - A vacuum breaker - nonpressure type is a vacuum breaker which is designed for use where it will not be subject to static line pressure.</u>

<u>Vacuum Breaker - Pressure Type</u> - a vacuum breaker - pressure type is a vacuum breaker designed to operate under conditions of static line pressure. The unit shall include tightly-closing ball-type or resilient seated shutoff valves located at each end of the device.

<u>Water - Potable</u> The term potable water shall mean water from any source which has been investigated by the Florida Department of Environmental Protection and which has been approved for human consumption by the health authority having jurisdiction. Potable water is water of excellent quality intended for drinking, cooking and cleansing uses. This grade of water would conform to the water quality requirements of state and federal regulatory agencies.

<u>Water Purveryor</u> - The term water purveyor shall mean the utility owner or operator of the public potable water system supplying an approved water supply to the public.

<u>Water Supply -(Approved)</u> - The term approved water supply shall mean Aqua Utilities Florida, Inc. potable water system or any public potable water supply which has been investigated and approved by the Florida Department of Environmental Protection. In determining what constitutes an approved water supply, the Department of Environmental Protection has reserved final judgement as to its safety and potability.

<u>Water Supply -(Auxiliary)</u> - The term auxiliary water supply shall mean any water supply on or available to the premises other than the purveyor's approved public potable water supply. These auxiliary waters may include water from another purveyor's public potable water supply or any natural source such as a well, spring, river, stream, etc.,or "used water" or "industrial fluids." They may be polluted or contaminated or objectionable and constitute an unacceptable water source over which the purveyor does not have control.

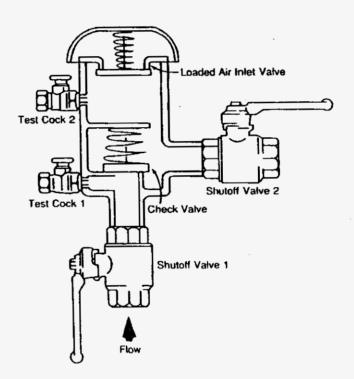
Water Supply - (Unapproved) - The term unapproved water supply shall mean a water supply which has not been approved for human consumption by the health agency having jurisdiction.

<u>Water System - (Consumer's)</u> - The term water system shall include any water system located on the consumer's premises, whether supplied by the public potable water system or an auxiliary water supply. The system or systems may be either a potable water system or an industrial piping system.

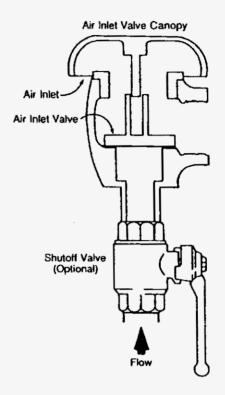
<u>Water System - (Public Potable)</u> - The term public potable water system shall mean any publicly or privately owned water system operated as a public utility to supply water for domestic purposes. This system will include all sources, facilities and appurtenances between the source and the point of delivery such as valves, pumps, pipes, conduits, tanks, receptacles, fixtures,

188

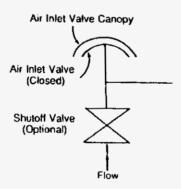
DIAGRAM -- PVB



Pressure vacuum breaker assembly.



Atmospheric vacuum breaker assembly.



Under normal flow conditions the AVB seals against the air inlet seat.

equipment, and appurtenances used to produce, convey, treat or store a potable water for public consumption or use.

<u>Water -(reclaimed)</u> - The term reclaimed water means water which, as a result of treatment of domestic wastewater, is suitable for a direct beneficial use or a controlled use that would not otherwise occur. Reclaimed water is also known as reuse water. (permitted under Part III of Chapter 62-610, F.A.C.)

<u>Water - (Used)</u> - The term used water shall mean any water supplied by a water purveyor from a public potable water system to a consumer's water system after it has passed through the point of delivery and is not longer under the control of the water purveyor.

Section 7

Applicable Standards and Descriptions for Backflow Prevention Devices

7.01 Applicable Standards

The following specifications or requirements of approving agencies are recognized by Aqua Utilities Florida, Inc.. All backflow prevention devices and conditions of cross-connection control shall be in compliance with the standards set forth by one or more of the following agencies. Aqua Utilities of Florida reserves the right to state which standards apply if and when conflicts between standards arise.

AWWA - American Water Works Association (Manual M14)

ASSE - American Society of Sanitary Engineers

<u>FCCCHR of USC</u> - University of Southern California, Foundation for Cross-Connection Control and Hydraulic Research (Manual for Cross-Connection Control)

SBCC - Southern Building Code Congress (Standard Plumbing Code)

7.02 Abbreviations for Protective Devices

AG - Approved Air-Gap

AVB Approved Atmospheric Vacuum Breaker

BPW/IAV - Approved Backflow Preventer with Intermediate Atmospheric Vent

DCVA - Approved Double Check Valve Assembly

HBVB - Approved Hose Bibb Vacuum Breaker

PVB - Approved Pressure Vacuum Breaker

RP - Approved Reduced Pressure Principle Backflow Preventer

DCV - Approved Dual Check Valves

DCV / LF - Approved Double Check Valve Assembly with Laboratory Faucet

DCV/CBD - Approved Dual Check Valves for Carbonated Beverage

DDCV - Approved Double Detector Check Valve

TABLE 7.1

TYPE & APPLICATION	TYPICAL DESCRIPTION	APPLICABLE_ INSTALLATION	STANDARDS
DOUBLE CHECK VALVE ASSEMBLY for low hazard connections	Two independent check valves. Supplied with ball-type or resilient seated shut-off valves and ball type test cocks	All cross connections subject to backpressure where there is a low potential health hazard or nuisance. Continuous pressure	A.S.S.E. 1015 A.W.W.A. C506 FCCCHR of USC
DOUBLE DETECTOR CHECK VALVE ASSEMBLY for low hazard applications	Double check valve assembly with a water meter and double check in by-pass line.	Fire protection system supply main. Detects leaks and unauthorized use of water.	A.S.S.E. 1015 A.W.W.A. C506 FCCHR of USC
DUAL CHECK VALVE BACKFLOW PREVENTER for low hazard applications	Two independent check valves. Checks are removable for testing.	Cross Connection where there is a low potential health hazard and moderate flow requirements.	A.S.S.E 1024
BACKFLOW PREVENTER WITH INTERMEDIATE ATMOSPHERIC VENT	Two independent check valves with intermediate relief valve	Cross connections subject to backpressure or backsiphonage where there is moderate health hazard. Continous pressure	A.S.S.E. 1012
LABORATORY FAUCET & DOUBLE CHECK VALVE W/INTERMEDIATE VACUUM BREAKER in small pipe sizes for moderate to low hazard	Two independent check valves with intermediate vacuum breaker and relief vent.	Cross connections subject to backpressure or backsiphonage where there is a moderate to low health hazard	A.S.S.E. 1035

CROSS CONNECTION MANUAL AQUA UTILITIES FLORIDA, INC.

TABLE 7.2

TYPE & APPLICATION	DESCRIPTION	TYPICAL INSTALLATION	APPLICABLE STANDARDS
REDUCED PRESSURE PRINCIPLE BACKFLOW PREVENTER For high hazard cross connections	Two independent check valves w/ intermediate relief valve. Supplied with ball-type shut-off valves and ball type test cocks	All cross connections subject to backpressure where there is a high potential health hazard from contamination. Continous pressure	A.S.S.E. 1013 A.W.W.A. C506 FCCCHR of USC
ATMOSPHERIC VACUUM BREAKERS for moderate to high hazard cross connections	Single float and disc w/large atmospheric port	Cross connections not subject to backpressure or continuous pressure. Install at least 6" above rim. Backsiphonage protection only.	A.S.S.E. 1001 FCCCHR of USC
PRESSURE TYPE VACUUM BREAKERS for moderate to high hazard cross connections	Spring loaded singls float and disc with independent 1st check. Supplied with ball-type shut-off valves and ball	This valve is designed for installation in a continous pressure potable water supply system 12" above the overflow level of the system being supplied. Backsiphonage protection only.	A.S.S.E. 1020 FCCCHR of USC
HOSE CONNECTION VACUUM BREAKERS For residential & industrial hose supply outlets.	Single check w/ atmospheric atmospheric vacuum breaker vent.	Install directly on hose bibbs, service sinks and wall hydrants. Not for continous pressure.	A.S.S.E., 1011
AIR GAP For moderate to high hazard cross connection	Vertical separation of 2D of the supply pipe above vessel overflow rim.	All cross connections subject to backpressure or back-siphonage where there is a high potential health hazard rom contamination. Vertical separation must be one (1) inch	ANSI A112.1.2

CROSS CONTROL MANUAL AQUA UTILITIES FLORIDA, INC.

Guide to the Assessment of Hazard and Selection of Assemblies for Internal Protection

Description of Cross Connection	Assessment of Hazard	Recommended Assembly at Fixture*
Aspirator (medical)	Health	AVB or PVB
Bedpan washers	Health	AVB or PVB
Autoclaves	Health	RPBA
Specimen tanks	Health	AVB or PVB
Sterilizers	Health	RPBA
Cuspidors	Health	AVB or PVB
Lab bench equipment	Health	AVB or PVB
Autopsy and mortuary equipment	Health	AVB or PVB
Sewage pump	Health	AG
Sewage ejectors	Health	AG
Fire-fighting system (toxic liquid foam	nealm	AG
concentrates)	Health	RPBA
Connection to sewer pipe	neam Health	AG
_ ·	Health Health	RPBA
Connection to plating tanks Irrigation systems with chemical additives	neaun	RE DA
or agents	Health	RPBA
Connection to salt-water cooling system	rieaiui Health	RPBA
Tank vats or other vessels containing toxic	nealm	RFDA
substances	Health	RPBA
Connection to industrial fluid systems	Health	RPBA
Dye vats or machines	Health	· RPBA
Cooling towers with chemical additives	Health	RPBA
Trap primer	Health	AG
Steam generators	Nonhealth†	RPBA
Heating equipment	110121-04111	111 21.
Commercial	Nonhealtht	RPBA
Domestic	Nonhealth†	DCVA
Irrigation systems	Nonhealtht	DCVA, AVB, or PVB
Swimming pools	,	
Public	Nonhealth†	RPBA or AG
Private	Nonhealth†	PVB or AG
Vending machines	Nonhealth†	RPBA or PVB
Ornamental fountains	Nonhealth	DCVA or AVB or PVI
Degreasing equipment	Nonhealth†	DCVA
Lab bench equipment	Nonhealth†	AVB or PVB
Hose bibbs	Nonhealth†	AVB
Trap primers	Nonhealtht	AG
Flexible shower heads	Nonhealth†	AVB or PVB
Steam tables	Nonhealth†	AVB
Washing equipment	Nonhealth†	AVB
Shampoo basins	Nonhealth†	AVB
Kitchen equipment	Nonhealtht	AVB
Aspirators	Nonhealth†	AVB
Domestic space-heating boiler	Nonhealth†	RPBA

NOTE: AG = air gap; AVB = atmospheric vacuum breaker; DCVA = double check valve backflow-prevention assembly; PVB = pressure vacuum breaker; RPBA = reduced-pressure principle backflow-prevention assembly.

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^{*}AVBs and PVBs may be used to isolate health hazards under certain conditions, that is, backsiphonage situations. Additional area or premises isolation may be required.

[†]Where a greater bazard exists (due to toxicity or other potential health impact) additional area protection with RPBAs is required.

Guide to the Assessment of Hazard and Selection of Assemblies for Premises Isolation

Description of Premises	Assessment of Hazard	Recommended Assembly on Water Service Pipe	
Hospitals, mortuaries, clinics, laboratories	Health	RPBA	
Plants using radioactive material	Health	RPBA	
Petroleum processing or storage facilities	Health	RPBA	
Premises where inspection is restricted	Health	RPBA	
Sewage treatment plant	Health	RPBA	
Sewage lift stations	Health	RPBA	
Commercial laundry	Health	RPBA	
Plating or chemical plants	Health	RPBA	
Docks and dockside facilities	Health	RPBA	
Food and beverage processing plants	Health	RPBA	
Pleasure-boat marina	Health	RPBA	
Tall buildings (protection against excessive		- "	
head of water)	Nonhealth	DCVA	
Steam plants	Nonhealth	RPBA	
Reclaimed water systems	Health	RPBA	

Note: AG = air gap; AVB = atmospheric vacuum breaker, DCVA = double check valve backflow-prevention assembly; PVB = pressure vacuum breaker, RPBA = reduced-pressure principle backflow-prevention assembly.

7.03 Types and Descriptions of Hazard Definition Backflow Prevention Devices

The following definitions apply to hazard conditions existing at a site where backflow prevention devices may be required.

Degree of Hazard Definition

<u>Low</u> - A condition where polluting substances(s) may come in contact with potable water aesthetically affecting the taste, odor or appearance, but not hazardous to health (non-toxic), (e.g., pollution hazard)

Moderate to High - A condition where a polluting substance may come in contact with potable water creating a health hazard, causing sickness or death (toxic), (e.g., system hazard, plumbing hazard, health hazard).

<u>Backflow Prevention Devices</u> - Types, Descriptions, and Applicable Standards for Multiple Check Valve Assemblies. Table 7.1 and Table 7.2 lists the types and applications of backflow prevention devices, a brief description of each device, typical installation conditions, and applicable standards.

7.04 Typical Facilities Requiring Backflow Prevention Devices

- 1. Medical buildings, sanitariums, veterinarian facilities, morgues, mortuaries, autopsy facilities, nursing and convalescent homes and clinics shall have an RP or DCVA, depending upon degree of hazard, installed at the service connection. The hazards normally to be found in a facility of this type include cross connections between the consumer's water system and contaminated or sewer connected equipment such as bedpan washer, flush valve toilets and urinals, autoclaves, specimen tanks, sterilizers, pipe tube washer, cuspidors, aspirators, autopsy and mortuary equipment. Note: It has been found that in this type of facility little or no attention is given to the maintenance of air-gap separations or vacuum breakers. It is customary to bridge an air-gap separation by means of a hose section. It should also be noted that in multistory buildings, the supply line to the toilets, urinals, lavatories, laboratory sinks, etc.., on the lower floors may be taken off of the suction side of the house pump. As a result, sewage or other contaminated substances may be drawn into the house supply line.
- 2. All buildings, plants, or other structures having a source of unapproved water piped into such buildings, plants, or other structures with the potential of being interconnected to the public supply, shall have an RP installed at the main supply line serving their premises.
- 3. All buildings, plants, apartment houses, public and private buildings, or any other structures having unprotected cross-connections shall have an RP or DCVA, depending on

degree of hazard, installed at the service connection to any premises where multi-storied public building such as hotel, apartment house, office or loft building are operated or maintained if the buildings have unprotected cross connections, sewage pumping facilities, auxiliary water supplies, or other like sources of contamination which would create a potential hazard to the public water system.

- 4. All waterfront facilities and industries shall have an RP or DCVA, depending upon the degree of hazard, installed at their service connection to any premises where there are piers, docks, industries, or other waterfront facilities where water from a river, stream, irrigation, ditch or canal, lake, etc., is available to be used on the premises.
- 5. All manufacturers of chemicals which are toxic shall be required, at the discretion of the water purveyor to install an RP.
- 6. All sewage treatment plants shall have an RP installed on main potable water service lines serving such plants.
- Dairies and cold storage plants shall have an RP or DCVA, depending upon the degree of hazard, installed on the service connection. This applies to any premises where a dairy, creamery, ice cream plant, cold storage or ice manufacturing plant is operated or maintained, provided such a plant has, on the premises, an auxiliary water supply, industrial fluid system, sewage handling facilities or other similar source of contamination which, if cross-connected to, would create a hazard to the public system. The hazards normally found in a plant of this type include cross-connections between the consumer's waste system and reservoirs, cooling towers and circulating systems which may be heavily contaminated with bird droppings, vermin, algae, bacterial slimes, or toxic water treatment compounds.
- 8. Schools and colleges shall have an RP or DCVA installed at the service connection where water is used to supply chemical, becteriological and biological laboratories; or where the water is used to supply separate irrigation systems; or where there are unprotected sewer cross connections. Note: This hazard is critical because little or no attention is given to the maintenance of vacuum breakers and frequently they are removed from the line; steam generating facilities and lines are frequently contaminated with boiler compounds such as pentachlorophenol, cyclohexlamine, etc. A very particular hazard is the possibility of steam getting back into the domestic system, causing either a system or health hazard.
- 9. In commercial car washing installations, potable make-up water lines to reclaim water pits shall have an AG separation. All potable water connections to fluids such as bug cleaner, tire cleaner, and wax and soap solution make-up tanks shall have an AG separation. If this is not possible due to the design of equipment, an RP shall be installed on the main water service connection.
- 10. All buildings or premises where security requirements or other prohibiting restrictions make it impossible or impractical to make a complete inside cross connection survey, the public water system shall be protected against backflow from the premises or building by an RP

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installed or the main service connection (s) serving the building or premises.

- 11. All industrial, commercial, or residential properties (including all multi-or single family residences) having an irrigation system which utilizes chemical siphoning or injection apparatus shall have an RP device installed at the service connection. Note: Any device, equipment or situation not covered by this cross-connection policy where water is connected or used which may constitute a potential health hazard will be handled at the discretion of Aqua Utilities Florida, Inc.
- 7.05 Typical Plumbing Arrangements Requiring Backflow Prevention Devices note references to SBCC, Standard Plumbing Code (SPC)
- 1. Fixture inlets or valved outlets with hose attachments, which may constitute a cross-connection, shall be protected by the proper approved vacuum breaker (PVB, HBVB, etc.) installed at least six (6) inches above the highest point of usage and located on the discharge side of the last valve. Fixtures with integral vacuum breakers manufactured as a unit may be installed in accordance with their approved requirements. (SPC Sec. 1204.3.4)
- 2. Industrial fluid or processed water potable water pipelines connected to industrial piping systems or to equipment containing industrial fluid, sewage, used or processed water, or any other potentially contaminated liquid shall be protected by installing an RP in the interconnecting lines or by and AG separation.
- 3. Air conditon cooling tower potable water inlet shall have an AG separation of twice the inside diameter of the inlet line or a minimum of two (2) inches above the flood level rim.
- 4. Aspirators and ejectors shall have a PVB, depending upon the degree of hazard, on the faucet from which these devices are attached or operated (SPC. sec, G104.6)
- 5. Automatic film processors potable water lines connected directly to an automatic film processor shall be protected by an AG or a DCVA.
- 6. Bath tub with hose attachments shall have a PVB at faucet.
- 7. Bedpan washer shal have a PVB installed in accordance with the Standard Plumbing Code (SPC SEc. G104.6)
- 8. Boiler connection potable water connection to boiler feed water system which contains conditioning chemicals shall either be made through an AG at make-up tank, or have an RP or DCVA, or BPW/IAV.
- 9. Booster pumps shall be provided with a low pressure cut-off unless other acceptable provisions are made to prevent the creation of low or negative pressures in the piping system.
- 10. Colonic irrigators or douche attachments shall have a PVB installed.

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- 11. Dark rooms (photographic) all threaded faucets shall be preceded with a PVB or HBVB.
- 12. Dishwashing machine shall be connected with a PVB on both hot and cold water supply lines in accordance with the SPC.
- 13. Dip tanks and vats potable water inlet shall have an AG separation twice the inside diameter of the inlet or a minimum of two (2) inches above the flood level rim.
- 14. Garbage disposer potable water supply lines connected directly to garbage disposer shall be equipped with a PVB or BPW/IAV.
- 15. Drinking fountains shall have an AG separation.
- 16. Fire sprinkler systems shall have an AG separation to the sewer.
- 17. Flushing floor drains shall have a PVB installed.
- 18. Flush valve water closets, urinals, and bidets shall have a vacuum breaker installed in accordance with the SPC.
- 19. Foot and sitz bath shall have an AG separation or a PVB installed.
- 20. Hydro-therapy baths shall have a PVB installed at water connection.
- 21. Janitors, mop or slop sink with threaded hose faucet shall be equipped with an AVB before faucet.
- 22. Lawn sprinkler systems shall have a PBV or RP or DCVA installed depending on degree of hazard.
- 23. Pipette washer shall have a PVB or AG separation installed on faucet...
- 24. Private wells shall not be interconnected or physically linked in any way, with or without a protective device, to the public potable water supply.
- 25. Potable water make-up line to chill water loops, heating loops, purge units, condensers, converters, and condensate tanks should be equipped with BPW/IAV, DCVA, or RP depending on degree of hazard.
- 26. Serrated faucets shall be equipped with a PVB at the faucet. If goose neck faucet is used "laboratory faucet type vacuum breaker" is acceptable
- 27. Shampoo basin hose rinse shall have an AVB installed.
- 28. Sinks and bathtop faucets shall have an AG separation above flood level rim.

- 29. Sterilizers shall have an AG separation or PVB installed.
- 30. Stills shall have an AG separation.
- 31. Swimming pool fill line shall have an AG separation above the flood level rim or a DCVA.
- 32. Wash-up sinks with threaded faucets shall have a PVB or HBVB installed.
- 33. Wash down hose faucet shall have a PVB or HBVB installed on faucet
- 34. Washing machine drain lines shall have an AG separation to sewer.
- 35. Water supply inlets in pits, tanks, trenches, tubs, vats, or any other place that could become flooded with contaminated liquids shall have an AG separation above the flood level rim.
- 36. Water operated presses, elevators, or other similar pressure producing equipment shall have an RP installed.
- 37. X-Ray developing tank shall have an AG separation or a PVB installed. <u>Note:</u> Any device, equipment, or situation not covered by this cross-connection policy, which may constitute a potential health hazard, will be examined for treatment by *Aqua Utilities Florida*, *Inc.*

Section 8 Testing of Back/low Preventers

8.01 General Requirements

As part of a complete cross-connection control program, it shall be the duty of the non-single -family customer - user at any premises where reduced pressure backflow prevention devices (RP), double check valve assemblies (DCVA), and pressure vacuum breakers (PVB) are installed to have a thorough inspection and operation test at the time of installation and at least once a year, or more often in those instances where inspections indicate a need. Proper field test procedures with calibrated gauge equipment must be used by certified personnel (reference Section 6 for definition and explanation of a Backflow Prevention Device Tester- Certified). The cost of inspection, testing, maintenance and repair of backflow prevention devices at non-single-family residences shall be borne by the non-single-family customer-user.

The single-family-residence customer -user shall be responsible for the cost of the initial installation, inspection, and testing of the backflow prevention device. The costs and scheduling of inspections and tests thereafter performed at single-family residences shall be the responsibility of the *customer*. Any maintenance or repair required as a result of the test shall be at the expense of the customer - user and shall be performed by the device manufacturer's representative or by a certified device tester (Reference Section 6)

Irrigation systems are required to have PVB to prevent backflow to the public water supply. All existing AVB installations shall be retrofitted with PVBs at the consumer's expense. Single-family water customers installing new irrigation systems will be required to purchase, install and test new PVBs at their own expense. Annual testing and inspection of PVBs for all single-family customers will be performed by Certified Tester.

All devices failing to meet the latest performance standards set forth by the AWWA, ASSE, or the FCCCHR at USC, shall be repaired and retested promptly. Devices which are found to have a history of not meeting these performance standards should be replaced with new devices at the customer's expense.

If such testing indicates wear or other malfunction, the devices shall be overhauled. Such an overhaul should consist of the replacement of all seats, diaphragms, gaskets, etc., which are subject to wear, and any other parts found to be worn or otherwise in questionable condition.

8.02 Parallel Installations

All backflow prevention devices with test cocks are required to be tested with a minimum frequency of once per year. Testing requires a water shutdown usually lasting five (5) to twenty (20) minutes. For facilities that require an uninterrupted supply of water, and when it is not possible to provide water service from two (2) separate meters, provisions shall be made for a "parallel installation" of backflow prevention devices.

During testing, one device is left on while the other is being tested. Usually the two devices are sized one device smaller than the service line, e.g., one 2 inch device or two 1-1/2 inch devices, one 8 inch device or two (2) six (6) inch devices.

Aqua Utilities Florida, Inc. will not accept an unprotected bypass around a backflow preventer when the device is in need of testing, repair or replacement.

8.03 Preparation

As a prelude to each of the field test procedures. It is essential that the certified tester follow some basic steps:

- 1. <u>Notify</u> Appointment and introduction procedures shall be followed similar to that used for inspections. The owner of the assembly shall be notified that water service will be shut off during test procedure. Special arrangements may have to be made so that interruption of service will not create a hardship on the user.
- 2. <u>Identify</u> Make sure that proper assembly is being tested by checking identification tag for make, model, and serial number. All information and test data shall be recorded on poper forms before leaving the location.

- 3. <u>Inspect</u> Inspect the assembly for the required components for the field test procedure -i.e., upstream and downstream shut-off valves, properly placed testcocks, etc.
- 4. Observe Carefully observe area around the assembly for tell-tale signs of leakage i.e., moss or algae growth, plant life, or soil erosion. This should supply the tester with additional information regarding the condition of the assembly before the test is performed. Example: Wet spot under relief valve port of RP assembly is an indication of relief valve activity, possibly from pressure fluctuations or fouling of the assembly. Proper testing will define the problem.

8.04 Records

Aqua Utilities Florida, Inc. will notify the customer - user when tests are required. The passing test results shall be returned to Aqua Utilities Florida, Inc. by the date indicated. A full report on the test of each device giving pertinent test data and indicating what, if any, repairs were made are to be delivered promptly to Aqua Utilities Florida, Inc.

Records are to include, but not be limited to:

- 1. Reports of inspections, recommendations, re-inspections, and corrective action taken.
- 2. Correspondence between *Aqua Utilities Florida, Inc.*, DEP, consumer, etc., concerning corrective action.
- 3. A master list of all backflow protection devices in use or proposed for use in the service area.
- 4. Vital data on each protective device.
- 5. Test and maintenance reports of each protective device.

Aqua Utilities Florida, Inc. shall maintain and keep all records of tests and results, locations of hazards and any other cross connection related information for each public water system for a minimum of ten (10) years. Records of tests of customers backflow devices will be maintained in an electronic database to be kept and accessible at the corporate office at 1100 Thomas Avenue, Leesburg, FL.

Section 9 Results of non-compliance

9.01 Discontinued Service

1. A consumer's health hazard surveillance report listing all cross-connections found during inspection will be sent to the owner or authorized agent of the owner of the building or premises, stating corrections should be made and setting a time for compliance. Unless otherwise noted in the report, the consumer shall have thirty (30) days to comply and perform any required corrections. Upon failure of the owner or authorized agent of the owner of the building or premises to have the defect (s) corrected by the specified time. **Aqua Utilities Florida, Inc.** shall cause the water service to the building or premises to be terminated and shall take such other precautionary measures deemed necessary to eliminate any danger of contamination of the public potable water supply and system.

- 2. Aqua Utilities Florida, Inc. shall cause discontinuance of water service if a reduced pressure backflow prevention device has been by-passed or failed to be tested or properly maintained as required by Aqua Utilities Florida, Inc. policy statements contained in this manual.
- 3. Aqua Utilities Florida, Inc. shall cause discontinuance of water service if an air-gap separation system is compromised or if, in the opinion of Aqua Utilities Florida, Inc., a hazardous condition cannot be immediately corrected.
- 4. Upon discontinuance of water service for non-compliance with the provisions of this manual, water service to such property shall not be restored until the system has been brought into full compliance, and a written order to reconnect has been issued by Aqua Utilities Florida, Inc..

9.02 Violation Liability

- 1. Any person or customer found violating any of the provisions of this manual or any written order of *Aqua Utilities Florida*, *Inc.* pursuant thereto, shall pay all costs and expenses involved in the case, including attorney's fees.
- 2. Notice of such violation shall be given by delivery of same to the premises and a copy thereof mailed to the billing address as it appears on *Aqua Utilities Florida*, *Inc.* billing records.
- Each day upon which a violation shall occur shall be deemed a separate and additional violation.
- 4. Any person or custome in violation of any provisions of this manual shall also be liable to *Aqua Utilities Florida*, *Inc.* for any expense, loss, or damage incurred by reason of such violation to include attorney's fees.
- 5. Aqua Utilities Florida, Inc. may bring suit in the appropriate court to enjoin, restrain or otherwise prevent the violations of any of the provisions of this manual.

Section 10 Fire Systems

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10.01 General (refer to Section 7 for abbreviations.)

- 1. Aqua Utilities Florida, Inc. will install and maintain DCV and DDCVG for all unmetered fire systems which have a low or moderate degree of hazard.
- 2. A DCVA or RP, depending upon the degree of hazard, shall be installed by the consumer on all metered fire systems.

- 3. Devices will be installed above ground, when possible, to provide easier maintenance and meter accessibility
- 4. All devices installed by Aqua Utilities Florida, Inc. will be tested annually by Aqua Utilities Florida, Inc. and maintained at a frequency proportionate to their age.
- 5. The cost of testing and maintenance will be paid by consumer.
- 10.02 Classes of Systems and Recommended Protection

Fire systems shall be divided into the following six (6) classes for the purpose of review. These classes are as adopted in the AWWA, M14 Backflow Prevention and Cross-Connection Control Manual and as endorsed by the National Automatic Sprinkler and Fire Control Association.

<u>Class 1</u> - Direct connections from public water mains only: no pumps, tanks, or reservoirs; no physical connection from other water supplies; no anti-freeze or other additives of any kind; all sprinkler drains discharging to atmosphere, dry wells, or other safe outlets.

Recommended Protection for Class 1: Single check valve and alarm check valve.

<u>Class 2</u> - Same as Class 1, except that booster pumps may be installed in the connections from the street mains (booster pumps do not affect the potability of the system; it is necessary, however, to avoid drafting so much water that pressure in the water main is reduced below 20 psi).

Recommended for Class 2 - Same as Class 1

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<u>Class 3</u> - Direct connection from public water supply main plus one or more of the following; elevated storage tanks: fire pumps taking suction from above ground covered reservoirs or tanks (all Storage facilities are filled or connected to public water only; the water in the tanks to be maintained in a potable condition. Otherwise, Class 3 systems are the same as Class 1.)

Recommended Protection for Class 3: Systems will generally require minimum protection (approved DCVA) to prevent stagnant waters from backflowing into the public potable water system.

<u>Class 4-</u> Directly supplied from public mains similar to Classes 1 and 2, with an auxiliary water supply on or available to the premises, or an auxiliary supply may be located with 1,700 feet of the pumper connection (Note: The auxiliary supply would mean a pond, river, etc., dedicated to Fire Department use).

Recommended Protection for Class 4: Systems will normally require maximum protection at the service connection. The type (AG or RP) will generally depend on the quality of the auxiliary supply.

Class 5 - Directly supplied from public mains and interconnected with auxiliary supplies, such

as: pumps taking suction from reservoirs exposed to contamination or rivers and ponds; driven wells, mill or other industrial water systems, or where antifreeze or other additives are used.

Recommended Protection for Class 5: Same as Class 4

<u>Class 6</u> - Combined industrial and fire protection systems supplied from the public water mains only, with or without gravity storage or pump suctions tanks.

Recommended Protection for Class 6: System protection would depend on the requirements of both industry and fire protection, and could only be determined by a survey of the premises.

A meter (compound, detector check) should not normally be permitted as part of a backflow prevention device. An exception may be made, however, if the meter and backflow prevention device are specifically designed for that purpose.

10.03 Low Pressure Cut-Offs

All fire pumps drawing suction from *Aqua Utilities Florida*, *Inc.* water mains shall be equipped with low pressure cut-off devices or other means to prevent the reduction of water main pressure below 20 psi.

10.04 Standard Operating Procedures

- 1. Current AWWA backflow prevention practices for fire lines do not regard stagnant water as a health problem for low head, closed pipe fire systems. Alarm checks on sprinkler system risers in conjunction with other check valves such as single detector check valves at the service connection are considered protection for these types of potential contaminates.
- 2. Fire suppression systems supplied by six (6) inch or larger pipe and /or systems supplemented with on-site tanks or reservoirs or other water supplies shall be provided with either DCVA or other device types installed in accordance with the following criteria;

Installation: Mechanical backfow prevention devices need pressure loss to function properly. Before installing a device on a fire system, new or existing, this pressure loss should be factored into the system design to ascertain what effect it will have on system performance. Currecut device standards for sizes 4" through 10" permit pressure loss up to 14 psi for RPs and 10 psi for DCVAs (and DDCVs). Specific pressure loss information is readily available from all device manufacturers.

Manufacturer's installation instructions must be followed to ensure proper operation and to protect the equipment's warrant. General installation guidelines are as follows:

- a. The device should be installed in a horizontal position and have at least 12" between the bottom of the device and final grade or floor.
 - b. Lateral clearance around the device must be provided to facilitate testing,

maintenance and replacement

- c. Two (2) devices should be installed in parallel for any facility that must have uninterrupted flow during device testing or repair (e.g., medical buildings)
- d. Though not recommended, devices maybe installed in pits that are well drained: NO PART OF A DEVICE SHOULD EVER BE UNDER WATER.
- e. If a device is installed inside a building, a floor drain is helpful to elimate spillage caused by testing or flushing.
- f. Since the relief valve on an RP will periodically drip or spit and may dump, the relief vent may be fitted with a drainline if spillage is objectionable or hazardous (e.g., electrical hazards). The end of the drain line must terminate 12" above ground or floor level and be clearly visible and accessible.
 - g. The device should be protected against freezing.
 - h. Shut-off valves should be of the OS type. And Y type strainers should not be used.
 - i. The assembled piping should be thoroughly flushed before installing the device.
 - j. The device should be adequately supported.
- k. Fire suppression systems supplied by pipe less than 6" shall be adequately protected by the alarm check valve and a single check valve placed between the Fire Department connection and the main tap.
 - i. Water meters shall not be placed on fire protection lines.

MANUAL OF CROSS CONNECTION CONTROL AQUA UTILITIES FLORIDA, INC.