

# **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.**

DOCUMENT NUMBER-DATE

07305 SEP-19

FPSC-COMMISSIONER FILE





# 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

## STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

### PERMITTEE:

Aqua Utilities Florida Inc

### RESPONSIBLE OFFICIAL:

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

PERMIT NUMBER: FLA011078-005

FILE NUMBER: FLA011078-005-DW3P

ISSUANCE DATE: August 4, 2009

EXPIRATION DATE: August 3, 2014

### 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: Aqua Utilities Florida Inc  
 FACILITY: Florida Central Commerce Park WWTF

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# **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.:

Parameter	Units	Max/Min	Reclaimed Water Limitations		Monitoring Requirements			Notes
			Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site Number	
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-1	
Solids, Total Suspended	mg/L	Max	5.0	Single Sample	3 Days/Week	Grab	EFA-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
pH	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	EFA-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



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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)]



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## B. Other Limitations and Monitoring and Reporting Requirements

- 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.:

Parameter	Units	Max/Min	Limitations		Monitoring Requirements			Notes
			Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site Number	
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-1	
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



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

Monitoring Site Number	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:
- 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;
  - 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
  - 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)]



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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 <sup>th</sup> day of following month
Quarterly	January 1 - March 31 April 1 - June 30 July 1 - September 30 October 1 - December 31	April 28 July 28 October 28 January 28
Semiannual	January 1 - June 30 July 1 - December 30	July 28 January 28
Annual	January 1 - December 31	January 28

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department'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



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

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

[62-640.880(4)]



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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.
  - e. 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)]*



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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)]*



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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)]



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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
  - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
  - d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or
  - e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health and safety problems.[62-604.130(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)]



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FACILITY: Florida Central Commerce Park WWTF

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

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)]*
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications, or conditions of this permit 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)]*



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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)]



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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.



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- a. The following shall be included as information which must be reported within 24 hours under this condition:
  - (1) Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
  - (2) Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
  - (3) Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
  - (4) Any unauthorized discharge to surface or ground waters.
- b. Oral reports as required by this subsection shall be provided as follows:
  - (1) For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph (a)4. that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the 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: Aqua Utilities Florida Inc  
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- 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)]

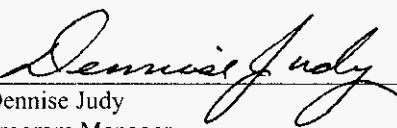
23. Upset Provisions.

- 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  
MAILING ADDRESS: P.O. Box 609520  
Orlando, FL 32860-9520

PERMIT NUMBER: FLA011078

FACILITY: Florida Central Commerce Park WWTP  
LOCATION: 140 Hope Street  
Longwood, FL

LIMIT:  
CLASS SIZE:  
MONITORING GROUP NUMBER:  
MONITORING GROUP DESC:  
NO DISCHARGE FROM SITE:

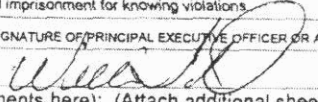
Final REPORT: Monthly  
N/A GROUP: Domestic  
R-001  
Public Access Irrigation, including Influent  
[ ]

COUNTY: Seminole

MONITORING PERIOD--From: 05/01/2008 To: 06/31/2008

Parameter		Quantity of Loading	Units	Quality or Concentration	Units	No. of Ex.	Frequency of Analysis	Sample Type
Flow	Sample 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	0.026	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			2.9	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			2.3	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			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/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
William Trendel / Sen. Facilities Operator		407-339-5424	08/05/15

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

MONITORING PERIOD--From:

05/01/2008 To:

05/31/2008

Parameter		Quantity of Loading	Units	Quality or Concentration	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			53	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			128	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	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	0.039	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			51.6%		0	Percent	Calculated
PARM Code, 00180 I 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

Monitoring Period

From: 5/1/08

To: 5/31/08

	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	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	2.0<	1.0<	7.5	1.0	1.0<	2.0	0.040	0.000	65	220
2			7.1	2.5		2.0	0.045	0.065		
3			7.2	2.2		1.2	0.056	0.000		
4			7.3	3.4		1.0	0.030	0.000		
5		1.0<	7.3	5.0	1.0<	1.3	0.044	0.000		
6		1.0<	7.1	2.4	1.0<	1.1	0.049	0.058		
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		
14			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	92
16			7.3	1.0		1.9	0.034	0.068		
17			7.3	1.0		1.9	0.027	0.000		
18			7.1	3.2		1.9	0.022	0.062		
19		1.0<	7.1	1.0	1.3	1.5	0.022	0.063		
20		1.0	7.0	1.5	1.0	1.9	0.036	0.000		
21			7.2	1.8		1.9	0.040	0.000		
22		1.0<	6.9	1.0	1.4	1.9	0.008	0.000		
23			6.9	1.0		1.9	0.055	0.000		
24			7.5	1.0		1.9	0.053	0.000		
25			7.6	1.0		1.9	0.018	0.000		
26			7.6	1.0		2.0	0.029	0.000		
27		1.0<	7.8	1.0	1.7	2.0	0.021	0.000		
28		1.0<	7.7	1.0	1.0<	2.0	0.024	0.000		
29	4.6	1.0<	7.5	1.3	1.0<	1.3	0.042	0.000	41	72
30			6.8	1.6		1.4	0.049	0.067		
31			6.9	1.8		1.2	0.014	0		

## PLANT STAFFING:

Day Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_  
 Day Shift Operator Class: C Certification No.: 9558  
 Day Shift Operator Class: C Certification No.: 14198  
 Day Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_  
 Lead Operator Class: A Certification No.: 9184

\_\_\_\_\_  
Charles Harris  
 \_\_\_\_\_  
Roger Gray  
 \_\_\_\_\_  
William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

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

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



# 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  
MAILING ADDRESS: P.O. Box 609520  
Orlando, FL 32860-9520

PERMIT NUMBER: FLA011078

LIMIT:  
CLASS SIZE:  
MONITORING GROUP NUMBER:  
MONITORING GROUP DESC:  
NO DISCHARGE FROM SITE:

Final REPORT: Monthly  
N/A GROUP: Domestic  
R-001  
Public Access Irrigation, including Influent  
[ ]

FACILITY: Florida Central Commerce Park WWTP  
LOCATION: 140 Hope Street  
Longwood, FL

COUNTY: Seminole

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

Parameter		Quantity of Loading		Units	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	0.038		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				2.9			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				1.0			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
pH	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 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 (YYYY/MM/DD)

William Trendel / Sen. Facilities Operator

407-339-5424

08/06/15

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

MONITORING PERIOD--From:

06/01/2008 To:

06/30/2008

Parameter	Quantity of Loading	Units	Quality or Concentration	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		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	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	0.041	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		43.5%		0	Percent	Calculated
PARM Code, 00180 I 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

Monitoring Period From: 6/1/08 To: 6/30/08

	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	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		<1	7.4	5.0	<1	1.3	0.038	0.064		
3		<1	7.4	1.0	<1	1.8	0.046	0.060		
4			6.9	1.2		1.8	0.039	0.076		
5		<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		2.0	0.009	0.000		
8			7.7	5.0		1.5	0.009	0.063		
9		<1	7.8	1.0	<1	2.0	0.046	0.000		
10		<1	7.6	5.0	<1	1.2	0.055	0.061		
11			7.7	5.0		0.9	0.042	0.000		
12	2.0<	<1	7.1	5.0	<1	0.8	0.040	0.000	54	120
13			7.1	5.0		0.7	0.037	0.061		
14			7.2	5.0		0.9	0.013	0.000		
15			7.5	5.0		1.4	0.014	0.048		
16		<1	7.5	3.5	<1	1.2	0.053	0.000		
17		<1	7.5	5.0	<1	0.9	0.045	0.000		
18			7.3	5.0		1.4	0.037	0.054		
19		<1	7.4	5.0	<1	0.9	0.060	0.062		
20			7.0	5.0		0.8	0.052	0.054		
21			7.5	5.0		0.8	0.028	0.000		
22			7.5	4.4		0.9	0.035	0.029		
23		<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		
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		
28			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										

## PLANT STAFFING:

Day Shift Operator	Class: _____	Certification No.: _____	_____
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>9558</u>	Charles Harris
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>14198</u>	Roger Gray
Day Shift Operator	Class: _____	Certification No.: _____	_____
Lead Operator	Class: <u>A</u>	Certification No.: <u>9184</u>	William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

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

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



# 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  
MAILING ADDRESS: P.O. Box 609520  
Orlando, FL 32860-9520

PERMIT NUMBER:

FLA011078

LIMIT:  
CLASS SIZE:  
MONITORING GROUP NUMBER:  
MONITORING GROUP DESC:  
NO DISCHARGE FROM SITE:

Final N/A  
REPORT: Monthly  
GROUP: Domestic  
R-001  
Public Access Irrigation, including Influent  
[ ]

FACILITY: Florida Central Commerce Park WWTP  
LOCATION: 140 Hope Street  
Longwood, FL

COUNTY: Seminole

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

Parameter		Quantity of Loading	Units	Quality or Concentration	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			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			2.9	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	MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 I Mon.Site No. EFA-1	Permit Measurement			30.0 (Mo.Avg.)	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
pH	Sample Measurement			7.0	S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon.Site No. EFA-1	Permit Measurement			8.0 (Min)	S.U.		5 Days/Week	Grab
				8.5 (Max)				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO.

DATE (YY/MM/DD)

William Trendel / Sen. Facilities Operator

407-339-5424

08/07/15

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

MONITORING PERIOD--From:

07/01/2008 To:

07/31/2008

Parameter		Quantity of Loading		Units	Quality or Concentration		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				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					5 Days/Week	
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement				39.6%			0	Percent	Calculated
PARM Code, 00180 I 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

Monitoring Period From: 7/1/08 To: 7/31/08

	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	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	7.3	5.0	<1.1	1.9	0.067	0.056		
2			7.5	1.0		1.6	0.041	0.000		
3		<1	7.1	1.0	<1	1.8	0.034	0.000	63	
4			7.9	5.0		1.5	0.017	0.049		
5			8.1	1.0		1.9	0.035	0.051		
6			7.8	4.8		2.0	0.040	0.059		
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		2.0	0.051	0.000		
10	<2	<1	7.1	1.0	<1	1.9	0.029	0.061	36	22
11			7.0	4.3		2.0	0.015	0.000		
12			7.0	1.0		2.0	0.011	0.000		
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		
18			7.4	1.0		2.0	0.043	0.049		
19			7.2	1.0		2.0	0.010	0.053		
20			7.3	1.0		2.0	0.022	0.000		
21		<1	7.3	1.0	<1.1	2.0	0.033	0.000		
22		<1	7.3	1.0	<1	2.0	0.056	0.000		
23			7.1	1.0		1.5	0.069	0.000		
24	2	<1	7.1	2.2	<1	0.7	0.043	0.049	29 J	100
25			7.7	1.4		0.7	0.044	0.046		
26			7.0	2.2		0.9	0.011	0.038		
27			7.5	2.2		0.9	0.024	0.050		
28		<1	7.5	3.2	<1	2.0	0.050	0.080		
29		<1	7.3	2.9	<1	2.0	0.045	0.000		
30			7.3	1.0		2.0	0.048	0.000		
31		<1	7.0	1.5	<2.4	2.0	0.045	0.000	110	

## PLANT STAFFING:

Day Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_  
 Day Shift Operator Class: C Certification No.: 9558  
 Day Shift Operator Class: C Certification No.: 14198  
 Day Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_  
 Lead Operator Class: A Certification No.: 9184

Charles Harris  
 Roger Gray  
 William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

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

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



# 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  
MAILING ADDRESS: P.O. Box 609520  
Orlando, FL 32860-9520

PERMIT NUMBER: FLA011078

LIMIT:  
CLASS SIZE:  
MONITORING GROUP NUMBER:  
MONITORING GROUP DESC:  
NO DISCHARGE FROM SITE

Final REPORT: Monthly  
N/A GROUP: Domestic  
R-001  
Public Access Irrigation, including Influent  
[ ]

FACILITY: Florida Central Commerce Park WWTP  
LOCATION: 140 Hope Street  
Longwood, FL

COUNTY: Seminole

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

Parameter	Quantity of Loading	Units	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	0.054	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		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		20.0	MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 I Mon. Site No. EFA-1	Permit Measurement		30.0 (Mo. Avg.)	MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement		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	S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon. Site No. EFA-1	Permit Measurement		6.0 (Min)	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 (YY/MM/DD)

William Trendel / Sen. Facilities Operator

*William Trendel*

407-339-5424

08/09/21

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

MONITORING PERIOD--From:

08/01/2008

To:

08/31/2008

MONITORING PERIOD--From					To		06/01/2000		06/01/2000		
Parameter	Quantity of Loading	Units	Quality or Concentration	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		92	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		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	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	0.048	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			5 Days/Week					
Percent Capacity, (TMADF/Permitted Capacity) X 100	Sample Measurement		42.6%		0	Percent	Calculated				
PARM Code, 00180 I Mon. Site No. FLW-1	Permit Measurement		Report			Percent	Calculated				
	Sample Measurement										
	Permit Measurement										



# DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA011073

Facility Name: Florida Central Commerce Park WWTP

Monitoring Period From: 8/1/08 To: 8/31/08

	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			7.1	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	0.045	0.085		
9			7.2	1.3		1.2	0.020	0.086		
10			7.2	3.5		1.1	0.017	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	0.026	0.086		
17			7.4	3.6		1.2	0.021	0.090		
18		<1	7.2	4.5	<1	1.8	0.004	0.089		
19		<1	7.4	1.0	<1	2.0	0.098	0.000		
20			7.1	1.5		2.0	0.095	0.000		
21	<2	<1	7.3	1.1	<1	2.0	0.165	0.178	160	270
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		
27			7.3	1.0		2.0	0.041	0.000		
28		<1	7.7	1.0	1	2.0	0.052	0.000		
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 STAFFING:

Day Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_  
 Day Shift Operator Class: C Certification No.: 9558  
 Day Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_  
 Day Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_  
 Lead Operator Class: A Certification No.: 9184

\_\_\_\_\_  
Charles Harris  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

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

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



# 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  
MAILING ADDRESS: P.O. Box 609520  
Orlando, FL 32860-9520

PERMIT NUMBER: FLA011078

LIMIT: Final  
CLASS SIZE: N/A  
MONITORING GROUP NUMBER: R-001  
MONITORING GROUP DESC: Public Access Irrigation, including Influent  
NO DISCHARGE FROM SITE: [ ]

REPORT: Monthly  
GROUP: Domestic

FACILITY: Florida Central Commerce Park WWTP  
LOCATION: 140 Hope Street  
Longwood, FL

COUNTY: Seminole

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

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	0.050	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		2.7	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 I 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		2.3	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 7.5	S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon Site No. EFA-1	Permit Measurement		6.0 8.5 (Min) (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 (YY/MM/DD)

William Trendel / Sen. Facilities Operator

*William Trendel*

407-339-5424

09/10/19

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

MONITORING PERIOD--From:

09/01/2008 To:

09--30-2008

Parameter	Quantity of Loading	Units	Quality or Concentration	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		35	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		46	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 0.041	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%		0	Percent	Calculated
PARM Code, 00180 I 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

Monitoring Period From: 9/1/08 To: 9/30/08

	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	0.025	0.102		
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	0.033	0.000		
7			7.3	5.0		2.0	0.011	0.000		
8		<1	7.4	5.0	2.3	2.0	0.041	0.000		
9		<1	7.4	5.0	<1	2.0	0.025	0.097		
10			7.4	1.4		2.0	0.043	0.000		
11		<1	7.5	5.0	<1	2.0	0.048	0.000		
12			7.4	4.6		1.3	0.043	0.088		
13			7.5	1.6		1.1	0.047	0.088		
14			7.5	3.2		0.7	0.005	0.090		
15		<1	7.2	3.3	1	0.8	0.068	0.000		
16		<1	7.3	2.6	<1	0.9	0.017	0.088		
17			7.3	1.0		1.0	0.039	0.096		
18	<2	<1	7.3	3.6	<1	1.3	0.012	0.058	47	63
19			7.3	2.8		1.2	0.029	0.000		
20			7.2	1.0		2.0	0.028	0.100		
21			7.3	2.2		2.0	0.019	0.000		
22		<1	7.3	2.2	1.1	2.0	0.055	0.000		
23		1	7.3	1.7	<1	2.0	0.071	0.054		
24			7.3	4.0		1.7	0.048	0.050		
25		<1	7.3	3.7	<1	1.7	0.043	0.058		
26			7.4	3.7		1.5	0.051	0.000		
27			7.3	5.0		1.1	0.022	0.000		
28			7.3	5.0		0.9	0.018	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								0.000		

## PLANT STAFFING:

Day Shift Operator Class:   C   Certification No.:   9558    
Day Shift Operator Class:   C   Certification No.:   14198    
Day Shift Operator Class:   C   Certification No.:   14198    
Day Shift Operator Class:   C   Certification No.:   14198    
Lead Operator Class:   A   Certification No.:   9184  

Charles Harris  
Roger Gray  
William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

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

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



# 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  
MAILING ADDRESS: P.O. Box 609520  
Orlando, FL 32860-9520

PERMIT NUMBER: FLA011078  
LIMIT:  
CLASS SIZE:  
MONITORING GROUP NUMBER:  
MONITORING GROUP DESC:  
NO DISCHARGE FROM SITE:

Final REPORT: Monthly  
N/A GROUP: Domestic  
R-001  
Public Access Irrigation, including Influent  
[ ]

FACILITY: Florida Central Commerce Park WWTP  
LOCATION: 140 Hope Street  
Longwood, FL

COUNTY: Seminole

MONITORING 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	0.046	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		2.1	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		2.7	3.2 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		1.0<	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
pH	Sample Measurement		7.1	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/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO.

DATE (YY/MM/DD)

William Trendel / Sen. Facilities Operator

*William Trendel*

407-339-5424

08/11/16

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

MONITORING 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
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		46	MG/L	0	Every Two Weeks	Grab
PARM Code, 80062 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	
PARM Code, 50050 P Mon.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	
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		44.6%		0	Percent	Calculated
PARM Code, 00180 I 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

Monitoring Period From: 10/1/08 To: 10/31/08

	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			7.1	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	0.057	0.061		
16	2.00	<1	7.3	1.0	<1	1.1	0.044	0.000	40	56
17			7.3	3.8		0.8	0.045	0.060		
18			7.3	5.0		1.0	0.024	0.000		
19			7.8	3.8		0.6	0.017	0.000		
20		<1	7.8	3.3	<1	1.7	0.057	0.061		
21		<1	7.5	3.7	<1	0.8	0.047	0.066		
22			7.6	5.0		0.7	0.052	0.062		
23		<1	7.5	5.0	<1	2.0	0.041	0.091		
24			7.1	5.0		0.8	0.030	0.076		
25			7.2	5.0		1.2	0.029	0.082		
26			7.3	5.0		0.9	0.027	0.085		
27		<1	7.4	5.0	<1	0.7	0.024	0.084		
28		<1	7.7	5.0	<1	0.8	0.037	0.000		
29			7.4	5.0		0.9	0.050	0.066		
30	3.2	<1	7.3	1.0	<1	2.0	0.055	0.072	42	46
31			7.4	1.5		0.9	0.061	0.000		

## PLANT STAFFING:

Day Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_  
 Day Shift Operator Class: C Certification No.: 11993  
 Day Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_  
 Day Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_  
 Lead Operator Class: A Certification No.: 9184

Alfred Gerardo  
 \_\_\_\_\_  
 \_\_\_\_\_  
 William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

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

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



# 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: Monthly  
 CLASS SIZE: N/A GROUP: Domestic  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: Public Access Irrigation, including Influent  
 NO DISCHARGE FROM SITE: [ ]

COUNTY: Seminole MONITORING PERIOD--From 11/01/2006 To 11/30/2006

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	0.026	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		2.2	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		2.8 3.2	MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 I 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		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
pH	Sample Measurement		7.1 7.2	S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon Site No. EFA-1	Permit Measurement		6.0 8.5 (Min) (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 (MM/DD)

William Trendel / Sen. Facilities Operator

407-339-5424

08/12/01

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

MONITORING PERIOD--From:

11/01/2008

To:

11/30/2008

Parameter	Quantity of Loading	Units	Quality or Concentration	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		75 (Min.)	#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1.0 #/100mL		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		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		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		50	MG/L		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		85	MG/L		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	0.043	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	0.037	0.030 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	Calculated
PARM Code, 00180 I 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

Monitoring Period From: 11/1/08 To: 11/30/08

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (S.U.)	TRC (For Disinfect ) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flw (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			7.2	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	0.049	0.000		
12			7.5	4.3		1.2	0.051	0.086		
13	3.2	<1	7.2	3.2	<1	1.0	0.045	0.063	61	96
14			7.2	3.6		1.0	0.039	0.059		
15			7.2	5.0		1.0	0.028	0.058		
16			7.3	5.0		0.7	0.012	0.000		
17		<1	7.7	5.0	<1	0.6	0.050	0.000		
18		<1	7.5	1.0	<1	0.9	0.046	0.065		
19			7.5	4.8		0.8	0.061	0.060		
20		<1	7.5	3.5	<1	1.0	0.037	0.000		
21			7.5	5.0		1.0	0.043	0.000		
22			7.6	5.0		0.9	0.023	0.000		
23			7.5	5.0		0.9	0.018	0.000		
24		<1	7.4	3.5	<1	0.8	0.047	0.000		
25		<1	7.4	3.3	<1	0.9	0.049	0.081		
26	<2	<1	7.4	1.7	<1	2.0	0.046	0.065	56	76
27			7.2	3.0		1.2	0.018	0.000		
28			7.6	5.0		1.2	0.019	0.000		
29			7.5	5.0		0.9	0.011	0.000		
30			7.5	5.0		0.9	0.025	0.000		
31										

## PLANT STAFFING:

Day Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_  
 Day Shift Operator Class: C Certification No.: 11993  
 Day Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_  
 Day Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_  
 Lead Operator Class: A Certification No.: 9184

\_\_\_\_\_  
 Al Gerardo  
 \_\_\_\_\_  
 \_\_\_\_\_  
 William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

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

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



# 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 222, Orlando, Florida 32813-1767

PERMITTEE NAME: Florida Water Services Corporation  
MAILING ADDRESS: P.O. Box 609520  
Orlando, FL 32860-9520

PERMIT NUMBER: FLA011078

LIMIT:  
GLASS SIZE:  
MONITORING GROUP NUMBER:  
MONITORING GROUP DESC:  
NO DISCHARGE FROM SITE:

Final  
N/A  
R-001  
Public Access Irrigation, including Influent  
[ ]

FACILITY: Florida Central Commerce Park WWTP  
LOCATION: 140 Hope Street  
Longwood, FL

COUNTY: Seminole MONITORING PERIOD-From: 12/01/2008 To: 12/31/2008

Parameter		Quantity of Loading	Units	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: ELW-2	Permit Measurement	0.038 (An. Avg.)	mgd				5 Days/Week	Flow-meter
Flow	Sample Measurement	0.038	mgd			0	5 Days/Week	Flow-meter
PARM Code: 50050 Mon. Site No: ELW-2	Permit Measurement	Report (Mo. Avg.)	mgd				5 Days/Week	Flow-meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.2	MG/L	0	Every Two Weeks	Grab
PARM Code: 80062 Y Mon. Site No: EFA-1	Permit Measurement			2.0 (An. Avg.)	MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	MG/L	0	Every Two Weeks	Grab
PARM Code: 80062 Y Mon. Site No: EFA-1	Permit Measurement			2.0 (An. Avg.)	MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement			1.4	MG/L	0	3 Days/Week	Grab
PARM Code: 00530 Y Mon. Site No: EFB-1	Permit Measurement			5.0 (Max.)	MG/L		3 Days/Week	Grab
pH	Sample Measurement			6.9	S.U.	0	5 Days/Week	Grab
PARM Code: 00400 Y Mon. Site No: EFA-1	Permit Measurement			6.0 (Min.)	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 (MM/DD/YYYY)

William Trendel / Sen. Facilities Operator

407-339-5424

09/01/11

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



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

Parameter	Quantity of Loading	Units	Quality or Concentration	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		75 (Min.)	#/100mL		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement		10	#/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		42	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		103	MG/L	0	Every Two Weeks	Grab
PARM Code, 80530 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			5 Days/Week	
Flow	Sample Measurement	0.040	0.040 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 (TMADP/Permitted Capacity) X 100	Sample Measurement		41.5%		0	Percent	Calculated
PARM Code, 00180 I 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

Monitoring Period From: 12/1/08 To: 12/31/08

	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		<1	7.4	3.3	<1	1.4	0.048	0.000		
2		<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		
6			7.3	1.0		2.0	0.031	0.000		
7			7.4	1.0		1.0	0.020	0.000		
8		<1	7.2	5.0	<1	0.9	0.048	0.000		
9		<1	7.3	1.6	<1	0.9	0.051	0.000		
10			7.2	1.1		1.8	0.046	0.000		
11	<2	<1	7.8	1.1	<1	1.4	0.072	0.000	24	65
12			7.3	1.9		2.0	0.047	0.090		
13			7.4	4.4		2.0	0.033	0.058		
14			7.4	5.0		0.7	0.027	0.000		
15		<1	7.4	5.0	<1	0.9	0.041	0.059		
16		<1	7.3	2.6	1.4	2.0	0.042	0.065		
17			7.2	1.0		2.0	0.041	0.058		
18		<1	7.8	5.0	<1.1	1.4	0.057	0.071		
19			7.2	2.6		2.0	0.039	0.072		
20			7.3	1.8		1.3	0.036	0.065		
21			7.4	5.0		2.0	0.016	0.000		
22		<1	7.4	5.0	<1	0.9	0.055	0.070		
23	<2	<1	7.3	5.0	<1	1.7	0.052	0.000	60	140
24		<1	7.3	5.0	<1	1.3	0.043	0.000		
25			7.3	5.0		1.6	0.002	0.000		
26			7.4	5.0		1.9	0.045	0.000		
27			7.3	2.7		1.8	0.027	0.059		
28			7.3	5.0		1.6	0.018	0.065		
29		<1	7.3	5.0	<1	1.8	0.045	0.062		
30		<1	7.3	1.8	<1	2.0	0.041	0.000		
31			7.3	1.6		2.0	0.026	0.000		

## PLANT STAFFING

Day Shift Operator Class \_\_\_\_\_ Certification No \_\_\_\_\_  
 Day Shift Operator Class \_\_\_\_\_ Certification No \_\_\_\_\_  
 Day Shift Operator Class \_\_\_\_\_ Certification No \_\_\_\_\_  
 Day Shift Operator Class C Certification No 11993  
 Lead Operator Class A Certification No 9184

Alfred Gerardo  
William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

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

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



# 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  
MAILING ADDRESS: P.O. Box 609520  
Orlando, FL 32860-9520

PERMIT NUMBER:

FLA011078

FACILITY: Florida Central Commerce Park WWTP  
LOCATION: 140 Hope Street  
Longwood, FL

LIMIT:  
CLASS SIZE:  
MONITORING GROUP NUMBER:  
MONITORING GROUP DESC:  
NO DISCHARGE FROM SITE:

Final REPORT: Monthly  
N/A GROUP: Domestic  
R-001  
Public Access Irrigation, including Influent  
[ ]

COUNTY: Seminole

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

Parameter		Quantity of Loading	Units	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	0.029	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			2.2	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			2.75 3.2	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			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		3 Days/Week	Grab
pH	Sample Measurement			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. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO.

DATE (YYMM/DD)

William Trendel / Sen. Facilities Operator

407-339-5424

09/02/23

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

MONITORING PERIOD--From:

01/01/2009 To:

01/31/2009

Parameter		Quantity of Loading		Units	Quality or Concentration			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, 50080 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 (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	0.040		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						5 Days/Week	
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				38.9%				0	Percent	Calculated
PARM Code, 00180 I 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: 1/1/09 To: 1/31/09

	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		
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		
12		<1	6.9	3.3	19	2.0	0.021	0.000		
13			6.8	1.0		2.0	0.034	0.000		
14			6.9	3.9		2.0	0.049	0.000		
15		<1	6.8	3.6	7.3	2.0	0.060	0.000		
16		<1	6.8	1.0	9.2	2.0	0.054	0.000		
17			6.8	1.0		2.0	0.022	0.066		
18			6.7	3.3		2.0	0.011	0.068		
19		<1	7.1	2.7	4.6	2.0	0.037	0.069		
20		Y1	7.2	3.1	2.4	2.0		0.066		
21		<1	7.3	2.3		2.0	0.011	0.078		
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		<1	7.1	1.8	1	1.1	0.031	0.077		
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			7.2	3.7		1.3	0.068	0.071		
31			7.2	1.8		2.0	0.010	0.000		

## PLANT STAFFING:

Day Shift Operator	Class: _____	Certification No.: _____	_____
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>11993</u>	<u>Alfred Gerardo</u>
Day Shift Operator	Class: _____	Certification No.: _____	_____
Day Shift Operator	Class: _____	Certification No.: _____	_____
Lead Operator	Class: <u>A</u>	Certification No.: <u>9184</u>	<u>William Trendel</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

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

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



Revised

# 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  
MAILING ADDRESS: P.O. Box 609520  
Orlando, FL 32860-9520

PERMIT NUMBER: FLA011078

LIMIT:  
CLASS SIZE:  
MONITORING GROUP NUMBER:  
MONITORING GROUP DESC:  
NO DISCHARGE FROM SITE:

Final N/A  
REPORT: Monthly  
GROUP: Domestic  
R-001  
Public Access Irrigation, including Influent  
[ ]

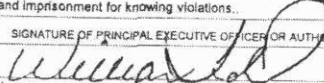
FACILITY: Florida Central Commerce Park WWTP  
LOCATION: 140 Hope Street  
Longwood, FL

COUNTY: Seminole

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

Parameter		Quantity of Loading	Units	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	0.032	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			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			2.15	MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 I Mon.Site No. EFA-1	Permit Measurement			30.0 (Mo.Avg.)	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
pH	Sample Measurement			6.7	S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon.Site No. EFA-1	Permit Measurement			6.0 (Min)	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 (YY/MM/DD)
William Trendel / Sen. Facilities Operator		407-339-5424	09/07/29

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

MONITORING PERIOD--From:

02/01/2009 To:

03/03/2009

Parameter		Quantity of Loading		Units	Quality or Concentration		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				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%			0	Percent	Calculated
PARM Code, 00180 I 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

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

	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			7.2	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		2.0	0.060	0.076		
4		<1	7.3	1.0	*	2.0	0.059	0.072		
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		<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		
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		
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										
31										

## PLANT STAFFING:

Day Shift Operator	Class: _____	Certification No.: _____	_____
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>11993</u>	<u>Alfred Gerardo</u>
Day Shift Operator	Class: _____	Certification No.: _____	_____
Day Shift Operator	Class: _____	Certification No.: _____	_____
Lead Operator	Class: <u>A</u>	Certification No.: <u>9184</u>	<u>William Trendel</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

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

\* Flow diverted to sub-standard pond



# 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  
MAILING ADDRESS: P.O. Box 609520  
Orlando, FL 32860-9520

PERMIT NUMBER:

FLA011078

FACILITY: Florida Central Commerce Park WWTP  
LOCATION: 140 Hope Street  
Longwood, FL

LIMIT:  
CLASS SIZE:  
MONITORING GROUP NUMBER:  
MONITORING GROUP DESC:  
NO DISCHARGE FROM SITE:

Final REPORT: Monthly  
N/A GROUP: Domestic  
R-001  
Public Access Irrigation, including Influent  
[ ]

COUNTY: Seminole

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

Parameter		Quantity of Loading	Units	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				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			2.0	MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 I Mon. Site No. EFA-1	Permit Measurement			30.0 (Mo.Avg.)	MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement			2.6	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			6.8	S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon. Site No. EFA-1	Permit Measurement			6.0 (Min)	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 (YYYYMMDD)

William Trendel / Sen. Facilities Operator

407-339-5424

09/04/17

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

MONITORING PERIOD-From:

03/01/2009 To:

03/31/2009

Parameter		Quantity of Loading		Units	Quality or Concentration		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				57		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				86		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	0.041	0.040	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				41.8%			0	Percent	Calculated
PARM Code, 00180 I 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

Monitoring Period From: 3/1/09 To: 3/31/09

	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			7.2	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		2.0	0.045	0.000		
5	<2	<1	6.8	1.0	1.9	2.0	0.043	0.000	45	100
6			6.8	1.0		2.0	0.019	0.000		
7			6.8	5.0		2.0	0.009	0.000		
8			6.9	3.8		2.0	0.023	0.000		
9		<1	7.1	1.8	<1	2.0	0.060	0.000		
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			7.1	3.4		2.0	0.048	0.058		
14			7.4	1.7		2.0	0.024	0.000		
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		
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			7.4	1.0		1.1	0.042	0.059		
21			7.4	5.0		1.2	0.019	0.059		
22			7.4	3.7		1.3	0.023	0.000		
23		<1	7.4	5.0	<1	1.1	0.045	0.064		
24		<1	7.3	3.8	<1	1.4	0.049	0.066		
25			7.4	3.5		2.0	0.038	0.000		
26		<1	7.4	5.0	1.3	1.9	0.052	0.069		
27			7.4	2.1		1.8	0.058	0.056		
28			7.4	2.3		1.8	0.021	0.059		
29			7.5	5.0		1.4	0.048	0.000		
30		<1	7.5	5.0	<1	2.0	0.048	0.065		
31		<1	7.4	5.0	1.1	1.8	0.048	0.060		

## PLANT STAFFING:

Day Shift Operator	Class: ____	Certification No.: _____	_____
Day Shift Operator		Certification No.: _____	_____
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>11993</u>	<u>Al Gerardo</u>
Day Shift Operator	Class: ____	Certification No.: _____	_____
Lead Operator	Class: <u>A</u>	Certification No.: <u>9184</u>	<u>William Trendel</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

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

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



# 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  
MAILING ADDRESS: P.O. Box 809520  
Orlando, FL 32860-9520

PERMIT NUMBER: FLA011078

LIMIT:  
CLASS SIZE:  
MONITORING GROUP NUMBER:  
MONITORING GROUP DESC:  
NO DISCHARGE FROM SITE:

Final REPORT: Monthly  
N/A GROUP: Domestic  
R-001  
Public Access Irrigation, Including Influent  
[ ]

FACILITY: Florida Central Commerce Park WWTP  
LOCATION: 140 Hope Street  
Longwood, FL

COUNTY: Seminole

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

Parameter		Quantity of Loading	Units	Quality or Concentration	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	0.031	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			2.5	MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 I Mon. Site No. EFA-1	Permit Measurement			30.0 (Mo. Avg.)	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			5.0 (Max.)	MG/L		3 Days/Week	Grab
pH	Sample Measurement			7.0	S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon. Site No. EFA-1	Permit Measurement			6.0 (Min)	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 (YYMMDD)

William Trendel / Sen. Facilities Operator

*William Trendel*

407-339-5424

09/05/21

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

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

Parameter		Quantity of Loading		Units	Quality or Concentration		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				1.60		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				76		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				126		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	0.040	0.042	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				43.9%			0	Percent	Calculated
PARM Code, 00180 I Mon.Site No. FLW-1	Permit Measurement				Report				Percent	Calculated
	Sample Measurement									
	Permit Measurement									
	Measurement				2					



**DAILY SAMPLE RESULTS - PART B**

PermitNumber: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring Period From: 4/1/09 To: 4/30/09

	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	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		
4			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		0.6	0.028	0.000		
12			7.4	5.0		0.6	0.019	0.061		
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	220
17			7.4	2.2		0.8	0.048	0.000		
18			7.4	5.0		0.7	0.027	0.059		
19			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		
23		<1	7.5	5.0	<1	1.0	0.041	0.066		
24			7.4	5.0		0.8	0.037	0.000		
25			7.6	1.8		0.9	0.008	0.000		
26			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	72
31										

**PLANT STAFFING:**

Day Shift Operator	Class: _____	Certification No.: _____	
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>9558</u>	<u>Charles Harris</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>14198</u>	<u>Roger Gray</u>
Day Shift Operator	Class: _____	Certification No.: _____	
Lead Operator	Class: <u>A</u>	Certification No.: <u>9184</u>	<u>William Trendel</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

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

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



# 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: Aqua Utilities, FL  
MAILING ADDRESS: P.O. Box 490310  
Leesburg, FL 34748

PERMIT NUMBER:

FLA011078

FACILITY: Florida Central Commerce Park WWTP  
LOCATION: 140 Hope Street  
Longwood, FL

LIMIT:  
CLASS SIZE:  
MONITORING GROUP NUMBER:  
MONITORING GROUP DESC:  
NO DISCHARGE FROM SITE:

Final REPORT: Monthly  
N/A GROUP: Domestic  
R-001  
Public Access Irrigation, including Influent  
[ ]

COUNTY: Seminole

MONITORING PERIOD--From:

05/01/2009 To:

05/31/2009

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	0.045	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			2.2	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	MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 I Mon. Site No. EFA-1	Permit Measurement			30.0 (Mo.Avg.)	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			7.0	S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon. Site No. EFA-1	Permit Measurement			6.0 (Min)	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 (YY/MM/DD)

William Trendel / Sen. Facilities Operator

*William Trendel*

407-509-8398

6/21/09

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

MONITORING PERIOD--From:

05/01/2009 To:

05/31/2009

Parameter	Quantity of Loading	Units	Quality or Concentration	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		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		1.4	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		3.00	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		58	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		101	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	0.039 0.040	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		42.1%		0	Percent	Calculated
PARM Code, 00180 I 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

Monitoring Period From: 5/1/09 To: 5/31/09

	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			7.1	5.0		1.3	0.038	0.000		
2			7.1	5.0		1.1	0.037	0.058		
3			7.2	5.0		0.8	0.022	0.000		
4		<1	7.2	5.0	<1	0.8	0.049	0.000		
5		<1	7.6	5.0	<1	0.7	0.047	0.063		
6			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			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		
14	<2	<1	7.6	5.0	<1	0.7	0.055	0.065	47	72
15			7.4	5.0		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		
23			7.6	3.5		1.2	0.016	0.065		
24			7.4	1.8		1.8	0.008	0.065		
25			7.5	3.4		3.0		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		
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			7.9	5.0		1.3	0.022	0.065		
31			7.8	5.0		1.2	0.091			

**PLANT STAFFING:**

Day Shift Operator	Class: _____	Certification No.: _____	_____
Day Shift Operator	Class: _____	Certification No.: _____	_____
Day Shift Operator	Class: _____	Certification No.: _____	_____
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>11993</u>	<u>Alfred Gerardo</u>
Lead Operator	Class: <u>A</u>	Certification No.: <u>9184</u>	<u>William Trendel</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

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

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



# 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: Aqua Utilities, FL.  
MAILING ADDRESS: P.O. Box 490310  
Leesburg, FL 34748

PERMIT NUMBER: FLA011078

FACILITY: Florida Central Commerce Park WWTP  
LOCATION: 140 Hope Street  
Longwood, FL

LIMIT: Final  
CLASS SIZE: N/A  
MONITORING GROUP NUMBER: R-001  
MONITORING GROUP DESC: Public Access Irrigation, including Influent  
NO DISCHARGE FROM SITE: [ ]

REPORT: Monthly  
GROUP: Domestic

COUNTY: Seminole

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

Parameter		Quantity of Loading	Units	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	0.044	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			2.2		MG/L	0	Every Two Weeks
PARM Code, 80082 - Y Mon Site No. EFA-1	Permit Measurement			20.0 (An. Avg.)		MG/L		Every Two Weeks
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0<	MG/L	0	Every Two Weeks
PARM Code, 80082 - I Mon Site No. EFA-1	Permit Measurement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every Two Weeks
Solids, Total Suspended	Sample Measurement			1.1		MG/L	0	3 Days/Week
PARM Code, 00530 - I Mon Site No. EFB-1	Permit Measurement			5.0 (Max.)		MG/L		3 Days/Week
pH	Sample Measurement			7.0	7.8	S.U.	0	5 Days/Week
PARM Code, 00400 - I Mon Site No. EFA-1	Permit Measurement			6.0 (Min)	8.5 (Max)	S.U.		5 Days/Week

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 (YYMMDD)
William Trendel / Sen. Facilities Operator	<i>William Trendel</i>	407-509-8398	09/07/12

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

MONITORING PERIOD--From:

06/01/2009 To:

06/30/2009

Parameter		Quantity of Loading		Units	Quality or Concentration			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				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				2.60			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				Report (Mo. Avg.)			MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				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	
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				43.5%				0	Percent	Calculated
PARM Code: 00180 I 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

Monitoring Period From: 6/1/09 To: 6/30/09

	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	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		
7			7.4	3.3		1.3	0.014	0.000		
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		
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		
13			7.6	5.0		0.9	0.013	0.063		
14			7.5	5.0		0.9	0.040	0.000		
15		<1	7.6	5.0	<1.1	1.0	0.037	0.059		
16		<1	7.0	3.3	<1	1.1	0.050	0.000		
17			7.4	2.7		1.1	0.031	0.058		
18		<1	7.1	2.4	1	1.3	0.070	0.061		
19			7.2	3.3		1.2	0.042	0.062		
20			7.2	3.2		1.1	0.025	0.060		
21			7.4	3.5		1.7	0.028	0.060		
22		<1	7.6	5.0	1	1.8	0.038	0.113		
23		<1	7.2	5.0	1	2.4	0.067	0.000		
24			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 STAFFING:

Day Shift Operator	Class: _____	Certification No.: _____	_____
Day Shift Operator	Class: _____	Certification No.: _____	_____
Day Shift Operator	Class: _____	Certification No.: _____	_____
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>11993</u>	<u>Alfred Gerardo</u>
Lead Operator	Class: <u>A</u>	Certification No.: <u>9184</u>	<u>William Trendel</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

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

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



# 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: Aqua Utilities, Fl.  
MAILING ADDRESS: P.O. Box 490310  
Leesburg, FL 34748

PERMIT NUMBER: FLA011078

LIMIT:  
CLASS SIZE:  
MONITORING GROUP NUMBER:  
MONITORING GROUP DESC:  
NO DISCHARGE FROM SITE:

Final N/A  
REPORT: Monthly  
GROUP: Domestic  
R-001  
Public Access Irrigation, including Influent  
[ ]

FACILITY: Florida Central Commerce Park WWTP  
LOCATION: 140 Hope Street  
Longwood, FL

COUNTY: Seminole

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

Parameter		Quantity of Loading	Units	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	0.044	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			2.3	MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 I Mon. Site No. EFA-1	Permit Measurement			30.0 (Mo. Avg.)	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
pH	Sample Measurement			7.1	S. U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon. Site No. EFA-1	Permit Measurement			6.0 (Min)	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 (YY/MM/DD)
William Trendel / Sen. Facilities Operator	<i>William Trendel</i>	407-509-8398	09/08/14

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

MONITORING PERIOD--From:

07/01/2009 To:

07/31/2009

Parameter		Quantity of Loading		Units	Quality or Concentration			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				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			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 I Mon. Site No. EFA-1	Permit Measurement				Report (Max)			NTU		Continuous	analyzer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				74			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				130			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	0.046	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 I 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

Monitoring Period

From: 7/1/09

To: 7/31/09

	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		
2		<1	7.4	5.0	<1	1.3	0.039	0.059		
3			7.3	5.0		1.0	0.043	0.054		
4			7.4	5.0		0.9	0.039	0.058		
5			7.4	5.0		1.2	0.033	0.000		
6		<1	7.4	5.0	<1	1.1	0.042	0.054		
7		<1	7.6	5.0	<1	1.0	0.044	0.054		
8			7.8	5.0		0.9	0.060	0.055		
9	2.5	B190	7.4	4.5	<1	1.3	0.049	0.061	75	120
10			7.5	4.2		1.0	0.039	0.053		
11			7.5	4.4		1.0	0.037	0.057		
12			7.5	5.0		0.9	0.032	0.000		
13		<1	7.7	5.0	<1	0.9	0.051	0.061		
14		<1	7.7	5.0	<1	0.7	0.063	0.000		
15			7.5	5.0		0.8	0.047	0.051		
16		<1	7.4	5.0	<1	0.8	0.063	0.060		
17			7.4	5.0		0.9	0.044	0.054		
18			7.8	5.0		0.9	0.039	0.059		
19			7.5	5.0		0.7	0.028	0.056		
20		<1	7.9	4.4	<1	1.1	0.061	0.054		
21		<1	7.3	5.0	<1	0.9	0.013	0.056		
22			7.6	4.3		0.8	0.074	0.060		
23	2.0	<1	7.2	1.0	<1	1.5	0.053	0.059	73	140
24			7.1	1.6		1.8	0.043	0.000		
25			7.2	3.4		1.0	0.039	0.000		
26			8.0	5.0		1.3	0.045	0.000		
27		<1	7.9	5.0	<1	1.1	0.051	0.056		
28		<1	8.0	1.0	<1	1.7	0.055	0.055		
29			7.2	5.0		1.6	0.054	0.054		
30		<1	8.0	5.0	<1	1.2	0.049	0.059		
31			7.2	5.0		1.0	0.048			

## PLANT STAFFING:

Day Shift Operator	Class: _____	Certification No.: _____	_____
Day Shift Operator	Class: _____	Certification No.: _____	_____
Day Shift Operator	Class: _____	Certification No.: _____	_____
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>11993</u>	<u>Alfred Gerardo</u>
Lead Operator	Class: <u>A</u>	Certification No.: <u>9184</u>	<u>William Trendel</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

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

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



# 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: Aqua Utilities, FL.  
MAILING ADDRESS: P.O. Box 490310  
Leesburg, FL 34748

PERMIT NUMBER:

FLA011078

FACILITY: Florida Central Commerce Park WWTP  
LOCATION: 140 Hope Street  
Longwood, FL

LIMIT:  
CLASS SIZE:  
MONITORING GROUP NUMBER:  
MONITORING GROUP DESC:  
NO DISCHARGE FROM SITE:

Final REPORT: Monthly  
N/A GROUP: Domestic  
R-001  
Public Access Irrigation, including Influent  
[ ]

COUNTY: Seminole

MONITORING PERIOD--From:

08/01/2009 To:

08/31/2009

Parameter		Quantity of Loading	Units	Quality or Concentration	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			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	MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 I Mon. Site No. EFA-1	Permit Measurement			30.0 (Mo. Avg.)	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
pH	Sample Measurement			7.1	S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon. Site No. EFA-1	Permit Measurement			8.0 (Min.)	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 (YY/MM/DD)
William Trendel / Sen. Facilities Operator	<i>William Trendel</i>	407-509-8398	09/09/20

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

MONITORING PERIOD--From:

08/01/2009 To:

08/31/2009

Parameter		Quantity of Loading		Units	Quality or Concentration		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				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		MGL	0	Continuous	analyzer
PARM Code, 50060 A Mon. Site No. EFA-1	Permit Measurement				1.0 (Min)		MGL		Continuous	analyzer
Turbidity	Sample Measurement				1.30		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				34		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				43		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	0.046	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) X 100	Sample Measurement				48.1%			0	Percent	Calculated
PARM Code, 00180 I 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

Monitoring Period

From: 8/1/09

To: 8/31/09

	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			8.1	5.0		1.0	0.026	0.056		
2			7.4	5.0		1.3	0.034	0.000		
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		
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		0.6	0.043	0.057		
13			8.2	5.0		0.7	0.055	0.000		
14		<1	7.6	5.0	<1	0.6	0.052	0.058		
15			7.5	5.0		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		
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	0.060	0.058		
25		<1	7.6	2.5	<1	1.0	0.059	0.064		
26		<1	7.3	3.1	<1	0.8	0.077	0.058		
27			7.3	1.0		0.6	0.033	0.058		
28			7.2	5.0		0.6	0.046	0.060		
29			7.2	5.0		0.6	0.027	0.060		
30			7.5	1.0		0.9	0.038	0.059		
31		<1	7.4	1.0	<1	1.0	0.104	0.000		

## PLANT STAFFING:

Day Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_  
Day Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_  
Day Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_  
Day Shift Operator Class: C Certification No.: 11993  
Lead Operator Class: A Certification No.: 9184

Alfred Gerardo

William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

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

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



# 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: Aqua Utilities, FL.  
MAILING ADDRESS: P.O. Box 490310  
Leesburg, FL 34748

PERMIT NUMBER: FLA011078

LIMIT:  
CLASS SIZE:  
MONITORING GROUP NUMBER:  
MONITORING GROUP DESC:  
NO DISCHARGE FROM SITE:

Final REPORT: Monthly  
N/A GROUP: Domestic  
R-001  
Public Access Irrigation, including Influent  
[ ]

FACILITY: Florida Central Commerce Park WWTP  
LOCATION: 140 Hope Street  
Longwood, FL

COUNTY: Seminole

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

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	0.050	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			2.2	MG/L	0	Every Two Weeks	Grab
PARM Code: 80082 - I Mon. Site No. EFA-1	Permit Measurement			30.0 (Mo. Avg.)	MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement			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	S.U.	0	5 Days/Week	Grab
PARM Code: 00400 - I Mon. Site No. EFA-1	Permit Measurement			8.0 (Min.)	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 (YY/MM/DD)
William Trendel / Sen. Facilities Operator	<i>William Trendel</i>	407-509-8398	09/10/18

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

10 RB



# DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER: R001

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

Parameter		Quantity of Loading		Units	Quality or Concentration			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				2.20			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				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						5 Days/Week	
Flow	Sample Measurement	0.044	0.045	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, (TMAOF/Permitted Capacity) X 100	Sample Measurement				47.7%				0	Percent	Calculated
PARM Code: 00180 I 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

Monitoring Period

From: 9/1/09

To: 9/30/09

	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		
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			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			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	0.031	0.058		
19			7.9	5.0		0.9	0.022	0.083		
20			7.6	5.0		0.9	0.025	0.100		
21			7.9	5.0		1.4	0.037	0.039		
22		<1	7.6	5.0	<1	1.5	0.059	0.085		
23		<1	7.4	1.0	<1	1.7	0.069	0.063		
24		<1	7.4	5.0	<1	1.1	0.061	0.063		
25			7.6	5.0		1.0	0.031	0.000		
26			7.6	1.0		0.8	0.028	0.000		
27			7.4	5.0		0.8	0.039	0.022		
28			7.4	1.0		1.2	0.055	0.064		
29		<1	7.0	5.0	1.2	1.0	0.045	0.055		
30		<1	7.7	5.0	<1	1.1	0.047	0.057		
31										

## PLANT STAFFING:

Day Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_  
 Day Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_  
 Day Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_  
 Day Shift Operator Class: C Certification No.: 11993  
 Lead Operator Class: A Certification No.: 9184

Alfred Gerardo

William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

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

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



# 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: Aqua Utilities, FL.  
MAILING ADDRESS: P.O. Box 490310  
Leesburg, FL 34748

PERMIT NUMBER: FLA011078

LIMIT:  
CLASS SIZE:  
MONITORING GROUP NUMBER:  
MONITORING GROUP DESC:  
NO DISCHARGE FROM SITE:

Final REPORT: Monthly  
N/A GROUP: Domestic  
R-001  
Public Access Irrigation, including Influent  
[ ]

FACILITY: Florida Central Commerce Park WWTP  
LOCATION: 140 Hope Street  
Longwood, FL

COUNTY: Seminole MONITORING PERIOD--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	MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 I Mon.Site No. EFA-1	Permit Measurement			30.0 (Mo. Avg.)	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	S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon.Site No. EFA-1	Permit Measurement			8.0 (Min)	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 (YY/MM/DD)
William Trendel / Sen. Facilities Operator	<i>William Trendel</i>	407-509-8398	09/11/20

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

MONITORING PERIOD--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
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				3.4			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 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				66			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	0.041	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) X 100	Sample Measurement				48.0%				0	Percent	Calculated
PARM Code, 00180 I 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

Monitoring Period

From: 10/1/09

To: 10/31/09

	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	2.2	<1	7.6	5.0	<1	1.0	0.039	0.055	76	96
2			7.3	5.0		0.8	0.030	0.051		
3			7.4	5.0		0.8	0.035	0.053		
4			7.4	5.0		0.9	0.023	0.069		
5		<1	8.0	5.0	<1	1.1	0.036	0.066		
6		<1	7.5	5.0	<1	0.9	0.061	0.068		
7			7.9	5.0		0.7	0.041	0.064		
8		<1	7.7	5.0	<1	0.9	0.032	0.070		
9			7.4	5.0		0.7	0.065	0.000		
10			7.8	3.4		0.8	0.039	0.073		
11			7.9	5.0		1.0	0.047	0.069		
12		<1	7.4	5.0	<1	1.3	0.054	0.072		
13		<1	8.0	5.0	<1	0.8	0.049	0.073		
14			8.0	5.0		0.7	0.031	0.000		
15	<2	<1	7.5	5.0	<1	0.6	0.040	0.059	25	48
16			7.8	5.0		0.9	0.046	0.057		
17			7.4	5.0		0.9	0.022	0.058		
18			8.0	5.0		0.6	0.034	0.000		
19		<1	7.5	5.0	1.4	1.3	0.052	0.057		
20		<1	7.7	5.0	<1	0.6	0.054	0.000		
21			7.8	5.0		0.6	0.066	0.056		
22		<1	7.7	5.0	<1	0.5	0.033	0.000		
23			7.8	5.0		0.6	0.036	0.061		
24			7.5	4.7		0.5	0.023	0.000		
25			7.4	5.0		0.6	0.023	0.000		
26		<1	7.6	5.0	1.1	0.5	0.047	0.000		
27		<1	7.8	5.0	<1	0.8	0.056	0.061		
28			7.8	5.0		0.7	0.047	0.060		
29	2.9	<1	7.8	5.0	<1	0.8	0.031	0.065	45	53
30			7.4	5.0		1.1	0.054	0.057		
31			7.7	5.0		1.0	0.013	0.000		

## PLANT STAFFING:

Day Shift Operator	Class: _____	Certification No.: _____	_____
Day Shift Operator	Class: _____	Certification No.: _____	_____
Day Shift Operator	Class: _____	Certification No.: _____	_____
Day Shift Operator	Class: <u>C</u>	Certification No.: 11993	Alfred Gerardo
Lead Operator	Class: <u>A</u>	Certification No.: 9184	William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

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

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



# 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 32803-3757

PERMITTEE NAME: Aqua Utilities, Fl.  
MAILING ADDRESS: P.O. Box 490310  
Leesburg, FL 34748

PERMIT NUMBER: FLA011078

LIMIT: Final  
CLASS SIZE: N/A  
MONITORING GROUP NUMBER: R-001  
MONITORING GROUP DESC: Public Access Irrigation, Including Influent  
NO DISCHARGE FROM SITE: [ ]

REPORT: Monthly  
GROUP: Domestic

FACILITY: Florida Central Commerce Park WWTP  
LOCATION: 140 Hope Street  
Longwood, FL

COUNTY: Seminole

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

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	0.032		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				2.2			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			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		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 (YY/MM/DD)
William Trendel / Sen. Facilities Operator	<i>William Trendel</i>	407-509-8398	09/12/13

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

MONITORING PERIOD--From:

11/01/2009 To:

11/30/2009

Parameter		Quantity of Loading		Units	Quality or Concentration		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 I 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: 80092 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. 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	
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				44.6%			0	Percent	Calculated
PARM Code: 00180 I 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

Monitoring Period From: 11/1/09 To: 11/30/09

	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		<1	7.8	5.0	1.4	1.0	0.054	0.060		
4			7.4	5.0		0.9	0.048	0.022		
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		
8			7.6	3.0		0.8	0.034	0.068		
9		<1	7.6	4.2	<1	0.7	0.051	0.000		
10		<1	7.3	1.4	<1	1.2	0.057	0.000		
11			7.4	3.6		1.0	0.059	0.000		
12	2.0<	<1	7.5	2.8	<1	0.8	0.056	0.059	66	110
13			7.5	2.5		0.9	0.055	0.052		
14			7.2	5.0		0.7	0.029	0.059		
15			7.5	5.0		0.8	0.015	0.059		
16		<1	7.5	1.5	<1	0.6	0.060	0.060		
17		<1	7.6	5.0	<1	0.9	0.050	0.000		
18			7.5	1.5		1.0	0.041	0.000		
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	0.023	0.000		
22			7.3	5.0		0.8	0.026	0.000		
23			7.5	4.4	<1	0.7	0.038	0.000		
24	2.1	<1	7.5	5.0	<1	0.8	0.058	0.000	440	220
25		<1	7.4	1.1	<1	0.9	0.051	0.054		
26			7.5	5.0		0.9	0.033	0.056		
27		<1	7.6	5.0		0.8	0.015	0.058		
28			7.3	5.0		1.8	0.032	0.056		
29			7.8	5.0		1.2	0.021	0.000		
30		<1	7.9	5.0	<1	0.8	0.055	0.000		
31										

## PLANT STAFFING:

Day Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_  
Day Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_  
Day Shift Operator Class: \_\_\_\_\_ Certification No.: \_\_\_\_\_  
Day Shift Operator Class: C Certification No.: 11993  
Lead Operator Class: A Certification No.: 9184

Alfred Gerardo  
William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: SprayfieldLimited Wet Weather Discharge Activated: Yes: ☐ No: ☐ Not Applicable: ☒ If yes, cumulative days of wet weather discharge \_\_\_\_\_

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



# 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: Aqua Utilities, FL.  
MAILING ADDRESS: P.O. Box 490310  
Leesburg, FL 34748

PERMIT NUMBER: FLA011078

LIMIT: Final  
CLASS SIZE: N/A  
MONITORING GROUP NUMBER: R-001  
MONITORING GROUP DESC: Public Access Irrigation, including Influent  
NO DISCHARGE FROM SITE: [ ]

REPORT: Monthly  
GROUP: Domestic

FACILITY: Florida Central Commerce Park WWTP  
LOCATION: 140 Hope Street  
Longwood, FL

COUNTY: Seminole

MONITORING PERIOD--From: 12/01/2009 To: 12/31/2009

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	0.039		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				2.2			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	2.0<		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				1.3			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				6.7	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 (YYMMDD)
William Trendel / Sen. Facilities Operator	<i>William Trendel</i>	407-509-8398	10/01/18

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

MONITORING PERIOD-From:

12/01/2009 To:

12/31/2009

Parameter		Quantity of Loading		Units	Quality or Concentration			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						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				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				2.50			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.)			MG/L		Every Two Weeks	Grab
Flow	Sample Measurement	0.043		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	0.048	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) X 100	Sample Measurement				48.0%				0	Percent	Calculated
PARM Code, 00180 I 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

Monitoring Period

From: 12/1/09

To: 12/31/09

	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			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	0.059	0.058	99	140
11			7.4	3.5		1.3	0.059	0.054		
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			7.3	3.4		1.1	0.032	0.054		
20			7.5	3.4		1.4	0.050	0.056		
21		<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		
24			6.7	4.0		1.5	0.032	0.071		
25			6.9	5.0		1.0	0.024	0.000		
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	0.048	0.000		

## PLANT STAFFING:

Day Shift Operator	Class: _____	Certification No.: _____	_____
Day Shift Operator	Class: _____	Certification No.: _____	_____
Day Shift Operator	Class: _____	Certification No.: _____	_____
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>11993</u>	<u>Alfred Gerardo</u>
Lead Operator	Class: <u>A</u>	Certification No.: <u>9184</u>	<u>William Trendel</u>

Type of Effluent Disposal or Reclaimed Water Reuse: SprayfieldLimited Wet Weather Discharge Activated: Yes: ☐ No: ☐ Not Applicable: ☒ If yes, cumulative days of wet weather discharge \_\_\_\_\_

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



# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3519 Maguire Boulevard Suite 232, Orlando, Florida 32803-3787

PERMITTEE NAME Aqua Utilities, FI  
MAILING ADDRESS P O Box 490310  
Leesburg, FL 34748

PERMIT NUMBER FLA011078

FACILITY Florida Central Commerce Park WWTP  
LOCATION 140 Hope Street  
Longwood, FL

LIMIT Final  
CLASS SIZE N/A  
MONITORING GROUP NUMBER R-001  
MONITORING GROUP DESC Public Access Irrigation, including Influent  
NO DISCHARGE FROM SITE [ ]

COUNTY Seminole

MONITORING PERIOD--From 01/01/2010 To 01/31/2010

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	0.036	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		2.2	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	MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 I Mon Site No. EFA-1	Permit Measurement		30.0 (Mo Avg)	MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement		3.1	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		6.5	S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon Site No. EFA-1	Permit Measurement		6.0 (Min)	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 (MM/DD/YY)

William Trendel / Sen. Facilities Operator

407-509-8398

10/2/23

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

MONITORING PERIOD - From

01/01/2010 To

11/31/2010

Parameter	Quantity of Loading	Units	Quality or Concentration	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		75 (Min)	#/100ml		3 Days/Week	Grab
Coliform, Fecal	Sample Measurement		10	#/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: 50050 A Mon Site No: EFA-1	Permit Measurement		1.0 (Min)	MG/L		Continuous	analyzer
Turbidity	Sample Measurement		3.00	NTU		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		93	MG/L		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		155	MG/L		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	0.043	MG/D			5 Days/Week	
PARM Code: 50050 P Mon Site No: FLW-1	Permit Measurement	0.065 (An Avg)	MG/D			5 Days/Week	
Flow	Sample Measurement	0.045	0.045 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 (TMADP/Permitted Capacity) x 100	Sample Measurement		47.4%		0	Percent	Calculated
PARM Code: 00180 I Mon Site No: FLW-1	Permit Measurement		Report			Percent	Calculated
	Sample Measurement						
	Permit Measurement						



**DAILY SAMPLE RESULTS - PART B**

Permit Number FLA011078

Facility Name Florida Central Commerce Park WWTP

Monitoring Period From 1/1/10 To 1/31/10

Code	COD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (S U)	TRC (For Disinfect) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	COD5 (mg/L)	TSS (mg/L)
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		0.7	0.029	0.000		
2			7.4	3.2		0.8	0.065	0.000		
3			7.4	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		
6			7.3	2.2		1.3	0.046	0.000		
7	<2	<1	7.0	1.0	<1	2.0	0.054	0.000	86	180
8			7.2	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		
11		<1	6.8	1.0	3.1	3.0	0.020	0.057		
12			6.9	1.0		3.0	0.002	0.010		
13			6.8	1.0		3.0	0.055	0.100		
14			6.8	1.0		3.0	0.054	0.055		
15			7.0	1.3		3.0	0.040	0.056		
16			7.1	4.0		3.0	0.021	0.050		
17			7.3	1.3		1.7	0.046	0.000		
18		<1	7.4	3.3	<1	1.1	0.059	0.054		
19		<1	7.3	3.8	<1	1.2	0.046	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	130
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	5.0		1.0	0.026	0.054		
25		<1	7.3	5.0	<1	0.9	0.060	0.057		
26		<1	7.2	5.0	<1	0.7	0.072	0.054		
27			7.6	5.0		0.8	0.050	0.056		
28		<1	7.4	5.0	<1	1.3	0.041	0.058		
29			7.2	5.0		2.5	0.046	0.057		
30			7.1	5.0		2.8	0.016	0.055		
31			7.4	5.0		1.8	0.056	0.055		

**PLANT STAFFING**

Day Shift Operator	Class	Certification No	
Day Shift Operator	Class	Certification No	
Day Shift Operator	Class	Certification No	
Day Shift Operator	Class C	Certification No	11993
Lead Operator	Class A	Certification No	9184
			Alfred Gerardo
			William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse:

Sprayfield

Limited Wet Weather Discharge Activation: Yes ☐ No ☐ Not Applicable ☒

If yes, cumulative days of wet weather 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 32833-3787

PERMITTEE NAME: Aqua Utilities, FL  
MAILING ADDRESS: P O. Box 490310  
Leesburg, FL 34748

PERMIT NUMBER: FLA011078

FACILITY: Florida Central Commerce Park WWTP  
LOCATION: 140 Hope Street  
Longwood, FL

LIMIT: Final  
CLASS SIZE: N/A  
MONITORING GROUP NUMBER: R-001  
MONITORING GROUP DESC: Public Access Irrigation, including Influent  
NO DISCHARGE FROM SITE: [ ]

REPORT GROUP: Monthly Domestic

COUNTY: Seminole

MONITORING PERIOD--From: 02/01/2010 To: 02/28/2010

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	0.035	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			2.2	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	MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 I Mon.Site No. EFA-1	Permit Measurement			30.0 (Mo.Avg.)	MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement			2.1	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			6.5	S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon.Site No. EFA-1	Permit Measurement			6.0 (Min)	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 (MM/DD/YY)

William Trendel / Sen. Facilities Operator

*William Trendel*

407-509-8398

10/03/21

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



Facility Name: Florida Central Commerce Park WWTP

Permit Number: FLA011078

MONITORING GROUP NUMBER: RW1

MONITORING PERIOD: From

02/01/2010 To

02/28/2010

Parameter	Quantity of Loading	Units	Quality or Concentration	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		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		3.00	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		64	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		75	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	0.046	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) x 100	Sample Measurement		48.8%		0	Percent	Calculated
PARM Code, 00180 I Mon. Site No. FLW-1	Permit Measurement		Report			Percent	Calculated
	Sample Measurement						
	Permit Measurement						



**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring Period From: 2/1/10 To: 2/28/10

	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	2.9	<1	1.8	0.058	0.000		
2		<1	6.9	3.3	<1	1.8	0.050	0.000		
3			6.7	1.5		2.9	0.063	0.054		
4	2.1	<1	6.6	2.2	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	0.077	0.056		
10			6.6	1.9		1.7	0.050	0.052		
11		<1	6.5	1.7	<1	1.4	0.055	0.015		
12			6.7	3.4		1.5	0.058	0.000		
13			6.8	4.3		0.7	0.023	0.057		
14			7.1	4.6		0.7	0.016	0.051		
15		<1	7.0	2.6	<1	1.1	0.041	0.054		
16		<1	7.0	2.3	<1	1.1	0.061	0.055		
17			7.0	2.2		2.4	0.064	0.047		
18	2.6	<1	6.9	5.0	1.1	1.8	0.072	0.054	51	54
19			6.8	5.0		2.7	0.028	0.055		
20			6.8	1.0		2.7	0.023	0.048		
21			7.0	3.6		2.0	0.021	0.000		
22		<1	6.8	5.0	1.1	3.0	0.062	0.000		
23		<1	6.7	5.0	1.1	3.0	0.049	0.050		
24			6.9	5.0		3.0	0.059	0.049		
25		<1	6.9	5.0	2.1	2.8	0.060	0.055		
26			6.9	5.0		1.8	0.070	0.053		
27			7.1	5.0		2.0	0.039	0.051		
28			7.3	5.0		1.8	0.046	0.055		
29										
30										
31										

**PLANT STAFFING**

Day Shift Operator Class \_\_\_\_\_ Certification No. \_\_\_\_\_  
 Day Shift Operator Class \_\_\_\_\_ Certification No. \_\_\_\_\_  
 Day Shift Operator Class \_\_\_\_\_ Certification No. \_\_\_\_\_  
 Day Shift Operator Class: C Certification No. 11993  
 Lead Operator Class: A Certification No. 9184

Alfred Gerardo  
William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

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

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



# 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 Aqua Utilities, FI PERMIT NUMBER FLA011078  
 MAILING ADDRESS P O Box 490310  
 Leesburg, FL 34748  
 FACILITY Florida Central Commerce Park WWTP  
 LOCATION 140 Hope Street  
 Longwood, FL  
 LIMIT Final REPORT Monthly  
 CLASS SIZE N/A GROUP Domestic  
 MONITORING GROUP NUMBER R-001  
 MONITORING GROUP DESC Public Access Irrigation, Including Influent  
 NO DISCHARGE FROM SITE [ ]

COUNTY Seminole MONITORING PERIOD--From 03/01/2010 To 03/31/2010

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No of Ex	Frequency of Analysis	Sample Type
Flow	Sample 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		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		2.2	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	MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 I Mon Site No. EFA-1	Permit Measurement		30.0 (Mo.Avg.)	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.)	MG/L		3 Days/Week	Grab
pH	Sample Measurement		6.8	S.U.	0	5 Days/Week	Grab
PARM Code, 00400 I Mon Site No. EFA-1	Permit Measurement		8.0 (Min)	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 (MM/DD/YY)

William Trendel / Sen. Facilities Operator

*William Trendel*

407-509-8398

10/04/25

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

MONITORING PERIOD: From

03/01/2010 To

03/31/2010

Parameter	Quantity of Loading	Units	Quality or Concentration	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		75 (Min.)	#/100mL	3	Days/Week	Grab
Coliform, Fecal	Sample Measurement		10	#/100mL	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	MGL	1	Continuous	analyzer
PARM Code: 50060 A Mon Site No: EFA-1	Permit Measurement		1.0 (Min.)	MGL		Continuous	analyzer
Turbidity	Sample Measurement		3.00	NTU	1	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		57	MGL	1	Every Two Weeks	Grab
PARM Code: 80082 G Mon Site No: INF-1	Permit Measurement		Report (Mo. Avg.)	MGL		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement		80	MGL	1	Every Two Weeks	Grab
PARM Code: 00530 G Mon Site No: INF-1	Permit Measurement		Report (Mo. Avg.)	MGL		Every Two Weeks	Grab
Flow	Sample Measurement	0.044	MG/D		1	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	0.049 0.047	MG/D		1	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 (TMADP/Permitted Capacity) x 100	Sample Measurement		49.1%		1	Percent	Calculated
PARM Code: 00180 I 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

Monitoring Period From: 3/1/10 To: 12/31/09

Code Mon. Site	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)
	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	0.053	0.054		
2		<1	7.3	3.4	1	2.0	0.054	0.054		
3			7.3	3.1		1.5	0.104	0.051		
4	<2	<1	7.2	3.1	<1	1.2	0.039	0.052	73	90
5			6.9	5.0		1.4	0.049	0.051		
6			6.9	5.0		1.5	0.038	0.059		
7			7.1	5.0		1.2	0.030	0.000		
8		<1	7.0	1.8	<1	3.0	0.056	0.000		
9		<1	7.0	3.0	<1	1.9	0.049	0.053		
10			7.1	1.2		1.6	0.045	0.056		
11		<1	7.0	2.0	<1	1.6	0.052	0.000		
12			6.8	3.4		1.6	0.064	0.000		
13			7.0	5.0		1.2	0.045	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	3.8	<1	1.2	0.051	0.055		
17			7.2	5.0		1.4	0.074	0.053		
18	<2	<1	7.0	5.0	<1	1.8	0.047	0.054	41	70
19			6.9	5.0		2.0	0.055	0.059		
20			6.9	5.0		2.0	0.018	0.056		
21			7.1	3.3		3.0	0.013	0.058		
22		<1	7.3	2.8	6.0	3.0	0.017	0.057		
23		<1	7.2	2.4	6.8	2.6	0.055	0.000		
24			7.3	2.5		2.7	0.054	0.000		
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			7.2	2.7		0.9	0.032	0.053		
28			7.3	4.3		0.6	0.043	0.053		
29			7.3	5.0		0.9	0.067	0.054		
30		<1	7.3	1.0	<1	0.9	0.059	0.053		
31		<1	7.0	5.0	<1	0.7	0.053	0.053		

## PLANT STAFFING

Day Shift Operator Class: \_\_\_\_\_ Certification No: \_\_\_\_\_  
Day Shift Operator Class: \_\_\_\_\_ Certification No: \_\_\_\_\_  
Day Shift Operator Class: \_\_\_\_\_ Certification No: \_\_\_\_\_  
Day Shift Operator Class: C Certification No: 11993  
Lead Operator Class: A Certification No: 9184

Alfred Gerardo  
William Trendel

Type of Effluent Disposal or Reclaimed Water Reuse: Sprayfield

Limited Wet Weather Discharge Activated Yes ☐ No ☐ Not Applicable ☒

If yes, cumulative days of wet weather discharge

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



# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Dept. of Environmental Protection, Central District, 3311 Bogueville Boulevard Suite 222, Orlando, Florida 32843-3767

PERMITTEE NAME Aqua Utilities, FI  
MAILING ADDRESS P.O. Box 490310  
Leesburg, FL 34748  
PERMIT NUMBER FLA011078  
LIMIT Final  
CLASS SIZE N/A  
MONITORING GROUP N/A  
MONITORING GROUP DESC R-001  
NO DISCHARGE FROM SITE Public Access Irrigation, including Influent  
[ ]

COUNTY Seminole  
MONITORING PERIOD-From 04/01/2010 To 04/30/2010

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. of Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.042	mgd		0	5 Days/Week	Flow-meter
PARM Code, 50050 Y Mon. Site No. FLW-2	Permit Measurement	0.095 (Ar. 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 (Ar. Avg.)	MG/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		3.2	MG/L	0	Every Two Weeks	Grab
PARM Code, 80082 I Mon. Site No. EFA-1	Permit Measurement		30.0 (Mo. Avg.)	MG/L		Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement		2.1	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	8.0	S.U.	5 Days/Week	Grab
PARM Code, 00400 I Mon. Site No. EFA-1	Permit Measurement		8.0 (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 persons 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 the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Permittee Executive or Authorized Agent

William Trendel / Sen. Facilities Operator

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

Signature of  
407-508-8398

DATE: 10/05/2010



MONITORING PERIOD--From

04/01/2010 To

04/30/2010

Parameter	Quantity of Loading	Units	Quality or Concentration	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		10	#/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		3.00	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		86	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			5 Days/Week	
Flow	Sample Measurement	0.042	0.046	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		48.1%		0	Percent	Calculated
PARM Code, 00180 I Mon.Site No. FLW-1	Permit Measurement		Report			Percent	Calculated
	Sample Measurement						
	Permit Measurement						



# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011078

Facility Name: Florida Central Commerce Park WWTP

Monitoring Period From: 4/1/10 To: 4/30/10

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
	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)
1	5.5	<1	7.1	5.0	<1	0.7	0.039	0.053	140	220
2			7.2	2.4		0.6	0.044	0.058		
3			7.2	5.0		0.5	0.034	0.054		
4			7.4	5.0		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	5.0		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		0.7	0.045	0.010		
15	<2	<1	7.2	5.0	<1	0.8	0.063	0.055	56	92
16			7.0	1.4		2.8	0.032	0.051		
17			7.4	5.0		1.0	0.035	0.054		
18			7.3	2.9		0.9	0.041	0.052		
19		<1	7.3	1.0	<1	1.0	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			7.4	1.0		3.0	0.003	0.054		
23		<1	8.0	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	0.046	0.054		
27		<1	7.4	5.0	<1	1.9	0.049	0.053		
28			7.4	5.0		1.9	0.056	0.054		
29	<2	<1	7.2	5.0	1.2	1.2	0.061	0.054	62	120
30			7.0	5.0		0.9				
31										

## PLANT STAFFING

Day Shift Operator	Class: _____	Certification No: _____	_____
Day Shift Operator	Class: _____	Certification No: _____	_____
Day Shift Operator	Class: _____	Certification No: _____	_____
Day Shift Operator	Class: <u>C</u>	Certification No: <u>11993</u>	<u>Alfred Gerardo</u>
Lead Operator	Class: <u>A</u>	Certification No: <u>9184</u>	<u>William Trendel</u>

Type of Effluent Disposal or Reclaimed Water Reuse

Sprayfield

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

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





# 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](mailto: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 LIHVARCİK  
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.
2. 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](mailto:blake.vahlsing@dep.state.fl.us).

Sincerely,

*David Smicherko*

David Smicherko  
Supervisor  
Wastewater Compliance/Enforcement

DS/bv/ar  
Enclosure: Inspection Report  
cc: Patrick Farris, [PAFarris@aquaamerica.com](mailto:PAFarris@aquaamerica.com)



**FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
**WASTEWATER COMPLIANCE INSPECTION REPORT**  
**FACILITY AND INSPECTION INFORMATION**

@ = Optional

<b>Name and Physical Location of Facility</b> Florida Central Commerce Park WWTF 140 Hope Street Longwood, FL	<b>WAFR ID:</b> FLA011078	<b>County</b> Seminole  <b>Phone</b>	<b>Entry Date/Time</b> 05/05/2010 11:25 AM  <b>@ Exit Date/Time</b> 05/05/2010 12:48 PM
<b>Name(s) of Field Representatives(s)</b> Bill Trendel	<b>Title</b> Operator	<b>Phone</b> (407) 509-8398	
<b>Name and Address of Permittee or Designated Representative</b> Edward Pellenz, P.E. Aqua Utilities of Florida Inc. 1100 Thomas Avenue Leesburg, FL 34748	<b>Title</b> Operations Manager	<b>Phone</b> (352) 435-4033	<b>@ Operator Certification #</b>

<b>Inspection Type:</b>	<input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/>	<b>Samples Taken(Y/N):</b> N	<b>@ Sample ID#:</b>	<b>Samples Split (Y/N):</b>
<input checked="" type="checkbox"/> <b>Domestic</b>	<input type="checkbox"/> <b>Industrial</b>	<b>Were Photos Taken(Y/N):</b> N	<b>@ Log book Volume :</b> tough book	<b>@ Page</b> N/A

<b>FACILITY COMPLIANCE AREAS EVALUATED</b>							
IC: In Compliance; NC: Out of Compliance; SC: Significant out of Compliance; NA: Not Applicable; NE or Blank: Not Evaluated Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "♦"							
WASTEWATER TREATMENT PROGRAM		WASTEWATER TREATMENT PROGRAM		WASTEWATER TREATMENT PROGRAM		WASTEWATER TREATMENT PROGRAM	
IC	1. ♦ Permit	NE	3. Laboratory	IC	6. Facility Site Review	IC	9. ♦ Effluent Quality
NA	2. ♦ Compliance Schedules	NC	4. Sampling	IC	7. Flow Measurement	IC	10. ♦ Effluent Disposal
		NC	5. ♦ Records & Reports	IC	8. ♦ Operation & Maintenance	IC	11. Residuals/Sludge
	13. Other:					NA	12. Groundwater

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

<b>Name(s) and Signature(s) of Inspector(s)</b> Blake W. Vahlsing <i>Blake W. Vahlsing</i>	<b>District Office/Phone Number</b> Central District Office 407 – 893-3313	<b>Date</b> May 6, 2010
<b>@ Signature of Reviewer</b> David Smicherko <i>David Smicherko</i>	<b>District Office/Phone Number</b>	<b>Date</b> May 25, 2010



## 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 Observation: *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 expire 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.
- 5.10 DMR 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 DMR review: 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 Observation: *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](http://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@aquaaamerica.com](mailto:PAFarris@aquaaamerica.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



# Informe de precisión

## Termómetro FKIO-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 basa en divisiones de escala de  $\pm 1$  entre  $-50$  y  $130^\circ\text{C}$  y en divisiones de escala de  $\pm 2$  para temperaturas inferiores a  $-50^\circ\text{C}$  y superiores a  $130^\circ\text{C}$ .

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

- Nº 7713700 (NIST) y 728 (DKD/PTB) para intervalos inferiores a  $-30^\circ\text{C}$
- Nº 844016 (NIST) y 730 (DKD/PTB) para intervalos entre  $-30^\circ\text{C}$  y  $10^\circ\text{C}$
- Nº 878708 (NIST) y 733 (DKD/PTB) para intervalos entre  $0^\circ\text{C}$  y  $50^\circ\text{C}$
- Nº 9810984 (NIST) y 735 (DKD/PTB) para intervalos entre  $50^\circ\text{C}$  y  $100^\circ\text{C}$
- Nº 905354 (NIST) y 736 (DKD/PTB) para intervalos entre  $100^\circ\text{C}$  y  $150^\circ\text{C}$
- Nº 878735 (NIST) y 739 (DKD/PTB) para intervalos entre  $150^\circ\text{C}$  y  $200^\circ\text{C}$

El laboratorio de H-B Instrument Company está acreditado por A2LA conforme la reconocida norma internacional ISO/IEC 17025:2005. El laboratorio de H-B también cumple con los requisitos de ANSI/NCSL Z540-1-1994.

Las incertidumbres expandidas de medición asociadas con nuestro sistema de calibración son  $\pm 0.075^\circ\text{C}$  de  $-80$  a  $-1^\circ\text{C}$ ,  $\pm 0.064^\circ\text{C}$  en el punto de congelamiento en baño de hielo en fusión  $\pm 0.066^\circ\text{C}$  de  $1$  a  $100^\circ\text{C}$ ,  $\pm 0.066^\circ\text{C}$  de  $101$  a  $200^\circ\text{C}$ ,  $\pm 0.068^\circ\text{C}$  de  $201$  a  $300^\circ\text{C}$  y  $\pm 0.064$  de  $301$  a  $400^\circ\text{C}$ . Estas incertidumbres han sido calculadas utilizando nuestras Instrucciones de trabajo WI-19 a 22, que utilizan métodos incluidos en NIST, Nota Técnica 1297. La incertidumbre informada representa la incertidumbre expandida expresada a aproximadamente el 95% del nivel de confianza, utilizando un factor de cobertura de  $k=2$ .

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

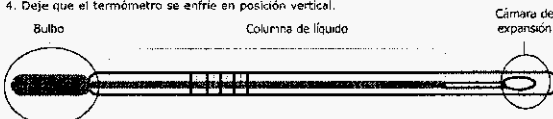
1. Prepare una solución de hielo triturado y sal o de  $\text{CO}_2$  (hielo seco) y alcohol.
2. Introduzca el bulbo del termómetro en la solución y mantenga el termómetro en posición vertical.
3. Deje que la columna de líquido baje hasta el bulbo.
4. Gire el termómetro (con el bulbo hacia abajo) formando un arco hasta conseguir que el gas atrapado suba por encima de la columna.
5. Deje que el termómetro se caliente lentamente en posición vertical.

#### Método de calentamiento

1. Caliente el bulbo del termómetro en posición vertical dentro de un líquido caliente, con aire caliente o sobre una flama no muy intensa.
2. Deje que la columna de líquido suba hasta la que parte separada de la columna entre en la cámara de expansión en la parte superior del termómetro.
- NOTA: En caso de llenar en exceso la cámara de expansión, el termómetro se romperá.
3. Dé unos ligeros golpes al termómetro en posición vertical para dejar pasar el gas que separe la columna hasta subir por encima de la columna.
4. Deje que el termómetro se enfríe lentamente en posición vertical.

#### Para termómetros para botellas de baja temperatura (de $-90^\circ\text{C}$ a $25^\circ\text{C}$ )

1. Mantenga el termómetro en posición vertical con el bulbo hacia abajo.
2. En el caso de los termómetros de mercurio, golpee ligeramente el bulbo sobre un tapón de caucho o cualquier otra superficie blanda hasta que el mercurio alcance la parte inferior de la cámara de expansión. Aplique el calor mínimo (basta con el calor de la mano). Haga que el mercurio restante suba por la columna hasta alcanzar el líquido separado sin llenar la cámara de expansión más de la mitad.
3. En el caso de los termómetros que no son de mercurio, caliente el bulbo con una flama no muy intensa o con el aire caliente hasta que el líquido llegue a la parte inferior de la cámara de expansión. Deje que el líquido restante de la columna se vuelva a unir mediante la captación del líquido separado antes de que la cámara de expansión esté medio llena.
4. Deje que el termómetro se enfríe en posición vertical.



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

# Statement of Accuracy



Serial Number: **M11109** Date of Report: **MAY 03 2010**

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  $\pm 1$  scale division from  $-50$  to  $+130^\circ\text{C}$  and  $\pm 2$  scale divisions for temperatures below  $-50^\circ\text{C}$  and above  $+130^\circ\text{C}$ .

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  $-30^\circ\text{C}$
- #844016 (NIST), #730 (DKD/PTB) for ranges from  $-30^\circ\text{C}$  to  $10^\circ\text{C}$
- #878708 (NIST), #733 (DKD/PTB) for ranges from  $0^\circ\text{C}$  to  $50^\circ\text{C}$
- #9810984 (NIST), #735 (DKD/PTB) for ranges from  $50^\circ\text{C}$  to  $100^\circ\text{C}$
- #905354 (NIST), #736 (DKD/PTB) for ranges from  $100^\circ\text{C}$  to  $150^\circ\text{C}$
- #878735 (NIST), #739 (DKD/PTB) for ranges from  $150^\circ\text{C}$  to  $200^\circ\text{C}$

H-B Instrument Company's laboratory is accredited in accordance with the recognized International Standard ISO/IEC 17025:2005 through A2LA. H-B's laboratory also meets the requirements of ANSI/NCSL Z540-1-1994.

The expanded measurement uncertainties associated with our calibration system are  $\pm 0.075^\circ\text{C}$  from  $-80$  to  $-1^\circ\text{C}$ ,  $\pm 0.064^\circ\text{C}$  at the ice point in melting ice bath,  $\pm 0.066^\circ\text{C}$  from  $1$  to  $100^\circ\text{C}$ ,  $\pm 0.066^\circ\text{C}$  from  $101$  to  $200^\circ\text{C}$ ,  $\pm 0.068^\circ\text{C}$  from  $201$  to  $300^\circ\text{C}$ , and  $\pm 0.064^\circ\text{C}$  from  $301$  to  $400^\circ\text{C}$ . 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

#### Cooling Method

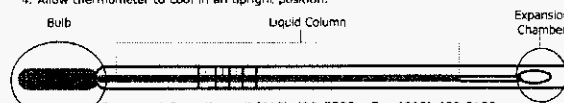
1. Prepare a solution of shaved ice and salt OR  $\text{CO}_2$  (Dry Ice) and alcohol.
2. Place the thermometer bulb in the solution, keeping the thermometer upright.
3. Allow the liquid column to retreat into the bulb.
4. Swing the thermometer (bulb down) in an arc, forcing the entrapped gas to rise above the column.
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 Bottle Thermometers ( $-90^\circ\text{C}$ to $25^\circ\text{C}$ )

1. Hold the thermometer upright, bulb down.
2. For mercury 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 do). Force 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 flame or warm air until the liquid comes to the bottom of the expansion chamber. Allow the remaining 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.



For more information call (610) 489-5500 • Fax (610) 489-9100  
info@hbinstrument.com • www.hbinstrument.com



BF-13



Member of the Better Business Bureau

P. O. Box 915081 \* Longwood FL 32791 \* Telephone 407-332-4497 or 321-689-4738 \* Fax 407-265-2819

P. O. Box 901 \* Edgewater FL 32132 \* Telephone 386-345-4027 or 321-689-4738 \* Fax 386-345-4028

CUSTOMER NAME: Aqua Utilities TEST DATE: 6-10-10  
 STREET ADDRESS: 140 Hope ST  
 MAILING ADDRESS: Longwood FL 32750  
 LOCATION OF ASSEMBLY: Right R Shd  
 TYPE OF ASSEMBLY: ☒ RP ☐ DC ☐ PVB ☐ PSL 56 TIME 3:10pm SIZE: 2  
 MANUFACTURE: WATTS MODEL: 009 M1-0T SERIAL NO: 34948

TYPE OF SERVICE(CHECK ONE):		TYPE OF SERVICE(CHECK ONE):		TYPE OF SERVICE(CHECK ONE):	
<input checked="" type="checkbox"/> POTABLE		<input type="checkbox"/> IRRIGATION		<input type="checkbox"/> FIRE LINE	
CHECK VALVE #1	RELIEF VALVE	CHECK VALVE #2	PRES VACUUM BREAKER		
<input type="checkbox"/> Leaked	Opened At: <u>2.0</u> PSI	<input type="checkbox"/> Leaked	Air Inlet Opened at _____ PSI		
<input checked="" type="checkbox"/> Closed Tight	Did Not Open <input type="checkbox"/>	<input checked="" type="checkbox"/> Closed Tight	Did Not Open <input type="checkbox"/>		
Gauge Pressure Across Check With Back Pressure Valve: <u>8.0</u> PSI		Gauge Pressure Across Check Valve: <u>1.4</u> PSI	Check Valve: Leaked <input type="checkbox"/> Held At _____ PSI		
<input type="checkbox"/> Cleaned Only Replaced:	<input type="checkbox"/> Cleaned Only Replaced:	<input type="checkbox"/> Cleaned Only Replaced:	<input type="checkbox"/> Cleaned Only Replaced:		
<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit		
<input type="checkbox"/> CV Assembly Or	<input type="checkbox"/> R V Assembly Or	<input type="checkbox"/> CV Assembly Or	<input type="checkbox"/> CV Assembly Or		
<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc, CV		
<input type="checkbox"/> O-Rings	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> O-Rings	<input type="checkbox"/> Disc, Air In		
<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Spring, Air		
<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring, CV		
<input type="checkbox"/> Stem/Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Stem/Guide	<input type="checkbox"/> Retainer		
<input type="checkbox"/> Retainer	<input type="checkbox"/> O-Rings	<input type="checkbox"/> Retainer	<input type="checkbox"/> Guide		
<input type="checkbox"/> Lock Nuts	<input type="checkbox"/> Other	<input type="checkbox"/> Lock Nuts	<input type="checkbox"/> O-Ring		
<input type="checkbox"/> Other	<input type="checkbox"/> Exercised	<input type="checkbox"/> Other	<input type="checkbox"/> Other		
Gauge Pressure Across Check Valve: _____ PSI	Relief Valve Opened at _____ PSI	Gauge Pressure Across Check Valve: _____ PSI	Air Inlet _____ PSI		
			Check Valve _____ PSI		
Shut Off Valve # 2 Outlet <input type="checkbox"/> Leaking <input checked="" type="checkbox"/> Holdtight					
	<input type="checkbox"/> Exercised				

Note: ALL REPAIRS SHALL BE COMPLETED WITHIN TEN(10) DAYS.

REMARKS: Yearly Test OK

I HEREBY CERTIFY THAT THE DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTNANCE OF THE ASSEMBLY:

TESTER: RAY RODRIGUEZ (ROD) CERT NO: 12-09-2127TESTER: HAROLD EBERT (HAP) CERT NO: 12-09-3251TEST EQUIP USED (MAKE & MODEL): MIDWEST 830DATE LAST CALIBRATED: 2/08 9/09 11/08 10/08GAUGE SN# 112192357271302754330865TESTER'S COMPANY NAME CORRECT FLOW, INC TESTER'S SIGNATURE: Harold EbertMETER #  
READING #





# St. Johns River Water Management District

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

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

CERTIFIED NUMBER: 7004 0750 0003 3823 0134

August 12, 2004

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

GOVERNING BOARD

Ometrias D. Long, CHAIRMAN APOPKA	David G. Graham, VICE CHAIRMAN JACKSONVILLE	R. Clay Abright, SECRETARY OCALA	Duane Ottenstrofer, TREASURER JACKSONVILLE
W. Michael Branch PERTONIAVA BEACH	John G. Sowinski ORLANDO	William Kern DELERONDA BEACH	Ann T. Moore BUNELL
		96	Susan H. Hughes JACKSONVILLE



#### 40C-1.612 TRANSFER OF OWNERSHIP OF PERMIT

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



**PERMIT NO.** 8357

**ORIGINAL PERMIT ISSUED:** January 18, 2000

**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): 20S 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.

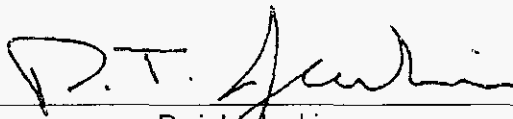
This permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes and 40C-1, Florida Administrative Code.

**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

By: \_\_\_\_\_



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 gallons 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.



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



See Pages 4 for Instructions.

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

## A. Public Water System (PWS) Information

PWS Name:	Harmony Homes			PWS Identification Number:	3590497
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	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
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	City:	Altamonte Spr	State:	Florida
Type of Water Treatment by Plant:	<input type="checkbox"/> Raw Ground Water <input checked="" type="checkbox"/> Purchased Finished Water			Zip Code:	32701
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.):	C
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	William Trendel	C	6411	Days 1st Shift	
Other Operators:	Terry McCarthy	C	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 6/8/08  
Signature and Date

William Trendel  
Printed or Typed Name

C-6411  
License Number



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

PWS Identification Number: 3590497 Plant Name: Harmony Homes

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1		24.0			1.2								1.0	W.T.P. off line / hydro tank rep.	
2		24.0			1.2								1.0	W.T.P. off line / hydro tank rep.	
3		24.0			1.1								1.0	W.T.P. off line / hydro tank rep.	
4		24.0												W.T.P. off line / hydro tank rep.	
5		24.0			1.2								1.1	W.T.P. off line / hydro tank rep.	
6		24.0			1.3								1.1	W.T.P. off line / hydro tank rep.	
7		24.0			2.4								1.7	W.T.P. off line / hydro tank rep.	
8		24.0			1.9								1.6	W.T.P. off line / hydro tank rep.	
9		24.0	6,900		1.0								1.0	W.T.P. off line / hydro tank rep.	
10		24.0			0.9								0.9	W.T.P. off line / hydro tank rep.	
11		24.0												W.T.P. off line / hydro tank rep.	
12		24.0			1.0								0.8	W.T.P. off line / hydro tank rep.	
13		24.0			0.8								0.7	W.T.P. off line / hydro tank rep.	
14		24.0			0.6								0.6	W.T.P. off line / hydro tank rep.	
15		24.0			1.1								0.9	W.T.P. off line / hydro tank rep.	
16		24.0			1.0								0.9	W.T.P. off line / hydro tank rep.	
17		24.0			1.0								0.9	W.T.P. off line / hydro tank rep.	
18		24.0												W.T.P. off line / hydro tank rep.	
19		24.0			0.8								0.8	W.T.P. off line / hydro tank rep.	
20		24.0			0.7								0.7	W.T.P. off line / hydro tank rep.	
21		24.0			0.8								0.7	W.T.P. off line / hydro tank rep.	
22		24.0			1.0								0.8	W.T.P. off line / hydro tank rep.	
23		24.0			0.8								0.7	W.T.P. off line / hydro tank rep.	
24		24.0			0.7								0.7	W.T.P. off line / hydro tank rep.	
25		24.0												W.T.P. off line / hydro tank rep.	
26		24.0			0.7								0.6	W.T.P. off line / hydro tank rep.	
27		24.0			0.6								0.6	W.T.P. off line / hydro tank rep.	
28		24.0			0.6								0.6	W.T.P. off line / hydro tank rep.	
29		24.0			0.8								0.7	W.T.P. off line / hydro tank rep.	
30		24.0			0.7								0.7	W.T.P. off line / hydro tank rep.	
31		24.0													
Total			6,900												
Average			223												
Maximum			6,900												

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



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



See Pages 4 for Instructions.

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

## A. Public Water System (PWS) Information

PWS Name:	Harmony Homes			PWS Identification Number:	3590497
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	65			Total Population Served at End of Month:	228
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

## B. Water Treatment Plant Information

Plant Name:	Harmony Homes			Plant Telephone Number:	407-339-5424
Plant Address:	101 Plymouth Avenue			City:	Altamonte Spr
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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.):	C
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	William Trendel	C	6411	Days 1st Shift	
Other Operators:	Terry McCarthy	C	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 7/2/08  
Signature and Date

William Trendel  
Printed or Typed Name

C-6411  
License Number



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

PWS Identification Number: 3590497 Plant Name: Harmony Homes

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg·min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg·min/L	Lowest Operating UV Dose, mW·sec/cm <sup>2</sup>	Minimum UV Dose Required, mW·sec/cm <sup>2</sup>		
1	X	24.0		0.7								0.5	W.T.P. off line until hydro tank rep.	
2		24.0											W.T.P. off line until hydro tank rep.	
3	X	24.0		0.5								0.5	W.T.P. off line until hydro tank rep.	
4	X	24.0		0.7								0.6	W.T.P. off line until hydro tank rep.	
5	X	24.0		0.7								0.6	W.T.P. off line until hydro tank rep.	
6	X	24.0		0.7								0.6	W.T.P. off line until hydro tank rep.	
7	X	24.0		0.5								0.5	W.T.P. off line until hydro tank rep.	
8		24.0											W.T.P. off line until hydro tank rep.	
9	X	24.0		0.7								0.7	W.T.P. off line until hydro tank rep.	
10	X	24.0		0.5								0.5	W.T.P. off line until hydro tank rep.	
11	X	24.0		0.5								0.5	W.T.P. off line until hydro tank rep.	
12	X	24.0		0.4								0.4	W.T.P. off line until hydro tank rep.	
13	X	24.0		0.4								0.4	W.T.P. off line until hydro tank rep.	
14	X	24.0		0.5								0.5	W.T.P. off line until hydro tank rep.	
15		24.0											W.T.P. off line until hydro tank rep.	
16	X	24.0		1.0								0.8	W.T.P. off line until hydro tank rep.	
17	X	24.0		0.9								0.8	W.T.P. off line until hydro tank rep.	
18	X	24.0		0.9								0.8	W.T.P. off line until hydro tank rep.	
19	X	24.0		0.7								0.7	W.T.P. off line until hydro tank rep.	
20	X	24.0		1.1								0.9	W.T.P. off line until hydro tank rep.	
21	X	24.0		1.1								1.0	W.T.P. off line until hydro tank rep.	
22		24.0											W.T.P. off line until hydro tank rep.	
23	X	24.0		0.9								0.8	W.T.P. off line until hydro tank rep.	
24	X	24.0		1.1								1.0	W.T.P. off line until hydro tank rep.	
25	X	24.0		0.9								0.9	W.T.P. off line until hydro tank rep.	
26	X	24.0		0.8								0.8	W.T.P. off line until hydro tank rep.	
27	X	24.0		0.8								0.7	W.T.P. off line until hydro tank rep.	
28	X	24.0		0.9								0.8	W.T.P. off line until hydro tank rep.	
29		24.0											W.T.P. off line until hydro tank rep.	
30	X	24.0		1.1								0.9	W.T.P. off line until hydro tank rep.	
31														
Total														
Average														
Maximum														

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



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



See Pages 4 for Instructions.

**I. 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:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	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@aquaaamerica.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 Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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.):	C
<b>Licensed Operators:</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s) / Shift(s) Worked</b>	
<b>Lead/Chief Operator:</b>	William Trendel	C	6411	Days 1st Shift	
<b>Other Operators:</b>	Terry McCarthy	C	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 8/4/08  
Signature and Date

William Trendel  
Printed or Typed Name

C-6411  
License Number



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

PWS Identification Number: 3590497 Plant Name: Harmony Homes

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose:				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	X	24.0		0.8								0.8	on interconnect, due to hydro tank rep.		
2	X	24.0		0.8								0.7	on interconnect, due to hydro tank rep.		
3	X	24.0		0.7								0.7	on interconnect, due to hydro tank rep.		
4	X	24.0		0.9								0.8	on interconnect, due to hydro tank rep.		
5	X	24.0		0.9								0.8	on interconnect, due to hydro tank rep.		
6	X	24.0											on interconnect, due to hydro tank rep.		
7	X	24.0		1.1								1.0	on interconnect, due to hydro tank rep.		
8	X	24.0		0.9								0.9	on interconnect, due to hydro tank rep.		
9	X	24.0		0.9								0.8	on interconnect, due to hydro tank rep.		
10	X	24.0		1.0								0.8	on interconnect, due to hydro tank rep.		
11	X	24.0		0.9								0.8	on interconnect, due to hydro tank rep.		
12	X	24.0		1.0								0.9	on interconnect, due to hydro tank rep.		
13	X	24.0		1.2								1.1	on interconnect, due to hydro tank rep.		
14	X	24.0		0.8								0.7	on interconnect, due to hydro tank rep.		
15	X	24.0		1.0								0.9	on interconnect, due to hydro tank rep.		
16	X	24.0		0.8								0.8	on interconnect, due to hydro tank rep.		
17	X	24.0		0.7								0.6	on interconnect, due to hydro tank rep.		
18	X	24.0		0.5								0.5	on interconnect, due to hydro tank rep.		
19	X	24.0		0.8								0.7	on interconnect, due to hydro tank rep.		
20	X	24.0											on interconnect, due to hydro tank rep.		
21	X	24.0		1.0								0.7	on interconnect, due to hydro tank rep. *		
22	X	24.0		0.9								0.7	on interconnect, due to hydro tank rep.		
23	X	24.0		0.6								0.5	on interconnect, due to hydro tank rep.		
24	X	24.0		0.6								0.5	on interconnect, due to hydro tank rep.		
25	X	24.0		0.5								0.5	on interconnect, due to hydro tank rep.		
26	X	24.0		0.5								0.5	on interconnect, due to hydro tank rep.		
27	X	24.0		0.5								0.5	on interconnect, due to hydro tank rep.		
28	X	24.0		0.5								0.4	on interconnect, due to hydro tank rep.		
29	X	24.0		0.5								0.4	on interconnect, due to hydro tank rep.		
30	X	24.0		0.8								0.8	on interconnect, due to hydro tank rep.		
31	X	24.0		0.8								0.8			
Total															
Average															
Maximum															

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



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



See Pages 4 for Instructions.

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

## A. Public Water System (PWS) Information

PWS Name:	Harmony Homes			PWS Identification Number:	3590497
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	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		City:	Altamonte Spr	State: Florida Zip Code: 32701
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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.): C		
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s) / Shift(s) Worked</b>	
Lead/Chief Operator:	William Trendel	C	6411	Days 1st Shift	
Other Operators:	Terry McCarthy	C	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 8/8/08  
Signature and Date

William Trendel  
Printed or Typed Name

C-6411  
License Number



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



See Pages 4 for Instructions.

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

## A. Public Water System (PWS) Information

PWS Name:	Harmony Homes			PWS Identification Number:	3590497
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	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
Contact Person's Telephone Number:	(352) 787-0980			Zip Code:	34749
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			City:	Altamonte Spr
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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.):	C
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s) / Shift(s) Worked</b>	
Lead/Chief Operator:	William Trendel	C	6411	Days 1st Shift	
Other Operators:	Terry McCarthy	C	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 10/5/08  
Signature and Date

William Trendel  
Printed or Typed Name

C-6411  
License Number



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

PWS Identification Number: 3590497 Plant Name: Harmony Homes

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

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

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

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

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



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



See Pages 4 for Instructions.

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

## A. Public Water System (PWS) Information

PWS Name:	Harmony Homes			PWS Identification Number:	3590497
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	61			Total Population Served at End of Month:	158
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

## B. Water Treatment Plant Information

Plant Name:	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:	<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> 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.): C		
Licensed Operators:	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	William Trendel	C	6411	Days 1st Shift	
Other Operators:	Terry McCarthy	C	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 11/6/08  
Signature and Date

William Trendel  
Printed or Typed Name

C-6411  
License Number



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

PWS Identification Number 3590497 Plant Name Harmony Homes

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

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

Total  
Average  
Maximum

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



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

November, 2008

PWS Name:	Harmony Homes			PWS Identification Number:	3590497			
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive				
Number of Service Connections at End of Month:	61			Total Population Served at End of Month:	158			
PWS Owner:	Aqua Utilities Florida							
Contact Person:	Edward Pellenz			Contact Person's Title:	Manager of Operations			
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State:	Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333			
Contact Person's E-Mail Address:	eipellenz@aquaaamerica.com							

[illegible]

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

Signature and Date William L. 12/2/08

William Trendel  
Printed or Typed Name

C-6411  
License Number



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

PWS Identification Number: 3590497 Plant Name: Harmony Homes

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

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

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



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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

## A. Public Water System (PWS) Information

PWS Name:	Harmony Homes			PWS Identification Number:	3590497
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	61			Total Population Served at End of Month:	158
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida
Contact Person's Telephone Number:	(352) 787-0980		Zip Code:	34749	
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				
Contact Person's Fax Number:	(352) 787-6333				

## B. Water Treatment Plant Information

Plant Name:	Harmony Homes			Plant Telephone Number:	407-339-5424
Plant Address:	101 Plymouth Avenue			City:	Altamonte Spr
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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.):	C
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	William Trendel	C	6411	Days 1st Shift	
Other Operators:	Terry McCarthy	C	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 1/4/09  
Signature and Date

William Trendel  
Printed or Typed Name

C-6411  
License Number



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

PWS Identification Number: 3590497 Plant Name: Harmony Homes

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

December, 2008

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1		24.0			1.1									1.1	Plant OOS
2		24.0			1.2									1.0	Plant OOS
3		24.0			1.3									1.1	Plant OOS
4		24.0	1,500		1.3									1.2	Plant OOS
5		24.0			1.3									1.2	Plant OOS
6		24.0	2,700		1.4									1.2	Plant OOS
7		24.0													Plant OOS
8		24.0			1.0									1.0	Plant OOS
9		24.0	2,500		1.2									1.0	Plant OOS
10		24.0	9,800		1.2									1.0	Plant OOS
11		24.0	9,100		1.2									1.1	Plant Back In Service
12		24.0	9,300		2.8									2.0	
13		24.0	8,400		1.7									1.3	
14		24.0	9,000												
15		24.0	9,000		0.8									0.7	
16		24.0	9,800		1.3									1.0	
17		24.0	9,000		1.5									1.2	
18		24.0	9,000		2.2									1.8	
19		24.0	10,800		1.7									1.5	
20		24.0	9,200		2.2									1.8	
21		24.0	8,750												
22		24.0	8,750		1.9									1.5	
23		24.0	9,100		1.4									1.4	
24		24.0	11,600		1.7									1.5	
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									1.4	
28		24.0	19,900		0.5									1.1	
29		24.0	22,800		1.3									1.0	
30		24.0	8,900		1.3									1.1	
31		24.0	12,400												
Total			242,400												
Average			7,819												
Maximum			22,800												

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



<b>I. General Information for the Month/Year of:</b>	January, 2009
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PWS Name:		Harmony Homes		PWS Identification Number:		3590497	
PWS Type:		<input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community		<input type="checkbox"/> Transient Non-Community	
						<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:				61		Total Population Served at End of Month:	
						158	
PWS Owner:		Aqua Utilities Florida					
Contact Person:		Edward Pellenz				Contact Person's Title:	
						Manager of Operations	
Contact Person's Mailing Address:		PO Box 490310		City: Leesburg		State: Florida	
						Zip Code: 34749	
Contact Person's Telephone Number:		(352) 787-0980				Contact Person's Fax Number:	
						(352) 787-6333	
Contact Person's E-Mail Address:		eipellenz@aquaamerica.com					

[illegible]

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

C-6411  
License Number



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

PWS Identification Number: 3590497 Plant Name: Harmony Homes

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Started or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Longest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C if Applicable	pH of Water	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1		24.0	9,300		1.1								1.0		
2		24.0	9,700		2.5								2.0		
3		24.0	10,600		1.6								1.5		
4		24.0	11,550												
5		24.0	11,550		1.0								0.9		
6		24.0	9,100		2.3								2.0		
7		24.0	13,100		1.2								1.2		
8		24.0	8,500		2.7								2.4		
9		24.0	9,700		1.9								1.9		
10		24.0	9,900		1.7								1.5		
11		24.0	11,900												
12		24.0	11,900		1.8								1.7		
13		24.0	7,300		2.2								2.0		
14		24.0	10,900		1.6								1.5		
15		24.0	8,700		2.0								1.7		
16		24.0	9,700		2.2								1.8		
17		24.0	9,600		1.8								1.8		
18		24.0	11,350												
19		24.0	11,350		1.4								1.3		
20		24.0	15,100		1.1								1.0		
21		24.0			1.1								1.0	plant taken off line temp / bad relay	
22		24.0			1.0								0.9	plant taken off line temp / bad relay	
23		24.0	10,400		2.0								1.7		
24		24.0	9,400		2.3								2.0		
25		24.0	12,750												
26		24.0	12,750		2.5								2.4		
27		24.0	11,200		1.5								1.4		
28		24.0	11,500		1.5								1.4		
29		24.0	9,800		2.7								2.4		
30		24.0	8,200		2.4								2.0		
31		24.0	9,200												
Total			306,000												
Average			9,871												
Maximum			15,100												

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



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

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

### B. Water Treatment Plant Information

## II. Certification by Lead/Chief Operator

Signature and Date William J. Mendel 3/4/09

Printed or Typed Name

License Number



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

PWS Identification Number: 3590497 Plant Name: Harmony Homes

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable\*

CT Calculations

UV Dose

Day of the Month	Days Plant Staffed or Visited by Operator (Place 'X')	Hours plant Operated	Net Quantity of Finished Water Produced, gal.	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		24.0	10,200											
2	X	24.0	10,200		1.4								1.1	
3	X	24.0	9,200		1.3								1.1	
4	X	24.0	9,600		1.4								1.2	
5	X	24.0	13,700		0.9								0.9	
6	X	24.0	9,600		2.0								1.8	
7	X	24.0	10,000		2.2								2.0	
8		24.0	11,550											
9	X	24.0	11,550		1.7								1.5	
10	X	24.0	11,200		2.2								2.0	
11	X	24.0	8,600		2.3								2.0	
12	X	24.0	8,600		2.5								2.2	
13	X	24.0	10,600		2.5								2.2	
14	X	24.0	10,500		2.3								2.0	
15		24.0	12,300											
16	X	24.0	12,300		2.5								2.2	
17	X	24.0	10,700		2.3								2.1	
18	X	24.0	11,400		1.8								1.7	
19	X	24.0	11,100		3.1								2.7	
20	X	24.0	10,000		2.0								2.0	
21	X	24.0	9,000		2.7								2.5	
22		24.0	10,900											
23	X	24.0	10,900		2.6								2.5	
24	X	24.0	8,200		3.5								3.0	
25	X	24.0	10,000		2.0								2.0	
26	X	24.0	9,500		3.5								3.0	
27	X	24.0	11,300		2.6								2.4	
28	X	24.0	10,400		1.6								1.5	
29		24.0												
30		24.0												
31		24.0												
Total			293,100											
Average			10,438											
Maximum			13,700											

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



<b>I. General Information for the Month/Year of:</b>	March, 2009
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PWS Name: Harmony Homes		PWS Identification Number: 3590497	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 61		Total Population Served at End of Month: 158	
PWS Owner: Aqua Utilities Florida			
Contact Person: Edward Pellenz		Contact Person's Title: Manager of Operations	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: eipellenz@aquaaamerica.com			

[illegible]

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

William D. D. 4/2/09  
Signature and Date

William Trendel  
Printed or Typed Name

C-6411  
License Number



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

PWS Identification Number: 3590497 Plant Name: Harmony Homes

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Type of Disinfectant Residual Maintained in Distribution System				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg·min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg·min/L	Lowest Operating UV Dose, mW·sec/cm²	Minimum UV Dose Required, mW·sec/cm²			
1	X	24.0	10,800												
2	X	24.0	10,800		2.0								1.8		
3	X	24.0	9,200		2.1								1.8		
4	X	24.0	10,900		1.5								1.4		
5	X	24.0	11,900		1.7								1.5		
6	X	24.0	10,900		1.8								1.5		
7	X	24.0	13,200		1.5								1.4		
8	X	24.0	13,500												
9	X	24.0	13,500		0.8								0.7		
10	X	24.0	11,600		1.6								1.5		
11	X	24.0	11,000		1.3								1.3		
12	X	24.0	9,400		2.3								2.0		
13	X	24.0	12,500		1.6								1.5		
14	X	24.0	12,600		1.4								1.4		
15	X	24.0	12,700												
16	X	24.0	12,700		1.6								1.5		
17	X	24.0	13,900		0.8								0.7		
18	X	24.0	11,350		1.1								1.0		
19	X	24.0	11,350		3.5								3.0		
20	X	24.0	10,900		2.3								2.0		
21	X	24.0	12,500		1.5								1.4		
22	X	24.0	5,900		1.7								1.6		
23	X	24.0	18,000		1.6								1.6		
24	X	24.0	9,300		2.3								2.0		
25	X	24.0	11,100		1.4								1.4		
26	X	24.0	12,200		1.7								1.6		
27	X	24.0	5,700		2.3								2.0		
28	X	24.0	11,300		2.0								1.7		
29	X	24.0	10,050												
30	X	24.0	10,050		2.1								2.0		
31	X	24.0	11,500												
Total			352,300												
Average			11,365												
Maximum			18,000												

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



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



See Pages 4 for Instructions.

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

## A. Public Water System (PWS) Information

PWS Name:	Harmony Homes			PWS Identification Number:	3590497
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	61			Total Population Served at End of Month:	158
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	ejpellenz@aquaamerica.com				

## B. Water Treatment Plant Information

Plant Name:	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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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.):	C
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	William Trendel	C	6411	Days 1st Shift	
Other Operators:	Terry McCarthy	C	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 5/3/09  
Signature and Date

William Trendel  
Printed or Typed Name

C-6411  
License Number



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

PWS Identification Number: 3590497 Plant Name: Harmony Homes

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited By Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	X	24.0	10,100		1.8									1.7	
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									1.4	
5	X	24.0	11,800												
6	X	24.0	11,800		1.8									1.7	
7	X	24.0	10,700		1.9									1.7	
8	X	24.0	10,000		1.8									1.7	
9	X	24.0	10,600		2.4									2.2	
10	X	24.0	9,100		1.7									1.7	
11	X	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	X	24.0	10,200		1.5									1.4	
16	X	24.0	11,500		2.0									1.7	
17	X	24.0	10,500		2.2									2.0	
18	X	24.0	13,100		1.0									1.0	
19	X	24.0	10,000												
20	X	24.0	10,000		2.0									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	X	24.0	14,200		1.5									1.4	
25	X	24.0	15,600		1.2									1.2	
26	X	24.0	12,000		0.9									0.6	
27	X	24.0	17,400		0.5									0.5	
28	X	24.0	7,300		0.7									0.5	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									0.7	plant taken off line / pump bad
31	X	24.0													
Total			340,800												
Average			10,994												
Maximum			20,400												

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



1. General Information for the Month/Year of:		May, 2009
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PWS Name: Harmony Homes		PWS Identification Number: 3590497	
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month: 61		Total Population Served at End of Month: 158	
PWS Owner: Aqua Utilities Florida			
Contact Person: Edward Pellenz		Contact Person's Title: Manager of Operations	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: eipellenz@aquaamerica.com			

[illegible]

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

William Fred 6/3/09  
Signature and Date

William Trendel  
Printed or Typed Name

C-6411  
License Number



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

PWS Identification Number: 3590497 Plant Name: Harmony Homes

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
Day of the Month	Days Plant Started or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>		
1	X	24.0			0.7								0.6	Plant off line
2	X	24.0	28,100		0.7								0.5	Plant off line
3	X	24.0	1,150											Plant off line/ well clear, Bact
4	X	24.0	1,150		0.8								0.7	Plant off line/ well clear, Bact
5	X	24.0	15,800		0.6								0.6	Plant off line
6	X	24.0	1,600		0.7								0.6	Plant off line / flush well
7	X	24.0	40,400		0.7								0.6	Plant off line / flush well
8	X	24.0	9,500		0.6								0.6	Plant off line / flush well
9	X	24.0	12,500		0.5								0.3	Plant off line
10	X	24.0	17,200											Plant off line
11	X	24.0	17,200		0.5								0.4	Plant off line
12	X	24.0	8,600		0.8								0.6	Plant off line
13	X	24.0	7,300		1.1								0.9	Plant off line
14	X	24.0	8,700		1.4								1.2	Plant off line
15	X	24.0	9,500		1.4								1.2	Plant off line
16	X	24.0	14,150											Plant back on line
17	X	24.0	14,150		2.0								1.8	
18	X	24.0	16,900		1.1								1.0	
19	X	24.0	13,700		0.6								0.5	
20	X	24.0	11,500		1.8								1.6	
21	X	24.0	9,500		2.7								2.3	
22	X	24.0	10,100		2.1								1.8	
23	X	24.0	11,300		1.3								1.2	
24	X	24.0	10,500											
25	X	24.0	10,500		1.2								1.2	
26	X	24.0	14,700		1.7								1.5	
27	X	24.0	11,200		1.5								1.4	
28	X	24.0	10,100		2.2								1.8	
29	X	24.0	9,600		2.1								1.8	
30	X	24.0	10,500		1.0								1.0	
31	X	24.0	23,500											
Total			380,600											
Average			12,277											
Maximum			40,400											

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



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

June, 2009

PWS Name:		Harmony Homes		PWS Identification Number:		3590497	
PWS Type:		<input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community		<input type="checkbox"/> Transient Non-Community	
		<input type="checkbox"/> Consecutive					
Number of Service Connections at End of Month:				61			
Total Population Served at End of Month:				158			
PWS Owner:		Aqua Utilities Florida					
Contact Person:		Edward Pellenz				Contact Person's Title:	
						Manager of Operations	
Contact Person's Mailing Address:		PO Box 490310		City:		Leesburg	
				State:		Florida	
Contact Person's Telephone Number:		(352) 787-0980		Contact Person's Fax Number:		(352) 787-6333	
Contact Person's E-Mail Address:		eipellenz@aquaaamerica.com					

[illegible]

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

William Durdal 7/6/09  
Signature and Date

William Trendel  
Printed or Typed Name

C-6411  
License Number



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

PWS Identification Number: 3590497 Plant Name: Harmony Homes

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

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

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

Day of this Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, If Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24.0	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	X	24.0	9,400		2.4								2.0		
5	X	24.0	5,200		0.7								0.6		
6	X	24.0	22,200		1.5								1.3		
7	X	24.0	11,700												
8	X	24.0	11,700		1.3								1.0		
9	X	24.0	24,400		1.7								1.5		
10	X	24.0	13,400		1.3								1.2		
11	X	24.0	14,100		1.7								1.6		
12	X	24.0	15,700		1.4								1.4		
13	X	24.0	17,600		1.1								1.0		
14	X	24.0	16,350												
15	X	24.0	16,350		1.0								0.9		
16	X	24.0	9,700		1.3								1.1		
17	X	24.0	12,500		1.7								1.5		
18	X	24.0	11,300		2.1								1.8		
19	X	24.0	11,700		1.8								1.7		
20	X	24.0	13,000		2.1								1.8		
21	X	24.0	13,200												
22	X	24.0	13,200		2.0								1.6		
23	X	24.0	9,800												
24	X	24.0	9,800		1.7								1.5		
25	X	24.0	11,800		2.1								1.7		
26	X	24.0	11,600		1.4								1.4		
27	X	24.0	9,800		2.1								1.7		
28	X	24.0	10,000		2.2								1.6		
29	X	24.0	14,200		2.0								1.6		
30	X	24.0	9,800		1.2								1.2		
31	X	24.0													
Total			385,200												
Average			12,426												
Maximum			24,400												

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



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



See Pages 4 for Instructions.

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

## A. Public Water System (PWS) Information

PWS Name:	Harmony Homes			PWS Identification Number:	3590497
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	61			Total Population Served at End of Month:	158
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	eipellenz@aquaaamerica.com				

## B. Water Treatment Plant Information

Plant Name:	Harmony Homes			Plant Telephone Number:	407-339-5424
Plant Address:	101 Plymouth Avenue			City:	Altamonte Spr
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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.):	C
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	William Trendel	C	6411	Days 1st Shift	
Other Operators:	Terry McCarthy	C	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* 8/3/09  
Signature and Date

William Trendel  
Printed or Typed Name

C-6411  
License Number



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

PWS Identification Number: 3590497 Plant Name: Harmony Homes

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Started or Went by Operator Place (X's)	Hours plant in operation	Net Quantity of Finished Water Produced gal	CT Calculations, or UV Dose, to Demonstrate Four Log Virus Inactivation, If Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or After Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or After Customer During Peak Flow, mg-min	Temp of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm			
1	X	24.0	10,200		1.7								1.5		
2	X	24.0	10,000		1.8								1.5		
3	X	24.0	11,300		1.5								1.3		
4	X	24.0	10,200		1.7								1.4		
5	X		12,550												
6	X	24.0	12,550		1.3								1.0	temp. power outage / on interconnect	
7	X	24.0	300		1.3								1.0	interconnect back off	
8	X	24.0	12,200		2.1								1.7		
9	X	24.0	9,900		2.7								2.2		
10	X	24.0	10,900		2.2								1.8		
11	X	24.0	11,300		1.7								1.5		
12	X		14,950												
13	X	24.0	14,950		1.3								1.3		
14	X	24.0	11,700		1.2								1.0		
15	X	24.0	11,200		1.2								1.0		
16	X	24.0	12,100		1.7								1.4		
17	X	24.0	10,500		1.3								1.2		
18	X	24.0	12,000		1.5								1.2		
19	X	24.0	13,300		1.2								1.0		
20	X	24.0	9,200		1.8								1.5		
21	X	24.0	9,200		2.0								1.7		
22	X	24.0	10,300		1.7								1.5		
23	X	24.0	11,900		0.9								0.9		
24	X	24.0	12,700		1.6								1.3		
25	X	24.0	10,100		1.4								1.2		
26	X	24.0	13,400		1.4								1.2		
27	X		5,750												
28	X	24.0	5,750		1.7								1.5		
29	X	24.0	9,200		1.8								1.5		
30	X	24.0	10,700		1.3								1.2		
31	X	24.0	10,200		1.8								1.5		
Total			330,500												
Average			10,661												
Maximum			14,950												

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



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



See Pages 4 for Instructions.

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

## A. Public Water System (PWS) Information

PWS Name:	Harmony Homes			PWS Identification Number:	3590497		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	61			Total Population Served at End of Month:	158		
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Edward Pellenz			Contact Person's Title:	Manager of Operations		
Contact Person's Mailing Address:	PO Box 490310			City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	ejpellenz@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
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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.):	C		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked			
Lead/Chief Operator:	William Trendel	C	6411	Days 1st Shift			
Other Operators:	Terry McCarthy	C	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 9/2/09  
Signature and Date

William Trendel  
Printed or Typed Name

C-6411  
License Number



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

PWS Identification Number: 3590497 Plant Name: Harmony Homes

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Started or Served by Operator (Plg. - X)	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpm	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (t) at First Customer During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min	Temp of water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum Required UV Dose, mW-sec/cm <sup>2</sup>			
1	X	24.0	10,300		1.4								1.2		
2	X	24.0	9,750												
3	X	24.0	9,750		1.3								1.2		
4	X	24.0	9,200		1.4								1.3		
5	X	24.0	8,900		1.6								1.5		
6	X	24.0	10,700		1.7								1.5		
7	X	24.0	9,200		1.5								1.4		
8	X	24.0	9,300												
9	X	24.0	9,300		1.8								1.5		
10	X	24.0	13,800		1.9								1.7		
11	X	24.0	9,100		2.0								1.7		
12	X	24.0	12,000		1.6								1.5		
13	X	24.0	9,100		2.0								1.7		
14	X	24.0	10,500		1.5								1.4		
15	X	24.0	10,100		1.5								1.3		
16	X	24.0	9,800												
17	X	24.0	9,800		1.5								1.4		
18	X	24.0	8,700		1.6								1.4		
19	X	24.0	9,700		1.2								1.2		
20	X	24.0	9,400		1.7								1.5		
21	X	24.0	10,200		1.0								1.0		
22	X	24.0	8,800		1.2								1.0		
23	X	24.0												plant on interconnect	
24	X	24.0			1.0								1.0	plant on interconnect	
25	X	24.0			1.1								1.0	plant on interconnect	
26	X	24.0	9,200		1.1								1.0		
27	X	24.0	8,100		1.5								1.3		
28	X	24.0	9,000		1.3								1.2		
29	X	24.0	9,500		1.1								1.1		
30	X	24.0	10,200												
31	X	24.0	10,200		1.0								1.0		
Total			273,600												
Average			8,826												
Maximum			13,800												

\* 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



#VALUE!

See Pages 4 for Instructions.

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

## A. Public Water System (PWS) Information

PWS Name:	Harmony Homes			PWS Identification Number:	3590497
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	61			Total Population Served at End of Month:	158
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Will Fontain			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:					

## B. Water Treatment Plant Information

Plant Name:	Harmony Homes			Plant Telephone Number:	407-339-5424
Plant Address:	101 Plymouth Avenue			City:	Altamonte Spr
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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.):	C
Licensed Operator:	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	William Trendel	C	6411	Days 1st Shift	
Other Operators:	Terry McCarthy	C	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 10/4/09  
Signature and Date

William Trendel  
Printed or Typed Name

C-6411  
License Number



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

PWS Identification Number: 3590497 Plant Name: Harmony Homes

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant is in Operation (Place "X")	Hours Plant is in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergence of Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, lpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>		
1	X	24.0	9,500		0.7								0.5	
2	X	24.0	9,900		1.5								1.4	
3	X	24.0	7,400		1.0								0.7	
4	X	24.0	9,700		1.1								0.9	
5	X	24.0	8,100		1.6								1.5	
6	X	24.0	11,000											
7	X	24.0	11,000		1.3								1.0	
8	X	24.0	11,900		1.7								1.5	
9	X	24.0	8,900		1.3								1.2	
10	X	24.0	8,900		1.1								1.1	
11	X	24.0	9,400		1.0								1.0	
12	X	24.0	9,600		1.5								1.3	
13	X	24.0	9,900											
14	X	24.0	9,900		1.6								1.4	
15	X	24.0	8,600		1.1								1.0	
16	X	24.0	8,900		1.4								1.1	
17	X	24.0	9,000		0.9								0.9	
18	X	24.0	9,200		1.6								1.4	
19	X	24.0	10,300		1.2								1.2	
20	X	24.0	10,900											
21	X	24.0	10,900		1.1								1.0	
22	X	24.0	10,800		0.8								0.8	
23	X	24.0	9,800		1.8								1.5	
24	X	24.0	9,200		1.8								1.6	
25	X	24.0	10,000		1.4								1.1	
26	X	24.0	10,550											
27	X	24.0	10,550		1.0								1.0	
28	X	24.0	7,100		1.1								1.0	
29	X	24.0	10,600		1.6								1.4	
30	X	24.0	11,700		1.3								1.3	
31	X	24.0												
Total			293,200											
Average			9,773											
Maximum			11,900											

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



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



#VALUE!

See Pages 4 for Instructions.

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

## A. Public Water System (PWS) Information

PWS Name:	Harmony Homes			PWS Identification Number:	3590497		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	61			Total Population Served at End of Month:	158		
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Edward Pellenz			Contact Person's Title:	Manager of Operations		
Contact Person's Mailing Address:	PO Box 490310			City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	ejpellenz@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
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			Zip Code: 32701			
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.): C			

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	William Trendel	C	6411	Days 1st Shift
Other Operators	Terry McCarthy	C	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 11/4/09  
Signature and Date

William Trendel  
Printed or Typed Name

C-6411  
License Number



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

PWS Identification Number: 3590497 Plant Name: Harmony Homes

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days Plant Stationary (Marked by "X")	Hours Plant in Operation	Infl. Quantity of Treated Water (gpd)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate (gpi)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided (mg-min/L)	Temp. of Water (°C)	Rate of Water (gallons per minute)	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm²)	Minimum UV Dose Required (mW-sec/cm²)			
1	X	24.0	9,100		1.3								1.2		
2	X	24.0	9,600		1.8								1.5		
3	X	24.0	9,700		1.3								1.3		
4	X	24.0	11,100												
5	X	24.0	11,100		1.2								1.0		
6	X	24.0	9,000		2.1								1.8		
7	X	24.0	9,300		1.9								1.8	system bact samples	
8	X	24.0	10,500		1.6								1.3		
9	X	24.0	9,500		1.6								1.4		
10	X	24.0	8,100		1.6								1.4		
11	X	24.0	13,550											repeat well bact	
12	X	24.0	13,550		1.4								1.1	repeat well bact	
13	X	24.0	8,900		1.8								1.6		
14	X	24.0	8,400		1.8								1.6		
15	X	24.0	10,400		1.6								1.5		
16	X	24.0	8,300		1.7								1.5		
17	X	24.0	9,100		1.4								1.3		
18	X	24.0	9,550												
19	X	24.0	9,550		1.5								1.4		
20	X	24.0	8,100		1.7								1.5		
21	X	24.0	12,000		1.6								1.4		
22	X	24.0	5,700		1.6								1.4		
23	X	24.0	9,000		0.8								0.8		
24	X	24.0	9,000		1.2								1.1		
25	X	24.0	12,600												
26	X	24.0	12,600		1.0								0.7		
27	X	24.0	9,700		1.2								1.0		
28	X	24.0	10,400		2.0								1.7		
29	X	24.0	20,600		1.9								1.7		
30	X	24.0	11,100		1.6								1.5		
31	X	24.0	9,000												
Total			318,100												
Average			10,261												
Maximum			20,600												

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



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



See Pages 4 for Instructions.

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

## A. Public Water System (PWS) Information

PWS Name:	Harmony Homes			PWS Identification Number:	3590497
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	61			Total Population Served at End of Month:	158
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	ejpellenz@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
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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.): C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	William Trendel	C	6411	Days 1st Shift
Other Operators	Terry McCarthy	C	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 12/4/09  
Signature and Date

William Trendel  
Printed or Typed Name

C-6411  
License Number



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

PWS Identification Number: 3590497 Plant Name: Harmony Homes

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Date Plant Started or Visited by Operator	Hours Plant in Operation	Vol. Quantity of Finished Water Produced, gal.	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Entering Water System Components On or Off Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, mgd	Lowest Residual Disinfectant Concentration (C), mg/L or a first subsample during peak flow, mg/L	Disinfectant Contact Time (T), min. or a first subsample during peak flow, minutes	Lowest CT Provided, mg-min/L or a first subsample during peak flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	X	24.0	11,750												
2	X	24.0	11,750		1.6								1.5		
3	X	24.0	9,100		1.8								1.5		
4	X	24.0	10,400		1.2								1.2		
5	X	24.0	16,500		0.4								0.4		
6	X	24.0	9,500		1.4								1.2		
7	X	24.0	8,600		1.4								1.2		
8	X	24.0	11,100												
9	X	24.0	11,100		1.8								1.5		
10	X	24.0	8,100		1.8								1.5		
11	X	24.0	11,300		0.9								0.8		
12	X	24.0	11,200		1.8								1.5		
13	X	24.0	8,000		1.4								1.3		
14	X	24.0	9,800		1.6								1.4		
15	X	24.0	10,800												
16	X	24.0	10,800		1.8								1.6		
17	X	24.0	10,000		1.2								1.0		
18	X	24.0	10,200		1.2								1.0		
19	X	24.0	10,900		1.0								0.9		
20	X	24.0	9,700		1.7								1.4		
21	X	24.0	9,300		1.5								1.4		
22	X	24.0	12,100												
23	X	24.0	12,100		0.8								0.7		
24	X	24.0	12,000		1.2								1.0		
25	X	24.0	12,900		2.2								1.7		
26	X	24.0	11,100		2.1								1.7		
27	X	24.0	10,700		2.2								1.7		
28	X	24.0	10,000		2.0								1.7		
29	X	24.0	8,900		1.8								1.6		
30	X	24.0	14,400		2.2								1.9		
31	X														
Total			324,100												
Average			10,803												
Maximum			16,500												

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



**See Pages 4 for Instructions.**

## December, 2009

PWS Name:	Harmony Homes			PWS Identification Number:	3590497		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	61			Total Population Served at End of Month:	158		
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Edward Pellenz			Contact Person's Title:	Manager of Operations		
Contact Person's Mailing Address:	PO Box 490310		City:	Leesburg	State:	Florida	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	epellenz@aquaaamerica.com						

[illegible]

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

C-6411  
License Number



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

PWS Identification Number: 3590497 Plant Name: Harmony Homes

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Month	Days Plant Served for Operation	Hours of Operation	Net Quantity of Raw Water Produced (MGD)	Chlorination Data to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Chlorine (mg/L) Before or After Customer Damage Peak Flow (mg/L)	Emergency or Abnormal Operating Conditions or Other Maintenance Work that Involves a Change in Water System Components or Configuration
				Chlorination					Flow Data						
				Peak Flow Rate (MGD)	Lowest Residual Chlorine (mg/L) Before or After Customer Damage Peak Flow (mg/L)	Lowest Residual Chlorine (mg/L) Before or After Customer Damage Peak Flow (mg/L)	Lowest Residual Chlorine (mg/L) Before or After Customer Damage Peak Flow (mg/L)	Lowest Residual Chlorine (mg/L) Before or After Customer Damage Peak Flow (mg/L)	Lowest Residual Chlorine (mg/L) Before or After Customer Damage Peak Flow (mg/L)	Lowest Residual Chlorine (mg/L) Before or After Customer Damage Peak Flow (mg/L)	Lowest Residual Chlorine (mg/L) Before or After Customer Damage Peak Flow (mg/L)	Lowest Residual Chlorine (mg/L) Before or After Customer Damage Peak Flow (mg/L)	Lowest Residual Chlorine (mg/L) Before or After Customer Damage Peak Flow (mg/L)		
1	X	24.0	6,700		2.0									1.7	
2	X	24.0	10,900		0.9									0.8	
3	X	24.0	8,000		2.0									1.6	
4	X	24.0	8,900		1.8									1.6	
5	X	24.0	7,800		0.5									0.4	
6	X	24.0													
7	X	24.0			0.8									0.8	Plant on interconnect / power comp.
8	X	24.0			0.8									0.7	Plant on interconnect / power comp.
9	X	24.0	9,100		1.7									1.4	
10	X	24.0	9,800		1.7									1.4	
11	X	24.0	8,500		2.1									1.8	
12	X	24.0	8,300		1.9									1.7	
1	X	24.0	9,150		1.7									1.7	
2	X	24.0	9,150		1.8									1.7	
3	X	24.0	8,800		1.9									1.7	
4	X	24.0	9,500		1.5									1.5	
5	X	24.0	9,200		2.0									1.7	
6	X	24.0	10,700		1.0									1.0	
7	X	24.0	9,400		1.8									1.7	
8	X	24.0	11,950												
9	X	24.0	11,950		1.0									0.9	
10	X	24.0	7,200		2.4									2.0	
11	X	24.0	10,000		2.1									1.8	
12	X	24.0	9,400		2.2									1.8	
1	X	24.0	10,100		1.7									1.6	
2	X	24.0	9,800		1.8									1.8	
3	X	24.0	9,750												
4	X	24.0	9,750		1.7									1.6	
5	X	24.0	10,300		1.6									1.6	
6	X	24.0	10,000		1.8									1.7	
7	X	24.0	9,200												
Total			263,300												
Average			8,494												
Maximum			11,950												

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



**See Pages 4 for Instructions.**

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

### B. Water Treatment Plant Information

### II. Certification by Lead/Chief Operator

William Dunkel 2/7/10  
Signature and Date

C-6411  
License Number



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

PWS Identification Number 3590497 Plant Name Harmony Homes

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

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

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

X	24.0	14,700	1.4									1.4
	24.0	8,750										
X	24.0	8,750	1.8									1.5
X	24.0	13,400	0.7									0.6
X	24.0	7,200	0.7									0.5
X	24.0	9,900	1.5									1.2
X	24.0	11,100	1.6									1.4
X	24.0	10,700	1.6									1.4
X	24.0	8,900	2.5									2.0
	24.0	10,600										
X	24.0	10,600	1.6									1.5
X	24.0	9,000	1.8									1.5
X	24.0	8,100	2.3									2.0
X	24.0	9,200	2.4									2.1
X	24.0	8,700	2.4									2.0
X	24.0	8,100	2.5									2.1
	24.0	8,200										
X	24.0	8,200	0.8									0.6
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
	24.0	9,700										
X	24.0	9,700	2.2									2.2
X	24.0	7,500	2.1									1.9
X	24.0	7,900	2.1									1.9
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
	24.0	9,200										
		284,800										
		9,187										
		14,700										

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



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

February, 2010

PWS Name	Harmony Homes			PWS Identification Number:	3590497				
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive					
Number of Service Connections at End of Month	61			Total Population Served at End of Month:	158				
PWS Owner	Aqua Utilities Florida								
Contact Person	Edward Pellenz			Contact Person's Title:	Manager of Operations				
Contact Person's Mailing Address	PO Box 490310			City:	Leesburg	State:	Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333				
Contact Person's E-Mail Address:	eipellenz@aquaamerica.com								

[illegible]

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

Signature and Date William D. 3/7/10

William Trendel  
Printed or Typed Name

C-6411  
License Number



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

PWS Identification Number: 3590497 Plant Name: Harmony Homes

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

X	24.0	18,400	1.3									1.1
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									1.3
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									0.5
X	24.0	7,500	1.3									1.2
X	24.0	8,500	0.8									0.7
X	24.0	9,100	1.4									1.2
X	24.0	9,600	1.2									1.2
X	24.0	7,000	1.3									1.2
X	24.0	8,900										
X	24.0	8,900	0.9									0.7
X	24.0	6,400	1.0									0.9
X	24.0	7,500	1.9									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										
X	24.0	9,950	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	1.8									1.6
X	24.0	8,400	0.8									0.8
X	24.0	11,900	0.5									0.5
X	24.0	7,450										
X	24.0											
X	24.0											
X	24.0											

243,350

8,691

18,400

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



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



See Pages 4 for Instructions.

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

## A. Public Water System (PWS) Information

PWS Name:	Harmony Homes			PWS Identification Number:	3590497
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	61			Total Population Served at End of Month:	158
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Edward Pellenz			Contact Person's Title:	Manager of Operations
Contact Person's Mailing Address:	PO Box 490310			City:	Leesburg
				State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Zip Code:	34749
Contact Person's E-Mail Address:	eipellenz@aquaamerica.com			Contact Person's Fax Number:	(352) 787-6333

## 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																																												
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water			<input type="checkbox"/> Purchased Finished Water																																													
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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.):	C																																												
<table border="1"> <tr> <td>William Trendel</td> <td>C</td> <td>6411</td> <td>Days 1st Shift</td> </tr> <tr> <td>Terry McCarthy</td> <td>C</td> <td>4617</td> <td>Days 1st Shift</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>						William Trendel	C	6411	Days 1st Shift	Terry McCarthy	C	4617	Days 1st Shift																																				
William Trendel	C	6411	Days 1st Shift																																														
Terry McCarthy	C	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 D 4/4/10  
Signature and Date

William Trendel  
Printed or Typed Name

C-6411  
License Number



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

PWS Identification Number: 3590497 Plant Name: Harmony Homes

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

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

☐ Ultraviolet Radiation ☐ Other (Describe):

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

X	24.0	14,900	0.7							0.3
X	24.0	6,200	1.6							1.3
X	24.0	8,400	1.8							1.5
X	24.0	11,300	1.2							1.0
X	24.0	5,600	1.6							1.5
X	24.0	8,800	1.2							1.0
X	24.0	9,050								
X	24.0	9,050	1.5							1.2
X	24.0	7,800	1.8							1.6
X	24.0	8,300	1.8							1.6
X	24.0	7,200	1.9							1.6
X	24.0	7,900	1.0							1.0
X	24.0	4,400	0.7							0.6
X	24.0									Plant off line on interconnect pressure switch bad
X	24.0		1.0							0.7
X	24.0		0.8							0.7
X	24.0		0.9							0.7
X	24.0	6,300	2.0							1.7
X	24.0	8,000	2.0							1.7
X	24.0	8,100	1.9							1.7
X	24.0	10,850								
X	24.0	10,650	1.1							1.0
X	24.0	6,700	1.6							1.5
X	24.0	6,700	1.6							1.4
X	24.0	7,400	1.9							1.7
X	24.0	7,900	1.7							1.6
X	24.0	8,300	1.5							1.5
X	24.0	9,850								
X	24.0	9,850	1.4							1.4
X	24.0	6,100	1.6							1.4
X	24.0	9,200								
		224,600								
		7,245								
		14,900								

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



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

PWS Name	Harmony Homes			PWS Identification Number	3590497	
PWS Type	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month	61			Total Population Served at End of Month	158	
PWS Owner	Aqua Utilities Florida					
Contact Person	Edward Pellenz			Contact Person's Title	Manager of Operations	
Contact Person's Mailing Address	PO Box 490310		City	Leesburg	State	Florida
Contact Person's Telephone Number	(352) 787-0980			Contact Person's Fax Number	(352) 787-6333	
Contact Person's E-Mail Address	eipellenz@aquaamerica.com					

[illegible]

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

Signature and Date William Dierd 5/6/10

William Trendel  
Printed or Typed Name

C-6411  
License Number



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

PWS Identification Number		3590497		Plant Name		Harmony Homes	
III. Daily Data for the Month/Year of:				April 2010			
Means of Achieving Four-Log Virus Inactivation/Removal:				<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)			
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):							
Type of Disinfectant Residual Maintained in Distribution System:				<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			
X	24.0	1,600	2.0				1.7
X	24.0	9,100	1.1				1.1
X	24.0	9,900	1.6				1.4
X	24.0	11,650					
X	24.0	11,650	0.8				0.6
X	24.0	6,300	1.7				1.4
X	24.0	10,500	1.5				1.4
X	24.0	11,500	0.7				0.5
X	24.0	8,800	1.8				1.5
X	24.0	10,100	1.6				1.5
X	24.0	9,200					
X	24.0	9,200	1.7				1.5
X	24.0	8,200	1.8				1.5
X	24.0	8,800	1.8				1.6
X	24.0	9,800	1.6				1.5
X	24.0	8,800	1.8				1.6
X	24.0	9,000	1.5				1.4
X	24.0	10,750					
X	24.0	10,750	1.1				0.9
X	24.0	6,100	1.3				1.2
X	24.0	8,200	1.2				1.0
X	24.0	7,900	1.5				1.4
X	24.0	8,300	1.2				1.2
X	24.0	9,900	1.1				1.0
X	24.0	11,350					
X	24.0	11,350	1.4				1.1
X	24.0	6,100	1.7				1.5
X	24.0	8,900	1.5				1.4
X	24.0	8,900	1.5				1.3
X	24.0	11,000	1.2				1.2
X	24.0						
		280,800					
		9,360					
		11,650					

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



# HBEL, Inc.

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

Date issued: June 16, 2009

To: Will Fontaine  
Aqua 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

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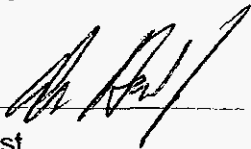
Dear Will Fontaine;

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.

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Fort Pierce, FL 34946  
FDOH # E96080

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

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Page 1 of 6



# HBEL, Inc.

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

## Quality Control Summary

Client: Aqua Utilities Florida, Inc.  
Workorder ID: 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)

Number	Sample ID	Analytical Method	Description
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### Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue
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#### EPA 505

##### PEST5347

2134838001	Decachlorobiphenyl	Surrogate - Outside acceptance Limits.
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#### 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.
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	Dinoseb	Accuracy - Outside acceptance limits in the MS.
2134838001	Picloram	Precision - Outside acceptance limits between the MS and MSD.

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

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Fort Pierce, FL 34946  
FDOH # E96080

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

Printed: 6/16/09





# HBEL, Inc.

5600 U.S. 1 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

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2134838001					Sampled: 05/26/09 8:00		Received: 05/26/09 12:33			
Sample ID: Point of Entry Grab					Matrix: Water		Results reported on Wet Weight Basis			
pH	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/L	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 U	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	JL	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 U	ug/L	0.13	EPA 505	PEST5347	05/27/09 9:00	05/27/09 23:21	JL	E96080
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST5347	05/27/09 9:00	05/27/09 23:21	JL	E96080
gamma-BHC (Lindane)		0.020 U	ug/L	0.020	EPA 505	PEST5347	05/27/09 9:00	05/27/09 23:21	JL	E96080
Heptachlor		0.036 U	ug/L	0.036	EPA 505	PEST5347	05/27/09 9:00	05/27/09 23:21	JL	E96080
Heptachlor epoxide		0.027 U	ug/L	0.027	EPA 505	PEST5347	05/27/09 9:00	05/27/09 23:21	JL	E96080
Methoxychlor		0.043 U	ug/L	0.043	EPA 505	PEST5347	05/27/09 9:00	05/27/09 23:21	JL	E96080
PCB		0.14 U	ug/L	0.14	EPA 505	PEST5347	05/27/09 9:00	05/27/09 23:21	JL	E96080
Toxaphene		0.60 U	ug/L	0.60	EPA 505	PEST5347	05/27/09 9:00	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	06/5/09 1:46	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST5355	06/2/09 8:00	06/5/09 1:46	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST5355	06/2/09 8:00	06/5/09 1:46	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST5355	06/2/09 8:00	06/5/09 1:46	JL	E96080
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST5355	06/2/09 8:00	06/5/09 1:46	JL	E96080
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST5355	06/2/09 8:00	06/5/09 1:46	JL	E96080

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# HBEL, Inc.

5600 U.S. 1 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

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
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 U	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	VOC3097		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 U	ug/L	0.67	EPA 525.2	SVOC2783	06/1/09 13:00	06/5/09 0:22	WR	E96080
Hexachlorobenzene		0.30 U	ug/L	0.30	EPA 525.2	SVOC2783	06/1/09 13:00	06/5/09 0:22	WR	E96080
Hexachlorocyclopentadiene		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 U	ug/L	1.9	EPA 549.2	HPLC2605	06/2/09 9:30	06/4/09 12:30	JJM	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	PA	E83509
Total Dissolved Solids		300	mg/L	16	SM2540 C	WCGE31096		05/29/09 12:25	SP	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE31110	05/27/09 14:00	05/28/09 11:33	GG	E96080
Surfactants as LAS, Mol.wt.340		0.022 U	mg/L	0.022	SM5540 C	WCGE31108	05/27/09 15:15	05/29/09 17:41	GG	E96080

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FDOH # E83509

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# HBEL, Inc.

5600 U.S. 1 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

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2134838002					Sampled: 05/26/09 0:00 Received: 05/26/09 12:33					
Sample ID: Trip Blank					Matrix: Water Results reported on Wet Weight Basis					
1,1,1-Trichloroethane	0.21 U		ug/L	0.21	EPA 524.2	VOC3097		06/2/09 23:15	WR	E96080
1,1,2-Trichloroethane	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-Trichlorobenzene	0.41 U		ug/L	0.41	EPA 524.2	VOC3097		06/2/09 23:15	WR	E96080
1,2-Dichlorobenzene	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		ug/L	0.24	EPA 524.2	VOC3097		06/2/09 23:15	WR	E96080
Chlorobenzene	0.30 U		ug/L	0.30	EPA 524.2	VOC3097		06/2/09 23:15	WR	E96080
cis-1,2-Dichloroethene	0.21 U		ug/L	0.21	EPA 524.2	VOC3097		06/2/09 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
Toluene	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-Dichloroethene	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

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

Q Sample held beyond the accepted holding time.

600 US 1 North  
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Page 5 of 6







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

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: HBEL, Inc. Florida Certification #: E96080  
Address: 5600 US 1 North Certification Expiration Date: 06/30/2009  
Fort Pierce, FL 34946 Phone #: (772) 465-8584

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 5/26/09

PWS ID (From Page 1): \_\_\_\_\_ Sample Number (From Page 1): \_\_\_\_\_

Lab Assigned Report Number or Job ID: 2134838001

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

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

Were any analyses subcontracted? ☒ Yes ☐ No

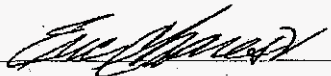
If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

**CERTIFICATION**

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

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

Signature  Date: 16-Jun-09

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

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

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

Sample Collection Info Satisfactory: ☐ Yes ☐ No Sample Analysis Info Satisfactory: ☐ Yes ☐ No  
☐ Replacement Sample(s) Requested (circle or highlight group(s) above) ☐ Revised Report Requested (circle or highlight group(s) above)  
☐ Additional Monitoring Required (circle or highlight group(s) above)  
Reason(s): ☐ MCL(s) Exceeded ☐ Detection(s) ☐ Incomplete Report  
☐ Missing Analyte Sheet(s) ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory  
☐ Other: \_\_\_\_\_

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

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

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



# HBEL, Inc.

3000 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-8584 Fax: (772) 467-1584

## INORGANIC CONTAMINANTS

62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc. Workorder: 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	U	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 period.

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FDOH # E96080

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FDOH # E83509







500 US 1 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	5/27/09 21:43	E96080
1028	Iron	[0.3]	mg/L	0.54		EPA 200.7	0.025	6/05/09 21:43	E96080
1032	Manganese	[0.05]	mg/L	0.011	I	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	I	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	pH	[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 period.

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FDOH # E96080

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Sanford, FL 32771  
FDOH # E83509

Printed: 6/16/09





# HBEL, Inc.

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

## SYNTHETIC ORGANICS 62 - 550.310 (4) (b)

Client: Aqua Utilities Florida, Inc.

Workorder: 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

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date/Time	DOH Lab Cert #
2005	Endrin	[2]	ug/L	0.10	U	EPA 505	0.10	0.01	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	Oxamyl	[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	U	EPA 525.2	0.62	0.07	6/01/09	6/05/09 0:22	E96080
2039	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	U	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 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 period.

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FDOH # E83509

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# HBEL, Inc.

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

## VOLATILE ORGANICS

62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc.

Workorder: 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

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	RDL	Analysis Date/Time	DOH Lab Cert #
2378	1,2,4-Trichlorobenzene	[70]	ug/L	0.41	U	EPA 524.2	0.41	0.5	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
2976	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	U	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

\* 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.

US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080

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

Printed: 6/16/09





# SOUTHERN ANALYTICAL LABORATORIES, INC.

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



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

June 16, 2009  
Project No: 92357

## Laboratory Report

FDEP Report form attached for the following samples:

Client Project Description: 2134838

<u>Sample Number</u>	<u>Sample Description</u>	<u>Date &amp; Time Collected</u>	<u>Date &amp; Time Received</u>
92357.01	2134838-001	05/26/09 08:00	05/29/09 09:15

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

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

FDOH Laboratory No. E84129  
NELAP Accredited

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



**SOUTHERN ANALYTICAL LABORATORIES, INC.**

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



Harbor Branch Environmental Laboratory

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

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

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

**\* Qualifiers:**

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



92357

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: SAL

The samples are to be shipped by FEDEX to arrive on 5/29/09. TAT: 570

HARBOR BRANCH ENVIRONMENTAL LABORATORY						ANALYSIS REQUIRED				COLLECTION REMARKS			
PROJECT NAME: <u>2134838</u> <u>AE</u>						PRESERVATIVE							
						N	N	N					
SAMPLE TYPE: Composite = C, Grab = G, Preservative: HCl = H, HNO <sub>3</sub> = N, Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> = ST, H <sub>2</sub> SO <sub>4</sub> = S, NaOH = SH, Unpreserved = U													
MATRIX: Drinking Water = DW, Groundwater = GW, Surface Water = SW, Wastewater = WW, Soil or solids = S, Waste = W, Oil = O													
Client Code	MATRIX	COLLECTION DATE	TIME	TYPE	HBEL SAMPLE ID	# Bottles						SAMPLE COMMENTS	
	DW	5/28/09	0800	G	2134838001	3	1	1	1				
					31LP, HNO <sub>3</sub>								
RELINQUISHED BY: <u>Joanne to FedEx</u>						DATE	TIME	RECEIVED BY: <u>FEDEX</u>				DATE	TIME
RELINQUISHED BY:						DATE	TIME	LABORATORY NAME AND RECEIVED BY:				DATE	TIME
						5-28-09	1600					5/29/09	0915

Page 3 of 3

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



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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: HBEL, Inc. Florida Certification #: E96080

Address: 5600 US 1 North Certification Expiration Date: 06/30/2009

Fort Pierce, FL 34946 Phone #: (772) 465-8584

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 5/26/09

PWS ID (From Page 1): \_\_\_\_\_ Sample Number (From Page 1): \_\_\_\_\_

Lab Assigned Report Number or Job ID: 2134838002

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

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

Were any analyses subcontracted? ☒ Yes ☐ No


If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

**CERTIFICATION**

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

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

Signature  Date: 16-Jun-09

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

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

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

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

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

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

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

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

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

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



# HBEL, Inc.

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

## VOLATILE ORGANICS 62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc.

Workorder: 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 ID	Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	RDL	Analysis Date/Time	DOH Lab Cert #
2378	1,2,4-Trichlorobenzene	[70]	ug/L	0.41	U	EPA 524.2	0.41	0.5	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
2976	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	U	EPA 524.2	0.21	0.5	6/02/09 23:15	E96080

Reporting Format 62-550.730  
Effective January 1995, Revised January 2007

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

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

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

Printed: 6/16/09





# DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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

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



**HBEL, Inc.**

Environmental Testing Services

Phone (772) 465-8584 Fax (772) 467-1584

HBEL Report Number: 2136924 Sub-Contract Lab ID: \_\_\_\_\_

## Analysis Method Requested:

☒ Colilert ☐ Membrane Filtration PWS I.D. 3 5 9 0 4 7 7

System Name: HARMONY HOMES #326

System Address: 102 PLYMOUTH

City: ALT. SPGS. System or Owner's Phone #: 407-339-5424 Fax #: \_\_\_\_\_

Collector: T. MC CARTHY Collector's Phone #: SAME

Relinquished By: Lynn McCarthy Received By: \_\_\_\_\_ Relinquished By: \_\_\_\_\_

Date/Time: 4/6/10 1403 Date/Time: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Type of Supply: (check only one) ☒ Community Water System ☐ Noncommunity Water System ☐ Nontransient-Noncommunity Water System ☐ Limited Use System  
☐ Private Well ☐ Swimming Pool ☐ Bottled Water ☐ Other \_\_\_\_\_

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

Sample Collection Date(s): 4/6/10

## LABORATORY CERTIFICATE OF ANALYSIS

Total Coliform Analysis Method: (MF) SM9222B (Colilert) SM9223B

E. coli Analysis Method (MF) EC+MUG (Colilert) SM9223B

Non Coliform	Total Coliform	E. Coli	Data Qual. <sup>2</sup>	Lab Sample Number
A	A			2136924 001
A	A			002
A	A			2136924 003

Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd mg/L	pH
1	WELL #1	0800	R	/	6.9
2	111 DESOTO	0815	D	1.5	7.2
3	121 FORD	0825	D	1.7	7.2

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

1.6

Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other \_\_\_\_\_

Person performing analysis is: ☒ A certified operator (# C-4617) ☐ Employed by a certified lab  
☐ Supervised by a certified operator (# \_\_\_\_\_) ☐ Employed by DEP or DOH

Name and Mailing Address of Person/Firm to Receive Report

AQUA UTIL. FL.  
140 HOPE ST.  
LONGWOOD, FL. 32750



Page 1 of 1

Key: P - Present A - Absent C - Confluent Growth  
TNTC - Too Numerous to Count TA - Turbid  
L.C.A. Absence of gas or acid

Analyst: JF

Report authorized by: [Signature] Technical Director or Designee

Date: 4/9/10 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

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

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

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

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

<sup>2</sup> Defined in Florida Administrative Code 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](mailto: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](mailto:EJPELLENZ@AQUAAMERICA.COM)]  
Patrick Farris, Aqua Utilities Florida, Inc. [[PAFARRIS@AQUAAMERICA.COM](mailto: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 County Seminole PWS ID # 3590497  
Plant Location 196 Magnolia Street, Altamonte Springs, FL 32701 Phone 407/339-5424  
Owner Name Aqua Utilities Florida, Inc., Attn: Jack Lihvarcik Phone 352/435-4028  
Owner Address 1100 Thomas Avenue, Leesburg, FL 32748  
Contact Person Patrick Farris Title Env. Compliance Spec. Phone 352/435-4029  
This Survey Date 10/29/08 Last Survey Date 9/21/05 Last Compliance Inspection Date 7/9/98

PWS TYPE: Community

PLANT CATEGORY & CLASS: (5D)

MAX-DAY DESIGN CAPACITY: 216,000 gpd

PWS STATUS: Approved

**TREATMENT PROCESSES IN USE**

Disinfection, iron sequestration - Aquadene

**SERVICE AREA CHARACTERISTICS**

Subdivision

Food Service: ☐ Yes ☐ No ☒ N/A

Number of Service Connections 67

Population Served 234 Basis Operator

**OPERATION & MAINTENANCE**

O&M Log: ☒ Yes ☐ No Location Plant

**CERTIFIED OPERATOR:** Yes

Operator(s) & Certification Class-Number:

William Trendel C-6411

Hrs/day: Required Visit\* Actual Visit\*

Days/wk: Required 3 Actual 3

Non-consecutive Days? ☒ Yes ☐ No ☐ N/A

Comments \*Visits must add up to a cumulative total of  
at least 0.3 hr/week.

**MONTHLY OPERATION REPORTS (MORs)**

MORs submitted regularly? ☒ Yes ☐ No ☐ N/A

Data missing from MORs? ☒ No ☐ Yes ☐ N/A

Average Day (from MORs) 6,959 gpd

Maximum Day (from MORs) 50,600 gpd 10/07

Comments \_\_\_\_\_

Flow Measuring Device Flow Meter

Meter Size & Type 3" McCrometer

Date Last Calibrated 7/27/06

**RAW WATER SOURCE**

☒ GROUND; Number of Wells 1

☐ PURCHASED from PWS ID # \_\_\_\_\_

☒ Emergency Water Source City of Altamonte Springs

Emergency Water Capacity 2" Manual interconnect

**STANDBY POWER SOURCE:** Not Required

Source \_\_\_\_\_

Capacity of Standby (kW) \_\_\_\_\_

Switchover: ☐ Automatic ☐ Manual

Hrs Operated Under Load \_\_\_\_\_

What equipment does it operate?

☐ Well Pumps \_\_\_\_\_

☐ High Service Pumps \_\_\_\_\_

☐ Treatment Equipment \_\_\_\_\_

Satisfy avg. daily demand? ☐ Yes ☐ No ☐ Unknown

Audio-visual alarm? ☐ Yes ☐ No

Comments \_\_\_\_\_

**PLANS AND MAPS**

Coliform Sampling Plan ☒ Yes ☐ No ☐ N/A

D/DBP Monitoring Plan ☐ Yes ☒ No ☐ N/A

Lead and Copper Plan ☐ Yes ☒ No ☐ N/A

Distribution System Map ☐ Yes ☐ No ☒ N/A

Emergency Response Plan ☐ Yes ☐ No ☒ N/A

Comments \_\_\_\_\_

**PREVENTIVE MAINTENANCE/O&M**

Operation & Maintenance Manual ☒ Yes ☐ No

Preventive Maintenance Program ☒ Yes ☐ No

Flushing Program ☐ Yes ☒ No ☐ N/A

Records ☐ Yes ☒ No ☐ N/A

Isolation Valve Exercise ☐ Yes ☒ No ☐ N/A

Records ☐ Yes ☒ No ☐ N/A

Comments \_\_\_\_\_

**CROSS CONNECTION CONTROL**

# BFPAs 1

# Tested Yes

WWTP RPZ No

Date Tested N/A

Written Plan No

Date Unknown

Comments \_\_\_\_\_



### GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)		1 (AAH2586)	
Year Drilled		1965	
Depth Drilled		Unknown	
Drilling Method		Unknown	
Type of Grout		Unknown	
Static Water Level		Unknown	
Pumping Water Level		Unknown	
Design Well Yield		Unknown	
Test Yield		Unknown	
Actual Yield (if different than rated capacity)		Unknown	
Strainer		Unknown	
Length (outside casing)		Unknown	
Diameter (outside casing)		8"	
Material (outside casing)		Steel	
Well Contamination History		None	
Is inundation of well possible?		No	
6' X 6' X 4" Concrete Pad		Yes	
SET BACKS	Septic Tank	>100'	
	Reuse Water	N/A	
	WW Plumbing	>100'	
	Other Sanitary Hazard	None observed	
PUMP	Type	Submersible	
	Manufacturer Name	Sta-Rite	
	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 Protection		Yes	

**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.



### CHLORINATION (Disinfection)

Type: ☐ Gas ☒ Hypo  
Make Stenner Capacity 85 gpd  
Chlorine Feed Rate \_\_\_\_\_  
Avg. Amount of Cl<sub>2</sub> gas used N/A  
Chlorine Residuals: Plant 1.11\* Remote 1.28\*  
Remote tap location 107 Mercury Street  
DPD Test Kit: ☐ On-site ☒ With operator  
☐ None ☐ Not Used Daily

Injection Points \_\_\_\_\_  
Booster Pump Info N/A

Comments Plant components not in operation due to new tank installation. \*Residuals taken are from the City of Altamonte Springs Water Department due to system being on interconnect at time of inspection.

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

### AERATION (Gases, Fe, & Mn Removal)

Type \_\_\_\_\_ Capacity \_\_\_\_\_  
Aerator Condition \_\_\_\_\_  
Visible Algae Growth \_\_\_\_\_  
Protective Screen Condition \_\_\_\_\_  
Frequency of Cleaning \_\_\_\_\_  
Date Last Inspected/Cleaned \_\_\_\_\_  
Comments \_\_\_\_\_

### STORAGE FACILITIES

(G) Ground (C) Clearwell (E) Elevated  
(B) Bladder (H) Hydropneumatic / flow-through

Tank Type/Number	H
Capacity (gal)	2,937
Material	Steel
Gravity Drain	Yes
By-Pass Piping	Yes
Protected Openings	Yes
Sight Glass or Level Indicator	Yes
PRV/ARV	PRV
Pressure Gauge	Yes
On/Off Pressure	50/70
Access Secured	Yes
Access Manhole	Yes
Tank Sample Tap Location	On tank
Date of Inspection	*
Date of Cleaning	*

Comments: \*New tank installed 10/28/08.

### HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			

Comments \_\_\_\_\_



## **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>



**DEFICIENCIES (continued):**

7. **Failure to establish and implement a cross-connection control program.** The written cross-connection program shall include procedures for:
- i. 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 premises-isolating 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, [www.frwa.net](http://www.frwa.net) has a cross-connection control manual for your reference.



**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](mailto: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 10/31/08Approved by Title Env. Supervisor II Date 11/6/08



**RESPONSE**

Please provide any changes to the following:

PWS ID Number: 3590497

Business Name: \_\_\_\_\_

PWS Name: Harmony Homes

Owner(s) Name: \_\_\_\_\_

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

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

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

Phone Number(s): \_\_\_\_\_

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

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

**Florida Department of Environmental Protection  
Drinking Water Compliance/Enforcement Program  
3319 Maguire Boulevard, Suite 232  
Orlando, Florida 32803**

Attention: Chris Rossing, Environmental Specialist

In response to the Department's **Sanitary Survey Report** for the subject public water system dated October 29, 2008, the following actions were done to correct the listed deficiencies:

**Deficiency  
Item No.**

**Corrective Action Done****Date Done**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach additional sheet if necessary)

I hereby certify to the correctness of the above information:

PWS Owner/Representative Signature: \_\_\_\_\_

Name of PWS Owner/Representative: \_\_\_\_\_

(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:

1. 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 BACKFLOW AND 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 alkalis; 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 facilities 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 approved 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 (FCCCHR) 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 policy was approved and adopted by on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature)

Printed Name: \_\_\_\_\_

Printed Title: \_\_\_\_\_





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@aquaaamerica.com](mailto:PAFarris@aquaaamerica.com). Thank you.

Sincerely,

A handwritten signature in black ink that reads "Patrick A. Farris".

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.







## **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	Goals	Action Level	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:**

(Use AWWA water loss calculations tables, located on the Florida Compliance Network Drive to estimate water losses.)

**Plant:** Harmony Homes

Month / Year Mar-10

[illegible]

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





**FLUSHING:**

(Use AWWA water loss calculations tables, located on the Florida Compliance Network Drive to estimated water losses.)

**Plant:** Harmony Homes

Month / Year Feb-10

[illegible]

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





(Use AWWA water loss calculations tables, located on the Florida Compliance Network Drive to estimate water losses.)

**Plant:** Harmony Homes

Month / Year Jan-10

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





**FLUSHING:**

(Use AWWA water loss calculations tables, located on the Florida Compliance Network Drive to estimated water losses.)

**Plant:** Harmony Homes

Month / Year Apr-10

[illegible]

Flushing legend:

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 SYSTEMS<sup>1</sup>

Feb.			
System Name: Harmony Homes		County: Seminole	
PWS ID Number: 3590497		Contact Person: Bill Trendel	
Phone Number:	Cell (optional): 407-509-8398	Fax Number (optional) 407-339-7490	
e-mail address (optional): BETrendel@aquaamerica.com			

SECTION 2: SYSTEM CHARACTERISTICS			
SYSTEM TYPE		POPULATION DATA	
<input checked="" type="checkbox"/>	Community	Total Population Served <sup>1*</sup> :	158
<input type="checkbox"/>	Non-Transient, Non Community	Number of Service Connections-	61
<input type="checkbox"/>	Transient Non-Community <sup>2*</sup>	Source of Population Data (i.e. U.S. Census, Based on number of service connections (indicate multiplier) etc.)	2.59
<input checked="" type="checkbox"/>	Consecutive	Effective Date of Population Data	Oct. 2003

<sup>1\*</sup> In 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.

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

SECTION 3: SOURCES OF RAW WATER/NUMBER OF TREATMENT PLANTS:			
<input checked="" type="checkbox"/> Ground	How Many Wells?	1	
<input checked="" type="checkbox"/> Purchased	If finished or raw water is purchased from a wholesale system(s), indicate the name and PWS ID Number for the system.	Wholesale System Name	PWS ID Number
		Altamonte Springs	3590026
<p style="text-align: center;">Total number of water treatment plants =</p> <ul style="list-style-type: none"> <li>◆ 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.</li> <li>◆ If your system has submitted a request in accordance with 62-550.821(5)(a) or 62-550.821(9), F.A.C. to consolidate multiple entry points from a wholesale system or multiple plants treating water from multiple wells in the same aquifer as one treatment plant, please complete the TTHM/HAA5 consolidation table in Section 8.</li> <li>◆ Please note that booster chlorination stations should not be considered as separate water treatment plant(s).</li> </ul>			2

<sup>1</sup>Monitoring 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.



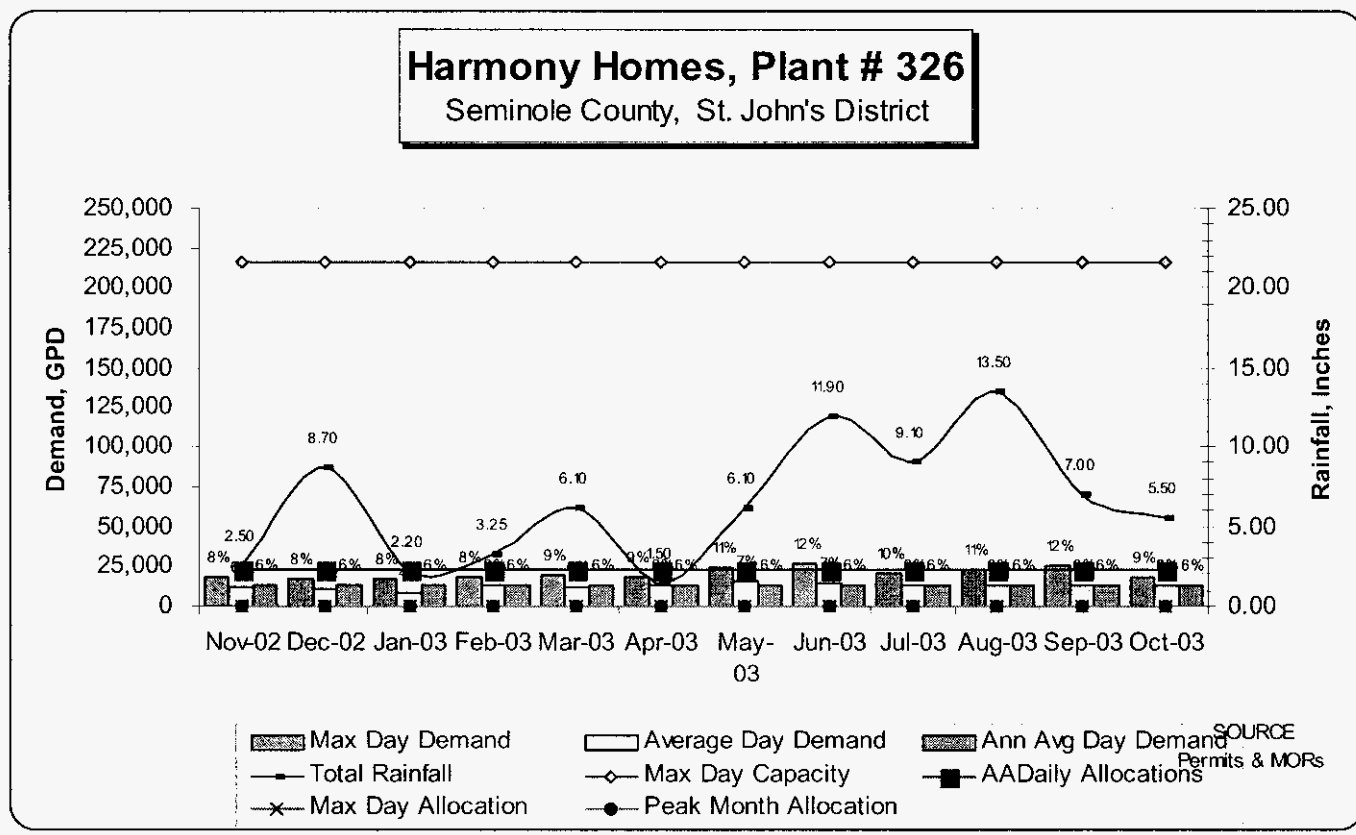
INDICATE THE DISINFECTANTS UTILIZED IN THE TREATMENT  
PROCESS AS A DISINFECTANT OR OXIDANT (CHECK ALL THAT  
APPLY)



## 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

[illegible]



SECTION 8: ROUTINE MONITORING FREQUENCY FOR TTHM AND HAA5							
System Population	Minimum Monitoring Frequency	Sample Location(s)	Number of Treatment Plants <sup>1</sup>	Minimum Number of Samples Required <sup>3</sup>	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 <sup>2</sup>					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 <sup>2</sup>	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

<sup>1</sup>If 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.)

<sup>2</sup>Locations representing maximum residence time. If the system elects to sample more frequently than the minimum required, at least 25 percent of all samples collected each quarter (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.

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

TTHM / HAA5 SYSTEM CONSOLIDATION TABLE				
(This Section is only applicable for systems wishing to consolidate multiple entry points from a wholesale system or multiple plants treating water from the same aquifer in accordance with 62-550.821(5)(a) or 62-550.821(9), F.A.C.)				
System Type	Total Number of Treatment Plants/Number of Entry Points from the wholesale system	Date Request Submitted	Date DEP/DOH Approval Received (Attach letter of approval)	Total Number of Consolidated Treatment Plants or Wholesale System Entry Points
Ground Water System (multiple plants treating water from the same aquifer)				
Consecutive System				



### SECTION 9: ROUTINE MONITORING SCHEDULE FOR TOTAL TRIHALOMETHANES (TTHM)

[illegible]



## SECTION 10: ROUTINE MONITORING SCHEDULE FOR HALOACETIC ACIDS FIVE (HAA5)

[illegible]

\*The analytical method selected for HAA5s affects the maximum holding time.



## SECTION 11: SAMPLE COLLECTION PROCEDURES

Parameter	Container	Cap/Septa Material	Sample Collection Guidelines	Preservative(s)	Maximum Holding Time	Analytical Method(s)
Chlorine	> 500 mL Plastic or Glass	N/A	Grab sample. Either free or total residual chlorine measurement is acceptable	None	Analysis should be completed within 15 minutes of collection	Free-Standard Methods (SM) 4500-C1D, CL F, 4500-C1 G (DPD Colormetric)
						Combined- SM 4500 CI D, F, G
						Total-SM 4500-CI 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
HAA5	>100 mL amber glass	Teflon-lined septum	<ol style="list-style-type: none"> <li>1. Fill bottle completely but be careful not to flush out preservatives</li> <li>2. Sample should not have bubbles</li> <li>3. Sample disinfectant at time of collection</li> </ol>	NH <sub>4</sub> CL (ammonium chloride) <u>Review the specific method for max holding times/preservation procedures.</u>	28 days @ 4°C	EPA Method 552.1
	>50 mL amber glass				7-14 days @ 4°C	EPA Method 552.2
	40-60 mL glass vial				9 days @ 4°C to extraction, 21 days to analysis @ -11°C	Standard Method 6251B
pH	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
TTHM	40-120 mL Glass vial	Teflon-lined septum	<ol style="list-style-type: none"> <li>1. Samples must be dechlorinated prior to acidification.</li> </ol>	Dechlorination with Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> and acidification using HCL to pH <2	14 Days @ 4°C	EPA Methods 502.2 , 524.2
	60 mL Glass vial	Teflon-lined septum	<ol style="list-style-type: none"> <li>2. Sample residual disinfectant at time of collection.</li> </ol>	Sodium sulfite or NH <sub>4</sub> CL (ammonium chloride) with a phosphate buffer (pH = 4.5-5.5)	14 Days @ 4°C	EPA Method 551.1



# SECTION 12: MONITORING SUMMARY/CONDITIONS FOR REDUCED MONITORING FOR GROUND WATER SYSTEMS<sup>1</sup>

PARAMETER	APPLICABILITY		ROUTINE MONITORING FREQUENCY	CRITERIA FOR REDUCED MONITORING	REDUCED MONITORING FREQUENCY*	IS YOUR SYSTEM CONDUCTING ROUTINE, REDUCED, OR <u>INCREASED MONITORING</u> ?
Chlorine/ Chloramines	PWSs that use the disinfectants		At the same time and location and frequency as total coliform sampling	<u>Monitoring may not be reduced.</u>	Not Applicable	
Total Trihalomethanes (TTHMs) & Haloacetic Acids 5 (HAA5s)	All CWS & NTNC systems that are adding a chemical 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.	
		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

<sup>1</sup> 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)

Sample Locations: 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.

Compliance Determination: 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:

1. 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	<ul style="list-style-type: none"><li>◆ Report your Monthly MRDL results to the Department on a quarterly basis.</li><li>◆ Submit the quarterly RAA within 10 days of the end of each quarter</li><li>◆ For example, January-March 2004 results are due to the Department on April 10, 2004.</li></ul>
February 2004	3.5	
March 2004	3.2	
April 2004	4.6	
May 2004	3.3	
June 2004	2.4	
July 2004	3.4	
August 2004	2.9	
September 2004	2.8	
October 2004	2.7	
November 2004	2.4	
December 2004	3.1	
MRDL Running Annual Average	Add the last 12 monthly averages to calculate the RAA $4.5 + 3.5 + 3.2 + 4.6 + 3.3 + 2.4 + 3.4 + 2.9 + 2.8 + 2.7 + 2.4 + 3.1 = 38.8/12$ (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

**Compliance Determination:** 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.
3. 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	$\frac{50 + 45 + 39}{3} = 45$	Q1 Average = 45 Q2 Average = 50 Q3 Average = 84 Q4 Average = 70  $\frac{45 + 50 + 84 + 70}{4} = 62$
Q2=Apr-Jun	3	$\frac{57 + 49 + 43}{3} = 50$	
Q3 =Jul-Sep	3	$\frac{75 + 80 + 98}{3} = 84$	
Q4 =Oct-Dec	3	$\frac{60 + 72 + 79}{3} = 70$	

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.





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

See page 6 for instructions.

## I. General Information

Public Water System (PWS) Name: Harmony Homes			
PWS Identification Number: 3590497		PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community	
PWS Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large		Total Population Served: 158	
Population Interval:* <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G			
PWS Owner: Aqua Utilities Florida			
Contact Person: Patrick Farris		Contact Person's Title: Env. Compliance Specialist	
Contact Person's Mailing Address: 1100 Thomas Ave.			
City: Leesburg		State: FL	Zip Code: 34748
Contact Person's Telephone Number: 352-435-4029		Contact Person's Fax Number: 352-435-4029	
Contact Person's E-Mail Address: PAFarris@aquaamerica.com			

\* The minimum number of tap sample sites for lead and copper (LC) and water quality parameter (WQP) distribution system sample sites is based on a system's population interval, which is selected from the table below. For the purposes of this form, the population served is the sum of the number of permanent residents and the number of additional non-transient persons to whom the system is available, such as school children, office and commercial employees, and seasonal residents.

Total Population Served	Population Interval	LC Sites	WQP Sites
greater than 100,000	A	100	25
50,001 to 100,000	B	60	10
10,001 to 50,000	C	60	10
3,301 to 10,000	D	40	3
501 to 3,300	E	20	2
101 to 500	F	10	1
less than 101	G	5	1

## II. Records Review

Locate and review existing plans, drawings, and reports of the water system and also those kept by county or municipal building departments or code enforcement offices to identify available sampling sites and the total number of lead service lines in the distribution system.

### A. Identification of Interior Plumbing Material Types

Identify single-family and multiple-family residences and buildings that have interior plumbing containing lead pipe, copper pipe with lead solder installed after December 31, 1982, or copper pipe with lead solder installed before January 1, 1983; and identify structures with brass faucets and those with point-of-entry or point-of-use devices.

Required sources of review (check after review):

- ☒ Plumbing or building codes.
- ☒ Plumbing or building permits.
- ☒ Contacts within the building department, municipal clerk's office, or State regulatory agencies for historical documentation of the service area development.
- ☒ Review of drinking water sampling results, such as those from lead testing in schools.

Optional sources of review (check those utilized):

- ☒ Interviews with building inspectors.
- ☐ Survey of service area plumbers about when and where lead solder was used from 1983 to the present.
- ☐ Survey of residents in the sections of the service area where lead pipe and/or copper pipe with lead solder is suspected to exist.
- ☐ Interview of local contractors and developers.



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

PWS Identification Number: 3590497

## B. Identification of Lead Service Lines and Components with Lead Content

Identify the number and location of lead service lines and identify the location of water distribution system components that contain lead.

Required sources of review (check after review):

- ☒ Distribution system maps and record drawings.
- ☒ Information collected on the presence of lead and copper as required under 40 CFR 141.42, Special Monitoring for Corrosivity Characteristics.
- ☒ Capital improvement plans or master plans for distribution system development.
- ☒ Current and historical standard operating procedures or operation and maintenance manuals for the type of materials used to install service connections.
- ☒ Utility records, including meter installation records, customer complaint investigations, and other historical documents, that indicate or confirm the location of lead service connections.
- ☒ Drinking water sampling results that indicate that a structure is susceptible to lead in drinking water.

Optional sources of review (check those utilized):

- ☒ Interviews with utility employees familiar with past construction practices.
- ☐ Service line sampling where lead service lines are suspected to exist but their presence is not otherwise confirmed.
- ☒ Review of permit files.
- ☐ A community survey.
- ☐ Interview of local pipe suppliers, contractors, and developers.

## 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.

Materials Survey Summary		Type of Structure Being Served		
		SFRs	MFRs	BLDGs
		Number of Service Connections		
<b>A. Interior Plumbing Material Sites</b>				
Lead Pipe				
Copper Pipe With Lead Solder Installed After 1982				
Copper Pipe With Lead Solder Installed Before 1983		10		
Brass Faucets				
Point-of-Use or Point-of-Entry Treatment Devices				
Lead-Lined Water Coolers				
Other Lead Plumbing Components				
<b>B. Lead Service Line Sites</b>				
Total Initial Number of Lines that Are Entirely Lead and Subject to Replacement				
Partial Lead Lines	Goosenecks			
	Pigtails			
<b>C. Lead Distribution System Component Sites</b>				
Service Connections Within 100 feet of Distribution System Components Containing Lead				
<b>D. Total No. of Service Connections to Available Sampling Sites</b>		10		
<b>E. Total Number of Service Connections in Distribution System</b>		61		



## PWS Identification Number: 3590497

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.

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

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.

[illegible]



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

PWS Identification Number: 3590497

## VI. Certification

### A. Site Selection Criteria

Whenever possible, lead and copper tap sample plans must include tier 1 sites exclusively. Explain the selection of other than tier 1 sites; and if sites were changed from one monitoring period to another, explain why the sites were changed (attach additional pages if necessary). There are no tier 1 or tier 2 sites available, therefore we used tier 3 sites

### B. 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 not at least 50 percent of the required number of sampling sites (attach additional pages if necessary). N/A

### C. Water Quality Parameter Sampling Plan

If any WQP distribution system sampling sites are not also microbiological sampling sites, explain how the selected WQP distribution system sampling sites represent water quality throughout the distribution system based on the distribution of population, the different sources of water and treatment methods, and an even distribution of sampling throughout the six-month sampling period (attach additional sheets as necessary). N/A

I am duly authorized to sign this form on behalf of the PWS identified in Part I of this form. I certify that the information provided on this form is true and accurate to the best of my knowledge and belief. I certify that the information listed and checked in Part II of this form was used to perform the materials survey in order to identify the total number of lead service lines in the PWS and to establish the sampling pool and sampling plans. I also certify that the number of lead service lines reported in Part III of this form is the total known number of lead service lines in the PWS and that the selected sampling sites in Part IV of this form are the highest risk sites available.



10/19/09

Signature and Date

Patrick Farris

Printed or Typed Name

Env. Compliance Specialist

Title



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

**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 to available sampling sites. In E, 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.



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

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





*Utilities Florida*

## **CROSS CONNECTION CONTROL POLICY**

**August 2007**



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<b>SECTION 10</b>	<b>FIRE SYSTEMS</b>

## **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 source 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 eliminated 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 differential 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;
3. Lowered pressure in a water main due to a high withdrawal rate such as fire-fighting, water main flushing, or water main breaks; and
4. Reduced supply main pressure on the suction side of a booster pump.

#### **B. Backpressure**

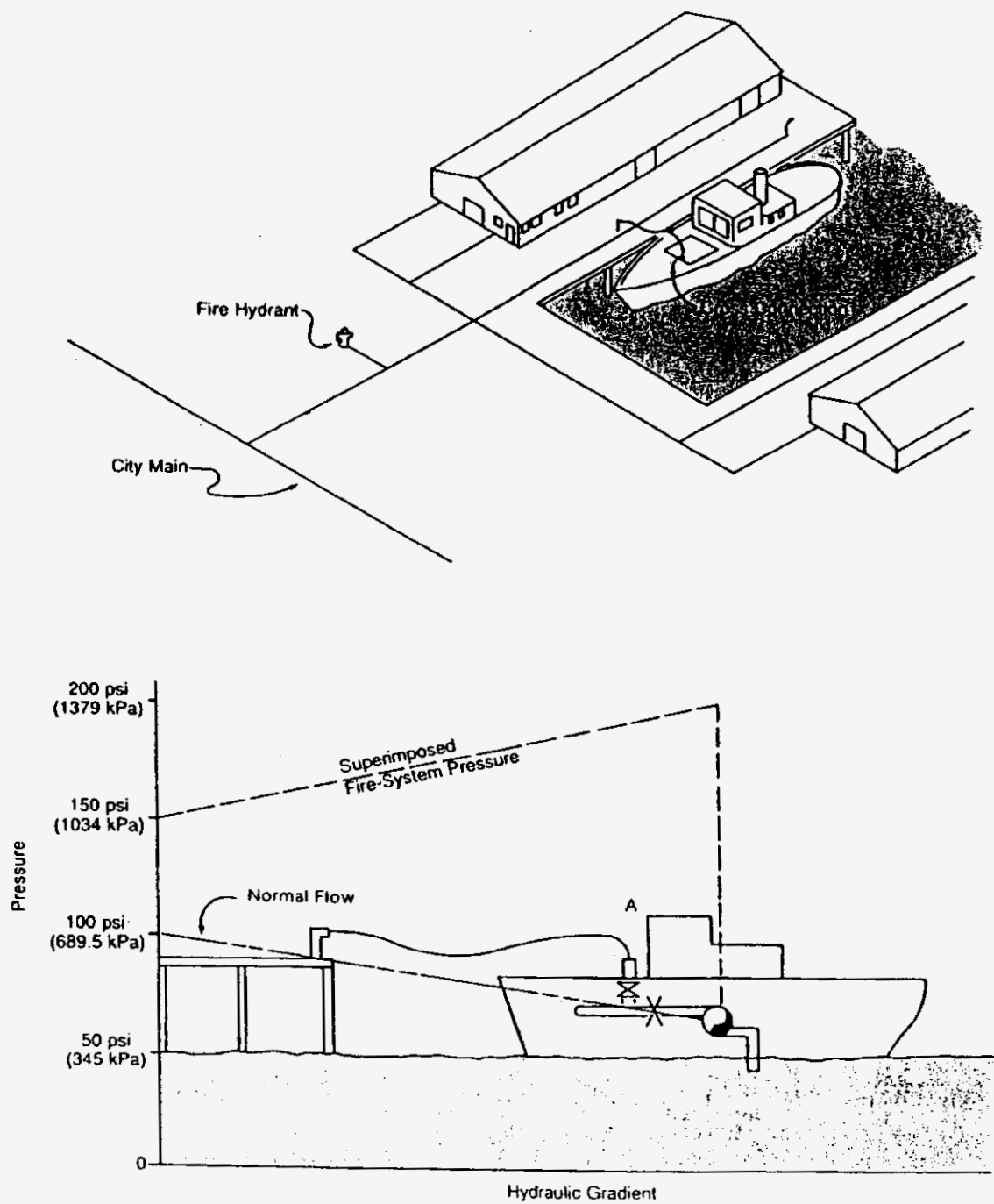
Backpressure may cause backflow to occur where a potable water system is connected to a non-potable supply operating under a higher pressure by means of pump, boiler, elevation difference, air or steam pressure and so forth.

The principal causes of backpressure are:

1. Booster pump systems designed without backflow prevention devices;
2. Potable water connections to boilers and other pressure systems without backflow prevention devices;
3. 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.



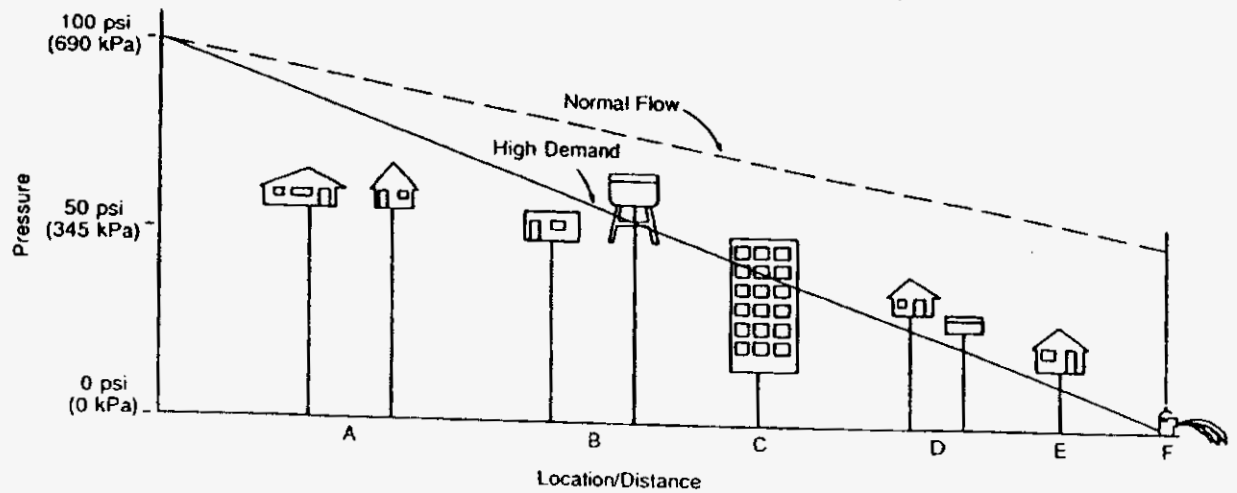
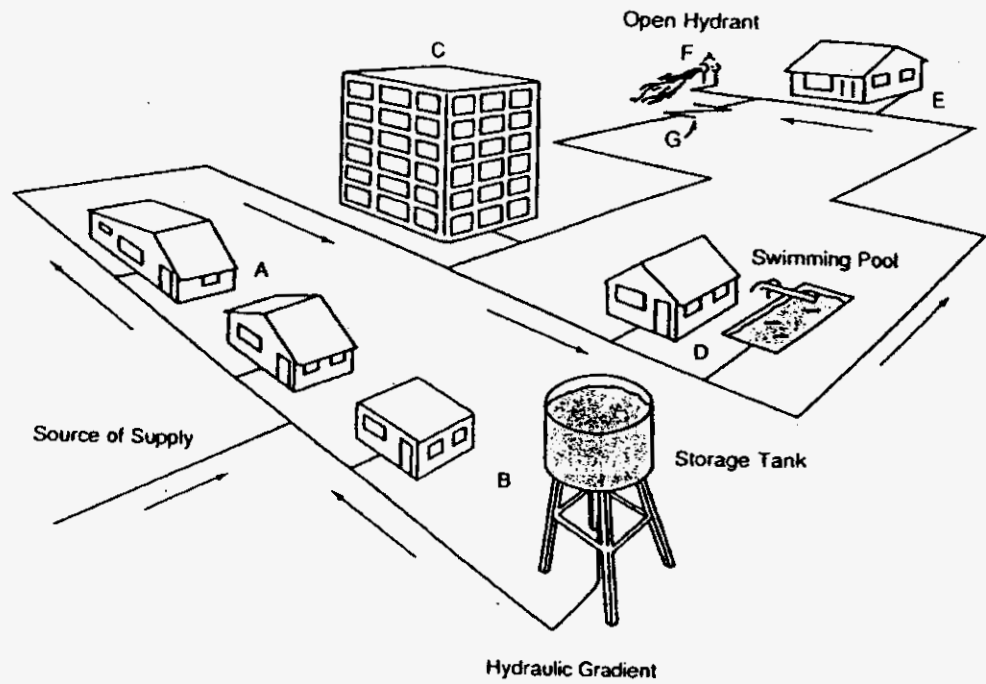
## BACKFLOW DUE TO BACKPRESSURE



Backflow due to backpressure.



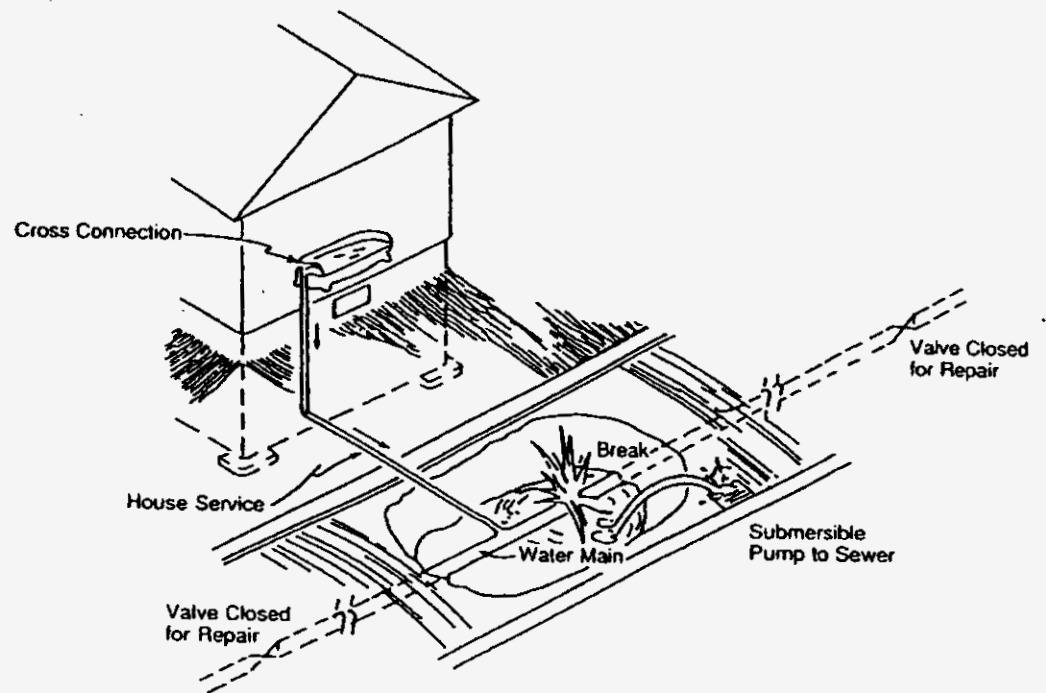
## BACKSIPHONAGE DUE TO HIGH WITHDRAWAL RATE OF WATER



-- 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 condition becomes known, *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 identify 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 simultaneously brought to the attention of *Aqua Utilities Florida, Inc.*'s attorney and President..

## **Section 6 Definitions**

Air-gap separation - 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.*

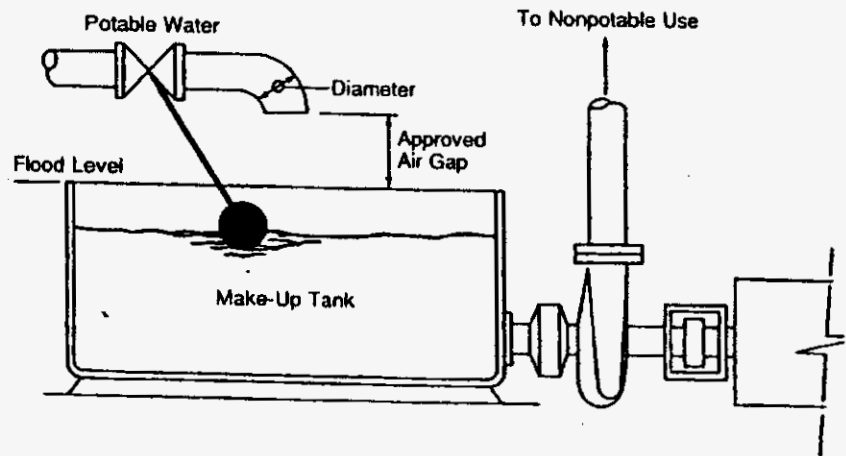
Auxiliary Intake - The term auxiliary intake shall mean any piping connection or other device whereby water may be secured from a source other than that normally used.

Backflow - 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.

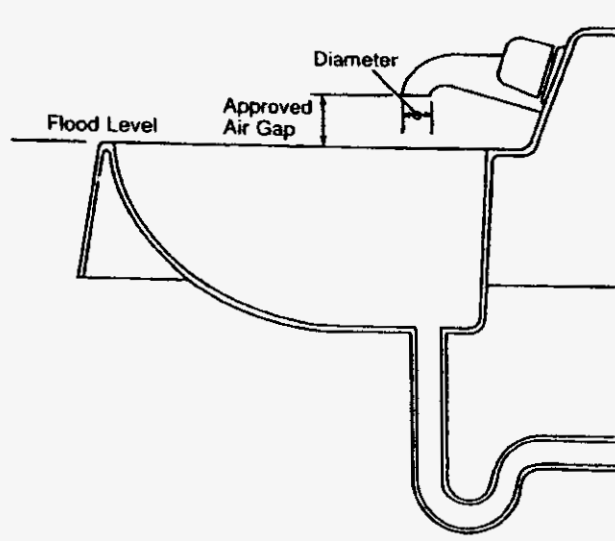
Backflow prevention device - A backflow prevention device shall mean any effective device, method or construction used to prevent backflow into a potable water system. The type of device used should be based on the degree of hazard, either existing or potential, and identified by the condition which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



## DIAGRAM – AIR GAP



Air gap on tank.



Air gap on lavatory.



**Backflow prevention device tester - ( Certified)** - The term certified 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 applicable 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.

**Backpressure** - 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 consideration which would cause or tend to cause, a reversal of the normal flow through a backflow prevention device.

**Backsiphonage** - 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.

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

**Contamination** - 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 spread of disease or toxic materials.

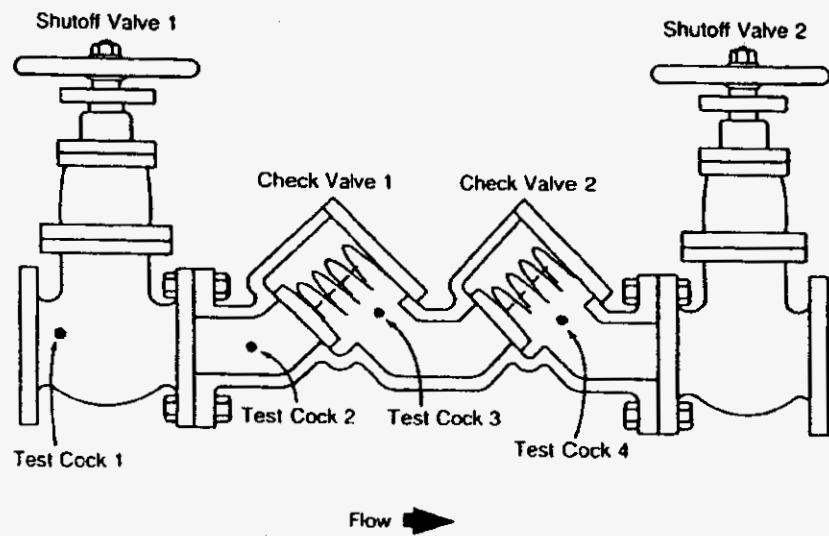
**Critical level** - The term critical level shall mean the marking on a vacuum breaker which determines a minimum elevation above the flood level rim of the fixture or receptacle served at which the device may be installed.

**Cross-Connection** - 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.



**Fire Sprinkler System** - 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.

**Hazard - (Degree of)** - 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.

**Hazard - (Health)** - 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 assembly

**Hazard - (Pollution)** - 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.

**Hazard - (System)**- 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.

**Industrial Piping System - Consumer's** - 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.

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

**Laboratory - Approved Testing** - 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.

**Plumbing System** - 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

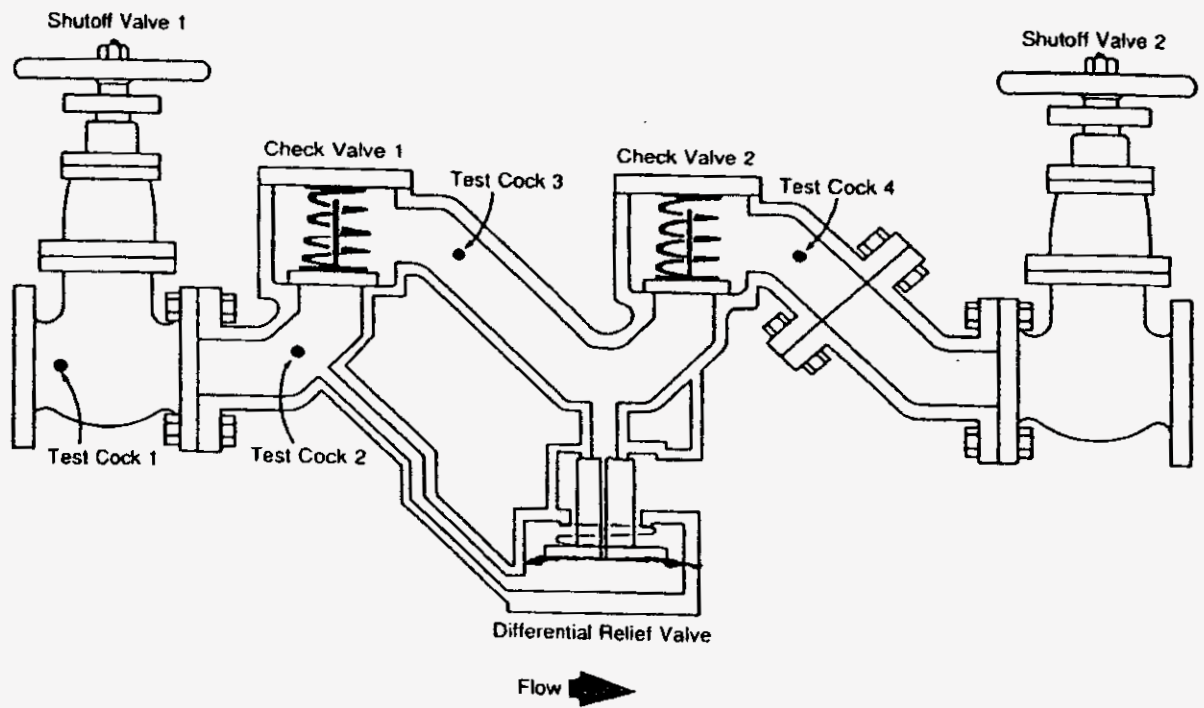
**Pollution** - Pollution shall mean an impairment of the quality of the water to a degree which does not create an actual hazard to the public health, but which does adversely and unreasonably affect the quality of the water for domestic use.

**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.

**Service Connection** - The term service connection shall mean the terminal end of the public potable water system, i.e., where the water purveyor loses jurisdiction 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



## DIAGRAM -- RP



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.

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.

Vacuum Breaker - Pressure Type - 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.

Water - Potable 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.

Water Purveyor - 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.

Water Supply -(Approved) - 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.

Water Supply -(Auxiliary) - 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.

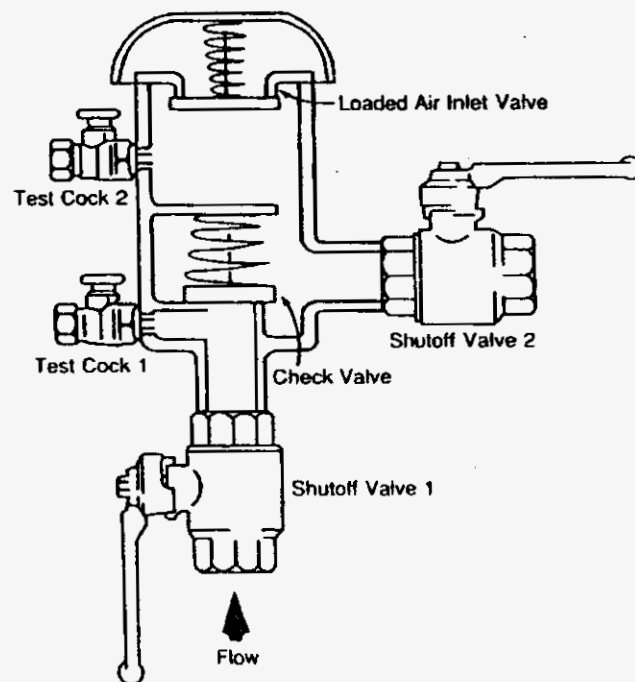
Water Supply - (Unapproved) - The term unapproved water supply shall mean a water supply which has not been approved for human consumption by the health agency having jurisdiction.

Water System - (Consumer's) - 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.

Water System - (Public Potable) - 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,



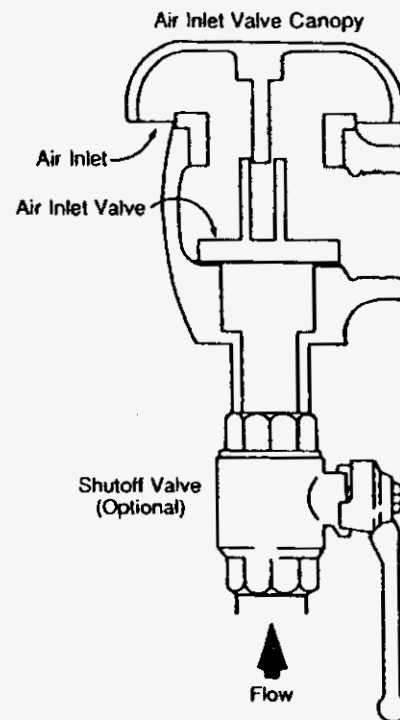
## DIAGRAM -- PVB



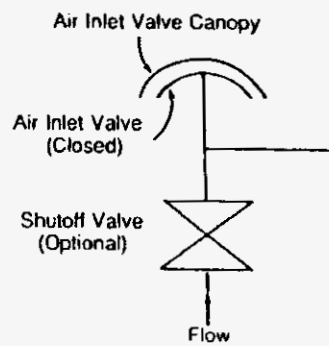
Pressure vacuum breaker assembly.



## DIAGRAM—AVB



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.

Water -(reclaimed) - 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.)

Water - (Used) - 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

FCCCHR of USC - 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**

<b><u>TYPE &amp; APPLICATION</u></b>	<b><u>TYPICAL DESCRIPTION</u></b>	<b><u>APPLICABLE INSTALLATION</u></b>	<b><u>STANDARDS</u></b>
<b>DOUBLE CHECK VALVE ASSEMBLY</b> for <u>low hazard</u> 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
<b>DOUBLE DETECTOR CHECK VALVE ASSEMBLY</b> 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
<b>DUAL CHECK VALVE BACKFLOW PREVENTER</b> 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
<b>BACKFLOW PREVENTER WITH INTERMEDIATE ATMOSPHERIC VENT</b>	Two independent check valves with intermediate relief valve	Cross connections subject to backpressure or back- siphonage where there is moderate health hazard. Continuous pressure	A.S.S.E. 1012
<b>LABORATORY FAUCET &amp; DOUBLE CHECK VALVE W/ INTERMEDIATE VACUUM BREAKER</b> in small pipe sizes for <u>moderate to low hazard</u>	Two independent check valves with intermediate vacuum breaker and relief vent .	Cross connections subject to backpressure or back- siphonage where there is a moderate to low health hazard	A.S.S.E. 1035



**TABLE 7.2**

<b><u>TYPE &amp; APPLICATION</u></b>	<b><u>DESCRIPTION</u></b>	<b><u>TYPICAL INSTALLATION</u></b>	<b><u>APPLICABLE STANDARDS</u></b>
<b>REDUCED PRESSURE PRINCIPLE BACKFLOW PREVENTER</b> For <u>high hazard</u> 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. Continuous pressure	A.S.S.E. 1013 A.W.W.A. C506 FCCCHR of USC
<b>ATMOSPHERIC VACUUM BREAKERS</b> for <u>moderate to high hazard</u> 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
<b>PRESSURE TYPE VACUUM BREAKERS</b> for <u>moderate to high hazard</u> 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
<b>HOSE CONNECTION VACUUM BREAKERS</b> 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
<b>AIR GAP</b> For <u>moderate to high hazard</u> 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



# 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 concentrates)	Health	RPBA
Connection to sewer pipe	Health	AG
Connection to plating tanks	Health	RPBA
Irrigation systems with chemical additives or agents	Health	RPBA
Connection to salt-water cooling system	Health	RPBA
Tank vats or other vessels containing toxic 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		
Commercial	Nonhealth†	RPBA
Domestic	Nonhealth†	DCVA
Irrigation systems	Nonhealth†	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 PVB
Degreasing equipment	Nonhealth†	DCVA
Lab bench equipment	Nonhealth†	AVB or PVB
Hose bibbs	Nonhealth†	AVB
Trap primers	Nonhealth†	AG
Flexible shower heads	Nonhealth†	AVB or PVB
Steam tables	Nonhealth†	AVB
Washing equipment	Nonhealth†	AVB
Shampoo basins	Nonhealth†	AVB
Kitchen equipment	Nonhealth†	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.

\*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 hazard exists (due to toxicity or other potential health impact) additional area protection with RPBA 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

Low - 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).

Backflow Prevention Devices - 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 multi-story 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.

7. 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, bacteriological 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, cyclohexylamine, 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



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 an AG separation.
3. Air conditioning 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 - shall 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.



11. Dark rooms (photographic) - all threaded faucets shall be protected 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. Note: 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 Backflow 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. Notify - 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. Identify - 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 paper forms before leaving the location.



3. **Inspect** - 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.
3. Each day upon which a violation shall occur shall be deemed a separate and additional violation.
4. Any person or customer 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**

#### **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.

Class 1 - 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.

Class 2 - 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

Class 3 - 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.

Class 4 - 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

Class 6 - Combined industrial and fire protection systems supplied from the public water mains only, with or without gravity storage or pump suction 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 contaminants.
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 backflow 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. Current 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 eliminate 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.**