VOLUSIA COUNTY

Jungle Den WTF
Jungle Den WWTF
Tomoka View
Twin Rivers

Docket No. 100330-WS

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

Florida

Volume 5
Book 2
Set 16 of 17

Containing:
Permits
Monthly Operating Reports
Discharge Monitoring Reports
Sample Results
Correspondence

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER-DATE
07307 SEP-1 0
FPSC-COMMISSION CLERK

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

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

Consecutive System Name: Jungle Den			PWS Identification Number: 3644127
Consecutive System Type: ☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			
Number of Service Connections at End of Month: 115		Total Population Served at End of Month:	230
Consecutive System 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: FL	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			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: May, 2008

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.4	
2		
3		
4		
5	1.3	
6		
7		
8	1.6	
9		
10		
11		
12	1.4	
13		
14		
15	1.3	
16		
17		
18		
19	1.1	
20		
21		
22	1.5	
23		
24		
25		
26	1.7	
27		
28		
29	1.2	
30		
31		

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

6/9/08
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number or Title

Monthly Total Flow: 144,500
Monthly Average: 4,661

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month Year of **June, 2008**

Consecutive System Name: Jungle Den — PWS Identification Number: 3644127

Consecutive System Type: ☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community

Number of Service Connections at End of Month: 115 — Total Population Served at End of Month: 230

Consecutive System 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: FL — 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

II. Daily Distribution System Disinfectant Residual Data for the Month Year of **June, 2008**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		
2	1.5	
3	1.6	
4		
5	1.1	
6		
7		
8		
9	1.1	
10		
11		
12	0.8	
13		
14		
15		
16	0.9	
17		
18		
19		
20	1.2	
21		
22		
23	1.4	
24		
25		
26	1.5	
27		
28		
29		
30	1.1	
31		

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: 7/8/08

Paul Thompson
Printed or Typed Name

A7251
License Number or Title

Monthly Total Flow: 151,510
Monthly Average: 4,887

Revised July 21, 2008 CMM

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

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

Consecutive System Name: Jungle Den				PWS Identification Number: 3644127
Consecutive System Type: ☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community				
Number of Service Connections at End of Month: 115			Total Population Served at End of Month:	230
Consecutive System 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: FL	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				

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: July, 2008

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.1	
2		
3		
4	1.5	
5		
6		
7	1.2	
8	1.1	
9		
10		
11	1.0	
12		
13		
14	0.7	
15		
16		
17	1.0	
18		
19		
20		
21	1.0	
22		
23		
24	1.2	
25		
26		
27		
28	1.2	
29		
30		
31	0.8	

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

8/7/08
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number or Title

Monthly Total Flow: 216,170
Monthly Average: 6,973

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I General Water System Information for the Month/Year of:	August, 2008			
Consecutive System Name: Jungle Den				PWS Identification Number: 3644127
Consecutive System Type: ☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community				
Number of Service Connections at End of Month: 115			Total Population Served at End of Month:	230
Consecutive System 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: FL	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				

II Daily Distribution System Disinfectant Residual Data for the Month/Year of: August, 2008

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.8	
2		
3		
4	1.4	
5		
6	1.0	
7		
8	1.1	
9		
10		
11	1.0	
12		St. Johns River Utility Outage
13	1.3	
14		
15	1.5	
16		
17		
18	1.0	
19		
20	1.2	
21		
22	1.2	
23		
24		
25	1.3	
26		
27	1.5	
28		
29	1.4	
30		
31		

III Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Printed or Typed Name	License Number or Title
09/08/08	Paul Thompson	A7251

Monthly Total Flow: METER IS STUCK. SITUATION HAS BEEN REPORTED TO OUR SUPPLIER WHEN IT OCCURRED AND IS STILL NOT FIXED

Monthly Average:

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I General Water System Information for the Month/Year of	September, 2008			
Consecutive System Name: Jungle Den				PWS Identification Number: 3644127
Consecutive System Type: ☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community				
Number of Service Connections at End of Month: 115			Total Population Served at End of Month:	230
Consecutive System 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: FL	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				

II Daily Distribution System Disinfectant Residual Data for the Month/Year of: September, 2008

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.0	
2		
3		
4	0.7	
5		
6		
7		
8	0.9	
9		
10	0.9	
11		
12	1.0	St. Johns River Utility Outage
13		
14		
15	0.6	
16		
17	0.6	
18		
19	0.5	
20		
21		
22	0.4	
23		
24	0.4	
25		
26	0.5	
27		
28		
29	0.6	
30		
31		

III Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

10/08/08

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number or Title

Monthly Total Flow: METER IS STUCK. SITUATION HAS BEEN REPORTED TO OUR SUPPLIER WHEN IT OCCURRED AND IS STILL NOT FIXED
Monthly Average:

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of	October, 2008			
Consecutive System Name: Jungle Den				PWS Identification Number: 3644127
Consecutive System Type: ☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community				
Number of Service Connections at End of Month: 115			Total Population Served at End of Month:	230
Consecutive System 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: FL	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			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: October, 2008

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.3	
2		
3	0.5	
4		
5		
6	1.2	
7		
8	1.0	
9		
10	1.3	
11		
12		
13	0.8	
14		
15	1.1	
16		
17	0.6	
18		
19		
20	0.7	
21		
22	0.8	
23		
24	0.6	
25		
26		
27	0.7	
28		
29		
30		
31	0.7	

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: 11/6/08

Printed or Typed Name: Paul Thompson

License Number or Title: A7251

Monthly Total Flow: METER IS STUCK. SITUATION HAS BEEN REPORTED TO OUR SUPPLIER WHEN IT OCCURRED AND IS STILL NOT FIXED

Monthly Average: 5,371

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

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

Consecutive System Name: Jungle Den				PWS Identification Number: 3644127
Consecutive System Type: ☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community				
Number of Service Connections at End of Month: 115			Total Population Served at End of Month:	230
Consecutive System 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: FL	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			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: November, 2008

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		
2		
3	1.5	
4		
5	1.0	
6		
7	1.3	
8		
9		
10	2.4	
11		
12	2.0	
13		
14	1.8	
15		
16		

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
17	1.5	
18		
19		
20	1.4	
21	1.4	
22		
23		
24	1.5	
25		
26		
27	2.0	
28		
29		
30		
31		

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Printed or Typed Name	License Number or Title
12/5/08	Paul Thompson	A7251

Monthly Total Flow: 249,550
Monthly Average: 8,318

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:	December, 2008			
Consecutive System Name: Jungle Den				PWS Identification Number: 3644127
Consecutive System Type: ☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community				
Number of Service Connections at End of Month: 115			Total Population Served at End of Month:	230
Consecutive System 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: FL	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				

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: December, 2008

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.8	
2		
3	1.8	
4		
5	1.4	
6		
7		
8	1.6	
9		
10	3.6	
11		
12	2.5	
13		
14		
15	2.5	
16		
17	2.0	
18		
19	2.2	
20		
21		
22	2.0	
23		
24	2.0	
25		
26	2.2	
27		
28		
29	1.9	
30		
31	1.7	

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

01/08/09
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number or Title

Monthly Total Flow: **328,150**
Monthly Average: **10,585**

DEP For[illegible]555.900(4)
Effecti[illegible]st 28, 2003

8

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:	January, 2009			
Consecutive System Name: Jungle Den				PWS Identification Number: 3644127
Consecutive System Type: ☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community				
Number of Service Connections at End of Month: 115			Total Population Served at End of Month:	230
Consecutive System 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: FL	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				

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: January, 2009

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.7	
2	1.7	
3		
4		
5	1.6	
6		
7	1.6	
8		
9	1.9	
10		
11		
12	1.7	
13		
14	1.8	
15		
16	2.0	

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
17		
18		
19	1.9	
20		
21	1.8	
22		
23	1.8	
24		
25		
26	2.0	
27		
28	1.8	
29		
30	1.5	
31		

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: 02/04/09

Paul Thompson
Printed or Typed Name

A7251
License Number or Title

Monthly Total Flow: **198,910**
Monthly Average: **6,416**

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I General Water System Information for the Month/Year of	February, 2009			
Consecutive System Name: Jungle Den				PWS Identification Number: 3644127
Consecutive System Type: ☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community				
Number of Service Connections at End of Month: 115			Total Population Served at End of Month:	230
Consecutive System Owner: Aqua Utilities Florida				
Contact Person: Paul Thompson			Contact Person's Title: Field Coordinator	
Contact Person's Mailing Address: PO Box 490310	City: Leesburg		State: FL	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address: pdthompson@aquaamerica.com				

II Daily Distribution System Disinfectant Residual Data for the Month/Year of: February, 2009

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		
2	1.7	
3		
4	1.7	
5		
6	1.8	
7		
8		
9	2.5	
10		
11	2.5	
12		
13	2.4	
14		
15		
16	2.5	
17		
18	2.1	
19		
20	2.0	
21		
22		
23	1.8	
24		
25	2.0	
26		
27	1.8	
28		
29		
30		
31		

III Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

3/9/09
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number or Title

Monthly Total Flow: 166,690
Monthly Average: 5,953

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month Year of **March, 2009**

Consecutive System Name: Jungle Den — PWS Identification Number: 3644127

Consecutive System Type: ☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community

Number of Service Connections at End of Month: 115 — Total Population Served at End of Month: 230

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Paul Thompson — Contact Person's Title: Field Coordinator

Contact Person's Mailing Address: PO Box 490310 — City: Leesburg — State: FL — Zip Code: 34749

Contact Person's Telephone Number: (352) 787-0980 — Contact Person's Fax Number: (352) 787-6333

Contact Person's E-Mail Address: pdthompson@aquaamerica.com

II. Daily Distribution System Disinfectant Residual Data for the Month Year of **March, 2009**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		
2	2.0	
3		
4	2.5	
5		
6	2.0	
7		
8		
9	2.2	
10		
11	2.0	
12		
13	2.0	
14		
15		
16	1.8	
17		
18	2.2	
19		
20	2.2	
21		
22		
23	2.0	
24		
25	2.4	
26		
27		
28	2.4	
29		
30	2.4	
31		

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

4/8/09
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number or Title

Monthly Total Flow: 193,660
Monthly Average: 6,247

11

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

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

Consecutive System Name: Jungle Den — PWS Identification Number: 3644127

Consecutive System Type: ☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community

Number of Service Connections at End of Month: 115 — Total Population Served at End of Month: 230

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Paul Thompson — Contact Person's Title: Field Coordinator

Contact Person's Mailing Address: PO Box 490310 — City: Leesburg — State: FL — Zip Code: 34749

Contact Person's Telephone Number: (352) 787-0980 — Contact Person's Fax Number: (352) 787-6333

Contact Person's E-Mail Address: pdthompson@aquaamerica.com

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of **April, 2009**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.0	
2		
3	2.2	
4		
5		
6	2.6	
7		
8	2.2	
9		
10	2.0	
11		
12		
13	2.2	
14		
15	2.5	
16		
17	2.2	
18		
19		
20	2.2	
21		
22	2.4	
23		
24	2.2	
25		
26		
27	2.0	
28		
29	2.4	
30		
31		

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief

5/6/09
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number or Title

Monthly Total Flow: 151,310
Monthly Average: 4,881

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of	May, 2009			
Consecutive System Name: Jungle Den			PWS Identification Number: 3644127	
Consecutive System Type: ☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community				
Number of Service Connections at End of Month: 115		Total Population Served at End of Month: 230		
Consecutive System Owner: Aqua Utilities Florida				
Contact Person: Paul Thompson		Contact Person's Title: Field Coordinator		
Contact Person's Mailing Address: PO Box 490310	City: Leesburg	State: FL	Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333		
Contact Person's E-Mail Address: pdthompson@aquaamerica.com				

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: May, 2009

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.4	
2		
3		
4	2.4	
5		
6	1.9	
7		
8	2.0	
9		
10		
11	1.4	
12		
13	1.8	
14		
15	1.5	
16		

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
17		
18	1.5	
19		
20	1.2	
21		
22	1.6	
23		
24		
25	1.2	
26		
27	1.4	
28		
29		
30		
31		

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Printed or Typed Name	License Number or Title
6/8/09	Paul Thompson	A7251

Monthly Total Flow: 145,940
Monthly Average: 4,708

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month Year of **June, 2009**

Consecutive System Name: Jungle Den				PWS Identification Number: 3644127
Consecutive System Type: ☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community				
Number of Service Connections at End of Month: 115			Total Population Served at End of Month:	230
Consecutive System Owner: Aqua Utilities Florida				
Contact Person: Paul Thompson			Contact Person's Title: Field Coordinator	
Contact Person's Mailing Address: PO Box 490310	City: Leesburg		State: FL	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address: pdthompson@aquaamerica.com				

II. Daily Distribution System Disinfectant Residual Data for the Month Year of **June, 2009**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.6	
2		
3	1.2	
4		
5	1.4	
6		
7		
8	1.7	
9		
10	1.0	
11		
12	1.1	
13		
14		
15	1.4	
16		
17	1.2	
18		
19	1.4	
20		
21		
22	1.5	
23		
24	1.6	
25		
26	1.4	
27		
28		
29	1.4	
30		
31		

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Printed or Typed Name	License Number or Title
7/8/09	Paul Thompson	A7251

Monthly Total Flow: 156,590
Monthly Average: 5,051

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month Year of **July, 2009**

Consecutive System Name: Jungle Den — PWS Identification Number: 3644127

Consecutive System Type: ☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community

Number of Service Connections at End of Month: 115 — Total Population Served at End of Month: 230

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Paul Thompson — Contact Person's Title: Field Coordinator

Contact Person's Mailing Address: PO Box 490310 — City: Leesburg — State: FL — Zip Code: 34749

Contact Person's Telephone Number: (352) 787-0980 — Contact Person's Fax Number: (352) 787-6333

Contact Person's E-Mail Address: pdthompson@aquaamerica.com

II. Daily Distribution System Disinfectant Residual Data for the Month Year of **July, 2009**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.5	
2		
3	1.1	
4		
5		
6	1.3	
7		
8	1.0	
9		
10	1.0	
11		
12		
13	1.5	
14		
15	1.5	
16		
17	0.8	
18		
19		
20	0.5	
21		
22	0.7	
23		
24	1.0	
25		
26		
27	1.2	
28		
29	1.3	
30		
31	1.4	

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief

Signature and Date: 8/7/09

Paul Thompson
Printed or Typed Name

A7251
License Number or Title

Monthly Total Flow: 162,590
Monthly Average: 11,614

DEP [illegible]-555.900(4)
Effec[illegible]ust 28, 2003

Pa[illegible]

15

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I General Water System Information for the Month/Year of **August, 2009**

Consecutive System Name: Jungle Den — PWS Identification Number: 3644127

Consecutive System Type: ☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community

Number of Service Connections at End of Month: 115 — Total Population Served at End of Month: 230

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Paul Thompson — Contact Person's Title: Field Coordinator

Contact Person's Mailing Address: PO Box 490310 — City: Leesburg — State: FL — Zip Code: 34749

Contact Person's Telephone Number: (352) 787-0980 — Contact Person's Fax Number: (352) 787-6333

Contact Person's E-Mail Address: pdthompson@aquaamerica.com

II Daily Distribution System Disinfectant Residual Data for the Month/Year of **August, 2009**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		
2		
3	1.3	
4		
5	1.4	
6		
7	1.0	
8		
9		
10	1.2	
11		
12	1.2	
13		
14	1.0	
15		
16		
17	1.1	
18		
19	1.6	
20		
21	1.5	
22		
23		
24	1.3	
25		
26	0.9	
27		
28	1.0	
29		
30		
31	1.1	

III Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

09/04/09 — Signature and Date

Paul Thompson — Printed or Typed Name

A7251 — License Number or Title

Monthly Total Flow: 149,690

Monthly Average: 7,485

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I General Water System Information for the Month/Year of **September, 2009**

Consecutive System Name: Jungle Den — PWS Identification Number: 3644127

Consecutive System Type: ☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community

Number of Service Connections at End of Month: 115 — Total Population Served at End of Month: 230

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Paul Thompson — Contact Person's Title: Field Coordinator

Contact Person's Mailing Address: PO Box 490310 — City: Leesburg — State: FL — Zip Code: 34749

Contact Person's Telephone Number: (352) 787-0980 — Contact Person's Fax Number: (352) 787-6333

Contact Person's E-Mail Address: pdthompson@aquaamerica.com

II Daily Distribution System Disinfectant Residual Data for the Month/Year of **September, 2009**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.0	
2	1.2	
3		
4	1.4	
5		
6		
7	1.6	
8		
9	1.8	
10		
11	1.2	
12		
13		
14	1.5	
15		
16	1.4	
17		
18	1.2	
19		
20		
21	1.2	
22		
23	1.4	
24		
25	1.4	
26		
27		
28	1.5	
29		
30	1.2	
31		

III Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: 10/7/09 — Paul Thompson, Printed or Typed Name — A7251, License Number or Title

Monthly Total Flow: 220,690

Monthly Average: 7,119

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I General Water System Information for the Month/Year of **October, 2009**

Consecutive System Name: Jungle Den — PWS Identification Number: 3644127

Consecutive System Type: ☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community

Number of Service Connections at End of Month: 115 — Total Population Served at End of Month: 230

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Paul Thompson — Contact Person's Title: Field Coordinator

Contact Person's Mailing Address: PO Box 490310 — City: Leesburg — State: FL — Zip Code: 34749

Contact Person's Telephone Number: (352) 787-0980 — Contact Person's Fax Number: (352) 787-6333

Contact Person's E-Mail Address: pdthompson@aquaamerica.com

II Daily Distribution System Disinfectant Residual Data for the Month/Year of **October, 2009**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		
2	1.4	
3		
4		
5	1.4	
6		
7	1.3	
8		
9	1.3	
10		
11		
12	1.3	
13		
14	1.5	
15		
16	1.4	
17		
18		
19	1.5	
20		
21	1.5	
22		
23	1.5	
24		
25		
26	1.4	
27		
28	1.5	
29		
30	1.5	
31		

III Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

11/6/09

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number or Title

Monthly Total Flow: **135,660**
Monthly Average: **4,376**

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month Year of	November, 2009	REVISED 01/08/10		
Consecutive System Name: Jungle Den			PWS Identification Number: 3644127	
Consecutive System Type: ☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community				
Number of Service Connections at End of Month: 115		Total Population Served at End of Month: 230		
Consecutive System Owner: Aqua Utilities Florida				
Contact Person: Paul Thompson		Contact Person's Title: Field Coordinator		
Contact Person's Mailing Address: PO Box 490310	City: Leesburg		State: FL	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333		
Contact Person's E-Mail Address: pdthompson@aquaamerica.com				

II. Daily Distribution System Disinfectant Residual Data for the Month Year of: November, 2009

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		
2	1.4	
3		
4	1.7	
5		
6	2.0	
7		
8		
9	1.6	
10		
11	0.6	
12		
13		
14	1.4	
15		
16	1.6	
17		
18	1.4	
19		
20	1.6	
21		
22		
23	1.3	
24		
25	1.2	
26		
27	1.5	
28		
29		
30	1.4	
31		

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

1/18/10
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number or Title

Monthly Total Flow: 152,520
Monthly Average: 4,920

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month Year of:	December, 2009	REVISED 1/8/10		
Consecutive System Name:	Jungle Den		PWS Identification Number:	3644127
Consecutive System Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			
Number of Service Connections at End of Month:	115	Total Population Served at End of Month:	230	
Consecutive System Owner:	Aqua Utilities Florida			
Contact Person:	Paul Thompson	Contact Person's Title:	Field Coordinator	
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month Year of:	December, 2009
Type of Disinfectant Residual Maintained in Distribution System:	☑ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		
2	1.7	
3		
4	1.6	
5		
6		
7	1.6	
8		
9	1.5	
10		
11	1.4	
12		
13		
14	1.5	
15		
16	1.7	
17		
18	1.5	
19		
20		
21	1.5	
22		
23	1.5	
24		
25	1.2	
26		
27		
28	1.4	
29		
30	1.4	
31		

20

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

1/18/10

Signature and Date

Paul Thompson

Printed or Typed Name

A7251

License Number or Title

Monthly Total Flow: 170,760

Monthly Average: 5,508

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

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

Consecutive System Name: Jungle Den — PWS Identification Number: 3644127

Consecutive System Type: ☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community

Number of Service Connections at End of Month: 115 — Total Population Served at End of Month: 230

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Paul Thompson — Contact Person's Title: Field Coordinator

Contact Person's Mailing Address: PO Box 490310 — City: Leesburg — State: FL — Zip Code: 34749

Contact Person's Telephone Number: (352) 787-0980 — Contact Person's Fax Number: (352) 787-6333

Contact Person's E-Mail Address: pdthompson@aquaamerica.com

II Daily Distribution System Disinfectant Residual Data for the Month/Year of: January, 2010

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.5	
2		
3		
4	1.6	
5		
6	1.8	
7		
8	1.6	
9		
10		
11	1.6	
12		
13	2.4	
14		
15	2.2	
16		
17		
18	2.0	
19		
20		
21	2.0	
22	1.8	
23		
24		
25	1.5	
26		
27		
28	1.4	
29		
30		
31	2.0	

III Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

02/08/10
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number or Title

Monthly Total Flow: 243,500
Monthly Average: 7,855

DEP Fo 55 900(4)
Effective 28 2003

Pag

21

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I General Water System Information for the Month/Year of	February, 2010			
Consecutive System Name: Jungle Den				PWS Identification Number: 3644127
Consecutive System Type: ☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community				
Number of Service Connections at End of Month: 115			Total Population Served at End of Month:	230
Consecutive System Owner: Aqua Utilities Florida				
Contact Person: Paul Thompson			Contact Person's Title: Field Coordinator	
Contact Person's Mailing Address: PO Box 490310	City: Leesburg		State: FL	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address: pdthompson@aquaamerica.com				

II Daily Distribution System Disinfectant Residual Data for the Month/Year of: February, 2010

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.0		17	1.4	
2			18		
3	1.4		19	1.5	
4			20		
5	1.5		21		
6			22	2.2	
7			23		
8	1.6		24	2.0	
9			25		
10	1.6		26	2.2	
11			27		
12	1.5		28		
13			29		
14			30		
15	1.4		31		
16					

III Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

3/9/10

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number or Title

Monthly Total Flow: 222,630
Monthly Average: 7,182

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I General Water System Information for the Month Year of: March, 2010

Consecutive System Name: Jungle Den — PWS Identification Number: 3644127

Consecutive System Type: ☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community

Number of Service Connections at End of Month: 115 — Total Population Served at End of Month: 230

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Paul Thompson — Contact Person's Title: Field Coordinator

Contact Person's Mailing Address: PO Box 490310 — City: Leesburg — State: FL — Zip Code: 34749

Contact Person's Telephone Number: (352) 787-0980 — Contact Person's Fax Number: (352) 787-6333

Contact Person's E-Mail Address: pdthompson@aquaamerica.com

II Daily Distribution System Disinfectant Residual Data for the Month Year of: March, 2010

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.0	
2		
3	2.0	
4		
5	1.8	
6		
7		
8	1.2	
9	1.7	
10	1.8	
11		
12	1.8	
13		
14		
15	1.8	
16		
17	1.8	
18		
19	1.8	
20		
21		
22	1.8	
23		
24	1.8	
25		
26	2.0	
27		
28		
29	2.0	
30		
31	1.8	

III Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

4/8/10
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number or Title

Monthly Total Flow: 424,770
Monthly Average: 6,807

MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I General Water System Information for the Month Year of	April, 2010			
Consecutive System Name: Jungle Den			PWS Identification Number: 3644127	
Consecutive System Type: ☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community				
Number of Service Connections at End of Month: 115		Total Population Served at End of Month: 230		
Consecutive System Owner: Aqua Utilities Florida				
Contact Person: Paul Thompson		Contact Person's Title: Field Coordinator		
Contact Person's Mailing Address: PO Box 490310	City: Leesburg	State: FL	Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333		
Contact Person's E-Mail Address: pdthompson@aquaamerica.com				

II Daily Distribution System Disinfectant Residual Data for the Month Year of: April, 2010

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1		
2	2.0	
3		
4		
5	1.0	
6		
7	1.2	
8		
9	1.3	
10		
11		
12	1.5	
13		
14	1.3	
15		
16	1.2	
17		
18		
19	1.3	
20		
21	1.3	
22		
23	1.5	
24		
25		
26	1.6	
27		
28	1.5	
29		
30	1.2	
31		

III Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

5/7/10
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number or Title

Monthly Total Flow: 156,810
Monthly Average: 5,058

HBEL, Inc.

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

Date issued: March 16, 2009

To: Will Fontaine
Aqua Utilities Florida, Inc.
930 S South State Road 19
Palatka, FL 321779394

Client: Aqua Utilities Florida, Inc.
Workorder ID: Jungle Den Annual NO2/NO3 **[2134201]**
Received: 3/11/09 12:22

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.

HBEL, Inc.

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Jungle Den Annual NO2/NO3 **[2134201]**
Received: 3/11/09 12:22

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

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue

HBEL, Inc.
00 U.S. 1 North, Fort Pierce, FL 34946
one: (772) 465-8584 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2134201]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Jungle Den Annual NO2/NO3

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: ***2134201001***					*Sampled: 03/10/09 15:40*		*Received: 03/11/09 12:22*			
Sample ID: ***P.O.E. Grab***					*Matrix: Water*	Results reported on Wet Weight Basis				
Nitrate as N		**0.040**	mg/L	0.0030	EPA 300.0	IC7987		03/12/09 12:46	JL	E96080
Nitrite as N		**0.0022 U**	mg/L	0.0022	EPA 300.0	IC7987		03/12/09 12:46	JL	E96080

[1]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.

ARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400 Ext. 285 Fax: (772) 467-1584

Chain-of-Custody and Agreement to Perform Services

USE BALL POINT PEN
PRESS HARD
COMPLETELY FILL OUT
ALL NON GREYED AREAS
PRINT LEGIBLY

Laboratory not responsible for on... ...rmation

___FDOH # E96080	___FDOH # E85370
5600 U.S. 1 North	307 Coolidge Avenue
Fort Pierce, FL 34946	Lehigh Acres, FL 33936
✓ FDOH # E83509	___FDOH # E84418
4155 St. Johns Pkwy.	16331 Cortez Blvd.
Suite 1300	Brooksville, FL 34601
Sanford, FL 32771	

ACCREDITED IN ACCORDANCE WITH nelac

Company: AQUA Utilities
Address: 1100 Thomas Ave
Leesburg FL Zip: 34748
Phone: 386-937-4091 Fax: 386-326-4977
Client Contact: David Haring
Project Name: Jungle Den
Sampled By: David Haring

Method(s) of Shipment:

e-mail:

Standard Laboratory Turn Around Time

Or

Rush in ___ Business Days
Requires Laboratory Approval

For Lab Use Only

Temperature Checked	Custody Seals Intact	pH Checked
3.6°C (Y) N	Y N	Y N

LAB # 234201

PRESERVATIVE

ANALYSES REQUESTED

NO3/NO2

Preservation Key
H=Hydrochloric Acid P=Phosphoric Acid
N=Nitric Acid ST=Sodium Thiosulfate
S=Sulfuric Acid
SH=Sodium Hydroxide U=Unpreserved

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	NO3/NO2	COMMENTS
001	3-10-09	15:40	G	DW	1	P.O.E.	X	Cl2 2.4 pH 7.6

* Sample Type: G=Grab C=Composite

** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page 4 of 4

RELINQUISHED BY David Haring	RELINQUISHED BY	RELINQUISHED BY Jacobe to Fedex
DATE/TIME 3-11-09 / 11:00	DATE/TIME 3-11-09 1222	DATE/TIME 3-12-09 1000
RECEIVED BY	RECEIVED BY Jacobe	RECEIVED FOR HBEL CUSTODY BY Lauren
DATE/TIME 3-11-09 1100	DATE/TIME 3-11-09 1222	DATE/TIME 3-12-09 1036

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

CHAIN PAGE 1 of 1

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

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

System Name: Jungle Den PWS I.D. #: 3644127

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

Address: 1848 Alice Ln

City: Astor State: FL ZIP Code:

Phone #: 352-787-0980 Fax #: 352-787-6333

E-Mail Address: N/A

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: Location Code (if known):

Sample Date: 03/10/09 Sample Time: 3:40 PM

Sample Location (be specific): P.O.E. Grab

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

Sample Type (Check Only One)

- ☐ Distribution
- X Entry Point (to Distribution)
- ☐ Plant Tap not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☐ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

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

- X Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedence*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:

- ☐ Quarterly (Which Qtr?_____)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments:

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

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

Sampler's Name: David Haring

Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333

Sampler's E-Mail Address: N/A

CERTIFICATION (to be completed by sampler)

I, Paul Thompson for David Haring (Print Name) Field Coordinator (Print Title)

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

Signature: Date: 03/26/09

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

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

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

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

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

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 3/11/09

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

Lab Assigned Report Number or Job ID: 2134201001

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
All 17	All 30	All 21	Trihalomethanes
Partial	All Except Dioxin	Partial	Haloacetic Acids
✓ Nitrate	Partial		Bromate
✓ Nitrite	Dioxin Only	Radionuclides	Chlorite
Asbestos Only		Single Sample	
		Qtrly Composite**	Secondaries
			All 14
			Partial

Were any analyses subcontracted? Yes X No

If yes, please provide DOH certification numbers:
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Eric Charest (Print Name), Laboratory Manager (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-Mar-09

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

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

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

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

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

INORGANIC CONTAMINANTS
62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc.
Workorder: Jungle Den Annual NO2/NO3
Sample Location: P.O.E. Grab
Sample Number: 2134201001
Sampling Date: 3/10/09 15:40
PWS ID (From Page 1): _____
Date Received: 3/11/09 12:22

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	**0.040**		EPA 300.0	0.0030	3/12/09 12:46	E96080
1041	Nitrite as N	[1]	mg/L	**0.0022**	U	EPA 300.0	0.0022	3/12/09 12:46	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, ?, *, are eptable 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.

) US 1 North
, . Pierce, FL 34946
FDOH # E96080

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

Printed: 3/16/09

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORMAT

PLANT TECHNICIANS, INC. LAB CERTIFICATION #E83141 QA# 870255
P.O. BOX 447 FRUITLAND PARK, FL 34731
OFFICE:352-787-2944 LAB:352-787-6639 FAX:352-787-3196

Sub-Contract
Report Number Lab ID

ANALYSIS REQUESTED (please check all that apply)
X Standard Coliform Test
HPC Other

Lab Receipt Date & Time 4/22/10 1215HR
Analysis Date & Time 4/22/10 1238-1240HR
SAMPLE ACCEPTANCE CRITERIA:
Sample Preservation X On Ice Not On Ice 4 C
Disinfectant Check X Not Detected mg/L
This Sample does not meet the following NELAC requirements
REPORT DATE: 4/26/10

System Name: JUNGLE DEN PWS I.D. 3644127
System address: City: Phone:787-0980 Fax:
Collector: LARRY WHITE Phone:352-303-0718 Fax:SAME

TYPE OF SUPPLY: (check only one)
X Community Water System Noncommunity Water System Nontransient Noncommunity Water System Limited Use System
Private Well Swimming Pool Bottled Water Other

REASON FOR SAMPLING: X Routine Compliance Repeat Replacement Main Clearance Well Survey Other
(check only one)
SAMPLE COLLECTION DATE 4/22/10

To be completed by collector of sample THESE RESULTS RELATE ONLY TO THESE SAMPLES To be completed by lab

Sample Number	Sample point (location or Specific Address)	Collection Time	Sample Type 1	Disinfect Res'd (mg/L)	PH	Total Coliform Analysis Method SM9222B / Fecal or E. Coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. Coli	Data Qualif2	Lab Sample #
1	1640 JUNO TRAIL APT 103E	0745HR	D	1.4		A	A			10041444
2	1048 ALICE DRIVE	0755HR	D	1.6		A	A			10041445

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

2 Defined in Florida Administrative Code Rule 62-160, Table I
All test are performed in accordance with NELAC standards.
LAB CONTACT PERSON JOHN FREDOCK 352-787-2944

Disinfectant Residual Analysis Method X DPD Colorimetric Other

Person performing analysis is (Please see instructions on reverse):
X Certified operator# C 7002 Employed by a certified lab
Supervised by a cert operator# Employed by DEP or DOH

Date PWS notified by lab of positive result
Date State notified by lab of positive result
Lab Signature: Sandra Wesson
Title: Q.A. MANAGER

NAME AND MAILING ADDRESS OF PERSON TO RECEIVE REPORT

AQUA UTILITIES FLORIDA, INC.
P.O. BOX 430310
LEESBURG, FL 34749

DEP/DOH USE ONLY
Satisfactory Incomplete Collection Information
Repeat Samples Required Replacement Sample Required
Date Reviewed by DEP/DOH
DEP/DOH Reviewing Official

1 DEP SAMPLE TYPE CODES: D=Distribution(routine comp) C=Repeat or Check R=Raw N=Entry to Distribution P=Plant Tap S=Special (clearance, etc)

RESULTS A=Absent P=Present C=Confluent Growth TNCT=To numerous to count

FLORIDA DEPARTMENT OF HEALTH

Volusia County Health Department
Environmental Engineering - Drinking Water Section

Public Water System Inspection Report

SYSTEM PWS #3644127
INSPECTION DATE: 10/16/2007
INSPECTION TYPE: ROUTINE COMPLIANCE INSPECTION
COMPLIANCE STATUS: IN COMPLIANCE
PWS TYPE: COMMUNITY
POPULATION SERVED: 230 SERVICE CONNECTIONS: 115

JUNGLE DEN
STATE ROAD #40 AND JUNGLE DEN ROA
ASTOR, FL, 32131
FACILITY CONTACT: PAUL THOMPSON

CHECKED ITEMS INDICATE NON-COMPLIANCE

WELL(S)

- ☐ WELL PAD - No cracks; 6'x6'x4'; well centered
- ☐ WELL PUMP - Good repair
- ☐ SANITARY WELL SEAL - Adequate; good repair
- ☐ WELL CASING - Good repair; 18" above grade
- ☐ WELL VENT - Proper venting
- ☐ RAW WATER TAP - Threadless; downward; 12" above grade; Location
- ☐ CHECK VALVE - Working properly; location
- ☐ SANITARY HAZARDS - New hazards
- ☐ OTHER WELL ITEMS

DISINFECTION FACILITIES

- ☐ DISINFECTION INJECTION POINT - Location
- ☐ DISINFECTION FEED PUMP(S) - Approved; Good Repair
- ☐ DISINFECTANT STORAGE - Good repair; Sealed
- ☐ DISINFECTION RESIDUALS ADEQUATE - Minimum 0.2 ppm

  RESIDUAL(S) NOTED 2.0 PPM
- ☐ OTHER CHEMICAL FEED PUMP(S) - Approved; Good repair
- ☐ OTHER CHEMICAL STORAGE - Good repair; sealed
- ☐ OTHER TREATMENT PROCESSES - Good repair; maintained

OTHER FACILITIES

- ☐ STORAGE TANKS - No leaks; By-Pass piping; Hatches locked; Screening; Sight glass/level indicator
- ☐ PRESSURE GAUGE - Present; Good repair
- ☐ PRESSURE ADEQUATE - Minimum 20 psi

  ON/OFF PRESSURE:
- ☐ PRESSURE RELIEF VALVE - Present; No leaks
- ☐ AERATOR - Clean; Good condition; Screening
- ☐ HIGH SERVICE PUMPS - Good repair; No leaks
- ☐ ELECTRICAL WIRING - In conduit; Boxes covered
- ☐ FLOWMETER - Operable; calibration

OTHER REQUIREMENTS

- ☐ AUXILLARY POWER: Excercised
- ☐ SECURITY - Well and Plant enclosed or fenced; Locked
- ☐ PLANT LOG - 3 mo. data; pages signed by users; chemical usage; maintenance and emergencies documented
- ☐ OPERATOR VISITS - Minimum days/time; licensed
- ☐ OPERATION AND MAINTENANCE MANUAL - Adquate; Plant or nearby location
- ☐ CROSS CONNECTION CONTROL - Approved plan; Observed
- ☐ OTHER/MISC. ITEMS
- ☐ ANNUAL OPERATING PERMIT - Valid

Inspection comments and cited deficiencies are on the following page(s). You are required to correct cited deficiencies for the subject system and to provide a written statement to the department no later than each pertinent compliance deadline stating that all listed deficiencies have been corrected. Failure to do so may result in initiation of appropriate enforcement action by the department.

Patricia Carrico Environmental Specialist II (386) 274-0717
P.O. Box 9190, Daytona Beach, FL 32120-9190

COMMENTS

1640 JUNO TRAIL (BLDG. E-103)= 2.0 PPM. SUBMIT THE FOLLOWING TWO ITEMS BY NO LATER THAN NOV. 30 2007: 1.) OPERATOR WS GIVEN APPROVAL TO SAMPLE TOTAL COLIFORM AT BLDG E-UNIT 103 (@ 1640 JUNO TRAIL) INSTEAD OF BLDG G-UNIT 102 WHICH IS THE CURRENT DESIGNATED SAMPLE SITE IN PLAN ON FILE. OPERATOR SHOULD DOCUMENT THE BUILDING #/UNIT # (E-103) ALONG WITH THE STREET ADDRESS ON THE MONTHLY SAMPLE COLLECTION FORM. PLEASE REVISE SYSTEM'S BACTERIOLOGICAL SAMPLING PLAN ACCORDINGLY IN YOUR RECORDS AND SEND IN COPY OF PLAN DESIGNATING THIS NEW LOCATION. 2.) SEND IN A LIST OF THE SERVICE CONNECTIONS REQUIRED TO HAVE TESTABLE BACKFLOW DEVICES DUE TO AVAILABILITY OF AN AUXILIARY WATER SUPPLY ON PROPERTY (I.E. RIVER WATER PUMPED TO RINSE SINKS ON BOAT DOCKS. THESE SINKS TAPS SHOULD BE LABELED "DO NOT DRINK THIS WATER" OR 'NON-POTABLE WATER"). INCLUDE THE DUE DATE FOR TESTING OF EACH OF THESE LISTED DEVICES AND TRACK THAT DEVICES ARE TESTED ANNUALLY. THANK-YOU!

DEFICIENCIES

Inspector Name: Patricia Carrico Signed: Patricia Carrico Date : 10/26/2007

cc:

* PLEASE RELAY THIS MESSAGE TO OPERATOR, DAVE HARRING

Patricia Carrico Environmental Specialist II (386) 274-0717
P.O. Box 9190, Daytona Beach, FL 32120-9190

AQUA SM

Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

November 16, 2007

Patricia Carrico
Environmental Specialist II
Volusia County Health Department
PO BOX 9190
Daytona Beach, FL 32120-9190

RE: Reply to Routine Compliance Inspection
Jungle Den PWS
PWS ID No. 3644127
Volusia County

Dear Ms. Carrico:

Thank you for your inspection on October 16, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

1. Enclosed is the updated bacteriological sampling plan.

2. Enclosed are the four backflow devices located in this system. They belong to the condo association, all of which have the same address. Please note the differences in the meter numbers and the backflow device numbers.

Aqua Utilities is a private company that does not have the authority to post signs or require that signs be posted on private property that we do not own. In regards to health and safety of the patrons of the private docks with the sink which utilize the river water, it will be up to the Health Department or other governmental agency to enforce this suggestion.

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

Sincerely,

Patrick Farris

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

Enclosures

cc: Paul Thompson, via e-mail
Brain Heath, via e-mail
Michael O'Reilly, via e-mail

AQUA UTILITIES

JUNGLE DEN

PWS ID # 3644127

Drinking Water System

Bacteriological Sampling Plan

- Bacteriological Monitoring samples taken within the *JUNGLE DEN* distribution system are representative of water throughout the entire distribution system.

- The *JUNGLE DEN* system is a community public water system which serves a population that is less than 500. Two distribution samples will be taken every month.

- The Bacteriological Monitoring samples are to be taken within the first two weeks of each month.

- The sampling locations and the rotation schedule are listed in the table below. The locations are depicted on the attached map.

Bacteriological Monitoring Sample Locations		
Sample Location Number	**Exact Address**	**Sampling Schedule**
1	1690 River Road	Jan, Mar, May, July, Sept, Nov
2	1627 Juno Trail	Jan, Mar, May, July, Sept, Nov
3	1640 Juno Trail apt 103E	Feb, Apr, June, Aug, Oct, Dec
4	1848 Alice Drive	Feb, Apr, June, Aug, Oct, Dec

- Free chlorine residual is to be measured at each sampling point before sampling. A certified lab shall analyze all bacteriological samples within 24 hours.

- In addition to the Bacteriological Monitoring samples, the remote sampling tap is to be measured for a free chlorine residual on each day that operator attendance is required.

- In addition to the designated distribution samples, Aqua Utilities may elect to perform additional bacteriological monitoring within the distribution system to confirm the reliability of the water quality.

FIRST JUNGLE DEN VILLAS ASSOCIATION, INC.
1640 JUNO TRAIL, ASTOR, FL 32102

October 12, 2007

Aqua Utilities Florida
1100 Thomas Avenue
Leesburg, Fl 34748

Attn: Patrick Farris

Dear Sir:

Enclosed is a copy of the certification for the backflow assembly for First Jungle

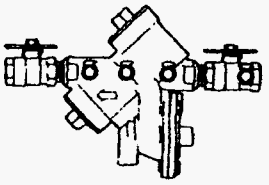
Den Villas Association, Inc.

This is for meter #632170.

Sincerely,

Betty Burns

Betty Burns, Secretary



LAREN MEYERS
BACKFLOW DEVICE TESTER

525 BLACK IRONWOOD DRIVE
DELAND, FLORIDA 32724
386-738-0098

STATE CERTIFIED
License #3469
Repair #3819

CUSTOMER: Jungle Den V. Blvd

STREET ADDRESS: 1640 [illegible] Trl

MAILING ADDRESS: Astor, FL 32102

LOCATION OF ASSEMBLY: Mt. [illegible] 170 [illegible]

TYPE OF ASSEMBLY: ☒ RP ☐ DC ☐ PVB ☐ AVB **SIZE:** 3/4

MANUFACTURER: Wilkins **MODEL:** 975XL **SERIAL NO.:** 2817333

CHECK VALVE #1	RELIEF VALVE	CHECK VALVE #1	PRES VAC BREAKER
			Air Inlet
Leaked ____	Opened at 3.2 psi	Leaked ____	Did not open ____
Closed Tight X	Did not open ____	Closed Tight X	Opened at ____ psi
Gauge pressure across	**Outlet shut-off valve**	**Gauge pressure across**	**Check valve**
Check Valve 9.0 psi	Leaked ____	Check Valve 2.0 psi	Leaked ____
	Closed Tight X		Held ay ____ psi
Cleaned Only ____	Cleaned Only ____	Cleaned Only ____	Cleaned Only ____
Replaced	Replaced	Replaced	Replaced
Rubbert Kit ____	Rubbert Kit ____	Rubbert Kit ____	Rubbert Kit ____
CV Assembly ____	CV Assembly ____	CV Assembly ____	CV Assembly ____
Disc ____	Disc ____	Disc ____	Disc, air inlet ____
O-Rings ____	Diaphrams ____	O-Rings ____	Disc, CV ____
Seat ____	Seat ____	Seat ____	Seat, CV ____
Spring ____	Spring ____	Spring ____	Spring, air inlet ____
Stem/guide ____	Guide ____	Stem/guide ____	Spring, CV ____
Retainer ____	O-Rings ____	Retainer ____	Retainer ____
Lock Nuts ____	Other ____	Lock Nuts ____	Guide ____
Other ____		Other ____	O-Rings ____
			Other ____
Gauge pressure across check valve ____ psi	Relief valve opened at ____ psi	Gauge pressure across check valve ____ psi	Relief valve opened at ____ psi

Note: All repairs shall be completed within ten (10) working days

REMARKS: Replaced TC with Ball

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

INITIAL TESTER: [signature] **CERT. NO.:** 3469 **DATE:** 10/10/23

REPAIRED BY: [signature] **CERT. NO.:** 3819 **DATE:** ____

FIFTH JUNGLE DEN VILLAS ASSOCIATION, INC.
1640 JUNO TRAIL, ASTOR, FL 32102

October 12, 2007

Aqua Utilities Florida
1100 Thomas Avenue
Leesburg, Fl 34748

Attn: Patrick Farris

Dear Sir:

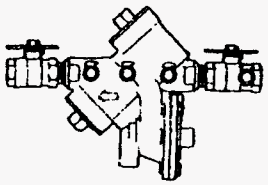
Enclosed is a copy of the certification for the backflow assembly for Fifth Jungle

Den Villas Association, Inc.

This is for meter #632167.

Sincerely,

Betty Burns, Secretary



LAREN MEYERS
BACKFLOW DEVICE TESTER

525 BLACK IRONWOOD DRIVE
DELAND, FLORIDA 32724
386-738-0098

STATE CERTIFIED
License #3469
Repair #3819

CUSTOMER: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

LOCATION OF ASSEMBLY: _____

TYPE OF ASSEMBLY: ☒ RP ☐ DC ☐ PVB ☐ AVB **SIZE:** 3/4

MANUFACTURER: _____ **MODEL:** _____ **SERIAL NO.:** _____

CHECK VALVE #1	RELIEF VALVE	CHECK VALVE #1	PRES VAC BREAKER
Leaked _____ Closed Tight X	Opened at 3.4 psi Did not open _____	Leaked _____ Closed Tight X	**Air Inlet** Did not open _____ Opened at _____ psi
Gauge pressure across Check Valve 8.0 psi	**Outlet shut-off valve** Leaked _____ Closed Tight X	**Gauge pressure across** Check Valve 1.8 psi	**Check valve** Leaked _____ Held ay _____ psi
Cleaned Only _____ Replaced Rubbert Kit _____ CV Assembly _____ Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	Cleaned Only _____ Replaced Rubbert Kit _____ CV Assembly _____ Disc _____ Diaphrams _____ Seat _____ Spring _____ Guide _____ O-Rings _____ Other _____	Cleaned Only _____ Replaced Rubbert Kit _____ CV Assembly _____ Disc _____ O-Rings _____ Seat _____ Spring _____ Stem/guide _____ Retainer _____ Lock Nuts _____ Other _____	Cleaned Only _____ Replaced Rubbert Kit _____ CV Assembly _____ Disc, air inlet _____ Disc, CV _____ Seat, CV _____ Spring, air inlet _____ Spring, CV _____ Retainer _____ Guide _____ O-Rings _____ Other _____
Gauge pressure across check valve _____ psi	Relief valve opened at _____ psi	Gauge pressure across check valve _____ psi	Relief valve opened at _____ psi

Note: All repairs shall be completed within ten (10) working days

REMARKS: _____

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

INITIAL TESTER: _____ **CERT. NO.:** 3469 **DATE:** 10/10/07

REPAIRED BY: _____ **CERT. NO.:** 3819 **DATE:** _____

JUNGLE DEN VILLAS RECREATION ASSOCIATION, INC.
1640 JUNO TRAIL, ASTOR, FL 32102

October 12, 2007

Aqua Utilities Florida
1100 Thomas Avenue
Leesburg, Fl 34748

Attn: Patrick Farris

Dear Sir:

Enclosed is a copy of the certification for the backflow assembly for Jungle

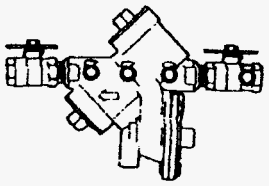
Den Villas Recreation Association, Inc.

This is for meter #632169.

Sincerely,

Betty Burns

Betty Burns, Secretary



LAREN MEYERS
BACKFLOW DEVICE TESTER
525 BLACK IRONWOOD DRIVE
DELAND, FLORIDA 32724
386-738-0098

STATE CERTIFIED
License #3469
Repair #3819

CUSTOMER: Sunset Dan Villas

STREET ADDRESS: 1040 Sunset Dr

MAILING ADDRESS: Lake, FL 32102

LOCATION OF ASSEMBLY: Lake 962169 Rec Bldg

TYPE OF ASSEMBLY: ☑ RP ☐ DC ☐ PVB ☐ AVB **SIZE:** 3/4

MANUFACTURER: Wilkins **MODEL:** 975XL **SERIAL NO.:** 2127633

CHECK VALVE #1	RELIEF VALVE	CHECK VALVE #1	PRES VAC BREAKER
Leaked ____	Opened at 3.6 psi	Leaked ____	**Air Inlet**
Closed Tight X	Did not open ____	Closed Tight X	Did not open ____
			Opened at ____ psi
Gauge pressure across	**Outlet shut-off valve**	**Gauge pressure across**	**Check valve**
Check Valve 9.2 psi	Leaked ____	Check Valve 2.4 psi	Leaked ____
	Closed Tight X		Held ay ____ psi
Cleaned Only ____	Cleaned Only ____	Cleaned Only ____	Cleaned Only ____
Replaced	Replaced	Replaced	Replaced
Rubbert Kit ____	Rubbert Kit ____	Rubbert Kit ____	Rubbert Kit ____
CV Assembly ____	CV Assembly ____	CV Assembly ____	CV Assembly ____
Disc ____	Disc ____	Disc ____	Disc, air inlet ____
O-Rings ____	Diaphrams ____	O-Rings ____	Disc, CV ____
Seat ____	Seat ____	Seat ____	Seat, CV ____
Spring ____	Spring ____	Spring ____	Spring, air inlet ____
Stem/guide ____	Guide ____	Stem/guide ____	Spring, CV ____
Retainer ____	O-Rings ____	Retainer ____	Retainer ____
Lock Nuts ____	Other ____	Lock Nuts ____	Guide ____
Other ____		Other ____	O-Rings ____
			Other ____
Gauge pressure across check valve ____ psi	Relief valve opened at ____ psi	Gauge pressure across check valve ____ psi	Relief valve opened at ____ psi

Note: All repairs shall be completed within ten (10) working days

REMARKS: Installed TC adaptor

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

INITIAL TESTER: [signature] **CERT. NO.:** 3469 **DATE:** 10/10/07

REPAIRED BY: ____ **CERT. NO.:** 3819 **DATE:** ____

THIRD JUNGLE DEN VILLAS ASSOCIATION, INC.
1640 JUNO TRAIL, ASTOR, FL 32102

October 12, 2007

Aqua Utilities Florida
1100 Thomas Avenue
Leesburg, Fl 34748

Attn: Patrick Farris

Dear Sir:

Enclosed is a copy of the certification for the backflow assembly for Third Jungle

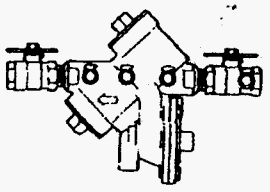
Den Villas Association, Inc.

This is for meter #632168.

Sincerely,

Betty Burns

Betty Burns, Secretary



LAREN MEYERS
BACKFLOW DEVICE TESTER

525 BLACK IRONWOOD DRIVE
DELAND, FLORIDA 32724
386-738-0098

STATE CERTIFIED
License #3469
Repair #3819

CUSTOMER: Quail Run Villas

STREET ADDRESS: 1640 Quail Run

MAILING ADDRESS: Astor, FL 32102

LOCATION OF ASSEMBLY: [illegible]

TYPE OF ASSEMBLY: ☒ RP ☐ DC ☐ PVB ☐ AVB **SIZE:** 3/4

MANUFACTURER: Wilkins **MODEL:** 975XL **SERIAL NO.:** 2817348

CHECK VALVE #1	RELIEF VALVE	CHECK VALVE #1	PRES VAC BREAKER
			Air Inlet
Leaked ____	Opened at 3.0 psi	Leaked ____	Did not open ____
Closed Tight X	Did not open ____	Closed Tight X	Opened at ____ psi
Gauge pressure across	**Outlet shut-off valve**	**Gauge pressure across**	**Check valve**
Check Valve 2 psi	Leaked ____	Check Valve 1.4 psi	Leaked ____
	Closed Tight X		Held ay ____ psi
Cleaned Only ____	Cleaned Only ____	Cleaned Only ____	Cleaned Only ____
Replaced	Replaced	Replaced	Replaced
Rubbert Kit ____	Rubbert Kit ____	Rubbert Kit ____	Rubbert Kit ____
CV Assembly ____	CV Assembly ____	CV Assembly ____	CV Assembly ____
Disc ____	Disc ____	Disc ____	Disc, air inlet ____
O-Rings ____	Diaphrams ____	O-Rings ____	Disc, CV ____
Seat ____	Seat ____	Seat ____	Seat, CV ____
Spring ____	Spring ____	Spring ____	Spring, air inlet ____
Stem/guide ____	Guide ____	Stem/guide ____	Spring, CV ____
Retainer ____	O-Rings ____	Retainer ____	Retainer ____
Lock Nuts ____	Other ____	Lock Nuts ____	Guide ____
Other ____		Other ____	O-Rings ____
			Other ____
Gauge pressure across check valve ____ psi	Relief valve opened at ____ psi	Gauge pressure across check valve ____ psi	Relief valve opened at ____ psi

Note: All repairs shall be completed within ten (10) working days

REMARKS: [illegible]

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

INITIAL TESTER: [signature] **CERT. NO.:** 3469 **DATE:** 10/10/07

REPAIRED BY: ____ **CERT. NO.:** 3819 **DATE:** ____

Department of Environmental Protection

Jeb Bush
Governor

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

Colleen Castille
Secretary

STATE OF FLORIDA
DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Aqua Utilities Florida Inc

PERMIT NUMBER: FLA011261
PA FILE NUMBER: FLA011261-004-DW3P
ISSUANCE DATE: February 6, 2006
EXPIRATION DATE: February 2, 2011

RESPONSIBLE AUTHORITY:

Mr. Glenn Labrecque
Vice President
6960 Professional Pkwy E Suite 400
Sarasota, FL 34240

FACILITY:

Jungle Den WWTF
1901 Alice Drive
Astor, FL
Volusia County
Latitude: 29° 10' 42" N Longitude: 81° 31' 49" W

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and applicable rules of the Florida Administrative Code (F.A.C.). The above named permittee is hereby authorized to operate the facilities shown on the application and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TREATMENT FACILITIES:

An existing 0.021 mgd annual average daily flow (AADF) permitted capacity (0.025 MGD design capacity) extended aeration domestic wastewater treatment plant consisting of aeration, secondary clarification, chlorination, and aerobic digestion of residuals.

REUSE:

Land Application: An existing 0.021 MGD AADF permitted capacity slow-rate restricted public access system (R-001). R-001 consists of two in-line holding ponds and a sprayfield with a total wetted area of 3.4 acres having a capacity of 0.021 MGD located approximately at latitude 29° 10' 42" N, longitude 81° 31' 49" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 144 of this permit.

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.7:

			Reclaimed Water Limitations				Monitoring Requirements			
Parameter	**Units**	**Max/Min**	**Annual Average**	**Monthly Average**	**Weekly Average**	**Single Sample**	**Monitoring Frequency**	**Sample Type**	**Monitoring Location Site Number**	**Notes**
Flow, to Sprayfield	MGD	Maximum	0.021	-	-	-	5 Days/Week	Recording flow meters and totalizers	FLW-1	See Cond. I.A.3.
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	45.0	60.0	Monthly	Grab	EFA-1	
Solids, Total Suspended	MG/L	Maximum	20.0	30.0	45.0	60.0	Monthly	Grab	EFA-1	
pH	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-1	
Coliform, Fecal	#/100 ML	Maximum	See Permit Condition I.A.4.				Monthly	Grab	EFA-1	
Total Residual Chlorine (For Disinfection)	MG/L	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-1	See Cond. I.A.5.

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

Monitoring Location Site Number	Description of Monitoring Location
EFA-1	Chlorine contact chamber effluent
FLW-1	Flow meter to sprayfield

3. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. *[62-601.200(17) and .500(6)]*

4. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 mL of reclaimed water sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of reclaimed water, each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. No more than 10 percent of the samples collected (the 90th percentile value) during a period of 30 consecutive days shall exceed 400 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. Note: To report the 90th percentile value, list the fecal coliform values obtained during the month in ascending order. Report the value of the sample that corresponds to the 90th percentile (multiply the number of samples by 0.9). For example, for 30 samples, report the corresponding fecal coliform number for the 27th value of ascending order. *[62-610.410 and 62-600.440(4)(c)]*

5. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. *[62-610.410 and 62-600.440(4)(b)]*

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS (cont.)

B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.7:

			Limitations				Monitoring Requirements			
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow, Total Through Plant	MGD	Maximum	0.021	-	-	-	5 Days/Week	Parshall flume and flow meter	FLW-2	See Cond. I.B.4.
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	Report	-	-	-	Annually	Grab	INF-1	See Cond. I.B.3.
Solids, Total Suspended	MG/L	Maximum	Report	-	-	-	Annually	Grab	INF-1	See Cond. I.B.3.
Percent Capacity, (TMADF/Permitted Capacity) x 100	PER CENT	Maximum	-	Report	-	-	Monthly	Calculated	CAL-1	

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

Monitoring Location Site Number	Description of Monitoring Location
CAL-1	Calculate from daily flow
FLW-2	Parshall flume and flow meter
INF-1	Raw influent to aeration 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. Meter shall be utilized to measure flow and calibrated at least annually. *[62-601.200(17) and .500(6)]*

5. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method to assure compliance with applicable water quality standards and effluent limitations in accordance with 40 CFR (Code of Federal Regulations) Part 136. All monitoring shall be representative of the monitored activity. *[62-620.320(6)]*

6. 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)]*

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

REPORT Type	Monitoring Period	Due Date
Monthly or Toxicity	first day of month – last day of month	28th day of following month
Quarterly	January 1 - March 31 April 1 – June 30 July 1 – September 30 October 1 – December 31	April 28 July 28 October 28 January 28
Semiannual	January 1 – June 30 July 1 – December 31	July 28 January 28
Annual	January 1 – December 31	January 28

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department's Central District Office at the address specified in Permit Condition I.B. 8 by the twenty-eighth (28th) of the month following the month of operation.

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

8. 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, Volusia County Environmental Management and the Department's Central District Office at the address specified below:

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

   Phone Number - (407) 894-7555
   FAX Number - (407) 897-2966
   All FAX copies shall be followed by original copies. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. *[62-620.305]*

II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this facility is transport to Shelley's Septic Tanks Residuals Management Facility or disposal in a Class I or II solid waste landfill.

2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. *[62-640.300(5)]*

3. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. *[62-640.300(5)]*

4. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. *[62-640.100(6)(k)3 & 4]*

5. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. *[62-640.880(2)(d)]*

6. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

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

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

   These records shall be kept for five years and shall be made available for inspection upon request by the Department. A copy of the hauling records information maintained by the source facility shall be provided upon delivery of the residuals to the residuals management facility or treatment facility. The permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of residuals leaving the source facility and arriving at the residuals management facility or treatment facility. *[62-640.880(4)]*

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

III. GROUND WATER REQUIREMENTS

Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part II Slow-Rate/Restricted Access System(s) (R-001)

1. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. *[62-610.418(1)]*

2. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. *[62-610.414(8)]*

3. The annual average hydraulic loading rate to the sprayfield with a total wetted area of 3.4 acres shall be limited to a maximum of 1.6 inches per week. The hydraulic loading rate shall not produce surface runoff or ponding of the applied reclaimed water. *[62-610.423(3) and (4)]*

4. The crops or vegetation shall be periodically harvested and removed from the project area. *[62-610.310(3)(d) and 62-610.419(1)(b)]*

5. Dairy cattle whose milk is intended for human consumption shall not be allowed on the project area for a period of 15 days after the last application of reclaimed water. No restrictions are imposed on the grazing of other cattle. *[62-610.425]*

6. Irrigation of edible food crops is prohibited. *[62-610.426]*

7. Overflows from emergency discharge facilities on storage ponds shall be reported as an abnormal event to the Department's Central District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. *[62-610.800(9)]*

V. OPERATION AND MAINTENANCE REQUIREMENTS

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

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

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

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

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

4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. *[62-600.735(1)]*

5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:

   a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;

b. Copies of all reports required by the permit for at least three years from the date the report was prepared;

c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;

d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;

e. A copy of the current permit;

f. A copy of the current operation and maintenance manual as required by Chapter 62-600,. F.A.C.;

g. A copy of the facility record drawings;

h. Copies of the licenses of the current certified operators; and

i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350]

VI. SCHEDULES

1. The following improvement actions shall be completed according to the following schedule:

	Improvement Action	Completion Date
1	Label all valves, piping, and all hazards.	May 1, 2006
2	Clear the accumulated duckweed on the surface of both cells of the effluent holding pond.	April 1, 2006
3	Place the sprayfield spray headers on a routine inspection and cleaning schedule for preventative maintenance.	April 15, 2006

[62-600.735(1)]

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

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

VIII. OTHER SPECIFIC CONDITIONS

1. The permittee shall apply for renewal of this permit at least 180 days before the expiration date of the permit using the appropriate forms listed in Rule 62-620.910, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C. The existing permit shall not expire until the Department has taken final action on the application renewal in accordance with the provisions of 62-620.335(3) and (4), F.A.C. *[62-620.335(1)-(4)]*

2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. *[62-610.850(1)(a) and (2)(a)]*

3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. *[62-600.410(8) and 62-640.400(6)]*

4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. *[62-604.130(3)]*

5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. *[62-604.550] [62-620.610(20)]*

6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):

   a. Which may cause fire or explosion hazards; or

   b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or

   c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or

   d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or

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

   [62-604.130(5)]

7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. *[62-610.418(1)] [and 62-600.400(2)(b)]*

8. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. *[62-701.300(1)(a)]*

9. The Permittee shall provide verbal notice to the Department as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department in a written report within 7 days of the sinkhole discovery. *[62-4.070(3)]*

10. The permittee shall provide adequate notice to the Department of the following:

    a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and

    b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

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

[62-620.625(2)]

IX. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. *[62-620.610(1)]*

2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. *[62-620.610(2)]*

3. As provided in subsection 403.087(7), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. *[62-620.610(3)]*

4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. *[62-620.610(4)]*

5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. *[62-620.610(5)]*

6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. *[62-620.610(6)]*

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

8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. *[62-620.610(8)]*

9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:

   a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;

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

c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and

d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

[62-620.610(9)]

10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. *[62-620.610(10)]*

11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. *[62-620.610(11)]*

12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. *[62-620.610(12)]*

13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. *[62-620.610(13)]*

14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. *[62-620.610(14)]*

15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. *[62-620.610(15)]*

16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300 and the Department of Environmental Protection Guide to Wastewater Permitting at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2) for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. *[62-620.610(16)]*

17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:

a. A description of the anticipated noncompliance;

b. The period of the anticipated noncompliance, including dates and times; and

c. Steps being taken to prevent future occurrence of the noncompliance.

[62-620.610(17)]

18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.

    a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10), or as specified elsewhere in the permit.

    b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.

    c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.

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

    e. Field activities including on-site tests and sample collection shall follow the applicable standard operating procedures described in DEP-SOP-001/01 adopted by reference in Chapter 62-160, F.A.C.

    f. Alternate field procedures and laboratory methods may be used where they have been approved in accordance with Rules 62-160.220 and 62-160.330, F.A.C.

    [62-620.610(18)]

19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. *[62-620.610(19)]*

20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.

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

        1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,

        2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,

        3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and

        4. Any unauthorized discharge to surface or ground waters.

    b. Oral reports as required by this subsection shall be provided as follows:

        1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:

a) Name, address, and telephone number of person reporting;

b) Name, address, and telephone number of permittee or responsible person for the discharge;

c) Date and time of the discharge and status of discharge (ongoing or ceased);

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

e) Estimated amount of the discharge;

f) Location or address of the discharge;

g) Source and cause of the discharge;

h) Whether the discharge was contained on-site, and cleanup actions taken to date;

i) Description of area affected by the discharge, including name of water body affected, if any; and

j) Other persons or agencies contacted.

2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.

c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20)]

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 17., 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. *[62-620.610(21)]*

22. Bypass Provisions.

a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:

1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and

2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and

3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.

b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.

c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.

d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

[62-620.610(22)]

23. Upset Provisions

a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:

1. An upset occurred and that the permittee can identify the cause(s) of the upset;

2. The permitted facility was at the time being properly operated;

3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and

4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.

b. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.

c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION

Dennise Judy
Program Manager
Domestic Waste

DATE: February 6, 2006

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: Jungle Den WWTF
LOCATION: 1901 Alice Drive
Astor, FL

COUNTY: Volusia

PERMIT NUMBER FLA011261 **Expiration Date:** February 2, 2011

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

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 5/1/08 To 5/31/08

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	.0147		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
F .o Sprayfield	Sample Measurement	.005		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.6			mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0		Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5.9			Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.7	2.7		Mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-098	08/06/19

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

60

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 5/1/08 To 5/31/08

PERMIT NUMBER: FLA011261

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.3		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				3.4			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				3.0	3.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For D ection)	Sample Measurement				1.8			Mg/l	0	5 Days/Week	Grab
P/ M Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement	0.0145		MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 P Mon.Site No. FLW-2	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement	0.011	0.013	MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				60%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				MNR			mg/l	0	Annually	Grab
P M Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab

61

DAILY SAMPLE RESULTS - PART I

Permit Number: FLA011261 Facility: Jungle Den WWTF
Monitoring Period From: 5/1/08 To: 5/31/08

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1			7.3		3.4	.013	.008			
2			7.3		3.2	.002	.008			
3						.011	.011			
4						.011	.011			
5			7.3		2.8	.011	.011			
6			7.3		3.4	.000	.008			
7	<2.0	3.0	7.3	2.7	3.0	.000	.012			
8			7.3		2.8	.000	.011			
9			7.3		2.4	.000	.008			
10						.000	.011			
11						.000	.011			
12			7.3		2.8	.000	.011			
13			7.3		2.6	.000	.010			
14			7.3		2.4	.000	.009			
15			7.3		1.8	.000	.011			
16			7.3		2.5	.000	.012			
17						.017	.012			
18						.017	.012			
9			7.3		3.0	.017	.012			
20			7.3		2.6	.005	.011			
21			7.3		2.4	.001	.009			
22			7.3		2.8	.002	.009			
23			7.3		2.5	.008	.010			
24						.006	.013			
25						.006	.013			
26			7.3		2.2	.006	.013			
27			7.3		2.8	.005	.010			
28			7.3		3.4	.002	.009			
29			7.3		3.8	.003	.011			
30			7.3		3.2	.003	.011			
31						.003	.010			
Total										
Mo. Avg.										

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: Jungle Den WWTF
LOCATION: 1901 Alice Drive
Astor, FL

COUNTY: Volusia

PERMIT NUMBER FLA011261 **Expiration Date:** February 2, 2011

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

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 6/1/08 To 6/30/08

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.015		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
, to Sprayfield	Sample Measurement	0.014		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.6			mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.3	2.3		Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5.6			Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				6.0	6.0		Mg/l	0	Monthly	Grab
PARM Code 00530 A Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-098	08/07/24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 6/1/08 To 6/30/08

PERMIT NUMBER: FLA011261

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.5		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				3.6			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				3.0	3.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For fection)	Sample Measurement				0.8			Mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement	0.015		MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 P Mon.Site No. FLW-2	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement	0.015	0.013	MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				60%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab

64

DAILY SAMPLE RESULTS - PART b

Permit Number: FLA011261 Facility: Jungle Den WWTF

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

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1						.003	.010			
2			7.3		3.0	.003	.010			
3			7.3		2.2	.035	.019			
4			7.3		2.6	.006	.012			
5			7.4		2.5	.005	.012			
6			7.4		2.4	.006	.012			
7						.005	.012			
8						.005	.012			
9			7.4		0.8	.005	.012			
10			7.4		2.5	.004	.009			
11	2.3	3.0	7.4	6.0	2.5	.008	.013			
12			7.4		1.9	.003	.010			
13			7.4		2.4	.035	.010			
14						.012	.015			
15						.012	.015			
16			7.4		2.8	.012	.015			
17			7.4		1.8	.009	.014			
18			7.4		2.4	.009	.012			
19			7.4		2.4	.010	.014			
20			7.4		2.0	.007	.014			
21						.027	.021			
22						.026	.021			
23			7.4		1.8	.026	.021			
24			7.4		1.5	.013	.014			
25			7.3		1.8	.008	.014			
26			7.3		1.5	.030	.034			
27			7.5		0.8	.034	.024			
28						.025	.020			
29						.025	.020			
30			7.5		1.8	.025	.020			
31										
Total										
Mo. Avg.										

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: Jungle Den WWTF
LOCATION: 1901 Alice Drive
Astor, FL

COUNTY: Volusia

PERMIT NUMBER FLA011261 **Expiration Date:** February 2, 2011

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

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: *Sprayfield, including Influent*

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 7/1/08 To 7/31/08

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.0158		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to Sprayfield	Sample Measurement	0.026		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.6			mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0		Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				4.9			Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.0	1.0		Mg/l	0	Monthly	Grab
PARM Code 00530 A Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-098	08/08/26

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 7/1/08 To 7/31/08

PERMIT NUMBER: FLA011261

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.5		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				3.3			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				4.0	4.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
T Residual Chlorine (For L fection)	Sample Measurement				0.6			Mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement	0.0156		MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 P Mon.Site No. FLW-2	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement	0.024	0.017	MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				79%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
ids, Total Suspended	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011261 Facility: Jungle Den WWTF

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

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1			7.5		2.2	.017	.015			
2			7.5		2.0	.022	.018			
3			7.4		2.5	.011	.014			
4			7.4		2.4	.055	.032			
5						.030	.023			
6						.030	.023			
7			7.4		2.2	.030	.023			
8	<2.0	4.0	7.4	1.0 I	0.9	.023	.021			
9			7.4		1.8	.023	.020			
10			7.4		2.2	.022	.021			
11			7.4		2.2	.011	.011			
12						.015	.016			
13						.015	.016			
14			7.4		2.5	.015	.016			
15			7.3		0.6	.021	.039			
16			7.3		2.4	.010	.040			
17			7.4		0.8	.044	.037			
18			7.4		2.2	.052	.024			
19						.022	.015			
20						.022	.015			
21			7.4		2.5	.022	.015			
22			7.4		2.8	.016	.018			
23			7.4		2.2	.040	.041			
24			7.4		2.5	.039	.040			
25			7.4		2.2	.037	.029			
26						.021	.026			
27						.021	.026			
28			7.4		2.4	.021	.026			
29			7.4		1.8	.013	.022			
30			7.4		1.5	.021	.033			
31			7.4		2.0	.019	.023			
Total										
Mo. Avg.										

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: Jungle Den WWTF
LOCATION: 1901 Alice Drive
Astor, FL

COUNTY: Volusia

PERMIT NUMBER FLA011261 **Expiration Date:** February 2, 2011

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

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 8/1/08 To 8/31/08

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.0167		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to Sprayfield	Sample Measurement	0.023		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.4			mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5.3			Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				7.2	7.2		Mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-098	08/09/25

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 8/1/08 To 8/31/08

PERMIT NUMBER: FLA011261

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.1	7.4		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				3.3			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				2.0	2.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.7			Mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement	0.0161		MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 P Mon.Site No. FLW-2	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement	0.020	0.020	MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				94%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab

70

DAILY SAMPLE RESULTS - PART I

Permit Number: FLA011261
Facility: Jungle Den WWTF
Monitoring Period From: 8/1/08 To: 8/31/08

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1			7.4		2.5	.016	.027			
2						.020	.040			
3						.020	.040			
4			7.4		2.2	.020	.040			
5			7.4		2.2	.017	.013			
6			7.4		2.2	.018	.013			
7			7.4		2.2	.018	.012			
8			7.4		2.2	.016	.011			
9						.017	.013			
10						.017	.013			
11			7.4		2.2	.017	.013			
12			7.4		2.2	.015	.013			
13			7.4		2.2	.015	.010			
14			7.4		2.2+	.015	.010			
15	2.0	3.0	7.4	7.2	4.0	.018	.005			
16						.017	.003			
17						.017	.003			
18			7.4		3.5	.016	.003			
19			7.3		3.0	.023	.008			
20						.012	.017			
21			7.1		2.5	.052	.015			
22			7.1		2.0	.075	.022			
23						.036	.007			
24						.036	.007			
25			7.1		0.7	.036	.007			
26			7.4		2.0	.036	.021			
27			7.4		2.5	.017	.030			
28			7.4		2.0	.012	.062			
29			7.4		2.4	.021	.072			
30						.017	.052			
31						.017	.052			
Total										
Mo. Avg.										

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: Jungle Den WWTF
LOCATION: 1901 Alice Drive
Astor, FL

COUNTY: Volusia

PERMIT NUMBER FLA011261
LIMIT: Final
CLASS SIZE: N/A

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 09/01/08 To 09/30/08

Expiration Date: February 2, 2011
REPORT: Monthly
GROUP: Domestic

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.0164		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
v, to Sprayfield	Sample Measurement	0.021		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1			mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0		Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				4.8			Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				4.0	4.0		Mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-098	08/10/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA011261

MONITORING PERIOD From: 09/01/08 To 09/30/08

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.4		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				3.3			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.8			Mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement	0.0169		MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 P Mon.Site No. FLW-2	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement	0.032	0.025	MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				120%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab

73

DAILY SAMPLE RESULTS - PART D

Permit Number: FLA011261
Facility: Jungle Den WWTF
Monitoring Period From: 09/01/08 To: 09/30/08

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1			7.3		1.6	.016	.052			
2			7.3		2.2	.012	.000			
3			7.3		2.6	.015	.064			
4			7.3		1.4	.015	.040			
5			7.3		2.5	.010	.029			
6						.010	.029			
7						.010	.029			
8			7.3		2.8	.011	.029			
9			7.4		2.2	.011	.031			
10	<2.0	<1.0	7.4	4.0	3.5	.009	.024			
11			7.4		2.2	.030	.039			
12			7.4		2.2	.047	.058			
13						.032	.044			
14						.032	.044			
15			7.4		2.5	.032	.045			
16			7.4		2.2	.022	.027			
17			7.4		0.8	.022	.026			
18			7.4		1.5	.020	.023			
19			7.4		2.4	.023	.027			
20						.022	.026			
21						.022	.026			
22			7.4		2.5	.022	.026			
23			7.4		2.2	.029	.035			
24			7.3		1.4	.024	.030			
25			7.4		2.0	.023	.035			
26			7.4		2.4	.026	.031			
27						.025	.029			
28						.025	.029			
29			7.4		2.0	.025	.029			
30			7.4		1.5	.021	.024			
31										
Total										
Mo. Avg.										

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: Jungle Den WWTF
LOCATION: 1901 Alice Drive
Astor, FL

COUNTY: Volusia

PERMIT NUMBER FLA011261 **Expiration Date:** February 2, 2011
LIMIT: Final REPORT: Monthly
CLASS SIZE: N/A GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 10/1/08 To 10/31/08

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.016		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
, to Sprayfield	Sample Measurement	0.020		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1			mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.3	2.3		Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5.1			Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				6.5	6.5		Mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	08/11/20

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

75

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 10/1/08 To 10/31/08

PERMIT NUMBER: FLA011261

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.5		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				3.2			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disfection)	Sample Measurement				1.6			Mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement	0.018		MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 P Mon.Site No. FLW-2	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement	0.029	0.027	MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				128.6%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART b

Permit Number: FLA011261 Facility: Jungle Den WWTF

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

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1	2.3	1.0	7.4	6.5	3.5	.018	.021			
2			7.5		3.0	.024	.002			
3			7.5		2.5	.016	.007			
4						.019	.019			
5						.019	.019			
6			7.4		2.4	.019	.019			
7			7.5		3.2	.015	.012			
8			7.5		3.0	.017	.017			
9			7.5		2.8	.027	.059			
10			7.5		2.5	.028	.076			
11						.026	.048			
12						.026	.048			
13			7.5		2.8	.026	.048			
14			7.5		3.5	.021	.020			
15			7.4		3.2	.020	.021			
16			7.5		3.0	.019	.020			
17			7.5		3.5	.020	.032			
18						.018	.022			
19						.018	.022			
20			7.4		3.0	.018	.022			
21			7.4		2.5	.018	.022			
22			7.4		2.1	.015	.020			
23			7.4		2.5	.020	.025			
24			7.4		2.8	.017	.038			
25			7.4		2.2	.025	.041			
26						.025	.041			
27			7.2		1.6	.026	.042			
28			7.3		2.0	.021	.028			
29			7.2		2.5	.021	.029			
30			7.2		2.8	.016	.022			
31			7.2		2.8	.016	.022			
Total										
Mo. Avg.										

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: Jungle Den WWTF
LOCATION: 1901 Alice Drive
Astor, FL

COUNTY: Volusia

PERMIT NUMBER FLA011261 **Expiration Date:** February 2, 2011

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

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 11/1/08 To 11/30/08

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.0163		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
I to Sprayfield	Sample Measurement	0.015		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1			mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0		Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				4.9			Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				6.2	6.2		Mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

I fy 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 i...nation submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	08/12/22

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

78

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 11/1/08 To 11/30/08

PERMIT NUMBER: FLA011261

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.4		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				4.0			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				16.0	16.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For [illegible] fection)	Sample Measurement				2.0			Mg/l	0	5 Days/Week	Grab
[illegible]M Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement	0.0183		MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 P Mon.Site No. FLW-2	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement	0.019	0.027	MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				127%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				MNR			mg/l	0	Annually	Grab
[illegible]M Code 00530 G [illegible]..Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab

79

DAILY SAMPLE RESULTS - PART

Permit Number: FLA011261 Facility: Jungle Den WWTF

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

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1			7.4		2.2	.015	.021			
2						.021	.030			
3			7.3		2.6	.021	.030			
4			7.3		2.0	.018	.023			
5	<2.0 V	16	7.3	6.2	4.0	.013	.018			
6			7.3		3.0	.016	.020			
7			7.3		3.2	.019	.024			
8			7.3		2.2	.013	.015			
9						.018	.024			
10			7.2		3.4	.019	.024			
11			7.2		3.0	.016	.019			
12			7.2		2.2	.015	.020			
13			7.2		2.2	.017	.022			
14			7.2		2.2	.017	.023			
15			7.4		2.2	.015	.020			
16						.020	.024			
17			7.4		3.0	.020	.024			
18			7.4		2.5	.014	.023			
19			7.3		3.5	.018	.023			
20			7.3		2.5	.014	.022			
21			7.3		2.8	.013	.016			
22			7.3		3.4	.011	.014			
23						.007	.009			
24			7.3		2.4	.007	.009			
25			7.3		2.2	.014	.018			
26			7.3		2.5	.020	.025			
27			7.3		2.8	.011	.014			
28			7.3		2.0	.014	.013			
29			7.4		2.4	.015	.020			
30						.010	.012			
31										
Total										
Mo. Avg.										

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: Jungle Den WWTF
LOCATION: 1901 Alice Drive
Astor, FL

COUNTY: Volusia

PERMIT NUMBER FLA011261 **Expiration Date:** February 2, 2011
LIMIT: Final REPORT: Monthly
CLASS SIZE: N/A GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 12/1/08 To 12/31/08

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.016		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
to Sprayfield	Sample Measurement	0.014		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1			mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0		Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				4.7			Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				6.3	6.3		Mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

81

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	09/01/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 12/1/08 To 12/31/08

PERMIT NUMBER: FLA011261

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.4		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				4.4			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				6.0	6.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For [illegible]fection)	Sample Measurement				2.1			Mg/l	0	5 Days/Week	Grab
[illegible]M Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement	0.018		MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 P Mon.Site No. FLW-2	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement	0.015	0.021	MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				100%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				MNR			mg/l	0	Annually	Grab
[illegible]M Code 00530 G [illegible].Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART

Permit Number: FLA011261 Facility: Jungle Den WWTF
Monitoring Period From: 12/1/08 To: 12/1/08

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1			7.3		2.8	.010	.012			
2			7.3		3.5	.006	.007			
3			7.3		2.4	.020	.002			
4			7.3		2.7	.022	.003			
5			7.3		2.5	.018	.009			
6			7.4		2.2	.030	.011			
7						.012	.0003			
8			7.4		2.6	.012	.0003			
9			7.4		2.8	.015	.051			
10	<2.0	6.0	7.2	6.3	3.4	.005	.029			
11			7.3		3.0	.033	.031			
12			7.3		2.5	.002	.042			
13			7.4		2.4	.018	.027			
14						.020	.003			
15			7.4		2.2	.020	.003			
16			7.3		2.6	.010	.060			
17			7.3		2.2	.014	.018			
18			7.4		2.7	.019	.016			
19			7.4		2.8	.007	.010			
20			7.4		2.2	.013	.010			
21						.013	.010			
22			7.4		2.5	.013	.010			
23			7.4		2.2	.011	.010			
24			7.4		2.8	.010	.010			
25			7.4		3.2	.006	.008			
26			7.4		2.5	.013	.019			
27			7.3		2.1	.007	.008			
28						.011	.015			
29			7.4		2.6	.011	.015			
30			7.4		2.2	.013	.013			
31			7.4		2.8	.012	.008			
Total										
Mo. Avg.										

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

ompleted mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: Jungle Den WWTF
LOCATION: 1901 Alice Drive
Astor, FL

COUNTY: Volusia

PERMIT NUMBER FLA011261 **Expiration Date:** February 2, 2011

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

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 1/1/09 To 1/31/09

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.0164		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
to Sprayfield	Sample Measurement	0.013		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.18			mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.3	3.3		Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				4.73			Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				6.4	6.4		Mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

84

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	09/02/26

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 1/1/09 To 1/31/09

PERMIT NUMBER: FLA011261

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.4		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				3.67			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For [illegible]fection)	Sample Measurement				2.2			Mg/l	0	5 Days/Week	Grab
[illegible]M Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement	0.0179		MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 P Mon.Site No. FLW-2	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement	0.009	0.014	MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				68%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				190			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				220			mg/l	0	Annually	Grab
[illegible]M Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab

85

DAILY SAMPLE RESULTS - PART .

Permit Number: FLA011261 Facility: Jungle Den WWTF
Monitoring Period From: 1/1/09 To: 1/31/09

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1			7.4		3.4	.013	.008			
2			7.4		2.8	.017	.015			
3			7.4		2.8	.011	.008			
4						.014	.012			
5			7.4		3.5	.014	.012			
6			7.4		3.8	.014	.011			
7			7.4		3.4	.010	.008			
8			7.4		3.0	.012	.005			
9			7.4		2.4	.010	.011			
10			7.4		2.2	.009	.009			
11						.013	.012			
12			7.4		3.4	.013	.012			
13			7.4		3.8	.008	.006			
14	3.3 v		7.4	6.4	3.8	.013	.017			
15		<1.0	7.4		4.5	.010	.009			
16			7.4		2.2	.010	.006			
17			7.4		2.2	.008	.005			
18						.012	.010			
19			7.4		3.4	.012	.010			
20			7.4		3.8	.011	.006			
21			7.4		3.8	.009	.001			
22			7.4		4.5	.011	.010			
23			7.4		2.2	.010	.013			
24			7.4		2.2	.010	.007			
25						.012	.010			
26			7.4		3.8	.012	.010			
27			7.2		3.2	.008	.006			
28			7.3		3.0	.009	.006			
29			7.3		2.5	.010	.008			
30			7.3		3.2	.011	.010			
31			7.3		2.8	.080	.007			
Total										
Mo. Avg.										

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: Jungle Den WWTF
LOCATION: 1901 Alice Drive
Astor, FL

COUNTY: Volusia

PERMIT NUMBER FLA011261 **Expiration Date:** February 2, 2011

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 2/1/09 To 2/28/09

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.016		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to Sprayfield	Sample Measurement	0.014		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2			mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.7	2.7		Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5.2			Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				9.4	9.4		Mg/l	0	Monthly	Grab
PARM Code 00530 A Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	09/03/26

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

87

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 2/1/09 To 2/28/09

PERMIT NUMBER: FLA011261

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.5		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				3.7			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For fection)	Sample Measurement				2.2			Mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement	0.0178		MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 P Mon.Site No. FLW-2	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement	0.012	0.012	MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				57%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				MNR			mg/l		Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab

88

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011261 Facility: Jungle Den WWTF

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

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1							.012	.013		
2			7.4			2.8	.012	.013		
3			7.4			3.4	.011	.011		
4			7.4			3.0	.012	015		
5			7.3			2.8	.012	.015		
6			7.4			2.8	.010	.012		
7			7.2			2.6	.007	.008		
8							.013	.016		
9			7.3			2.2	.013	.016		
10			7.3			2.6	.010	.013		
11	2.7 V	<1.0	7.5	9.4		3.5	.009	.011		
12			7.4			3.0	.011	.015		
13			7.5			3.8	.011	.013		
14			7.5			3.5	.010	.013		
15							.013	.016		
16			7.5			3.5	.013	.016		
17			7.5			2.8	.011	.015		
18			7.5			3.4	.090	.012		
19			7.5			3.0	.012	.016		
20			7.5			3.4	.010	.012		
21			7.4			2.2	.008	.009		
22							.013	.012		
23			7.5			2.8	.013	.012		
24			7.5			3.5	.010	.012		
25			7.5			3.0	.012	.015		
26			7.5			2.8	.009	.009		
27			7.5			3.4	.011	.002		
28			7.2			2.2	.009	.000		
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: Jungle Den WWTF
LOCATION: 1901 Alice Drive
Astor, FL

COUNTY: Volusia

PERMIT NUMBER FLA011261 **Expiration Date:** February 2, 2011

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

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 3/1/09 To 3/31/09

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.0154		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to Sprayfield	Sample Measurement	0.011		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.4			mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.4	4.4		Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5.3			Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				3.6	3.6		Mg/l	0	Monthly	Grab
PARM Code 00530 A Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

90

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	09/04/27

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 3/1/09 To 3/31/09

PERMIT NUMBER: FLA011261

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	7.5		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				3.7			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
T [illegible] Residual Chlorine (For [illegible] fection)	Sample Measurement				2.2			Mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement	0.0171		MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 P Mon.Site No. FLW-2	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement	0.007	0.009	MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				44%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
S[illegible]s, Total Suspended	Sample Measurement				MNR			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab

91

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011261 Facility: Jungle Den WWTF

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

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1						.014	.000			
2			7.4		2.5	.014	.003			
3			7.5		3.0	.007	.008			
4	4.4 V	<1.0	7.5	3.6	4.0	.009	.010			
5			7.5		3.0	.012	.012			
6			7.5		2.5	.010	.010			
7			7.5		2.2	.013	.013			
8						.012	.013			
9			7.5		2.8	.012	.013			
10			7.5		2.5	.010	.010			
11			7.5		2.8	.008	.009			
12			7.5		3.4	.012	.012			
13			7.5		3.0	.007	.009			
14			7.4		2.2	.013	.014			
15						.011	.012			
16			7.5		2.8	.011	.012			
17			7.5		2.2	.011	.012			
18			7.5		3.4	.009	.002			
			7.4		2.2	.008	.011			
20			7.5		3.0	.012	.001			
21			7.5		4.0	.006	.001			
22						.013	.000			
23			7.5		3.2	.013	.000			
24			7.5		3.5	.010	.000			
25			7.5		2.8	.009	.000			
26			7.5		3.4	.010	.005			
27			7.5		3.0	.012	.005			
28			7.5		3.0	.014	.009			
29						.011	.007			
30			7.5		3.2	.011	.007			
31			7.5		2.4	.009	.011			
Total										
Avg.										

ANT STAFFING:

y Shift Operator	Class:	B	Certificate No:	12476	Name:	David Haring
ening Shift Operator	Class:	C	Certificate No:	9320	Name:	Ralph Marriott
ght Shift Operator	Class:		Certificate No:		Name:	
ad Operator	Class:	A	Certificate No:	4894	Name:	Paul Thompson

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: Jungle Den WWTF
LOCATION: 1901 Alice Drive
Astor, FL

COUNTY: Volusia

PERMIT NUMBER FLA011261
LIMIT: Final
CLASS SIZE: N/A

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 4/1/09 To 4/30/09

Expiration Date: February 2, 2011
REPORT: Monthly
GROUP: Domestic

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.0156		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to Sprayfield	Sample Measurement	0.011		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.4			mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2	2.2		Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5.3			Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				4.8	4.8		Mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

93

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	09/05/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA011261

MONITORING PERIOD From: 4/1/09 To 4/30/09

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
H	Sample Measurement				7.2	7.5		SU	0	5 Days/Week	Grab
ARM Code 00400 A lon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
oliform, Fecal	Sample Measurement				3.2			#/100ML	0	Monthly	Grab
ARM Code 74055 Y lon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
oliform, Fecal	Sample Measurement				<1.0	<1.0		#/100ML	0	Monthly	Grab
ARM Code 74055 A lon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
otal R idual Chlorine (For isir on)	Sample Measurement				1.2			Mg/l	0	5 Days/Week	Grab
ARM Code 50060 A lon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
ow, Total Through Plant	Sample Measurement	0.0168		MGD					0	5 Days/Week	Parshall Flume and flow meter
ARM Code 50050 P lon.Site No. FLW-2	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
ow, Total Through Plant	Sample Measurement	0.009	0.009	MGD					0	5 Days/Week	Parshall Flume and flow meter
ARM Code 50050 Q lon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
ercent Capacity, (TMADF/ ermitted Capacity) x 100	Sample Measurement				44%			PER-CENT	0	Monthly	Calculated
ARM Code 00180 P lon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
OD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			mg/l	0	Annually	Grab
ARM Code 80082 G on.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
lid tal Suspended	Sample Measurement				MNR			mg/l	0	Annually	Grab
ARM Code 00530 G on.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab

94

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011261 Facility: Jungle Den WWTF

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

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1			7.5		3.4	.010	.013			
2			7.5		2.8	.014	.018			
3			7.5		3.5	.013	.011			
4						.008	.007			
5						.013	.009			
6			7.5		3.0	.013	.009			
7			7.5		2.5	.014	.008			
8			7.4		2.2	.010	.000			
9			7.5		2.8	.009	.000			
10			7.5		3.4	.012	.022			
11			7.2		2.2	.011	.007			
12						.011	.031			
13			7.4		2.2	.011	.031			
14			7.5		3.0	.015	.010			
15	2.2	<1.0	7.3	4.8	1.2	.008	.012			
16			7.3		2.0	.014	.007			
17			7.3		2.5	.010	.012			
			7.3		3.2	.010	.010			
19						.012	.012			
20			7.3		1.8	.012	.012			
21			7.3		2.4	.006	.002			
22			7.3		2.0	.018	.007			
23			7.3		3.2	.010	.002			
24			7.3		2.5	.012	.005			
25			7.3		2.2	.006	.003			
26						.013	.005			
27			7.3		2.8	.013	.005			
28			7.3		3.2	.008	.002			
29			7.3		2.4	.012	.005			
30			7.3		3.0	.019	.004			
31										
Total										
Mo. Avg.										

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: Jungle Den WWTF
LOCATION: 1901 Alice Drive
Astor, FL

COUNTY: Volusia

PERMIT NUMBER FLA011261 **Expiration Date:** February 2, 2011
LIMIT: Final REPORT: Monthly
CLASS SIZE: N/A GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: May 1, 2009 To May 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0..0178		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to Sprayfield	Sample Measurement	0.031		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.7			mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.7	4.7		Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5.5			Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				4.9	4.9		Mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	09/06/24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Jungle Den WWTF

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

PERMIT NUMBER: FLA011261
May 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.0	7.4		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				3.0			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
[illegible] Residual Chlorine (For [illegible]infection)	Sample Measurement				4.9			Mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement	0.0179		MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 P Mon.Site No. FLW-2	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement	0.024	0.024	MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				97%			PER-CENT		Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/l		Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement							mg/l		Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab

97

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011261 Facility: Jungle Den WWTF

Monitoring Period From: May, 1, 2009 To: May 31, 2009

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1			7.3		2.4	0.010	0.003			
2			7.2		2.7	0.006	0.002			
3						0.012	0.004			
4			7.3		3	0.012	0.004			
5			7.3		2.4	0.008	0.002			
6			7.4		2.2	0.008	0.002			
7			7.4		1.8	0.004	0.002			
8			7.4		2.6	0.010	0.004			
9			7.4		3.2	0.009	0.001			
10						0.010	0.003			
11			7.4		3.5	0.010	0.003			
12			7.4		3	0.010	0.003			
13	4.7	<1.0	7.4	4.9	4	0.006	0.023			
14			7.4		2.8	0.010				
15			7.4		2.2	0.018	0.034			
16			7.3		3.4	0.007				
17						0.015	0.011			
18			7.3		2	0.015	0.011			
19			7		1.2	0.072	0.072			
20			7.2		0.8	0.069	0.083			
21			7.2		1.8	0.062	0.074			
22			7.3		1.8	0.047	0.0664			
23			7.3		2.5	0.028	0.069			
24						0.033	0.073			
25			7.3		2.8	0.033	0.073			
26			7.3		2	0.042	0.068			
27			7.3		2.2	0.064	0.085			
28			7.3		2.5	0.041	0.075			
29			7.3		3	0.032	0.066			
30			7.3		3.4	0.020	0.039			
31						0.020	0.025			
Total										
Mo. Avg.										

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL. 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: Jungle Den WWTF
LOCATION: 1901 Alice Drive
Astor, FL

COUNTY: Volusia

PERMIT NUMBER FLA011261 **Expiration Date:** February 2, 2011

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

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: June 1, 2009 To June 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.0180		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
ow, to Sprayfield	Sample Measurement	0.017		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.7			mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.6	2.6		Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5.5			Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				6.1	6.1		Mg/l	0	Monthly	Grab
PARM Code 00530 A on.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	09/07/24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: June 1, 2009 To June 30, 2009

PERMIT NUMBER: FLA011261

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.5		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				2.9			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			Mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement	0.0179		MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 P Mon.Site No. FLW-2	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement	0.015	0.017	MGD					0	5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				71%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/l		Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement							mg/l		Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART b

Permit Number: FLA011261 Facility: Jungle Den WWTF
Monitoring Period From:June 1 , 2009 To: June 30, 2009

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1			7.4		3.2	.021	.025			
2			7.4		4	.016	.017			
3			7.4		2.4	.013	.014			
4			7.4		2.8	.016	.016			
5			7.4		3.4	.021	.025			
6			7.4		2.2	.032	.037			
7						.021	.026			
8			7.4		1	.021	.026			
9	2.6	1.0	7.3	6.1	2.2	.015	.018			
10			7.3		2.8	.011	.013			
11			7.3		2.4	.014	.016			
12			7.3		2	.014	.016			
13			7.5		2.2	.008	.009			
14						.015	.017			
15			7.3		2.5	.015	.017			
16			7.3		2.2	.013	.015			
17			7.3		2.6	.011	.012			
18			7.3		2.2	.011	.014			
19			7.3		2.2	.020	.022			
20			7.3		2.2	.010	.012			
21						.015	.017			
22			7.3		1	.015	.017			
23			7.3		2.2	.013	.015			
24			7.3		2.8	.011	.013			
25			7.3		2.4	.010	.012			
26			7.3		3.2	.015	.017			
27			7.3		2.8	.009	.010			
28						.015	.017			
29			7.3		2.5	.015	.016			
30			7.3		1.5	.015	.017			
31										
Total						.0457	.0519			
Mo. Avg						.015	.017			

ANT STAFFING

y Shift Operator	Class: B	Certificate No:	12476	Name:	David Haring	
ening Shift Operator	Class: C	Certificate No:	9320	Name:	Ralph Marriott	
ght Shift Operator	Class:	Certificate No:		Name:		
ad Operator	Class: A	Certificate No:	4894	Name:	Paul Thompson	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: Jungle Den WWTF
LOCATION: 1901 Alice Drive
Astor, FL

COUNTY: Volusia

PERMIT NUMBER: FLA011261
LIMIT: Final
CLASS SIZE: N/A

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: July 1, 2009 To July 31, 2009

Expiration Date: February 2, 2011
REPORT: Monthly
GROUP: Domestic

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.0172		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y M Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
F o Sprayfield	Sample Measurement	0.017		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.8			mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.9	2.9		Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				6.5			Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				12.0	12.0		Mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

102

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

NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	09/08/26

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

DISCHARGE MONITORING REPORT - PART A (Continued)

ACILITY: Jungle Den WWTF

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

PERMIT NUMBER: FLA011261

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.0	7.5		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				2.6			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For D[illegible]fection)	Sample Measurement				0.8			Mg/l	0	5 Days/Week	Grab
P[illegible] Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement	0.0173		MGD						5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 P Mon.Site No. FLW-2	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement	0.017	0.019	MGD						5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				81%			PER-CENT		Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/l		Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement							mg/l		Annually	Grab
PA[illegible] Code 00530 G Mo[illegible]te No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab

103

DAILY SAMPLE RESULTS - PART ..

Permit Number: FLA011261 Facility: Jungle Den WWTF
Monitoring Period From:July 1, 2009 To: July 31, 2009

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1			7.3		2.8	0.013	0.011			
2			7.3		2.4	0.009	0.017			
3			7.3		0.8	0.014	0.022			
4			7.3		2.4	0.017	0.018			
5						0.016	0.018			
6			7.3		2.8	0.016	0.014			
7			7.3		3.5	0.012	0.016			
8	2.9	<1.0	7.3	12.0	3	0.018	0.014			
9			7.3		2.2	0.017	0.011			
10			7		1.8	0.014	0.022			
11			7.2		2.2	0.035	0.015			
12						0.024	0.015			
13			7.3		2.4	0.024	0.016			
14			7.3		1.6	0.020	0.036			
15			7.3		2.8	0.038	0.016			
16			7.3		2	0.015	0.013			
17			7.3		1.5	0.014	0.007			
18			7.3		3	0.007	0.021			
						0.022	0.021			
20			7.3		2.6	0.022	0.014			
21			7.3		2.4	0.015	0.011			
22			7.3		2.8	0.012	0.014			
23			7.3		3.2	0.015	0.012			
24			7.3		2.6	0.013	0.007			
25			7.5		3.5	0.008	0.015			
26						0.016	0.015			
27			7.3		3	0.016	0.011			
28			7.3		2.4	0.012	0.014			
29			7.3		3.2	0.012	0.038			
30			7.3		2.5	0.037	0.020			
31			7.3		2.8	0.017	0.022			
Total						0.539	0.512			
Mo. Avg.						0.017	0.017			

PLANT STAFFING:

Day Shift Operator	Class: B	Certificate No: 12476	Name:	David Haring	
Evening Shift Operator	Class: C	Certificate No: 9320	Name:	Ralph Marriott	
Night Shift Operator	Class:	Certificate No:	Name:		
Relief Operator	Class: A	Certificate No: 4894	Name:	Paul Thompson	

DEP Form 62-620.910(10), Effective November 29, 1994 3

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: Jungle Den WWTF
LOCATION: 1901 Alice Drive
Astor, FL

COUNTY: Volusia

PERMIT NUMBER FLA011261 **Expiration Date:** February 2, 2011

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

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
F to Sprayfield	Sample Measurement	0.0170		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
, to Sprayfield	Sample Measurement	0.020		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.8			mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				6.3			Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5.0	5.0		Mg/l	0	Monthly	Grab
. Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

105

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	09/09/22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA011261

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.4		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				2.5			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		#/100ML	0	Monthly	Grab
I Code 74055 A M...site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
T...l Residual Chlorine (For fection)	Sample Measurement				0.80			Mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement	0.0174		MGD						5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 P Mon.Site No. FLW-2	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement	0.021	0.018	MGD						5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				100%			PER-CENT		Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				180			mg/l		Annually	Grab
PARM Code 80082 G ...ite No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
S...s, Total Suspended	Sample Measurement				87			mg/l		Annually	Grab
...M Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab

106

DAILY SAMPLE RESULTS - PART A

Permit Number: FLA011261
Monitoring Period From: August 1, 2009 To: August 31, 2009
Facility: Jungle Den WWTF

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1			7.3		3.2	0.018	0.022			
2						0.015	0.019			
3			7.3		2.6	0.016	0.019			
4			7.4		2.2	0.018	0.020			
5			7.4		1.8	0.018	0.032			
6			7.4		2.2	0.019	0.023			
7	2.0	1.0	7.4	5.0	2.5	0.019	0.016			
8			7.4		2.2	0.013	0.021			
9						0.019	0.016			
10			7.4		2.2	0.013	0.016			
11			7.4		2.2	0.013	0.014			
12			7.4		2.2	0.011	0.018			
13			7.4		2.8	0.012	0.015			
14			7.4		3.4	0.013	0.026			
15			7.3		0.8	0.021	0.034			
16						0.036	0.035			
17			7.3		0.9	0.039	0.035			
18			7.3		2.2	0.039	0.015			
19			7.3		2.2	0.017	0.029			
20			7.3		2.2	0.038	0.015			
21			7.4		2.2	0.019	0.018			
22			7.4		2.2	0.021	0.022			
23						0.030	0.021			
24			7.4		1.9	0.028	0.011			
25			7.4		2.2	0.028	0.010			
26			7.4		2.6	0.012	0.010			
27			7.4		1.4	0.014	0.023			
28			7.4		2	0.033	0.034			
29			7.4		2.8	0.038	0.013			
30						0.016	0.012			
31			7.4		2.1	0.015	0.013			
Total										
Mo. Avg.										

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: Jungle Den WWTF
LOCATION: 1901 Alice Drive
Astor, FL

COUNTY: Volusia

PERMIT NUMBER FLA011261
LIMIT: Final
CLASS SIZE: N/A
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: September 1, 2009 To September 30, 2009

Expiration Date: February 2, 2011
REPORT: Monthly
GROUP: Domestic

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.0164		MGD					0	5 Days/Week	Flow Totalizer
F Code 50050 Y M Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
, to Sprayfield	Sample Measurement	0.014		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.8			mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				7.1			Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				14.0	14.0		Mg/l	0	Monthly	Grab
P Code 00530 A M te No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	09/10/26

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

108

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA011261

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.5		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				144.1			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				3.9	1700		#/100ML	10	Monthly	Grab
PARM Code 74055 A M ite No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
T esidual Chlorine (For nfection)	Sample Measurement				0.8			Mg/l	0	5 Days/Week	Grab
M Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement	0.0160		MGD						5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 P Mon.Site No. FLW-2	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement	0.015	0.018	MGD						5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				71%			PER-CENT		Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/l		Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
S Total Suspended	Sample Measurement							mg/l		Annually	Grab
M Code 00530 G .Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab

109

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011261 Facility: Jungle Den WWTF
Monitoring Period From:September 1, 2009 To: September 30, 2009

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1			7.4		2.9	0.010	0.007			
2			7.5		2.2	0.044	0.036			
3			7.3		1.8	0.021	0.016			
4			7.3		2.2	0.017	0.016			
5			7.5		1.6	0.023	0.018			
6						0.016	0.014			
7			7.3		2.4	0.016	0.014			
8			7.3		1.5	0.019	0.015			
9	<2.0	1700	7.5	14	0.8	0.076	0.007			
10			7.5		1.6	0.012	0.010			
11		2.0	7.5		4	0.012	0.010			
12		<2.0	7.4		4	0.016	0.013			
13						0.010	0.009			
14			7.4		4	0.010	0.009			
15			7.4		3.5	0.011	0.016			
16			7.4		3	0.013	0.048			
17		<2.0	7.4		3.5	0.010	0.011			
18		<2.0	7.4		3	0.010	0.012			
19			7.5		3.8	0.008	0.011			
20						0.013	0.015			
21		<2.0	7.4		2	0.013	0.015			
22		<2.0	7.4		2.2	0.010	0.011			
23		<2.0	7.4		4	0.009	0.010			
24		<2.0	7.4		4.5	0.011	0.010			
25		2.0	7.3		2.4	0.011	0.014			
26			7.5		3.5	0.010	0.009			
27						0.014	0.014			
28			7.4		2.6	0.014	0.014			
29			7.4		2.2	0.012	0.012			
30			7.4		2.5	0.011	0.012			
31										
Total						0.480	0.426			
Mo. Avg.						0.015	0.014			

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL. 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER FLA011261 **Expiration Date:** February 2, 2011

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

FACILITY: Jungle Den WWTF
LOCATION: 1901 Alice Drive
Astor, FL

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

COUNTY: Volusia

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: October 1, 2009 To October 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow to Sprayfield	Sample Measurement	0.0152		MGD					0	5 Days/Week	Flow Totalizer
P Code 50050 Y M ite No. FLW-1	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
F to Sprayfield	Sample Measurement	0.006		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.9			mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.6	3.6		Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				7.8			Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				15.0	15.0		Mg/l	0	Monthly	Grab
P Code 00530 A M ite No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	09/11/09

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

111

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA011261

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
p	Sample Measurement				7.4	7.7		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				144.2			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				2.0	2.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
T esidual Chlorine (For ection)	Sample Measurement				2.0			Mg/l	0	5 Days/Week	Grab
P M Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement	0.0144		MGD						5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 P Mon.Site No. FLW-2	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement	0.010	0.015	MGD						5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				48%			PER-CENT		Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/l		Annually	Grab
PA Code 80082 G M No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
S otal Suspended	Sample Measurement							mg/l		Annually	Grab
PA M Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART

Permit Number: FLA011261 Facility: [illegible] WWTF
Monitoring Period From: October 1, 2009 To: October 31, 2009

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
ion. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1			7.4		2.2	0.011	0.010			
2			7.4		2.5	0.009	0.009			
3			7.4		2.2	0.009	0.008			
4						0.011	0.010			
5			7.4		2.2	0.011	0.010			
6			7.4		2.2	0.010	0.009			
7			7.4		2.2	0.009	0.010			
8			7.4		2.2	0.008	0.008			
9	3.6	<2.0	7.5	15.0	2.2	0.012	0.011			
10			7.5		2.2	0.010	0.009			
11						0.010	0.010			
12			7.5		2.2	0.010	0.010			
13			7.5		2.2	0.011	0.007			
14			7.5		2.2	0.010	0.009			
15			7.4		2.2	0.010	0.007			
16			7.4		2.2	0.007	0.007			
17			7.7		2.2	0.007	0.010			
18						0.011	0.010			
			7.5		2.2	0.011	0.010			
20			7.5		2.2	0.010	-			
21			7.5		2.2	0.009	-			
22			7.5		2.2	0.009	-			
23			7.4		2.2	0.010	-			
24			7.4		2.2	0.010	-			
25						0.011	-			
26			7.4		2.2	0.011	0.000			
27			7.4		2.2	0.009	0.000			
28			7.6		2.2	0.008	-			
29			7.4		2.2	0.011	-			
30			7.5		2.2	0.011	-			
31			7.4		2	0.006	-			
Total						0.301	0.183			
Mo. Avg.						0.010	0.006			

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER FLA011261 **Expiration Date:** February 2, 2011

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

FACILITY: Jungle Den WWTF
LOCATION: 1901 Alice Drive
Astor, FL

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

COUNTY: Volusia

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: November 1, 2009 To November 30, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.0146		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to Sprayfield	Sample Measurement	0.006		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.0			mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.5	3.5		Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				8.3			Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				12.0	12.0		Mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	09/12/16

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA011261

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.7		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				142.9			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Residual Chlorine (For Disinfection)	Sample Measurement				0.7			Mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement	0.0136		MGD						5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 P Mon.Site No. FLW-2	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement	0.010	0.012	MGD						5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				48%			PER-CENT		Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/l		Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
, Total Suspended	Sample Measurement							mg/l		Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab

115

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011261 Facility: Jungle Den WWTF
Monitoring Period From:November 1, 2009 To: November 30, 2009

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1						0.012				
2			7.3		0.7	0.012				
3			7.5		3.2	0.008	0.003			
4			7.5		2.8	0.009	0.004			
5			7.4		2	0.010	0.004			
6			7.5		2	0.009	0.005			
7			7.5		3.2	0.007	0.004			
8						0.012	0.006			
9			7.5		2.2	0.012	0.006			
10			7.5		2.2	0.007	0.004			
11	3.5	<1.0	7.5	12	1.6	0.010	0.007			
12			7.5		2.2	0.010	0.009			
13			7.4		2.2	0.009	0.003			
14			7.4		2.2	0.013	0.007			
15						0.010	0.007			
16			7.4		2.2	0.010	0.007			
17			7.4		2.2	0.009	0.004			
18			7.4		2.2	0.008	0.005			
19			7.4		1.4	0.010	0.006			
20			7.4		2.2	0.010	0.005			
21			7.7		2.2	0.007	.0005			
22						0.014	0.012			
23			7.5		2.2	0.014	0.012			
24			7.5		2.2	0.011	0.007			
25			7.5		2.2	0.018	0.007			
26			7.6		2.2	0.010	0.009			
27			7.5		2.2	0.015	0.009			
28			7.7		2.2	0.008	0.007			
29						0.012	0.007			
30			7.5		2.2	0.012	0.007			
31										
Total						0.317	0.175			
Mo. Avg.						0.010	0.006			

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

PERMIT NUMBER FLA011261 **Expiration Date:** February 2, 2011

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

FACILITY: Jungle Den WWTF
LOCATION: 1901 Alice Drive
Astor, FL

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

COUNTY: Volusia

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: December 1, 2009 To December 31, 2009

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.0145		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to Sprayfield	Sample Measurement	0.012		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.2			mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.1	4.1		Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				8.1			Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				4.5	4.5		Mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	10/01/25

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Jungle Den WWTF

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

PERMIT NUMBER: FLA011261

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.5	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				142.5			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		#/100ML	0	Monthly	Grab
M Code 74055 A ..Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.4			Mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement	0.0136		MGD						5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 P Mon.Site No. FLW-2	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement	0.014	0.014	MGD						5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				67%			PER-CENT		Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/l		Annually	Grab
M Code 80082 G ..Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement							mg/l		Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab

.ILY SAMPLE RESULTS - PART B

Permit Number: FLA011261 Facility: Jungle Den. WWTF
Monitoring Period From: December 1, 2009 To: December 31, 2009

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1			7.5		2.2	.011	.006			
2	4.1	1.0	7.5	4.5	2.2	.008	.007			
3			7.5		2.2	.021	.028			
4			7.5		2.2	.018	.013			
5			7.6		1.4	.040	.033			
6						.021	.033			
7			7.5		2.2	.021	.033			
8			7.5		2.2	.012	.013			
9			7.5		2.2	.015	.013			
10			7.5		2.2	.015	.013			
11			7.5		2.2	.013	.011			
12			7.5		2.2	.012	.012			
13						.012	.010			
14			7.5		2.2	.012	.010			
15			7.5		2.2	.013	.007			
16			7.5		2.2	.010	.006			
17			7.5		2.2	.013	.007			
18			7.5		2.2	.017	.009			
			7.5		2.2	.008	.006			
20						.015	.008			
21			7.5		2.2	.014	.008			
22			7.5		2.2	.010	.006			
23			7.5		2.2	.013	.008			
24			7.5		2.2	.008	.005			
25			7.5		2.2	.011	.008			
26			7.5		2.2	.014	.007			
27						.012	.006			
28			7.5		2.2	.012	.006			
29			7.5		2.2	.013	.007			
30			7.5		2.2	.014	.018			
31			7.5		2.2	.009	.005			
Total						0.436	0.361			
Mo. Avg.						0.014	0.012			

LANT STAFFING

ay Shift Operator	Class: B	Certificate No: 12476	Name:	David Haring	
vening Shift Operator	Class: C	Certificate No: 9320	Name:	Ralph Marriott	
light Shift Operator	Class:	Certificate No:	Name:		
ead Operator	Class: A	Certificate No: 4894	Name:	Paul Thompson	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: Jungle Den WWTF
LOCATION: 1901 Alice Drive
Astor, FL

COUNTY: Volusia

PERMIT NUMBER FLA011261 **Expiration Date:** February 2, 2011

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

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: January 1, 2010 To January 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.0138		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to Sprayfield	Sample Measurement	0.011		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.1			mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.9	4.9		Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				8.8			Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				11.5	11.5		Mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	10/02/26

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

120

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA011261
MONITORING PERIOD From: January 1, 2010 To January 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.1	7.5		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				190.4			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.8			Mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement	0.0148		MGD						5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 P Mon.Site No. FLW-2	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement	0.015	0.014	MGD						5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				71%			PER-CENT		Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				150			mg/l	0	Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement				37			mg/l	0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab

121

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011261
Monitoring Period From: January 1, 2010 To: January 31, 2010

Facility: Jungle Den WWTF

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1			7.5		2.2	0.011	0.015			
2			7.3		2.2	0.026	0.025			
3										
4			7.4		2.2	0.031	0.036			
5			7.4		2.2	0.005	0.040			
6			7.3		2.2	0.009	0.016			
7			7.4		2.2	0.011	0.015			
8			7.4		2.2	0.006	0.010			
9			7.4		2.2	0.006	0.009			
10										
11	4.9	<1.0	7.5	11.5	2.2	0.021	0.030			
12			7.5		2.2	0.007	0.010			
13			7.5		0.8	0.008	0.015			
14			7.4		1.0	0.007	0.011			
15			7.4		2.2	0.008	0.012			
16			7.4		2.2	0.007	0.010			
17										
18			7.4		2.2	0.020	0.028			
19			7.4		2.2	0.010	0.010			
20			7.5		2.2	0.010	0.015			
21			7.5		2.2	0.008	0.012			
22			7.1		2.2	0.030	0.032			
23			7.4		2.2	0.022	0.017			
24										
25			7.4		2.2	0.015	0.034			
26			7.4		2.2	0.009	0.016			
27			7.4		2.2	0.010	0.015			
28			7.5		2.2	0.007	0.004			
29			7.5		2.2	0.014	0.015			
30			7.5		2.2	0.008	0.011			
31										
Total						0.326	0.463			
Mo. Avg.						0.011	0.015			

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: Jungle Den WWTF
LOCATION: 1901 Alice Drive
Astor, FL

COUNTY: Volusia

PERMIT NUMBER FLA011261 **Expiration Date:** February 2, 2011
LIMIT: Final REPORT: Monthly
CLASS SIZE: N/A GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: February 1, 2010 To February 28, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.0140		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to Sprayfield	Sample Measurement	0.019		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.4			mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.6	6.6		Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				9.1			Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				9.0	9.0		Mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	10/03/23

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

123

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: February 1, 2010 To February 28, 2010

PERMIT NUMBER: FLA011261

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	7.7		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				143.2			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				2.0	2.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			Mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement	0.0147		MGD						5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 P Mon.Site No. FLW-2	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement	0.017	0.015	MGD						5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				81%			PER-CENT		Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/l		Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement							mg/l		Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab

124

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011261 Facility: Jungle Den WWTF
Monitoring Period From: February 1, 2010 To: February 28, 2010

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1	6.6	<2.0	7.5	9.0	2.2	0.038	0.039			
2			7.5		2.2	0.023	0.019			
3			7.5		2.2	0.017	0.020			
4			7.5		2.2	0.014	0.011			
5			7.5		2.2	0.048	0.015			
6			7.5		2.2	0.015	0.015			
7										
8			7.5		2.2	0.030	0.023			
9			7.5		2.2	0.011	0.017			
10			7.5		2.2	0.037	0.048			
11			7.5		2.2	0.015	0.023			
12			7.6		2.2	0.018	0.021			
13			7.7		2.2	0.031	0.041			
14										
15			7.5		2.2	0.042	0.051			
16			7.5		2.2	0.013	0.031			
17			7.5		2.2	0.017	0.017			
18			7.5		2.2	0.016	0.016			
19			7.5		2.2	0.016	0.015			
20			7.5		2.2	0.015	0.015			
21										
22			7.4		2.2	0.030	0.030			
23			7.4		2.2	0.027	0.038			
24			7.4		2.2	0.018	0.022			
25			7.4		2.2	0.016	0.020			
26			7.5		2.2	0.016	0.015			
27			7.4		2.2	0.014	0.014			
28										
29										
30										
31										
Total						0.537	0.576			
Mo. Avg.						0.017	0.019			

PLANT STAFFING:

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

DEP Form 62-620.910(10), Effective November 29, 1994 3

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: Jungle Den WWTF
LOCATION: 1901 Alice Drive
Astor, FL

COUNTY: Volusia

PERMIT NUMBER FLA011261 **Expiration Date:** February 2, 2011
LIMIT: Final REPORT: Monthly
CLASS SIZE: N/A GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: March 1, 2010 To March 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.0140		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to Sprayfield	Sample Measurement	0.020		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.5			mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.0	3.0		Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				9.1			Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5.0	5.0		Mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	10/04/15

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

126

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA011261
MONITORING PERIOD From: March 1, 2010 To March 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.5		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				142.9			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				2.0	2.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.2			Mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement	0.0144		MGD						5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 P Mon.Site No. FLW-2	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement	0.017	0.016	MGD						5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				81%			PER-CENT		Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/l		Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement							mg/l		Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab

127

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011261
Monitoring Period From:March 1, 2010 To: March 31, 2010
Facility: Jungle Den WWTF

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1			7.4		2.2	0.033	0.035			
2			7.4		1.2	0.015	0.023			
3			7.4		2.2	0.013	0.007			
4			7.4		2.2	0.013	0.009			
5			7.5		2.2	0.014	0.004			
6			7.5		2.2	0.016	0.023			
7						0.013	0.012			
8	3.0	<2.0	7.3	<5.0	2.2	0.013	0.012			
9			7.3		2.2	0.012	0.007			
10			7.3		2.2	0.016	0.024			
11			7.3		2.2	0.011	0.010			
12			7.5		2.2	0.045	0.072			
13			7.4		2.8	0.034	0.066			
14						0.014	0.015			
15			7.4		2.2	0.014	0.015			
16			7.4		2.2	0.017	0.018			
17			7.4		2.2	0.016	0.014			
18			7.4		2.2	0.011	0.009			
19			7.4		2.2	0.015	0.013			
20			7.4		2.2	0.016	0.013			
21						0.018	0.017			
22			7.4		2.2	0.018	0.017			
23			7.4		2.2	0.016	0.018			
24			7.4		2.2	0.011	0.012			
25			7.4		7.2	0.014	0.011			
26			7.3		5.2	0.024	0.034			
27			7.4		6.8	0.015	0.015			
28						0.021	0.026			
29			7.4		2.2	0.021	0.026			
30			7.5		2.2	0.018	0.023			
31			7.4		2.2	0.013	0.013			
Total						0.540	0.613			
Mo. Avg.						0.017	0.020			

PLANT STAFFING:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida
MAILING ADDRESS: PO Box 490310
Leesburg, FL 34749

FACILITY: Jungle Den WWTF
LOCATION: 1901 Alice Drive
Astor, FL

COUNTY: Volusia

PERMIT NUMBER FLA011261
LIMIT: Final
CLASS SIZE: N/A

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: April 1, 2010 To April 30, 2010

Expiration Date: February 2, 2011
REPORT: Monthly
GROUP: Domestic

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Sprayfield	Sample Measurement	0.0132		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow, to Sprayfield	Sample Measurement	0.008		MGD					0	5 Days/Week	Flow Totalizer
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.7			mg/l	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.9	4.9		Mg/l	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				10.0			Mg/l	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement				17.6	17.6		Mg/l	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	10/05/18

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Jungle Den WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: April 1, 2010 To April 30, 2010

PERMIT NUMBER: FLA011261

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.1	7.4		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				142.9			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0	1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.8			Mg/l	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Flow, Total Through Plant	Sample Measurement	0.0139		MGD						5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 P Mon.Site No. FLW-2	Permit Requirement	0.021 (An.Avg.)		MGD						5 Days/Week	Parshall Flume and flow meter
Flow, Total Through Plant	Sample Measurement	0.011	0.015	MGD						5 Days/Week	Parshall Flume and flow meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Parshall Flume and flow meter
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				52%			PER-CENT		Monthly	Calculated
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement							mg/l		Annually	Grab
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement							mg/l		Annually	Grab
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report			mg/l		Annually	Grab

130

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011261 Facility: Jungle Den WWTF
Monitoring Period From: April 1, 2010 To: April 30, 2010

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	FLW-2			
1			7.4		2.2	0.021	0.019			
2			7.4		2	0.013	0.011			
3			7.1		8.8	0.007	0.006			
4										
5			7.3		2.2	0.032	0.025			
6			7.3		2.2	0.012	0.009			
7			7.4		5.5	0.014	0.010			
8			7.4		5.8	0.011	0.007			
9			7.4		6	0.012	0.008			
10			7.4		2.2	0.011	0.006			
11										
12			7.4		8.8	0.028	0.021			
13			7.4		1.8	0.010	0.010			
14			7.3		8.8	0.006	0.003			
15			7.3		8.8	0.006	0.005			
16			7.3		2.2	0.015	0.009			
17			7.3		2.2	0.010	0.006			
18										
19			7.3		2.2	0.021	0.016			
20			7.4		2.2	0.004	0.003			
21			7.4		2.2	0.014	0.008			
22	4.88	<1.0	7.3	17.6	2.2	0.009	0.006			
23			7.4		2.2	0.011	0.005			
24			7.3		4.5	0.010	0.006			
25										
26			7.3		2.2	0.027	0.025			
27			7.3		2.2	0.011	0.007			
28			7.4		2.2	0.011	0.004			
29			7.4		2.2	0.010	0.002			
30			7.3		2.2	0.006	0.001			
31										
Total						0.342	0.238			
Mo. Avg.						0.011	0.008			

PLANT STAFFING:

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

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: jmlihvarcik@aquaamerica.com

December 8, 2009

AQUA UTILITIES FLORIDA INC
POST OFFICE BOX 490310
LEESBURG FL 34749

OCD-C-WW-09-0952

ATTENTION JOHN M LIHVARCIK
CHIEF OPERATING OFFICER

Volusia County - DW
Jungle Den WWTF
Wastewater Facility - Permit No. FLA011261
Noncompliance Letter

Dear Mr. Lihvarcik:

On October 28, 2009, Department personnel conducted a Compliance Sampling Inspection (CSI) of the above-referenced facility. A copy of the inspection report and summary are attached for your review. Please note the items listed below which need to be addressed:

1. The maintenance and operation logbook was incomplete. Maintenance and operation information must be contained in a bound logbook with numbered pages.
2. The Fecal Coliform (FC) result reported on the Discharge Monitoring Report (DMR) for September 2009 was 1700 fecal coliform colonies per 100 milliliters (fcc/100mL), which exceeded the maximum limit of 800 fcc/100mL for any one (1) sample.

The Department requests a written response addressing the items listed above within 14 days of your receipt 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 Debra Knight at (407) 893-3313, or via e-mail: debra.knight@dep.state.fl.us.

Sincerely,

David Smicherko

David Smicherko
Supervisor
Wastewater Compliance/Enforcement

DS/dlk/ar

Enclosure: Inspection Report

cc: Volusia County Environmental Management, dabrahamson@co.volusia.fl.us
Aqua Utilities, pafarris@aquaamerica.com

COMET ENTRY DATE
11/04/09

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility	WAFR ID:	County	Entry Date/Time
Jungle Den WWTF	FLA011261	Volusia	10/28/09 10:40 am
1901 Alice Drive		Phone	@ Exit Date/Time
Astor, FL			10/28/09 11:25 am

Name(s) of Field Representatives(s)	Title	Phone
David Hering	Operator	

Name and Address of Permittee or Designated Representative	Title	Phone	@ Operator Certification #
Aqua Utilities Florida, Inc.			
Mr. John M. Lihvarcik	Chief Operating Officer		
P.O. Box 490310			
Leesburg, FL 34749			

Inspection Type: [ ] C [S] I **Samples Taken(Y/N): Y** @ **Sample ID#: Jungle Den 1(A-C)** **Samples Split (Y/N): N**

[X] **Domestic** [ ] **Industrial** **Were Photos Taken(Y/N): N** @ **Log book Volume : 111** @ **Page 15 - 17**

FACILITY COMPLIANCE AREAS EVALUATED

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 "♦"

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

Facility and/or Order Compliance Status: [ ] In-Compliance [X] Out-Of-Compliance [ ] Significant-Out-Of-Compliance

Recommended Actions: **Noncompliance Letter**

Name(s) and Signature(s) of Inspector(s)	District Office/Phone Number	Date
Debra Knight Debra L Knight	Central District Office 407 – 893-3313	12/02/09
@ Signature of Reviewer	District Office/Phone Number	Date
David Smicherko David Smicherko	Central District Office 407 – 893-3313	December 3, 2009

Revised: March 27, 2009

INSPECTION COMMENTS

Facility Name: **Jungle Den WWTF**
Facility ID No: **FLA011261**
Inspection Type: **Compliance Sampling Inspection**
Inspection Date: **October 28, 2009**

PERMITS/ORDERS

1. *PERMIT:* **In Compliance**
   - FDEP permit FLA011261 was on-site and available during inspection. The permit was issued on February 6, 2006 and expires on February 2, 2011.

   NOTE: Part VIII.1 of the facility's permit states that the permittee shall apply for a renewal of this permit at least 180 days prior to expiration (September 2, 2010).

2. *COMPLIANCE SCHEDULE:* **In Compliance**
   - A permit revision was done on this facility, which removes Item 2 from the compliance schedule section of this permit.
   - The other items in the compliance schedule were evaluated in previous inspection reports.

SELF MONITORING PROGRAM

3. *LABORATORY:* **Not Evaluated**

4. *SAMPLING:* **Not Evaluated**

5. *RECORDS AND REPORTS:* **Out of Compliance**
   - The Operations and Maintenance manual was on-site.
   - A current copy of the operator certifications were on-site.
   - **The operator logbook was on-site and included the operator name, certification number, site time, flow readings and sample collections. However, the pages of the logbook are not numbered. Please correct this deficiency.**
   - In addition, maintenance records and monthly sampling events were documented in the logbook.
   - According to Part V.1 of the facility's permit, a Class C or higher operator shall be on-site for five days per week for 30 minutes per day, plus one weekend visit. At the time of inspection, operator site time was met according to the permit.
   - Flow was documented according to the permit, which is five days per week.
   - Chlorine and pH samples were collected according to the permit, which is five days per week.
   - In addition, a current copy of the laboratory certification for Aqua Pure Laboratory was on-site.
   - Discharge Monitoring Reports (DMRs) were not available during the inspection.
   - DMRs for the months of September 2008 through October 2009 were reviewed **and the following discrepancies were noted:**

Parameter	Reason	Month
$CBOD_5$ Part B	Incorrect Data Qualifier (v)	January, March 2009
Chlorine	Part A does not match Part B	May 2009
(FLW-2) 3 Month Average	Incorrect calculation	May 2009
Percent Capacity	Incorrect calculation	August 2009

   - Annual samples were last collected in January 2009.
   - **The backflow prevention device certification was on site. However, the testing certificate was about to expire. Please remember to have this device tested annually.**

FACILITY OPERATIONS

6. *FACILITY SITE REVIEW:* **In Compliance**
   - An influent screening device was not noted at this plant.
   - No foam was noted in the aeration tank. The mixed liquor had a good mix.
   - Clear effluent was also noted in the clarifier and the trough.
   - The chlorine contact chamber contained clear effluent.
   - In addition, clear effluent was noted in the Parshall flume.

- Liquid chlorine was used at this facility and the chlorinator was working well.
- The digester appeared to be working well.
- The blowers were located inside an on-site shed. In addition, the blowers also have belt guards.

7. *FLOW MEASUREMENT:* **In Compliance**
   - The Parshall flume flow meter and the sprayfield flow meter were last calibrated on October 27, 2009.

8. *OPERATION AND MAINTENANCE:* **In Compliance**
   - **Some rust was noted on the side of the tank.**
   - The catwalk was in good condition.
   - The catwalk was in good condition.
   - The facility site was well maintained.

EFFLUENT/DISPOSAL

9. *EFFLUENT:* **Out of Compliance**
   - DMRs for the months of August 2008 through October 2009 were reviewed and **following effluent exceedances was noted.**

Parameter	Result	Limit	Month
Fecal Maximum	**1700 Colonies/ 100 ml**	800 Colonies/ 100 ml	September 2009

   - During the October 28, 2009 inspection, samples were collected. Please see the table below for the sample results.

Parameter	Time	Result	Limit	Data Qualifier
Nitrate	11:07 am	17	**Not in Permit**	A
TSS	11:07 am	8	60.0 mg/L	I
Fecal	11:09 am	2	800 fcc /100mL	U
TRC	11:02 am	>2.2	0.5 mg/L min.	
pH	11:00 am	7.34	6.0 SU - 8.5 SU	

   - Data Qualifier U means that the material was analyzed for but not detected. The reported value is the method detection limit for the sample analyzed.
   - Data Qualifier A means that the value reported is the mean of two or more determinations.
   - Data Qualifier I means that the reported value is between the laboratory method detection limit and the laboratory practical quantitation limit

10. *DISPOSAL:* **In Compliance**
    - This facility has been permitted for an existing 0.021 MGD annual average daily flow (AADF) permitted capacity slow-rate restricted public access system (R-001) consisting of two in-line holding ponds and a sprayfield.
    - The ponds and the sprayfield had advisory signs
    - Safe access around the ponds was observed. The embankments around the ponds were well maintained. In addition, duckweed was present on the surface of both ponds.
    - The ponds had more than three feet of freeboard.
    - The sprayfield was maintained and according to facility personnel, the spray heads are checked approximately every two weeks.
    - On May 20, 2009, an effluent spill was reported to the state warning point and the department. The effluent percolation ponds overflowed due to heavy rains. Efforts were made to control infiltration issues in the collection system, in order to reduce overloading to the facility during rain events.

11. *RESIDUALS MANAGEMENT:* **In Compliance**
    - According to Part II.1 of the facility's permit, the method of residuals use or disposal by this facility is transport to Shelley's Septic Tanks Residual Management Facility or disposal in a Class I or II landfill. However, a letter dated September 13, 2005 from Aqua Utilities to DEP stated that Jungle Den will transport residuals to either 412 Biosolids Processing Facility or Central Process by American Pipe and Tank, Inc.
    - Hauling tickets from American Pipe and Tank were on-site. Specifically, 2500 gallons of residuals were hauled from this facility on August 26, 2009.

12. *GROUNDWATER:* **Not Applicable**

13. *OTHER: COLLECTION SYSTEM*
    - On December 2, 2008, an influent spill was reported to the state warning point and the department. A lift station power failure allowed approximately 7000 gallons of influent to escape to a ditch. The affected area was vacuumed and limed.

AQUA SM

Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

December 8, 2009

Debra Knight
FDEP Central District
3319 Maguire Boulevard, Suite 232
Orlando, FL 32803-3767

RE: Reply to Compliance Sampling Inspection
Jungle Den WWTF
Permit No. FLA011261
Volusia County

Dear Ms. Knight:
Thank you for your inspection on October 28, 2008. The purpose of the correspondence is to provide a written response as requested in your letter.

1. The operator has a dated, annual diary style logbook. Each logbook contains the records for the specified calendar year and each page is individually dated. Per our phone conversation on December 8, 2009, this style logbook will meet the requirement specified in the permit.

2. On September 9, 2009, the fecal coliform result was 1,700 fecal coliform colonies per 100 milliliters (fcc/100mL). As a result, our operator collected an additional nine (9) daily samples during this month; seven (7) of these samples were fecal coliform was <2.0 fcc/100mL and two (2) were 2.0 fcc/100mL. The monthly geometric mean for these samples was 3.9 fcc/100mL. Based on this, Aqua believes that the result on September 9th was an anomaly.

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

Sincerely,

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

cc: Paul Thompson, via e-mail
Harry Householder, via e-mail
Michael Pickel, via e-mail
Volusia County Environmental Management, Darrel Abrahamson, via e-mail

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.

November 4, 2009

Aqua Utilities Florida
1100 Thomas Ave
Leesburg, FL 34748

RECEIVED
NOV 12 2009
Aqua Utilities
Florida Inc.

SUBJECT: Consumptive Use Permit Number 120859
Tomoka View CUP

Dear Sir/Madam:

Enclosed is your permit as authorized by the Executive Director of St. Johns River Water Management District on November 04, 2009.

Please be advised that the period of time within which a third party may request an administrative hearing on this permit may not have expired by the date of issuance. A potential petitioner has twenty-six (26) days from the date on which the actual notice is deposited in the mail, or twenty-one (21) days from publication of this notice when actual notice is not provided, within which to file a petition for an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes. Receipt of such a petition by the District may result in this permit becoming null and void.

Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state and/or local agencies asserting concurrent jurisdiction over this work.

The enclosed permit is a legal document and should be kept with your other important records. Please read the permit and conditions carefully since the referenced conditions may require submittal of additional information. All information submitted as compliance with permit conditions must be submitted to the nearest District Service Center and should include the above referenced permit number.

Sincerely,
Robert Presley

Robert Presley, Director
Division of Regulatory Information Management

Enclosures: Permit, Conditions for Issuance, Compliance Forms, Map, Well Tags

cc: District Permit File

Agent: CPH Engineers Inc
101 N Woodland Blvd Ste 600
Deland, FL 32720

GOVERNING BOARD

Susan N. Hughes, CHAIRMAN PONTE VEDRA
W. Leonard Wood, VICE CHAIRMAN FERNANDINA BEACH
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Maryam H. Ghyabi ORMOND BEACH
Richard G. Hamann GAINESVILLE
Arlen N. Jumper FORT McCOY

PERMIT NO. 120859 **DATE ISSUED:** November 4, 2009
PROJECT NAME: Tomoka View CUP

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached conditions, the use of 19.454 mgy (0.053 mgd annual average) of groundwater from the Floridan aquifer for public supply type use.

LOCATION:

Site: Tomoka View CUP
Volusia County

Section(s): 30 Township(s): 14S Range(s): 32E

ISSUED TO:

Aqua Utilities Florida
1100 Thomas Ave
Leesburg, FL 34748

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 or 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 November 4, 2009

AUTHORIZED BY: St. Johns River Water Management District
Department of Resource Management

By: Marc Minno for Catherine Walker
Catherine Walker, PE MBA
Division Director

"EXHIBIT A"
CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 120859
AQUA UTILITIES FLORIDA
DATED NOVEMBER 4, 2009

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 restrictions 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 permit application may not be significantly adversely impacted by 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.

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 with in 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.

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. All submittals made to demonstrate compliance with this permit must include the CUP number 120859 plainly labeled on the submittal.

10. This permit will expire on November 6, 2029.

11. Maximum annual groundwater withdrawals from the Floridan aquifer for public supply use, must not exceed 19.454 million gallons (0.053 MGD average).

12. 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 by the District.

13. All irrigation shall be in conformity with the requirements set forth in subsection 40C-2.042(2), F.A.C.

14. Total withdrawal from existing well No.'s Tomoka View 1 (GRS Station 243640) and Tomoka View 2 (GRS Station 243640), 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

15. Prior to use, all proposed wells must be equipped with totalizing flow meters. All flowmeters must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications.

16. The permittee must maintain all flowmeters. 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.

17. The permittee must have all flow meters checked for accuracy at least once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/calibration.

18. The permittee shall meter all service connections.

19. The permittee must implement the Water Conservation Plan submitted to the District on May 6, 2009, in accordance with the schedule contained therein.

20. The permittee's consumptive use shall not adversely impact wetlands, lakes, and spring flows or contribute to a violation of minimum flows and levels adopted in Chapter 40C-8, F.A.C., except as authorized by a SJRWMD-approved minimum flow or level (MFL) recovery strategy. If unanticipated significant adverse impacts occur, the SJRWMD shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts are mitigated by the permittee pursuant to a District-approved plan.

21. The permittee's use of water as authorized by this permit shall not cause an interference with an existing legal use of water as defined in District rules. If interference occurs, the District may revoke the permit in whole or in part to abate the adverse impact unless otherwise mitigated by the permittee. 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 shall submit a mitigation plan to the District, and obtain District approval, prior to implementing any mitigation.

22. The permittee shall use the lowest quality water source, such as reclaimed water, surface/storm water, or alternative water supply, to supply the needs of the project when deemed feasible pursuant to District rules and applicable state law.

Notice Of Rights

1. A person whose substantial interests are or may be affected has the right to request an administrative hearing by filing a written petition with the St. Johns River Water Management District (District). Pursuant to Chapter 28-106 and Rule 40C-1.1007, Florida Administrative Code, the petition must be filed (received) either by delivery at the office of the District Clerk at District Headquarters, P. O. Box 1429, Palatka Florida 32178-1429 (4049 Reid St., Palatka, FL 32177) or by e-mail with the District Clerk at Clerk@sjrwmd.com, within twenty-six (26) days of the District depositing the notice of intended District decision in the mail (for those persons to whom the District mails actual notice), within twenty-one (21) days of the District emailing the notice of intended District decision (for those persons to whom the District emails actual notice), or within twenty-one (21) days of newspaper publication of the notice of intended District decision (for those persons to whom the District does not mail or email actual notice). A petition must comply with Sections 120.54(5)(b)4. and 120.569(2)(c), Florida Statutes, and Chapter 28-106, Florida Administrative Code. The District will not accept a petition sent by facsimile (fax), as explained in paragraph no. 5 below. Mediation pursuant to Section 120.573, Florida Statutes, is not available.

2. If the District takes action that substantially differs from the notice of intended District decision, a person whose substantial interests are or may be affected has the right to request an administrative hearing by filing a written petition with the District, but this request for administrative hearing shall only address the substantial deviation. Pursuant to Chapter 28-106 and Rule 40C-1.1007, Florida Administrative Code, the petition must be filed (received) at the office of the District Clerk at the mail/street address or email address described in paragraph no. 1 above, within twenty-six (26) days of the District depositing notice of final District decision in the mail (for those persons to whom the District mails actual notice), within twenty-one (21) days of the District emailing the notice of final District decision (for those persons to whom the District emails actual notice), or within twenty-one (21) days of newspaper publication of the notice of final District decision (for those persons to whom the District does not mail or email actual notice). A petition must comply with Sections 120.54(5)(b)4. and 120.569(2)(c), Florida Statutes, and Chapter 28-106, Florida Administrative Code. Mediation pursuant to Section 120.573, Florida Statutes, is not available.

3. A person whose substantial interests are or may be affected has the right to a formal administrative hearing pursuant to Sections 120.569 and 120.57(1), Florida Statutes, where there is a dispute between the District and the party regarding an issue of material fact. A petition for formal hearing must also comply with the requirements set forth in Rule 28-106.201, Florida Administrative Code.

4. A person whose substantial interests are or may be affected has the right to an informal administrative hearing pursuant to Sections 120.569 and 120.57(2), Florida Statutes, where no material facts are in dispute. A petition for an informal hearing must also comply with the requirements set forth in Rule 28-106.301, Florida Administrative Code.

Notice Of Rights

5. A petition for an administrative hearing is deemed filed upon receipt of the complete petition by the District Clerk at the District Headquarters in Palatka, Florida during the District's regular business hours. The District's regular business hours are 8:00 a.m. – 5:00 p.m., excluding weekends and District holidays. Petitions received by the District Clerk after the District's regular business hours shall be deemed filed as of 8:00 a.m. on the District's next regular business day. The District's acceptance of petitions filed by e-mail is subject to certain conditions set forth in the District's Statement of Agency Organization and Operation (issued pursuant to Rule 28-101.001, Florida Administrative Code), which is available for viewing at www.sjrwmd.com. These conditions include, but are not limited to, the petition being in the form of a PDF or TIFF file and being capable of being stored and printed by the District. Further, pursuant to the District's Statement of Agency Organization and Operation, attempting to file a petition by facsimile is prohibited and shall not constitute filing.

6. Failure to file a petition for an administrative hearing within the requisite time frame shall constitute a waiver of the right to an administrative hearing. (Rule 28-106.111, Florida Administrative Code).

7. The right to an administrative hearing and the relevant procedures to be followed are governed by Chapter 120, Florida Statutes, Chapter 28-106, Florida Administrative Code, and Rule 40C-1.1007, Florida Administrative Code. Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means the District's final action may be different from the position taken by it in this notice. A person whose substantial interests are or may be affected by the District's final action has the right to become a party to the proceeding, in accordance with the requirements set forth above.

8. Pursuant to Section 120.68, Florida Statutes, a party to the proceeding before the District who is adversely affected by final District action may seek review of the action in the District Court of Appeal by filing a notice of appeal pursuant to Rules 9.110 and 9.190, Florida Rules of Appellate Procedure, within 30 days of the rendering of the final District action.

9. A District action is considered rendered, as referred to in paragraph no. 8 above, after it is signed on behalf of the District, and is filed by the District Clerk.

10. Failure to observe the relevant time frames for filing a petition for judicial review as described in paragraph no. 8 above will result in waiver of that right to review.

NOR.DOC.001
Revised 7/27/09

Notice Of Rights

Certificate of Service

I HEREBY CERTIFY that a copy of the foregoing Notice of Rights has been sent by U.S. Mail to:

Aqua Utilities Florida
1100 Thomas Ave
Leesburg, FL 34748

At 4:00 p.m. this 4th day of November, 2009.

Robert Presley

Division of Regulatory Information Management
Robert Presley, Director

St. Johns River Water Management District
Post Office Box 1429
Palatka, FL 32178-1429
(386) 329-4570
Permit Number: 120859

FLOW METER WATER CALIBRATION RECORD - EN51

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT
Post Office Box 1429
Palatka, Florida 32178-1429

Consumptive Use Permit Number: **120859**

Permittee Name: **Aqua Utilities Florida**

Date of Permit Issuance: **November 4, 2009** Station Name: **Tomoka View 1**

Pump Capacity: **75 GPM**

Serial Number on Meter: _____

Meter Model: _____

Discharge Pipe Diameter: _____

Date of Last Meter Calibration: _____/_____/_____

Date of This Calibration: _____/_____/_____

Name of Person Performing Calibration: _____

_____

Method or Equipment Used for Calibration: _____

_____

Initial Meter Reading at Start of Calibration: _____

Final Meter Reading at End of Calibration: _____

Readings on Equipment Used for Calibration:

Start: _____ End: _____

(Attach Formulas Used to Make Calculations)

Percent of Error Between Meter Reading and Calibration Equipment: _____%

Name of Person Completing Form (Please Print): _____

Company Name: _____

Address: _____

City/State/Zip: _____

Daytime Telephone: (_____) _____ - _____

Please Retain a Copy for Your Records

FLOW METER WATER CALIBRATION RECORD - EN51

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT
Post Office Box 1429
Palatka, Florida 32178-1429

Consumptive Use Permit Number: **120859**

Permittee Name: **Aqua Utilities Florida**

Date of Permit Issuance: **November 4, 2009** Station Name: **Tomoka View 2**

Pump Capacity: **200 GPM**

Serial Number on Meter: _____

Meter Model: _____

Discharge Pipe Diameter: _____

Date of Last Meter Calibration: _____/_____/_____

Date of This Calibration: _____/_____/_____

Name of Person Performing Calibration: _____

_____

Method or Equipment Used for Calibration: _____

_____

Initial Meter Reading at Start of Calibration: _____

Final Meter Reading at End of Calibration: _____

Readings on Equipment Used for Calibration:

Start: _____ End: _____

(Attach Formulas Used to Make Calculations)

Percent of Error Between Meter Reading and Calibration Equipment: _____%

Name of Person Completing Form (Please Print): _____

Company Name: _____

Address: _____

City/State/Zip: _____

Daytime Telephone: (_____) _____ - _____

Please Retain a Copy for Your Records

N

400 800 Feet

Created: November 6, 2009

Tomoka View CUP
GRS # 120859-1
Volusia County

2006 Digital Ortho Quadrangle

The St. Johns River Water Management District prepares and uses this Information for its own purposes and this information may not be suitable for other purposes. This information is provided as is. Further documentation of this data can be obtained by contacting St. Johns River Water Management District, Geographic Information Systems, Program Management, P.O. Box 1429, 4049 Reid Street Palatka, Florida 32178-1429 Tel: (386) 329-4176.

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:	Tomoka View			PWS Identification Number:	3641373
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	184			Total Population Served at End of Month:	644
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				

Water Treatment Plant Information

Plant Name:	Tomoka View			Plant Telephone Number:	(352) 787-0980
Plant Address:	339 Apache Trail	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	193,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	Daivd Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

148

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
6/9/08	Paul Thompson	A7251

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

PWS Identification Number:	3641373	Plant Name:	Tomoka View

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	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
	X	24.0	71,000		2.8								0.8	
2	X	24.0	52,000		1.0								0.4	
3	X	24.0	71,600		0.8								0.3	
4		24.0	82,700											
5	X	24.0	82,700		0.8								0.2	
6	X	24.0	63,000		1.3								0.3	
7	X	24.0	76,000		1.4								0.4	
8	X	24.0	67,000		1.5								0.3	
9	X	24.0	66,000		3.0								0.8	
10	X	24.0	61,600		2.6								1.1	
11		24.0	77,350											
12	X	24.0	77,350		2.5								0.8	
13	X	24.0	68,000		2.4								0.6	
14	X	24.0	63,100		1.0								0.4	
15	X	24.0	79,200		2.0								1.1	
16	X	24.0	57,000		2.5								0.9	
17	X	24.0	84,500		2.4								1.1	
18		24.0	73,650											
19	X	24.0	73,650		1.8								1.0	
20	X	24.0	59,100		2.0								0.6	
21	X	24.0	64,100		3.2								1.6	
22	X	24.0	55,000		3.0								0.6	
23	X	24.0	53,200		1.5								0.4	
24	X	24.0	41,400		1.6								0.5	
25		24.0	70,750											
26	X	24.0	70,750		1.5								0.3	
27	X	24.0	62,200		2.0								1.7	
28	X	24.0	75,000		2.4								1.4	
29	X	24.0	68,000		2.5								1.1	
30	X	24.0	65,000		2.5								2.0	
31	X	24.0	71,500		1.9								1.4	
Total			2,103,400											
Avgerage			67,852											
Maximum			84,500											

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

149

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:	Tomoka View			PWS Identification Number:	3641373
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	184			Total Population Served at End of Month:	644
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				

Water Treatment Plant Information

Plant Name:	Tomoka View			Plant Telephone Number:	(352) 787-0980
Plant Address:	339 Apache Trail	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	193,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	Daivd Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

150

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.

07/08/08
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	3641373	Plant Name:	Tomoka View

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 Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0	81,300											
2	X	24.0	81,300		2.0								0.8	
3	X	24.0	53,000		3.5								1.8	
4	X	24.0	62,000		2.5								1.3	
5	X	24.0	67,000		1.2								0.3	
6	X	24.0	75,000		2.0								0.4	
7	X	24.0	102,000		3.5								2.0	
8		24.0	62,500											
9	X	24.0	62,500		0.8								0.4	
10	X	24.0	53,000		1.0								0.4	
11	X	24.0	43,700		2.5								1.3	
12	X	24.0	68,000		2.4								0.8	
13	X	24.0	52,000		1.8								0.9	
14	X	24.0	49,800		2.8								1.0	
15		24.0	66,050											
16	X	24.0	66,050		1.5								0.3	
17	X	24.0	38,400		4.0								2.2	
18	X	24.0	38,000		2.8								1.6	
19	X	24.0	38,000		4.0								2.1	
20	X	24.0	28,000		2.2								0.8	
21	X	24.0	35,000		2.3								0.8	
22		24.0	47,000											
23	X	24.0	47,000		1.4								0.3	
24	X	24.0	32,000		3.0								1.8	
25	X	24.0	88,000		2.8								1.6	
26	X	24.0	38,000		2.4								1.0	
27	X	24.0	37,300		3.0								1.6	
28	X	24.0	72,000		3.2								1.8	
29		24.0	33,500											
30	X	24.0	33,500		2.4								1.0	
31		24.0												
Total			1,650,900											
Avgerage			53,255											
Maximum			102,000											

* 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

FLORIDA

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Tomoka View			PWS Identification Number:	3641373
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	184			Total Population Served at End of Month:	644
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				

Water Treatment Plant Information

Plant Name:	Tomoka View			Plant Telephone Number:	(352) 787-0980
Plant Address:	339 Apache Trail	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	193,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	Daivd Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

152

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.

8/7/08
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	3641373	Plant Name:	Tomoka View

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 was 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) in Water 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	30,400		2.6								1.2	
2	X	24.0	41,000		1.4								0.4	
3	X	24.0	44,300		1.8								0.5	
4	X	24.0	44,000		3.5								1.5	
5	X	24.0	46,500		2.6								1.0	
6		24.0	62,050											
7	X	24.0	62,050		2.4								0.6	
8	X	24.0	56,000		2.0								0.3	
9	X	24.0	54,200		2.2								0.8	
10	X	24.0	58,600		1.9								0.7	
11	X	24.0	59,300		1.4								0.7	
12	X	24.0	42,700		2.2								0.4	
13		24.0	56,100											
14	X	24.0	56,100		1.4								0.4	
15	X	24.0	44,100		2.5								0.4	
16	X	24.0	45,500		1.8								0.4	
17	X	24.0	59,000		2.0								0.5	
18	X	24.0	38,800		1.8								0.4	
19	X	24.0	51,000		3.8								2.5	
20		24.0	49,500											
21	X	24.0	49,500		4.0								2.5	
22	X	24.0	51,000		3.0								0.8	
23	X	24.0	51,200		2.0								0.4	
24	X	24.0	42,300		3.5								2.4	
25	X	24.0	47,000		3.0								1.5	
26	X	24.0	38,000		3.0								1.5	
27		24.0	57,200											
28	X	24.0	57,200		2.8								0.6	
29	X	24.0	51,900		3.5								1.8	
30	X	24.0	76,000		2.6								0.8	
31	X	24.0	40,000		3.2								1.5	
Total			1,562,500											
Average			50,403											
Maximum			76,000											

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

153

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:	Tomoka View			PWS Identification Number:	3641373
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	184			Total Population Served at End of Month:	644
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				

Vater Treatment Plant Information

Plant Name:	Tomoka View			Plant Telephone Number:	(352) 787-0980
Plant Address:	339 Apache Trail	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	193,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

	Name	License Class	License Number	Day(s) / Shift(s) Worked
Licensed Operators*				
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators.*	Daivd Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

154

II. Certification by Lead/Chief Operator

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

09/08/08

Signature and Date

Paul Thompson

Printed or Typed Name

A7251

License Number

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

PWS Identification Number:	3641373	Plant Name:	Tomoka View

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of the Month	Days Plant Started or Visited by Operator (Place an X)	Hours plant in Operation	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	X	24.0	42,000		2.8								1.3	
2	X	24.0	43,000		2.6								1.2	
3		24.0	48,300											
4	X	24.0	48,300		1.9								1.0	
5	X	24.0	48,900		2.6								1.2	
6	X	24.0	53,700		1.8								1.0	
7	X	24.0	55,300		2.3								1.0	
8	X	24.0	47,200		2.3								1.0	
9	X	24.0	40,900		1.5								0.8	
10		24.0	48,650											
11	X	24.0	48,650		1.4								0.6	
12	X	24.0	44,000		3.0								1.5	
13	X	24.0	67,000		2.5								1.5	
14	X	24.0	51,000		2.0								0.4	
15	X	24.0	31,400		2.4								0.8	
16	X	24.0	32,600		2.0								0.7	
17		24.0	51,000											
18	X	24.0	51,000		1.7								1.0	
19	X	24.0	40,000		1.6								0.5	
20	X	24.0	36,000		1.3								0.3	
21	X	24.0	39,000		1.0								0.2	
22	X	24.0	60,000		2.5								1.0	
23	X	24.0	53,000		4.0								3.5	
24		24.0	46,500											
25	X	24.0	46,500		0.4								1.0	
26	X	24.0	38,200		0.8								0.3	
27	X	24.0	41,200		0.8								0.4	
28	X	24.0	43,100		0.8								0.3	
29	X	24.0	55,700		1.4								0.4	
30	X	24.0	39,000		1.8								0.9	
31		24.0	61,000											
Total			1,452,100											
Average			46,842											
Maximum			67,000											

* 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: September, 2008

A. Public Water System (PWS) Information

PWS Name:	Tomoka View			PWS Identification Number:	3641373
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	184			Total Population Served at End of Month:	644
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				

Water Treatment Plant Information

Plant Name:	Tomoka View			Plant Telephone Number:	(352) 787-0980
Plant Address:	339 Apache Trail	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	193,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

	Name	License Class	License Number	Day(s)/Shift(s) Worked
Licensed Operators				
Lead/Chief Operator	Paul Thompson	A	7251	Days 1st Shift
Other Operators	Daivd Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

156

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.

10/08/08
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	3641373	Plant Name:	Tomoka View

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	Finished Water Quantity Produced (gal.)	CT Calculations or UV Dose to Demostate Four-Log Virus Inactivation, if Applicable*								UV Dose		Lowest Residual Disinfectant Concentration in 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 Hour 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 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	61,000		1.5								0.6	
2	X	24.0	35,000		3.0								1.4	
3	X	24.0	63,000		4.0								0.5	
4	X	24.0	56,000		1.8								0.2	Outage - Tank Cleaning and Inspection
5	X	24.0	56,000		4.5								1.8	
6	X	24.0	45,300		4.0								1.4	
7		24.0	50,050											
8	X	24.0	50,050		1.7								0.5	
9	X	24.0	48,500		3.5								0.5	
10	X	24.0	59,000		4.0								0.5	
11	X	24.0	46,700		3.5								0.5	
12	X	24.0	54,900		3.5								0.8	
13	X	24.0	60,900		3.9								1.0	
14		24.0	63,650											
15	X	24.0	63,650		4.5								2.5	
16	X	24.0	58,000		1.9								0.2	
17	X	24.0	60,000		2.1								0.2	
18	X	24.0	42,000		4.5								0.2	
19	X	24.0	46,000		1.8								0.2	
20	X	24.0	42,900		2.2								1.4	
21		24.0	48,750											
22	X	24.0	48,750		1.7								0.4	
23	X	24.0	40,000		2.2								1.5	
24	X	24.0	56,000		0.9								1.2	
25	X	24.0	46,000		3.5								1.4	
26	X	24.0	40,000		3.5								1.0	
27	X	24.0	46,300		1.8								1.0	
28		24.0	59,500											
29	X	24.0	59,500		2.5								0.8	
30	X	24.0	46,000		3.0								0.5	
31		24.0												
Total			1,553,400											
Average			50,110											
Maximum			63,650											

* 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:	Tomoka View			PWS Identification Number:	3641373
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	184			Total Population Served at End of Month:	644
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@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Tomoka View			Plant Telephone Number:	(352) 787-0980
Plant Address:	339 Apache Trail	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	193,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Paul Thompson	A	7251	Days I or Shift Worked
David Hering	C	13691	Days I or Shift Worked
Ralph Merriott	C	7527	Days I or Shift Worked

II. Certification by Lead Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
	Paul Thompson	A7251

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

PWS Identification Number:	3641373	Plant Name:	Tomoka View

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	Was Chlorination Practiced? (Y or N)	Hours of Pumping	Total Finished Water Pumped (gallons)	If Calculating, or UV Dose, or Disinfectant Four-Log Virus Inactivation, If Applicable*										Comments or Actions Concerning Operations, Maintenance, Water Quality, Water Outages, Customer Complaints, Etc.
				Free Chlorine							UV Dose			
				Peak Hour Flow (gpm)	Lowest Residual Free Chlorine Concentration (mg/L) Before or at the First Customer	Disinfectant Contact Time (T) at Lowest Residual Free Chlorine Concentration (minutes)	Log of Virus Inactivation Achieved at Lowest Residual Free Chlorine Concentration	Actual Log of Virus Inactivation Achieved	Minimum Log of Virus Inactivation Required	Calculated Ct Value	Actual Chlorine UV Dose (mJ/cm²)	Minimum UV Dose Required (mJ/cm²)	Finished Water Pumped Through UV Reactor (gallons)	
1	X	24.0	62,000		2.0								0.3	
2	X	24.0	55,000		1.8								0.2	
3	X	24.0	51,000		1.8								0.3	
4	X	24.0	44,700		1.8								0.2	
5		24.0	62,000											
6	X	24.0	62,000		1.5								0.2	
7	X	24.0	53,000		1.8								0.3	
8	X	24.0	58,400		1.7								0.2	
9	X	24.0	42,000		1.9								0.3	
10	X	24.0	48,500		2.5								0.7	
11	X	24.0	45,000		3.2								0.6	
12		24.0	51,000											
13	X	24.0	51,000		4.0								1.3	
14	X	24.0	53,200		4.0								1.3	
15	X	24.0	51,000		4.0								2.0	
16	X	24.0	47,000		4.4								2.4	
17	X	24.0	43,000		3.0								2.0	
18	X	24.0	63,000		3.9								0.9	
19		24.0	52,150											
20	X	24.0	52,150		3.0								0.7	
21	X	24.0	57,000		4.0								1.0	
22	X	24.0	58,800		2.5								0.8	
23	X	24.0	57,000		2.8								0.8	
24	X	24.0	53,000		2.8								1.1	
25	X	24.0	58,000		2.2								0.8	
26		24.0	48,185											
27	X	24.0	48,185		3.0								1.0	
28	X	24.0	49,000		3.0								0.7	
29	X	24.0	53,000		2.8								1.0	
30	X	24.0	50,000		2.8								0.8	
31	X	24.0	55,200		4.0								0.7	
			1,566,500											
			50,532											
			100,000											

* 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

FLORIDA

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Tomoka View			PWS Identification Number:	3641373
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	184			Total Population Served at End of Month:	644
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				

Water Treatment Plant Information

Plant Name:	Tomoka View			Plant Telephone Number:	(352) 787-0980
Plant Address:	339 Apache Trail	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	193,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators:	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	Daivd Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

II. Certification by Lead/Chief Operator

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

12/5/08

Signature and Date

Paul Thompson

Printed or Typed Name

A7251

License Number

160

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

PWS Identification Number:	3641373	Plant Name:	Tomoka View

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 an "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 Hourly Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	47,000		2.4								0.6	
2		24.0	50,000											
3	X	24.0	50,000		2.1								1.6	
4	X	24.0	42,000		1.0								0.3	
5	X	24.0	53,000		4.0								3.2	
6	X	24.0	41,000		4.8								3.5	
7	X	24.0	44,000		3.6								2.1	
8	X	24.0	39,300		2.2								1.8	
9		24.0	63,700											
10	X	24.0	63,700		3.5								1.6	
11	X	24.0	42,300		4.0								0.6	
12	X	24.0	53,300		1.0								1.2	
13	X	24.0	45,500		2.0								1.0	
14	X	24.0	48,300		3.0								1.2	
15	X	24.0	44,600		3.2								1.5	
16		24.0	56,500											
17	X	24.0	56,500		3.0								0.5	
18	X	24.0	42,400		3.2								2.0	
19	X	24.0	48,000		2.2								0.7	
20	X	24.0	52,000		2.4								0.7	
21	X	24.0	35,000		2.8								0.8	
22	X	24.0	65,000		3.3								2.4	
23		24.0	55,500											
24	X	24.0	55,500		3.5								2.4	
25	X	24.0	45,400		3.0								0.7	
26	X	24.0	68,000		3.5								2.0	
27	X	24.0	75,400		4.0								3.0	
28	X	24.0	63,800		3.2								0.9	
29	X	24.0	54,800		2.3								1.0	
30		24.0	62,300											
31		24.0												
Total			1,563,800											
Average			50,445											
Maximum			75,400											

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

161

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:	Tomoka View			PWS Identification Number:	3641373
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	184			Total Population Served at End of Month:	644
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				

Water Treatment Plant Information

Plant Name:	Tomoka View			Plant Telephone Number:	(352) 787-0980
Plant Address:	339 Apache Trail	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	193,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	Daivd Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
01/08/09	Paul Thompson	A7251

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

PWS Identification Number:	3641373	Plant Name:	Tomoka View

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 an "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's 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	62,300		3.0								1.0	
2	X	24.0	40,400		3.1								2.0	
3	X	24.0	44,700		2.0								1.5	
4	X	24.0	44,000		3.0								0.5	
5	X	24.0	46,000		3.0								0.9	
6	X	24.0	52,100		1.8								1.6	
7		24.0	54,950											
8	X	24.0	54,950		1.5								1.0	
9	X	24.0	56,000		1.8								1.3	
10	X	24.0	64,000		1.8								1.3	
11	X	24.0	55,100		3.0								0.4	
12	X	24.0	46,300		3.2								1.5	
13	X	24.0	42,300		2.4								0.8	
14		24.0	53,000											
15	X	24.0	53,000		2.0								0.3	
16	X	24.0	54,000		2.2								0.5	
17	X	24.0	61,000		2.0								0.2	
18	X	24.0	44,000		2.1								0.4	
19	X	24.0	48,200		2.0								0.6	
20	X	24.0	39,700		1.8								0.6	
21		24.0	52,000											
22	X	24.0	52,000		1.6								0.3	
23	X	24.0	42,500		2.9								1.8	
24	X	24.0	43,900		2.5								1.5	
25	X	24.0	42,000		2.0								0.9	
26	X	24.0	57,000		2.5								1.8	
27	X	24.0	44,600		3.0								1.7	
28		24.0	54,250											
29	X	24.0	54,250		2.8								0.6	
30	X	24.0	33,100		2.0								0.3	
31	X	24.0	61,300		0.8								0.2	
Total			1,552,900											
Average			50,094											
Maximum			64,000											

* 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

PWS ID:	3641373	Plant Name:	Tomoka View

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

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

Polymer Dose ppm =		Acrylamide Level, %[1] =	

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

Polymer Dose ppm =		Epichlorohydrin Level, %[1] =	

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

Type of Sequestrant (polyphosphate or sodium silicate):	Aqua Dene
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =	0.8mg/L as PO4
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =	

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

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

164

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Tomoka View			PWS Identification Number:	3641373
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	184			Total Population Served at End of Month:	644
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				

Water Treatment Plant Information

Plant Name:	Tomoka View		Plant Telephone Number:	(352) 787-0980
Plant Address:	339 Apache Trail	City: Ormond	State: Florida	Zip Code: 32174
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	193,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	C

	Name	License Class	License Number	Day(s) / Shift(s) Worked
Licensed Operators				
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	Daivd Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

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.

02/04/09
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

165

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

PWS Identification Number:	3641373	Plant Name:	Tomoka View

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

				CT Calculations, or UV Dose, to Demostate 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 in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of 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	X	24.0	45,000		3.2								1.0	
2	X	24.0	42,000		2.6								0.6	
3	X	24.0	62,300		2.5								1.0	
4		24.0	58,000											
5	X	24.0	58,000		1.6								0.3	
6	X	24.0	46,500		1.5								0.3	
7	X	24.0	57,600		1.0								0.3	
8	X	24.0	43,000		1.4								0.5	
9	X	24.0	41,500		1.6								0.3	
10	X	24.0	51,300		1.6								0.3	
11		24.0	58,550											
12	X	24.0	58,550		0.9								0.2	
13	X	24.0	50,000		1.4								0.5	
14	X	24.0	53,100		1.6								0.3	
15	X	24.0	41,000		1.0								0.3	
16	X	24.0	44,000		1.2								0.3	
17	X	24.0	46,800		2.1								0.3	
18		24.0	51,650											
[illegible]	X	24.0	51,650		1.8								0.7	
[illegible]	X	24.0	51,300		1.0								0.3	
21	X	24.0	49,700		1.6								0.3	
22	X	24.0	46,000		1.0								0.2	
23	X	24.0	49,000		1.0								0.3	
24	X	24.0	52,000		1.4								0.3	
25		24.0	62,000											
26	X	24.0	62,000		1.2								0.2	
27	X	24.0	51,000		1.7								0.5	
28	X	24.0	58,000		1.7								0.6	
29	X	24.0	42,000		2.0								0.6	
30	X	24.0	43,000		2.2								0.8	
31	X	24.0	32,800		1.8								0.7	
Total			1,559,300											
Avgerage			50,300											
Maximum			62,300											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Tomoka View			PWS Identification Number:	3641373
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	184			Total Population Served at End of Month:	644
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

Water Treatment Plant Information

Plant Name:	Tomoka View			Plant Telephone Number:	(352) 787-0980
Plant Address:	339 Apache Trail	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	193,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	Daivd Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

II Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
3/9/09	Paul Thompson	A7251

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

PWS Identification Number:	3641373	Plant Name:	Tomoka View

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	GT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				GT 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	53,500											
2	X	24.0	53,500		1.8								1.0	
3	X	24.0	40,000		3.2								1.6	
4	X	24.0	42,000		2.6								1.1	
5	X	24.0	47,000		3.4								2.2	
6	X	24.0	39,100		3.0								1.5	
7	X	24.0	43,600		3.0								1.4	
8		24.0	48,000											
9	X	24.0	48,000		1.8								0.6	
10	X	24.0	40,100		1.6								0.6	
11	X	24.0	55,000		2.4								1.3	
12	X	24.0	45,200		3.0								2.4	
13	X	24.0	45,000		1.0								0.4	
14	X	24.0	52,000		1.3								0.4	
15		24.0	49,050											
16	X	24.0	49,050		2.5								0.3	
17	X	24.0	53,000		2.0								0.5	
18	X	24.0	44,500		2.0								0.4	
19	X	24.0	46,000		1.7								0.2	
20	X	24.0	38,000		2.8								1.3	
21	X	24.0	38,400		2.5								0.9	
22		24.0	53,000											
23	X	24.0	53,000		2.2								0.6	
24	X	24.0	38,000		3.5								0.4	
25	X	24.0	50,000		3.5								0.2	
26	X	24.0	41,100		3.0								0.7	
27	X	24.0	44,000		4.0								1.5	
28	X	24.0	52,800		1.5								0.5	
29		24.0												
30		24.0												
31		24.0												
Total			1,301,900											
Average			41,997											
Maximum			55,000											

* 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: March, 2009

A. Public Water System (PWS) Information

PWS Name:	Tomoka View			PWS Identification Number:	3641373
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	184			Total Population Served at End of Month:	644
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Tomoka View			Plant Telephone Number:	(352) 787-0980
Plant Address:	339 Apache Trail	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	193,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	Daivd Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

II. Certification by Lead/Chief Operator

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4/8/09
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

169

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

PWS Identification Number:	3641373	Plant Name:	Tomoka View

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

Day of the M	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, 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	49,500											
2	X	24.0	49,500		1.4								0.3	
3	X	24.0	42,000		2.4								0.8	
4	X	24.0	51,000		2.4								0.8	
5	X	24.0	49,000		2.6								1.4	
6	X	24.0	41,100		3.4								1.0	
7	X	24.0	50,000		3.5								1.5	
8		24.0	53,500											
9	X	24.0	53,500		1.4								0.4	
10	X	24.0	47,100		1.0								0.4	
11	X	24.0	50,000		1.0								0.2	
12	X	24.0	62,000		2.0								0.3	
13	X	24.0	47,000		2.2								0.5	
14	X	24.0	56,600		2.0								0.5	
15		24.0	59,000											
16	X	24.0	59,000		0.6								0.2	
17	X	24.0	46,000		1.1								0.2	
18	X	24.0	63,300		1.0								0.3	
19	X	24.0	40,800		1.0								0.4	
20	X	24.0	54,000		1.0								0.2	
21	X	24.0	48,500		0.8								0.2	
22		24.0	50,450											
23	X	24.0	50,450		2.0								0.3	
24	X	24.0	40,100		2.0								0.3	
25	X	24.0	60,000		1.4								0.2	
26	X	24.0	47,100		2.8								0.2	
27	X	24.0	44,000		4.0								2.5	
28	X	24.0	73,000		4.0								3.0	
29		24.0	44,200											
30	X	24.0	44,200		3.5								0.8	
31	X	24.0	43,000		3.5								0.8	
Total			1,568,900											
Avgerage			50,610											
Maximum			73,000											

* 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:	Tomoka View			PWS Identification Number:	3641373
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	184			Total Population Served at End of Month:	644
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

P[illegible]ater Treatment Plant Information

[illegible]ant Name:	Tomoka View			Plant Telephone Number:	(352) 787-0980
Plant Address:	339 Apache Trail	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	193,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	Daivd Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

171

II. Certification by Lead/Chief Operator

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

5/6/09
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	3641373	Plant Name:	Tomoka View

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 Mo	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, 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	35,000		3.5								0.7	
2	X	24.0	50,300		3.5								0.3	
3	X	24.0	39,000		1.9								0.5	
4	X	24.0	45,600		2.2								0.6	
5		24.0	60,000											
6	X	24.0	60,000		4.0								1.4	
7	X	24.0	39,000		1.6								0.6	
8	X	24.0	46,100		1.4								0.6	
9	X	24.0	48,000		1.6								0.4	
10	X	24.0	50,100		2.5								1.5	
11	X	24.0	52,100		1.2								0.2	
12		24.0	57,050											
13	X	24.0	57,050		2.2								0.6	
14	X	24.0	39,000		1.5								0.3	
15	X	24.0	55,500		1.8								0.5	
16	X	24.0	32,000		3.5								1.8	
17	X	24.0	43,500		3.0								1.4	
18	X	24.0	50,500		2.8								1.8	
19		24.0	54,500											
[illegible]	X	24.0	54,500		3.2								2.0	
[illegible]	X	24.0	46,700		3.2								1.5	
22	X	24.0	51,600		3.2								1.0	
23	X	24.0	58,000		3.2								2.2	
24	X	24.0	61,000		3.0								1.0	
25	X	24.0	33,600		2.2								1.0	
26		24.0	71,000											
27	X	24.0	71,000		2.4								2.0	
28	X	24.0	52,000		1.8								0.2	
29	X	24.0	59,200		1.8								0.9	
30	X	24.0	60,000		1.5								0.5	
31		24.0												
Total			1,532,900											
Average			49,448											
Maximum			71,000											

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

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

FLORIDA

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Tomoka View			PWS Identification Number:	3641373
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	184			Total Population Served at End of Month:	644
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

Vater Treatment Plant Information

Plant Name:	Tomoka View			Plant Telephone Number:	(352) 787-0980
Plant Address:	339 Apache Trail	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	193,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	Daivd Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

173

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
6/8/09	Paul Thompson	A7251

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

PWS Identification Number:	3641373	Plant Name:	Tomoka View

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

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

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

Day of the	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	62,400		2.0								0.5	
2	X	24.0	55,200		2.0								0.7	
3		24.0	75,200											
4	X	24.0	75,200		2.2								0.5	
5	X	24.0	47,000		2.0								0.7	
6	X	24.0	66,300		1.6								0.4	
7	X	24.0	57,400		1.8								0.4	
8	X	24.0	77,000		2.0								0.8	
9	X	24.0	67,100		1.4								0.4	
10		24.0	68,800											
11	X	24.0	68,800		1.2								0.3	
12	X	24.0	57,000		1.3								0.3	
13	X	24.0	50,000		1.2								0.2	
14	X	24.0	55,400		1.4								0.3	
15	X	24.0	35,000		0.9								0.2	
16	X	24.0	55,800		3.4								0.3	
17		24.0	60,050											
18	X	24.0	60,050		1.2								0.3	
19	X	24.0	44,800		1.2								0.2	
20	X	24.0	50,000		4.0								0.6	
21	X	24.0	33,000		1.4								0.4	
22	X	24.0	46,000		1.6								0.4	
23	X	24.0	43,000		4.0								3.0	
24		24.0	44,200											
25	X	24.0	44,200		3.8								1.6	
26	X	24.0	44,100		3.8								0.5	
27	X	24.0	44,200		1.1								0.3	
28	X	24.0	32,300		3.8								0.4	
29	X	24.0	42,500		4.0								0.3	
30	X	24.0	47,500		3.8								0.5	
31		24.0	44,200											
Total			1,653,700											
Avgerage			53,345											
Maximum			77,000											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Tomoka View			PWS Identification Number:	3641373
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	184			Total Population Served at End of Month:	644
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Tomoka View			Plant Telephone Number:	(352) 787-0980
Plant Address:	339 Apache Trail	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	193,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	Daivd Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

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.

7/8/09
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	3641373	Plant Name:	Tomoka View

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, 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	44,200		3.0								0.3	
2	X	24.0	42,500		4.0								1.4	
3	X	24.0	46,000		4.0								0.5	
4	X	24.0	45,100		4.0								1.8	
5	X	24.0	37,200		3.0								0.8	
6	X	24.0	28,400		2.2								0.9	
7		24.0	49,500											
8	X	24.0	49,500		1.8								0.9	
9	X	24.0	38,000		1.6								0.6	
10	X	24.0	35,100		1.8								0.9	
11	X	24.0	32,300		1.8								0.5	
12	X	24.0	41,000		1.8								0.3	
13	X	24.0	41,800		0.8								0.5	
14		24.0	42,150											
15	X	24.0	42,150		1.4								0.2	
16	X	24.0	37,400		1.8								0.5	
17	X	24.0	43,100		2.2								0.4	
18	X	24.0	35,000		2.2								0.4	
19	X	24.0	42,900		2.2								0.6	
20	X	24.0	31,400		2.6								0.8	
21		24.0	50,700											
22	X	24.0	50,700		2.0								0.4	
23	X	24.0	49,500		1.6								0.2	
24	X	24.0	43,600		3.0								1.2	
25	X	24.0	38,100		1.6								0.3	
26	X	24.0	38,000		1.7								0.2	
27	X	24.0	40,000		1.5								0.3	
28		24.0	41,750											
29	X	24.0	41,750		1.4								0.2	
30	X	24.0	41,000		1.8								0.4	
31		24.0												
Total			1,239,800											
Average			39,994											
Maximum			50,700											

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

176

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:	Tomoka View			PWS Identification Number:	3641373
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	184			Total Population Served at End of Month:	644
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Tomoka View			Plant Telephone Number:	(352) 787-0980
Plant Address:	339 Apache Trail	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	193,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	Daivd Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

177

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
8/7/09	Paul Thompson	A7251

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

PWS Identification Number:	3641373	Plant Name:	Tomoka View

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 Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, 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	43,400		1.3								0.2	
2	X	24.0	32,000		1.6								0.2	
3	X	24.0	43,000		1.5								0.2	
4	X	24.0	58,400		2.5								1.0	
5		24.0	45,700											
6	X	24.0	45,700		1.8								0.4	
7	X	24.0	41,200		1.8								0.2	
8	X	24.0	49,100		4.0								0.8	
9	X	24.0	37,000		4.0								0.3	
10	X	24.0	43,000		2.4								1.0	
11	X	24.0	54,000		3.0								0.6	
12		24.0	48,500											
13	X	24.0	48,500		2.5								0.6	
14	X	24.0	37,000		2.2								0.3	
15	X	24.0	34,300		3.0								0.3	
16	X	24.0	51,400		1.6								0.2	
17	X	24.0	44,800		1.5								0.2	
18	X	24.0	45,000		2.0								0.4	
19		24.0	49,500											
20	X	24.0	49,500		3.5								0.3	
21	X	24.0	49,000		2.5								0.2	
22	X	24.0	39,000		1.8								0.2	
23	X	24.0	50,000		4.0								1.8	
24	X	24.0	37,400		3.5								2.0	
25	X	24.0	53,800		3.0								1.7	
26		24.0	48,150											
27	X	24.0	48,150		4.0								1.7	
28	X	24.0	40,200		3.0								0.4	
29	X	24.0	35,400		1.9								0.2	
30	X	24.0	42,300		2.2								0.2	
31	X	24.0	44,000		1.6								0.2	
Total			1,388,400											
Avgerage			44,787											
Maximum			58,400											

* 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: August, 2009

A. Public Water System (PWS) Information

PWS Name:	Tomoka View			PWS Identification Number:	3641373
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	184			Total Population Served at End of Month:	644
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

Water Treatment Plant Information

Plant Name:	Tomoka View			Plant Telephone Number:	(352) 787-0980
Plant Address:	339 Apache Trail	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	193,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	Daivd Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

II. Certification by Lead/Chief Operator

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

09/04/09
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	3641373	Plant Name:	Tomoka View

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	37,000		2.4								0.4	
2		24.0	39,300											
3	X	24.0	39,300		2.4								0.3	
4	X	24.0	42,000		2.0								0.3	
5	X	24.0	52,500		1.0								0.3	
6	X	24.0	113,100		3.5								1.2	
7	X	24.0	30,100		1.9								0.6	
8	X	24.0	36,100		1.8								0.3	
9	X	24.0	37,600		1.4								0.3	
10	X	24.0	37,600		1.2								0.2	
11	X	24.0	48,100		2.2								0.9	
12	X	24.0	30,900		2.5								1.1	
13	X	24.0	34,000		3.2								0.8	
14	X	24.0	31,500		1.6								0.2	
15	X	24.0	33,200		2.5								0.4	
16		24.0	37,050											
17	X	24.0	37,050		0.9								0.4	
18	X	24.0	33,800		3.2								0.4	
19	X	24.0	33,000		3.0								1.0	
20	X	24.0	37,900		2.9								1.2	
21	X	24.0	30,100		1.4								0.3	
22	X	24.0	25,800		1.5								0.2	
23		24.0	39,050											
24	X	24.0	39,050		2.6								0.3	
25	X	24.0	34,900		2.0								0.3	
26	X	24.0	29,400		1.2								0.2	
27	X	24.0	39,600		3.2								0.3	
28	X	24.0	37,100		2.2								0.2	
29	X	24.0	34,000		2.4								0.5	
30		24.0	45,050											
31	X	24.0	45,050		3.8								1.0	
Total			1,220,200											
Avgerage			39,361											
Maximum			113,100											

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

180

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Tomoka View			PWS Identification Number:	3641373
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	184			Total Population Served at End of Month:	644
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
ntact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
ontact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Tomoka View			Plant Telephone Number:	(352) 787-0980
Plant Address:	339 Apache Trail	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	193,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	Daivd Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

181

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.

10/7/09
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	3641373	Plant Name:	Tomoka View

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

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

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, 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	54,000		3.5								0.4	
2	X	24.0	37,000		1.8								0.2	
3	X	24.0	68,000		1.8								0.2	
4	X	24.0	45,400		1.6								0.2	
5	X	24.0	38,900		1.5								0.4	
6		24.0	48,150											
7	X	24.0	48,150		2.5								0.4	
8	X	24.0	60,600		2.0								0.2	
9	X	24.0	51,000		2.2								0.2	
10	X	24.0	50,000		3.8								1.8	
11	X	24.0	36,600		1.8								0.2	
12	X	24.0	53,000		1.6								0.8	
13		24.0	39,800											
14	X	24.0	39,800		1.0								0.4	
15	X	24.0	47,000		4.3								3.0	
16	X	24.0	45,000		3.3								0.9	
17	X	24.0	35,000		3.5								2.8	
[illegible]	X	24.0	56,100		4.0								1.7	
19	X	24.0	37,100		2.6								0.4	
20		24.0	49,000											
21	X	24.0	49,000											
22	X	24.0	36,300		2.0								0.2	
23	X	24.0	37,000		4.0								1.2	
24	X	24.0	44,000		3.5								0.7	
25	X	24.0	46,000		4.5								2.1	
26	X	24.0	40,400		2.5								0.8	
27		24.0	44,750		3.4								2.0	
28	X	24.0	44,750											
29	X	24.0	38,100		4.2								0.5	
30	X	24.0	46,000		3.5								0.9	
31		24.0			4.0								1.4	
Total			1,365,900											
Avgerage			44,061											
Maximum			68,000											

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

182

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Tomoka View			PWS Identification Number:	3641373
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	184			Total Population Served at End of Month:	644
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Tomoka View			Plant Telephone Number:	(352) 787-0980
Plant Address:	339 Apache Trail	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	193,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	Daivd Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

183

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
11/6/09	Paul Thompson	A7251

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

PWS Identification Number:	3641373	Plant Name	Tomoka View

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

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

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, 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	40,000		1.8								0.3	
2	X	24.0	40,900		2.8								0.7	
3	X	24.0	46,200		3.8								2.0	
4		24.0	49,500											
5	X	24.0	49,500		3.2								0.5	
6	X	24.0	34,000		1.9								0.7	
7	X	24.0	38,500		2.0								0.7	
8	X	24.0	33,200		2.8								0.3	
9	X	24.0	46,500		3.4								1.5	
10	X	24.0	43,200		3.8								1.6	
11		24.0	42,000											
12	X	24.0	42,000		1.3								0.2	
13	X	24.0	49,200		1.8								0.2	
14	X	24.0	35,700		2.0								0.7	
15	X	24.0	44,400		3.0								0.9	
16	X	24.0	38,700		1.9								0.6	
17	X	24.0	37,700		1.4								1.0	
[illegible]		24.0	44,000											
[illegible]	X	24.0	44,000		3.5								0.3	
20	X	24.0	41,000		3.5								0.9	
21	X	24.0	43,100		2.0								0.5	
22	X	24.0	44,100		1.5								0.3	
23	X	24.0	38,000		1.5								0.2	
24	X	24.0	41,400		1.8								0.4	
25		24.0	45,000											
26	X	24.0	45,000		1.6								0.7	
27	X	24.0	46,300		2.6								0.4	
28	X	24.0	38,800		4.5								0.2	
29	X	24.0	33,300		3.6								2.0	
30	X	24.0	38,100		3.0								2.4	
31	X	24.0	38,700		3.4								2.6	
Total			1,292,000											
Avgerage			41,677											
Maximum			49,500											

* 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:	Tomoka View			PWS Identification Number:	3641373
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	184			Total Population Served at End of Month:	644
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Tomoka View			Plant Telephone Number:	(352) 787-0980
Plant Address:	339 Apache Trail	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	193,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	Daivd Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

185

II. Certification by Lead/Chief Operator

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

12/8/09
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	3641373	Plant Name:	Tomoka View

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0	41,100											
2	X	24.0	41,100		2.6								2.3	
3	X	24.0	53,600		2.4								2.8	
4	X	24.0	30,400		2.0								1.6	
5	X	24.0	47,700		1.7								2.3	
6	X	24.0	29,600		1.5								1.0	
7	X	24.0	48,000		2.8								2.2	
8		24.0	48,500											
9	X	24.0	48,500		3.4								2.0	
10	X	24.0	39,400		2.8								1.3	
11	X	24.0	41,600		2.0								0.3	
12	X	24.0	33,000		2.2								0.8	
13	X	24.0	32,000		3.5								0.3	
14	X	24.0	57,000		2.2								0.3	
15		24.0	35,000											
16	X	24.0	35,000		1.8								0.9	
17	X	24.0	50,000		2.1								1.2	
18	X	24.0	36,300		3.6								0.4	
19	X	24.0	40,200		3.5								1.2	
20	X	24.0	40,400		4.4								2.4	
21	X	24.0	34,500		1.3								0.7	
22		24.0	38,650											
23	X	24.0	38,650		0.8								0.3	
24	X	24.0	43,400		1.6								1.8	
25	X	24.0	41,800		1.6								0.5	
26	X	24.0	45,900		0.8								1.4	
27	X	24.0	47,100		0.5								0.9	
28	X	24.0	49,200		0.8								0.3	
29		24.0	48,800											
30	X	24.0	48,800		4.0								1.2	
31		24.0												
Total			1,265,200											
Average			40,813											
Maximum			57,000											

* 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

Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Tomoka View			PWS Identification Number:	3641373
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	184			Total Population Served at End of Month:	644
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Tomoka View			Plant Telephone Number:	(352) 787-0980
Plant Address:	339 Apache Trail	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	193,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	Daivd Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

II. Certification by Lead/Chief Operator

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

1/7/10

Signature and Date

Paul Thompson

Printed or Typed Name

A7251

License Number

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

PWS Identification Number	3641373	Plant Name	Tomoka View

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										
				CT Calculations							UV Dose			
Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	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	X	24.0	36,600		3.5								1.4	
2	X	24.0	35,000		3.4								1.8	
3	X	24.0	33,400		3.2								1.5	
4	X	24.0	47,500		2.6								1.3	
5	X	24.0	24,800		2.5								1.5	
6		24.0	44,500											
7	X	24.0	44,500		1.8								0.4	
8	X	24.0	25,500		1.4								0.2	
9	X	24.0	42,400		2.5								1.4	
10	X	24.0	32,500		2.8								1.0	
11	X	24.0	44,500		3.5								2.0	
12	X	24.0	27,000		2.2								0.6	
13		24.0	43,000											
14	X	24.0	43,000		3.2								1.8	
15	X	24.0	36,600		3.0								1.4	
16	X	24.0	37,000		3.0								1.2	
17	X	24.0	30,000		2.2								0.4	
18	X	24.0	44,500		8.5								5.9	
19	X	24.0	42,000		5.9								4.4	
20		24.0	37,500											
21	X	24.0	37,500		4.6								4.0	
22	X	24.0	39,100		5.1								4.1	
23	X	24.0	39,300		4.2								3.4	
24	X	24.0	44,900		4.7								3.7	
25	X	24.0	35,100		3.8								3.3	
26	X	24.0	47,500		4.1								3.0	
27		24.0	37,000											
28	X	24.0	37,000		1.8								1.5	
29	X	24.0	37,000		3.4								2.5	
30	X	24.0	72,600		2.2								1.6	
31	X	24.0			3.6								2.8	
Total			1,178,800											
Avgerage			38,026											
Maximum			72,600											

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

188

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

PWS ID:	3641373	Plant Name:	Tomoka View

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2009

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

Polymer Dose ppm =		Acrylamide Level, %[1] =	

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

Polymer Dose ppm =		Epichlorohydrin Level, %[1] =	

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

Type of Sequestrant (polyphosphate or sodium silicate):	Aqua Mag
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =	0.8mg/L as PO4
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =	

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

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

189

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Tomoka View			PWS Identification Number:	3641373
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	184			Total Population Served at End of Month:	644
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Tomoka View			Plant Telephone Number:	(352) 787-0980
Plant Address:	339 Apache Trail	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	193,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	Daivd Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

190

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.

02/08/10
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	3641373	Plant Name	Tomoka View

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	31,000		3.3								2.7	
2	X	24.0	37,100		3.1								2.6	
3		24.0	47,750											
4	X	24.0	47,750		3.2								2.7	
5	X	24.0	33,900		3.0								2.6	
6	X	24.0	28,400		2.3								2.2	
7	X	24.0	46,100		2.4								2.0	
8	X	24.0	37,000		2.2								1.7	
9	X	24.0	28,300		2.6								2.5	
10		24.0	42,150											
11	X	24.0	42,150		2.8								2.7	
12	X	24.0	35,800		3.0								2.2	
13	X	24.0	30,000		2.9								2.3	
14	X	24.0	28,000		2.9								2.4	
15	X	24.0	36,000		2.9								2.6	
16	X	24.0	27,600		2.8								2.6	
17		24.0	43,700											
18	X	24.0	43,700		3.1								2.6	
19	X	24.0	40,000		3.0								2.7	
20	X	24.0	33,000		3.3								2.7	
21	X	24.0	34,000		3.7								3.2	
22	X	24.0	18,000		2.8								2.5	
23	X	24.0	50,000		2.6								2.3	
24		24.0	32,150											
25	X	24.0	32,150		2.8								2.2	
26	X	24.0	40,000		2.8								2.2	
27	X	24.0	44,500		3.0								2.2	
28	X	24.0	30,400		3.2								2.4	
29	X	24.0	30,000		3.4								2.7	
30	X	24.0	36,700		4.3								3.0	
31		24.0												
Total			1,087,300											
Avgerage			35,074											
Maximum			50,000											

* 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

FLORIDA

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Tomoka View			PWS Identification Number:	3641373
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	184			Total Population Served at End of Month:	644
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Tomoka View			Plant Telephone Number:	(352) 787-0980
Plant Address:	339 Apache Trail	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	193,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	Daivd Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

192

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.

3/9/10
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	3641373	Plant Name:	Tomoka View

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

				CT Calculations, or UV Dose, to Demostate 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 in Operation	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	X	24.0	44,500		3.8								2.9	
2	X	24.0	27,000		3.0								2.8	
3	X	24.0	35,000		2.6								2.3	
4	X	24.0	36,000		3.0								2.7	
5	X	24.0	30,000		3.4								3.0	
6	X	24.0	38,300		3.2								2.5	
7		24.0	37,700											
8	X	24.0	37,700		3.6								2.9	
9	X	24.0	29,000		2.9								2.4	
10	X	24.0	31,400		3.0								2.8	
11	X	24.0	36,100		3.4								3.2	
12	X	24.0	38,000		3.5								3.3	
13	X	24.0	23,600		2.8								2.5	
14		24.0	35,850											
15	X	24.0	35,850		2.6								2.4	
16	X	24.0	30,000		2.8								2.5	
17	X	24.0	36,700		3.0								2.5	
18	X	24.0	37,000		2.8								2.6	
19	X	24.0	50,600		3.3								3.2	
20	X	24.0	30,000		3.4								3.2	
21		24.0	39,100											
22	X	24.0	39,100		2.9								2.6	
23	X	24.0	30,600		3.0								2.5	
24	X	24.0	30,000		2.8								2.5	
25	X	24.0	25,300		3.2								2.6	
26	X	24.0	36,200		2.8								2.4	
27	X	24.0	37,400		3.0								2.6	
28		24.0	46,150											
29		24.0												
30		24.0												
31		24.0												
Total			984,150											
Average			31,747											
Maximum			50,600											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Tomoka View			PWS Identification Number:	3641373
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	184			Total Population Served at End of Month:	644
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Tomoka View		Plant Telephone Number:	(352) 787-0980
Plant Address:	339 Apache Trail	City: Ormond	State: Florida	Zip Code: 32174
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	193,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	Daivd Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

194

II. Certification by Lead/Chief Operator

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

4/8/10

Signature and Date

Paul Thompson

Printed or Typed Name

A7251

License Number

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

PWS Identification Number:	3641373	Plant Name:	Tomoka View

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	42,300		3.0								2.7	
2	X	24.0	28,000		2.3								1.8	
3	X	24.0	38,000		2.0								1.8	
4	X	24.0	32,000		2.0								1.4	
5	X	24.0	31,000		2.1								1.8	
6	X	24.0	42,000		2.7								2.2	
7		24.0	38,800											
8	X	24.0	38,800		2.4								2.1	
9	X	24.0	38,100		2.4								2.0	
10	X	24.0	43,600		2.7								2.4	
11	X	24.0	44,000		2.6								2.4	
12	X	24.0	35,000		2.7								2.2	
13	X	24.0	43,100		2.4								1.8	
14		24.0	39,650											
15	X	24.0	39,650		2.7								2.4	
16	X	24.0	30,600		2.5								2.2	
17	X	24.0	34,000		2.2								1.5	
18	X	24.0	28,100		1.8								1.5	
19	X	24.0	54,000		2.6								2.2	
20	X	24.0	43,000		2.5								2.1	
21		24.0	36,500											
22	X	24.0	36,500		2.2								1.8	
23	X	24.0	32,000		2.2								1.9	
24	X	24.0	35,700		2.3								1.9	
25	X	24.0	36,300		2.3								2.0	
26	X	24.0	35,500		2.3								2.0	
27	X	24.0	38,000		2.3								2.0	
28		24.0	40,250											
29	X	24.0	40,250		2.4								2.0	
30	X	24.0	33,500		2.5								2.0	
31	X	24.0	31,200		2.5								2.0	
Total			1,159,400											
Average			37,400											
Maximum			54,000											

* 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, 2010

A. Public Water System (PWS) Information

PWS Name:	Tomoka View			PWS Identification Number:	3641373
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	184			Total Population Served at End of Month:	644
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Tomoka View		Plant Telephone Number:	(352) 787-0980
Plant Address:	339 Apache Trail	City: Ormond	State: Florida	Zip Code: 32174
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	193,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	C

	Name	License Class	License Number	Day(s) / Shift(s) Worked
Licensed Operators: Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	Daivd Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

196

II Certification by Lead/Chief Operator

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

5/7/10

Signature and Date

Paul Thompson

Printed or Typed Name

A7251

License Number

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

PWS Identification Number:	3641373	Plant Name:	Tomoka View

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	41,100		2.2								1.9	
2	X	24.0	36,400		2.1								1.9	
3	X	24.0	35,100		2.2								2.0	
4		24.0	45,700											
5	X	24.0	45,700		2.1								1.9	
6	X	24.0	35,000		2.1								1.9	
7	X	24.0	38,600		2.1								1.9	
8	X	24.0	33,700		2.3								2.1	
9	X	24.0	35,400		2.3								2.1	
10	X	24.0	33,200		2.2								1.9	
11		24.0	40,550											
12	X	24.0	40,550		2.1								1.9	
13	X	24.0	38,000		2.0								1.8	
14	X	24.0	40,700		2.0								1.7	
15	X	24.0	36,500		1.8								1.6	
16	X	24.0	37,000		2.2								1.8	
17	X	24.0	36,000		2.4								2.2	
18		24.0	41,300											
19	X	24.0	41,300		2.5								2.2	
20	X	24.0	52,000		2.5								2.2	
21	X	24.0	22,100		2.5								2.3	
22	X	24.0	45,500		2.5								2.2	
23	X	24.0	36,900		2.3								1.0	
24	X	24.0	27,100		2.0								1.9	
25		24.0	45,900											
26	X	24.0	45,900		3.0								2.3	
27	X	24.0	30,200		2.9								2.4	
28	X	24.0	33,400		1.2								1.2	
29	X	24.0	38,500		0.8								2.0	
30	X	24.0	41,800		1.0								0.8	
31		24.0												
Total			1,151,100											
Avgerage			37,132											
Maximum			52,000											

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

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

Date issued: March 31, 2009

To: Will Fontaine
Aqua Utilities Florida, Inc.
930 S South State Road 19
Palatka, FL 321779394

Client: Aqua Utilities Florida, Inc.
Workorder ID: Tomoka View Triannual Pri/Sec **[2134204]**
Received: 3/11/09 12:22

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.

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: Tomoka View Triannual Pri/Sec **[2134204]**
Received: 3/11/09 12:22

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

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue
EPA 505			
	PEST5302		
2134204001		Decachlorobiphenyl	Surrogate - Outside acceptance Limits.

HBEL, Inc.

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

CERTIFICATE OF ANALYSIS

[2134204]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Tomoka View Triannual Pri/Sec

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2134204001**						*Sampled:* 03/10/09 13:45		*Received:* 03/11/09 12:22		
Sample ID: **P.O.E. Grab**						*Matrix:* Water		Results reported on Wet Weight Basis		
Odor - Dechlorinated		**1.0 U**	T.O.N.	1.0	EPA 140.1	WCDE18749		03/11/09 13:41	PA	E83509
pH	Q	**7.86**	SU	0.200	EPA 150.1	WCGE30741		03/12/09 18:38	GS	E96080
Aluminum		**0.0030 U**	mg/L	0.0030	EPA 200.7	META9279		03/17/09 20:22	DM	E96080
Barium		**0.017**	mg/L	0.0018	EPA 200.7	META9279		03/17/09 20:22	DM	E96080
Beryllium		**0.00010 U**	mg/L	0.00010	EPA 200.7	META9279		03/17/09 20:22	DM	E96080
Cadmium		**0.00070 U**	mg/L	0.00070	EPA 200.7	META9279		03/17/09 20:22	DM	E96080
Chromium		**0.0018 U**	mg/L	0.0018	EPA 200.7	META9279		03/17/09 20:22	DM	E96080
Copper		**0.0034**	mg/L	0.0014	EPA 200.7	META9279		03/17/09 20:22	DM	E96080
Iron		**0.025 U**	mg/L	0.025	EPA 200.7	META9279		03/17/09 20:22	DM	E96080
Manganese		**0.026**	mg/L	0.0037	EPA 200.7	META9279		03/17/09 20:22	DM	E96080
Nickel		**0.0020 U**	mg/L	0.0020	EPA 200.7	META9279		03/17/09 20:22	DM	E96080
Silver		**0.0010 U**	mg/L	0.0010	EPA 200.7	META9279		03/17/09 20:22	DM	E96080
Sodium		**63**	mg/L	0.50	EPA 200.7	META9279		03/17/09 20:22	DM	E96080
Zinc		**0.010 U**	mg/L	0.010	EPA 200.7	META9279		03/17/09 20:22	DM	E96080
Antimony		**0.0011**	mg/L	0.00082	EPA 200.9	META9283		03/18/09 21:22	DM	E96080
Arsenic		**0.0010 U**	mg/L	0.0010	EPA 200.9	META9281		03/18/09 16:19	DM	E96080
Lead		**0.00061 U**	mg/L	0.00061	EPA 200.9	META9273		03/13/09 11:53	DM	E96080
Selenium		**0.0022 U**	mg/L	0.0022	EPA 200.9	META9294		03/26/09 17:25	DM	E96080
Thallium		**0.0010 U**	mg/L	0.0010	EPA 200.9	META9298		03/27/09 11:48	DM	E96080
Mercury		**0.00015**	mg/L	0.000060	EPA 245.1	META9275	03/13/09 13:10	03/16/09 18:30	DM	E96080
Chloride		**110**	mg/L	5.0	EPA 300.0	IC7989		03/16/09 13:08	SP	E96080
Fluoride		**0.12**	mg/L	0.011	EPA 300.0	IC7987		03/12/09 12:12	JL	E96080
Nitrate as N		**0.011**	mg/L	0.0030	EPA 300.0	IC7987		03/12/09 12:12	JL	E96080
Nitrite as N		**0.0022 U**	mg/L	0.0022	EPA 300.0	IC7987		03/12/09 12:12	JL	E96080
Sulfate		**4.7**	mg/L	1.4	EPA 300.0	IC7989		03/16/09 13:08	SP	E96080
1,2-Dibromo-3-chloropropane		**0.0036 U**	ug/L	0.0036	EPA 504.1	PEST5303	03/18/09 12:00	03/19/09 1:06	JL	E96080
1,2-Dibromoethane		**0.0047 U**	ug/L	0.0047	EPA 504.1	PEST5303	03/18/09 12:00	03/19/09 1:06	JL	E96080
Chlordane		**0.13 U**	ug/L	0.13	EPA 505	PEST5302	03/17/09 12:00	03/18/09 0:41	JL	E96080
Endrin		**0.10 U**	ug/L	0.10	EPA 505	PEST5302	03/17/09 12:00	03/18/09 0:41	JL	E96080
gamma-BHC (Lindane)		**0.020 U**	ug/L	0.020	EPA 505	PEST5302	03/17/09 12:00	03/18/09 0:41	JL	E96080
Heptachlor		**0.036 U**	ug/L	0.036	EPA 505	PEST5302	03/17/09 12:00	03/18/09 0:41	JL	E96080
Heptachlor epoxide		**0.027 U**	ug/L	0.027	EPA 505	PEST5302	03/17/09 12:00	03/18/09 0:41	JL	E96080
Methoxychlor		**0.044 U**	ug/L	0.044	EPA 505	PEST5302	03/17/09 12:00	03/18/09 0:41	JL	E96080
PCB		**0.14 U**	ug/L	0.14	EPA 505	PEST5302	03/17/09 12:00	03/18/09 0:41	JL	E96080
Toxaphene		**0.60 U**	ug/L	0.60	EPA 505	PEST5302	03/17/09 12:00	03/18/09 0:41	JL	E96080
2,4,5-TP		**0.19 U**	ug/L	0.19	EPA 515.1	PEST5300	03/15/09 8:00	03/17/09 0:53	JL	E96080
2,4-D		**0.22 U**	ug/L	0.22	EPA 515.1	PEST5300	03/15/09 8:00	03/17/09 0:53	JL	E96080
Dalapon		**2.3 U**	ug/L	2.3	EPA 515.1	PEST5300	03/15/09 8:00	03/17/09 0:53	JL	E96080
Dinoseb		**0.23 U**	ug/L	0.23	EPA 515.1	PEST5300	03/15/09 8:00	03/17/09 0:53	JL	E96080
Pentachlorophenol		**0.39 U**	ug/L	0.39	EPA 515.1	PEST5300	03/15/09 8:00	03/17/09 0:53	JL	E96080

HBEL, Inc.

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

CERTIFICATE OF ANALYSIS

[2134204]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Tomoka View Triannual Pri/Sec

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Picloram		**0.23 U**	ug/L	0.23	EPA 515.1	PEST5300	03/15/09 8:00	03/17/09 0:53	JL	E96080
1,1,1-Trichloroethane		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3057		03/14/09 2:04	WR	E96080
1,1,2-Trichloroethane		**0.44 U**	ug/L	0.44	EPA 524.2	VOC3057		03/14/09 2:04	WR	E96080
1,1-Dichloroethene		**0.23 U**	ug/L	0.23	EPA 524.2	VOC3057		03/14/09 2:04	WR	E96080
1,2,4-Trichlorobenzene		**0.41 U**	ug/L	0.41	EPA 524.2	VOC3057		03/14/09 2:04	WR	E96080
1,2-Dichlorobenzene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3057		03/14/09 2:04	WR	E96080
1,2-Dichloroethane		**0.29 U**	ug/L	0.29	EPA 524.2	VOC3057		03/14/09 2:04	WR	E96080
1,2-Dichloropropane		**0.40 U**	ug/L	0.40	EPA 524.2	VOC3057		03/14/09 2:04	WR	E96080
1,4-Dichlorobenzene		**0.23 U**	ug/L	0.23	EPA 524.2	VOC3057		03/14/09 2:04	WR	E96080
Benzene		**0.20 U**	ug/L	0.20	EPA 524.2	VOC3057		03/14/09 2:04	WR	E96080
Carbon tetrachloride		**0.24 U**	ug/L	0.24	EPA 524.2	VOC3057		03/14/09 2:04	WR	E96080
Chlorobenzene		**0.30 U**	ug/L	0.30	EPA 524.2	VOC3057		03/14/09 2:04	WR	E96080
cis-1,2-Dichloroethene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3057		03/14/09 2:04	WR	E96080
Ethylbenzene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3057		03/14/09 2:04	WR	E96080
Methylene chloride		**0.23 U**	ug/L	0.23	EPA 524.2	VOC3057		03/14/09 2:04	WR	E96080
Styrene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3057		03/14/09 2:04	WR	E96080
Tetrachloroethene		**0.24 U**	ug/L	0.24	EPA 524.2	VOC3057		03/14/09 2:04	WR	E96080
Toluene		**0.22 U**	ug/L	0.22	EPA 524.2	VOC3057		03/14/09 2:04	WR	E96080
Total Xylenes		**0.46 U**	ug/L	0.46	EPA 524.2	VOC3057		03/14/09 2:04	WR	E96080
trans-1,2-Dichloroethene		**0.35 U**	ug/L	0.35	EPA 524.2	VOC3057		03/14/09 2:04	WR	E96080
Trichloroethene		**0.36 U**	ug/L	0.36	EPA 524.2	VOC3057		03/14/09 2:04	WR	E96080
Vinyl chloride		**0.32 U**	ug/L	0.32	EPA 524.2	VOC3057		03/14/09 2:04	WR	E96080
Alachlor		**0.61 U**	ug/L	0.61	EPA 525.2	SVOC2746	03/14/09 8:00	03/17/09 16:29	CG	E96080
Atrazine		**0.48 U**	ug/L	0.48	EPA 525.2	SVOC2746	03/14/09 8:00	03/17/09 16:29	CG	E96080
Benzo(a)pyrene		**0.070 U**	ug/L	0.070	EPA 525.2	SVOC2746	03/14/09 8:00	03/17/09 16:29	CG	E96080
bis(2-ethylhexyl)phthalate		**0.85 U**	ug/L	0.85	EPA 525.2	SVOC2746	03/14/09 8:00	03/17/09 16:29	CG	E96080
Di(2-ethylhexyl)adipate		**0.68 U**	ug/L	0.68	EPA 525.2	SVOC2746	03/14/09 8:00	03/17/09 16:29	CG	E96080
Hexachlorobenzene		**0.31 U**	ug/L	0.31	EPA 525.2	SVOC2746	03/14/09 8:00	03/17/09 16:29	CG	E96080
Hexachlorocyclopentadiene		**0.24 U**	ug/L	0.24	EPA 525.2	SVOC2746	03/14/09 8:00	03/17/09 16:29	CG	E96080
Simazine		**0.63 U**	ug/L	0.63	EPA 525.2	SVOC2746	03/14/09 8:00	03/17/09 16:29	CG	E96080
Carbofuran		**0.41 U**	ug/L	0.41	EPA 531.1	HPLC2570		03/12/09 19:20	JJM	E96080
Oxamyl		**0.13 U**	ug/L	0.13	EPA 531.1	HPLC2570		03/12/09 19:20	JJM	E96080
Glyphosate		**13 U**	ug/L	13	EPA 547	HPLC2571		03/16/09 13:22	JJM	E96080
Endothall		**2.8 U**	ug/L	2.8	EPA 548.1	SVOC2745	03/14/09 8:00	03/15/09 22:29	CG	E96080
Diquat		**1.9 U**	ug/L	1.9	EPA 549.2	HPLC2573	03/17/09 13:00	03/24/09 14:29	JJM	E96080
Gross Alpha		**2.0 U +/- 1.4**	pCi/L		EPA 900.0	SAL1111		03/27/09 16:55	SAL	E84129
Radium 226		**0.9 +/- 0.2**	pCi/L		EPA 903.1	SAL1111		03/23/09 12:00	SAL	E84129
Radium 228		**0.3 U +/- 0.2**	pCi/L		EPA Alter.	SAL1111		03/26/09 12:01	SAL	E84129
Color		**20**	CU	1.8	SM2120 B	WCGE30739		03/12/09 13:15	SP	E96080
Total Dissolved Solids		**550**	mg/L	16	SM2540 C	WCGE30733		03/12/09 12:25	SP	E96080
Cyanide		**0.063**	mg/L	0.0047	SM4500CN E	WCGE30755	03/16/09 11:00	03/17/09 10:46	GG	E96080
Surfactants as LAS, Mol.wt 340		**0.035**	mg/L	0.022	SM5540 C	WCGE30747	03/12/09 13:15	03/13/09 14:17	GG	E96080

HBEL, Inc.

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

CERTIFICATE OF ANALYSIS

[2134204]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Tomoka View Triannual Pri/Sec

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: **2134204002**					*Sampled:*		*Received:* 03/11/09 12:22			
Sample ID: **VOC TRIP BLANK**					*Matrix:* Water		Results reported on Wet Weight Basis			
1,1,1-Trichloroethane		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3057		03/14/09 2:38	WR	E96080
1,1,2-Trichloroethane		**0.44 U**	ug/L	0.44	EPA 524.2	VOC3057		03/14/09 2:38	WR	E96080
1,1-Dichloroethene		**0.23 U**	ug/L	0.23	EPA 524.2	VOC3057		03/14/09 2:38	WR	E96080
1,2,4-Trichlorobenzene		**0.41 U**	ug/L	0.41	EPA 524.2	VOC3057		03/14/09 2:38	WR	E96080
1,2-Dichlorobenzene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3057		03/14/09 2:38	WR	E96080
1,2-Dichloroethane		**0.29 U**	ug/L	0.29	EPA 524.2	VOC3057		03/14/09 2:38	WR	E96080
1,2-Dichloropropane		**0.40 U**	ug/L	0.40	EPA 524.2	VOC3057		03/14/09 2:38	WR	E96080
1,4-Dichlorobenzene		**0.23 U**	ug/L	0.23	EPA 524.2	VOC3057		03/14/09 2:38	WR	E96080
Benzene		**0.20 U**	ug/L	0.20	EPA 524.2	VOC3057		03/14/09 2:38	WR	E96080
Carbon tetrachloride		**0.24 U**	ug/L	0.24	EPA 524.2	VOC3057		03/14/09 2:38	WR	E96080
Chlorobenzene		**0.30 U**	ug/L	0.30	EPA 524.2	VOC3057		03/14/09 2:38	WR	E96080
cis-1,2-Dichloroethene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3057		03/14/09 2:38	WR	E96080
Ethylbenzene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3057		03/14/09 2:38	WR	E96080
Methylene chloride		**0.23 U**	ug/L	0.23	EPA 524.2	VOC3057		03/14/09 2:38	WR	E96080
Styrene		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3057		03/14/09 2:38	WR	E96080
Tetrachloroethene		**0.24 U**	ug/L	0.24	EPA 524.2	VOC3057		03/14/09 2:38	WR	E96080
oluene		**0.22 U**	ug/L	0.22	EPA 524.2	VOC3057		03/14/09 2:38	WR	E96080
tal Xylenes		**0.46 U**	ug/L	0.46	EPA 524.2	VOC3057		03/14/09 2:38	WR	E96080
rans-1,2-Dichloroethene		**0.35 U**	ug/L	0.35	EPA 524.2	VOC3057		03/14/09 2:38	WR	E96080
Trichloroethene		**0.36 U**	ug/L	0.36	EPA 524.2	VOC3057		03/14/09 2:38	WR	E96080
Vinyl chloride		**0.32 U**	ug/L	0.32	EPA 524.2	VOC3057		03/14/09 2:38	WR	E96080

[1]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.

HBEL, Inc.

Environmental Testing Services

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

Chain-of-Custody and Agreement to Perform Services

USE BALL POINT PEN, PRESS HARD, COMPLETELY FILL OUT ALL UNSHADED AREAS, PRINT LEGIBLY

Laboratory not responsible for incorrectly submitted information

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

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

Company: AQUA UTILITIES FLORIDA, INC.

Address: P.O. BOX 490310

LEESBURG, FL Zip: 34749

Phone: (352) 435-4020 Fax: (352) 787-6333

Client Contact: **David Haring**

Project Name: Tomoka View Triannual 1° & 2°

Sampled By: David Haring

Method(s) of Shipment: courier

e-mail: JDHaring@aquaamerica.com

X Standard Laboratory Turn Around Time

Or

Rush in ____ Business Days

Requires Laboratory Approval

For Lab Use Only

Temperature Checked: Y N

Custody Seals Intact: Y N

pH Checked: Y N

LAB # 210709

PRESERVATIVE

N	SH	U	U	H	N	

ANALYSES REQUESTED

A	B	C	D	F	Q	
1° & 2° METALS	CYANIDE	NO3, NO2, CL, SO4, F, pH, Color, TDS, MBAS	ODOR	REG VOC'S	GROSS ALPHA, RAD 226/228	

Preservation Key

H=Hydrochloric Acid P=Phosphoric Acid
N=Nitric Acid ST=Sodium Thiosulfate
S=Sulfuric Acid
SH=Sodium Hydroxide U=Unpreserved

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	1° & 2° METALS	CYANIDE	NO3, NO2, CL, SO4, F, pH, Color, TDS, MBAS	ODOR	REG VOC'S	GROSS ALPHA, RAD 226/228		COMMENTS
001	3-10-09	1345	G	DW	10	P.O.E.	1	1	1	1	3	3		Cl2 1.0 pH 7.6
002					3	VOC TRIP BLANKS					3			

* Sample Type: G=Grab C=Composite

** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

RELINQUISHED BY	David Haring		
DATE/TIME	3-11-09 1100	3-11-09 1202	to FedEx 3-11-09 1600
RECEIVED BY			
DATE/TIME	3/11-09 1100	3-11-09 1322	

Relinquished by Sampler

RECEIVED FOR HBEL CUSTODY BY: [signature] DATE/TIME: 3-12-09 0830

CHAIN PAGE __1__ of __2__

203

HBEL, Inc.

Environmental Testing Services

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

Chain-of-Custody and Agreement to Perform Services

USE BALL POINT PEN
PRESS HARD
COMPLETELY FILL OUT
ALL NON-SHADED AREAS
PRINT LEGIBLY

Laboratory not responsible for omitted information

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

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

Company: **AQUA UTILITIES FLORIDA, INC.**

Address: P.O. BOX 490310

LEESBURG, FL Zip: 34749

Phone: (352) 435-4020 Fax: (352) 787-6333

Client Contact: **David Haring**

Project Name: Tomoka View :Triannual 1° & 2°

Sampled By: David Haring

Method(s) of Shipment: courier

e-mail: JDHaring@aquaamerica.com

X Standard Laboratory Turn Around Time

Or

Rush in ____ Business Days

Requires Laboratory Approval

For Lab Use Only
Temperature Received: Custody Seals Intact? Y N Y N pH Checked? Y N Y N

LAB.# 213420

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	PRESERVATIVE								
							ST	ST	ST	MCAAB	ST	ST	S	ST	
							ANALYSES REQUESTED								
							G	H	J	K	L	M	N	P	
							504(EDB/DBPC)	515.1	525.2	531.1(CARBAMATES)	547(GLYPHOSATE)	548(ENDOTHALL)	549(DIQUAT)	505	COMMENTS
001	3-10-09	13:45	G	DW	14	P.O.E.	3	1	1	1	1	3	1	3	Cl2 1.0 pH 7.6

Preservation Key
H=Hydrochloric Acid P=Phosphonic Acid
N=Nitric Acid ST=Sodium Thiosulfate
S=Sulfuric Acid
SH=Sodium Hydroxide U=Unpreserved

* Sample Type: G=Grab C=Composite

** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

RELINQUISHED BY	David Haring	RELINQUISHED BY		RELINQUISHED BY	Fedex to Fedex
DATE/TIME	3-11-09 1100	DATE/TIME	3-11-09 1222	DATE/TIME	3-11-09 1600
RECEIVED BY		RECEIVED BY	Fedex	RECEIVED FOR HBEL CUSTODY BY	
DATE/TIME	3-11-09 1100	DATE/TIME	3-11-09 1222	DATE/TIME	3-12-09 1020

CHAIN PAGE 2 of 2

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

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

System Name: TOMOKA VIEW PWS I.D. #: 3 6 4 1 3 7 3

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

Address: APACHE TRAIL

City: ORMOND BEACH State: FL ZIP Code:

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

E-Mail Address: N/A

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: Location Code (if known):

Sample Date: 03/10/09 Sample Time: 1:45 PM

Sample Location (be specific): P.O.E. Grab

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

Sample Type (Check Only One)

- ☐ Distribution
- X Entry Point (to Distribution)
- ☐ Plant Tap not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☐ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

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

- X Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedence*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:

- ☐ Quarterly (Which Qtr?_____)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments:

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

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

Sampler's Name: DAVID HARING

Sampler's Phone #: 386-937-1091 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: N/A

CERTIFICATION (to be completed by sampler)

I, DAVID HARING (Print Name), SR. FACILITY OPERATOR (Print Title)

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

Signature: David Haring Date: 4-14-09

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

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

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

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

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

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 3/11/09

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

Lab Assigned Report Number or Job ID: 2134204001

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
All 17	All 30	X All 21	Trihalomethanes
X Partial	X All Except Dioxin	Partial	Haloacetic Acids
Nitrate	Partial		Bromate
Nitrite	Dioxin Only	Radionuclides	Chlorite
Asbestos Only		X Single Sample	
		Qtrly Composite**	Secondaries
			X All 14
			Partial

Were any analyses subcontracted? X Yes No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

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

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

Signature Date: 31-Mar-09

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report

Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory

Other:

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

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

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: Tomoka View Triannual Pri/Sec
Sample Location: P.O.E. Grab
Sample Number: 2134204001
Sampling Date: 3/10/09 13:45
PWS ID (From Page 1): _____
Date Received: 3/11/09 12:22

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual*	Analytical Method	Lab MDL	RDL	Analysis Date/Time	DOH Lab Cert #
2378	1,2,4-Trichlorobenzene	[70]	ug/L	**0.41**	U	EPA 524.2	0.41	0.5	3/14/09 2:04	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	3/14/09 2:04	E96080
2955	Total Xylenes	[10000]	ug/L	**0.46**	U	EPA 524.2	0.46	0.5	3/14/09 2:04	E96080
2964	Dichloromethane	[5]	ug/L	**0.23**	U	EPA 524.2	0.23	0.5	3/14/09 2:04	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	3/14/09 2:04	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	**0.23**	U	EPA 524.2	0.23	0.5	3/14/09 2:04	E96080
76	Vinyl chloride	[1]	ug/L	**0.32**	U	EPA 524.2	0.32	0.5	3/14/09 2:04	E96080
7	1,1-Dichloroethene	[7]	ug/L	**0.23**	U	EPA 524.2	0.23	0.5	3/14/09 2:04	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	**0.35**	U	EPA 524.2	0.35	0.5	3/14/09 2:04	E96080
2980	1,2-Dichloroethane	[3]	ug/L	**0.29**	U	EPA 524.2	0.29	0.5	3/14/09 2:04	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	3/14/09 2:04	E96080
2982	Carbon tetrachloride	[3]	ug/L	**0.24**	U	EPA 524.2	0.24	0.5	3/14/09 2:04	E96080
2983	1,2-Dichloropropane	[5]	ug/L	**0.40**	U	EPA 524.2	0.40	0.5	3/14/09 2:04	E96080
2984	Trichloroethene	[3]	ug/L	**0.36**	U	EPA 524.2	0.36	0.5	3/14/09 2:04	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	**0.44**	U	EPA 524.2	0.44	0.5	3/14/09 2:04	E96080
2987	Tetrachloroethene	[3]	ug/L	**0.24**	U	EPA 524.2	0.24	0.5	3/14/09 2:04	E96080
2989	Chlorobenzene	[100]	ug/L	**0.30**	U	EPA 524.2	0.30	0.5	3/14/09 2:04	E96080
2990	Benzene	[1]	ug/L	**0.20**	U	EPA 524.2	0.20	0.5	3/14/09 2:04	E96080
2991	Toluene	[1000]	ug/L	**0.22**	U	EPA 524.2	0.22	0.5	3/14/09 2:04	E96080
2992	Ethylbenzene	[700]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	3/14/09 2:04	E96080
2996	Styrene	[70]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	3/14/09 2:04	E96080

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

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

5600 US 1 North
Fo erce, FL 34946
FL , # E96080

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

Printed: 3/31/09

HBEL, Inc.

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

INORGANIC CONTAMINANTS
62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc. Workorder: Tomoka View Triannual Pri/Sec

Sample Location: P.O.E. Grab

Sample Number: 2134204001

Sampling Date: 3/10/09 13:45

Date Received: 3/11/09 12:22

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	**0.011**	I	EPA 300.0	0.0030	3/12/09 12:12	E96080
1041	Nitrite as N	[1]	mg/L	**0.0022**	U	EPA 300.0	0.0022	3/12/09 12:12	E96080
1005	Arsenic	[0.01]	mg/L	**0.0010**	U	EPA 200.9	0.0010	3/18/09 16:19	E84129
1010	Barium	[2]	mg/L	**0.017**		EPA 200.7	0.0018	3/17/09 20:22	E96080
1015	Cadmium	[0.005]	mg/L	**0.00070**	U	EPA 200.7	0.00070	3/17/09 20:22	E96080
20	Chromium	[0.1]	mg/L	**0.0018**	U	EPA 200.7	0.0018	3/17/09 20:22	E96080
4	Cyanide	[0.2]	mg/L	**0.063**		SM4500CN E	0.0047	3/17/09 10:46	E96080
1025	Fluoride	[4]	mg/L	**0.12**		EPA 300.0	0.011	3/12/09 12:12	E96080
1030	Lead	[0.015]	mg/L	**0.00061**	U	EPA 200.9	0.00061	3/13/09 11:53	E96080
1035	Mercury	[0.002]	mg/L	**0.00015**	I	EPA 245.1	0.000060	3/16/09 18:30	E96080
1036	Nickel	[0.1]	mg/L	**0.0020**	U	EPA 200.7	0.0020	3/17/09 20:22	E96080
1045	Selenium	[0.05]	mg/L	**0.0022**	U	EPA 200.9	0.0022	3/26/09 17:25	E96080
1052	Sodium	[160]	mg/L	**63**		EPA 200.7	0.50	3/17/09 20:22	E96080
1074	Antimony	[0.006]	mg/L	**0.0011**	I	EPA 200.9	0.00082	3/18/09 21:22	E96080
1075	Beryllium	[0.004]	mg/L	**0.00010**	U	EPA 200.7	0.00010	3/17/09 20:22	E96080
1085	Thallium	[0.002]	mg/L	**0.0010**	U	EPA 200.9	0.0010	3/27/09 11:48	E96080

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

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

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

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

Printed: 3/31/09

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

SECONDARY CONTAMINANTS
62 - 550.320

Client: Aqua Utilities Florida, Inc. Workorder: Tomoka View Triannual Pri/Sec

Sample Location: P.O.E. Grab

Sample Number: 2134204001

Sampling Date: 3/10/09 13:45

Date Received: 3/11/09 12:22

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual*	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1002	Aluminum	[0.2]	mg/L	**0.0030**	U	EPA 200.7	0.0030	3/17/09 20:22	E96080
1017	Chloride	[250]	mg/L	**110**		EPA 300.0	5.0	3/16/09 13:08	E96080
1022	Copper	[1]	mg/L	**0.0034**	I	EPA 200.7	0.0014	3/17/09 20:22	E96080
1025	Fluoride	[2]	mg/L	**0.12**		EPA 300.0	0.011	3/12/093/12/09	E96080
28	Iron	[0.3]	mg/L	**0.025**	U	EPA 200.7	0.025	3/17/09 20:22	E96080
2	Manganese	[0.05]	mg/L	**0.026**		EPA 200.7	0.0037	3/17/09 20:22	E96080
1050	Silver	[0.1]	mg/L	**0.0010**	U	EPA 200.7	0.0010	3/17/09 20:22	E96080
1055	Sulfate	[250]	mg/L	**4.7**	I	EPA 300.0	1.4	3/16/09 13:08	E96080
1095	Zinc	[5]	mg/L	**0.010**	U	EPA 200.7	0.010	3/17/09 20:22	E96080
1905	Color	[15]	CU	**20**		SM2120 B	1.8	3/12/09 13:15	E96080
1920	Odor - Dechlorinated	[3]	T.O.N.	**1.0**	U	EPA 140.1	1.0	3/11/09 13:41	E83509
1925	pH	[6.5-8.5]	SU	**7.86**	Q	EPA 150.1	0.200	3/12/09 18:38	E96080
1930	Total Dissolved Solids	[500]	mg/L	**550**		SM2540 C	16	3/12/09 12:25	E96080
2905	Foaming Agents	[0.5]	mg/L	**0.035**	I	SM5540 C	0.022	3/13/09 14:17	E96080

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

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

... US 1 North
F... Pierce, FL 34946
FDOH # E96080

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

Printed: 3/31/09

HBEL, Inc.

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

SYNTHETIC ORGANICS 62 - 550.310 (4) (b)

Client: Aqua Utilities Florida, Inc.
Workorder: Tomoka View Triannual Pri/Sec
Sample Location: P.O.E. Grab
Sample Number: 2134204001
Sampling Date: 3/10/09 13:45
PWS ID (From Page 1): _____
Date Received: 3/11/09 12:22

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual*	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date/Time	DOH Lab Cert #
2005	Endrin	[2]	ug/L	**0.10**	U	EPA 505	0.10	0.01	3/17/09	3/18/09 0:41	E96080
2010	gamma-BHC (Lindane)	[0.2]	ug/L	**0.020**	U	EPA 505	0.020	0.02	3/17/09	3/18/09 0:41	E96080
2015	Methoxychlor	[40]	ug/L	**0.044**	U	EPA 505	0.044	0.1	3/17/09	3/18/09 0:41	E96080
2020	Toxaphene	[3]	ug/L	**0.60**	U	EPA 505	0.60	1	3/17/09	3/18/09 0:41	E96080
2031	Dalapon	[200]	ug/L	**2.3**	U	EPA 515.1	2.3	1	3/15/09	3/17/09 0:53	E96080
2032	Diquat	[20]	ug/L	**1.9**	U	EPA 549.2	1.9	0.4	3/17/09	3/24/09 14:29	E96080
2033	Endothall	[100]	ug/L	**2.8**	U	EPA 548.1	2.8	9	3/14/09	3/15/09 22:29	E96080
2034	Glyphosate	[700]	ug/L	**13**	U	EPA 547	13	6		3/16/09 13:22	E96080
2035	Di(2-ethylhexyl)adipate	[400]	ug/L	**0.68**	U	EPA 525.2	0.68	0.6	3/14/09	3/17/09 16:29	E96080
2036	Oxamyl	[200]	ug/L	**0.13**	U	EPA 531.1	0.13	2		3/12/09 19:20	E96080
2037	Simazine	[4]	ug/L	**0.63**	U	EPA 525.2	0.63	0.07	3/14/09	3/17/09 16:29	E96080
'9	bis(2-ethylhexyl)phthalate	[6]	ug/L	**0.85**	U	EPA 525.2	0.85	0.6	3/14/09	3/17/09 16:29	E96080
2	Picloram	[500]	ug/L	**0.23**	U	EPA 515.1	0.23	0.1	3/15/09	3/17/09 0:53	E96080
2041	Dinoseb	[7]	ug/L	**0.23**	U	EPA 515.1	0.23	0.2	3/15/09	3/17/09 0:53	E96080
2042	Hexachlorocyclopentadiene	[50]	ug/L	**0.24**	U	EPA 525.2	0.24	0.1	3/14/09	3/17/09 16:29	E96080
2046	Carbofuran	[40]	ug/L	**0.41**	U	EPA 531.1	0.41	0.9		3/12/09 19:20	E96080
2050	Atrazine	[3]	ug/L	**0.48**	U	EPA 525.2	0.48	0.1	3/14/09	3/17/09 16:29	E96080
2051	Alachlor	[2]	ug/L	**0.61**	U	EPA 525.2	0.61	0.2	3/14/09	3/17/09 16:29	E96080
2065	Heptachlor	[0.4]	ug/L	**0.036**	U	EPA 505	0.036	0.04	3/17/09	3/18/09 0:41	E96080
2067	Heptachlor epoxide	[.2]	ug/L	**0.027**	U	EPA 505	0.027	0.02	3/17/09	3/18/09 0:41	E96080
2105	2,4-D	[70]	ug/L	**0.22**	U	EPA 515.1	0.22	0.1	3/15/09	3/17/09 0:53	E96080
2110	2,4,5-TP	[50]	ug/L	**0.19**	U	EPA 515.1	0.19	0.2	3/15/09	3/17/09 0:53	E96080
2274	Hexachlorobenzene	[1]	ug/L	**0.31**	U	EPA 525.2	0.31	0.1	3/14/09	3/17/09 16:29	E96080
2306	Benzo(a)pyrene	[.2]	ug/L	**0.070**	U	EPA 525.2	0.070	0.02	3/14/09	3/17/09 16:29	E96080
2326	Pentachlorophenol	[1]	ug/L	**0.39**	U	EPA 515.1	0.39	0.04	3/15/09	3/17/09 0:53	E96080
2383	PCB	[.5]	ug/L	**0.14**	U	EPA 505	0.14	0.1	3/17/09	3/18/09 0:41	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	ug/L	**0.0036**	U	EPA 504.1	0.0036	0.02	3/18/09	3/19/09 1:06	E96080
2946	1,2-Dibromoethane	[.02]	ug/L	**0.0047**	U	EPA 504.1	0.0047	0.01	3/18/09	3/19/09 1:06	E96080
2959	Chlordane	[2]	ug/L	**0.13**	U	EPA 505	0.13	0.2	3/17/09	3/18/09 0:41	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).

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

5 US 1 North
Fo ierce, FL 34946
FDOH # E96080

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

Printed: 3/31/09

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

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

March 31, 2009
Project No: 90395

Laboratory Report

FDEP Report form attached for the following samples:

Client Project Description: 2134204

Sample Number	Sample Description	Date & Time Collected	Date & Time Received
90395.01	2134204 001Q	03/10/09 13:45	03/13/09 08:45

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

FDOH Laboratory No. E84129
NELAP Accredited

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

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Harbor Branch Environmental Laboratory
2134204
Sample ID: 2134204 001Q

March 31, 2009
Sample No.: 90395.01
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	1.4	03/27/09	06:55	E84129
4020	Radium-226	5*	pCi/L	0.9		EPA 903.1	0.06	1	0.2	03/23/09	12:00	E84129
4030	Radium-228	5*	pCi/L	0.3	U1	EPA RA-05	0.3	1	0.2	03/26/09	12:01	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.

90395

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** 3/13/09 . **TAT:** STD

HARBOR BRANCH ENVIRONMENTAL LABORATORY

PROJECT NAME: 2134204 AUF

SAMPLE TYPE: Composite = C, Grab = G,

Preservative: HCl = H, HNO_3 = N, $Na_2S_2O_3$ = ST, H_2SO_4 = 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	COLLECTION TIME	TYPE	HBEL SAMPLE ID	# Bottles	ANALYSIS REQUIRED: Gross Alpha	Ra 226	Ra 228				COLLECTION REMARKS / SAMPLE COMMENTS
							PRESERVATIVE: N	N	N				
01	DW	3/10/09	1345	G	2134204 001Q	3	✓	✓	✓				3-1LP, HNO_3

RELINQUISHED BY:	DATE	TIME	RECEIVED BY:	DATE	TIME
Hand to FEDEX	3/12/09	1600	FedEx		
RELINQUISHED BY: FedEx	DATE	TIME	LABORATORY NAME AND RECEIVED BY: C Nusbaum	DATE 3/13/09	TIME 0845

Page 3 of 3

213

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

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

System Name: TOMOKA VIEW PWS I.D. #: 3 6 4 1 3 7 3

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

Address: APACHE TRAIL

City: ORMOND BEACH State: FL ZIP Code:

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

E-Mail Address: N/A

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: Location Code (if known):

Sample Date: Sample Time:

Sample Location (be specific): VOC TRIP BLANK

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

Sample Type (Check Only One)

- ☐ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☐ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

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

- X Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedence*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:

- ☐ Quarterly (Which Qtr?_____)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments:

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

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

Sampler's Name: DAVID HARING

Sampler's Phone #: 386-937-1091 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: N/A

CERTIFICATION (to be completed by sampler)

I, DAVID HARING (Print Name), SR. FACILITY OPERATOR (Print Title)

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

Signature: David Haring Date: 4-14-09

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

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

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

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

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

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 3/11/09

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

Lab Assigned Report Number or Job ID: 2134204002

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☑ All 21	☐ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	Secondaries
		☐ Qtrly Composite**	☐ All 14
			☐ Partial

Were any analyses subcontracted? X Yes No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

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

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

Signature Date: 31-Mar-09

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report

Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory

Other:

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

HBEL, Inc.

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

VOLATILE ORGANICS
62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc.
Workorder: Tomoka View Triannual Pri/Sec

Sample Location: VOC TRIP BLANK
Sample Number: 2134204002

Sampling Date:
PWS ID (From Page 1): _____

Date Received: 3/11/09 12:22

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	RDL	Analysis Date/Time	DOH Lab Cert #
2378	1,2,4-Trichlorobenzene	[70]	ug/L	**0.41**	U	EPA 524.2	0.41	0.5	3/14/09 2:38	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	3/14/09 2:38	E96080
2955	Total Xylenes	[10000]	ug/L	**0.46**	U	EPA 524.2	0.46	0.5	3/14/09 2:38	E96080
2964	Dichloromethane	[5]	ug/L	**0.23**	U	EPA 524.2	0.23	0.5	3/14/09 2:38	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	3/14/09 2:38	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	**0.23**	U	EPA 524.2	0.23	0.5	3/14/09 2:38	E96080
76	Vinyl chloride	[1]	ug/L	**0.32**	U	EPA 524.2	0.32	0.5	3/14/09 2:38	E96080
[illegible]7	1,1-Dichloroethene	[7]	ug/L	**0.23**	U	EPA 524.2	0.23	0.5	3/14/09 2:38	E96080
[illegible]79	trans-1,2-Dichloroethene	[100]	ug/L	**0.35**	U	EPA 524.2	0.35	0.5	3/14/09 2:38	E96080
2980	1,2-Dichloroethane	[3]	ug/L	**0.29**	U	EPA 524.2	0.29	0.5	3/14/09 2:38	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	3/14/09 2:38	E96080
2982	Carbon tetrachloride	[3]	ug/L	**0.24**	U	EPA 524.2	0.24	0.5	3/14/09 2:38	E96080
2983	1,2-Dichloropropane	[5]	ug/L	**0.40**	U	EPA 524.2	0.40	0.5	3/14/09 2:38	E96080
2984	Trichloroethene	[3]	ug/L	**0.36**	U	EPA 524.2	0.36	0.5	3/14/09 2:38	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	**0.44**	U	EPA 524.2	0.44	0.5	3/14/09 2:38	E96080
2987	Tetrachloroethene	[3]	ug/L	**0.24**	U	EPA 524.2	0.24	0.5	3/14/09 2:38	E96080
2989	Chlorobenzene	[100]	ug/L	**0.30**	U	EPA 524.2	0.30	0.5	3/14/09 2:38	E96080
2990	Benzene	[1]	ug/L	**0.20**	U	EPA 524.2	0.20	0.5	3/14/09 2:38	E96080
2991	Toluene	[1000]	ug/L	**0.22**	U	EPA 524.2	0.22	0.5	3/14/09 2:38	E96080
2992	Ethylbenzene	[700]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	3/14/09 2:38	E96080
2996	Styrene	[70]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	3/14/09 2:38	E96080

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

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

5600 US 1 North
F[illegible] Pierce, FL 34946
FDOH # E96080

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

Printed: 3/31/09

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Pace Analytical®

8 East Tower Circle • Ormond Beach, FL 32174
(386) 672-5668
DHRS Certification E83079

Report Number: 359863 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
- [x] Standard Coliform Test
- [ ] HPC
- [ ] Other: _____

Lab Receipt Date & Time: 4/7/2010 14:10 35509
Analysis Date & Time: 4/7/10 16:39

Sample Acceptance Criteria:
Sample Preservation [x] On Ice [ ] Not On Ice [ ] _____ °C
Disinfectant Check [x] Not Detected [ ] _____ mg/L
This sample does not meet the following NELAC requirements:

System Name: Tomoka View **PWS I.D.** 3 6 4 1 3 7 3

System Address: 339 Apache Tr City: Ormond Beach

System or Owner's Phone #: 386-937-1091 Fax #: 386-329-9977

Collector: David Haring Collector's Phone # 386-937-1091

Type of Supply: (check only one)
- [x] Community Water System
- [ ] Non-Transient Non-community Water System
- [ ] Transient Non-community Water System
- [ ] Limited Use System
- [ ] Bottled Water
- [ ] Private Well
- [ ] Swimming Pool
- [ ] Other _____

Reason for Sampling: (check only one) [x] Routine Compliance [ ] Repeat [ ] Replacement [ ] Main Clearance [ ] Well Survey [ ] Other

Sample Collection Date: 4-7-10

To be completed by collector or sample						To be completed by lab				
						Total Coliform Analysis Method: SM9223B				
						Fecal or E. coli Analysis Method: SM9223B				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
1	well #1	11:25	R	1	1		A			359863-01
2	well #2	11:30	R	1	1		A			-02
3	380 Seminole Ave	11:45	D	1.9	1		A			-03
4	241 Greenbriar Pl	11:55	D	1.9	1		A			-04

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.9

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

All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: [x] DPD Colorimetric [ ] Other: _____

Person performing analysis is (Please see instructions on reverse):
- [x] A certified operator (# B14091)
- [ ] Supervised by a cert operator (# _____)
- [ ] Employed by a certified lab
- [ ] Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: Project Manager

Name and Mailing Address of Person to Receive Report
AQUA Utilities
1100 Thomas Ave
Leesburg FL 34748

DEP/DOH USE ONLY
- [ ] Satisfactory
- [ ] Incomplete Collection Information
- [ ] Repeat Samples Required
- [ ] Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

[62-550.730 Reporting Format - Effective 01/95, Revised]

Charles Crist
Governor

FLORIDA DEPARTMENT OF HEALTH

Ana M. Viamonte Ros, M.D., MPH
State Surgeon General

January 29, 2008

Aqua Utilities Florida
Attn: Mr. Brian Heath, Area Manager
P.O. Box 490310
Leesburg, FL. 34749-0310

RE: Tomoka View Sanitary Survey Inspection Report
Community Water System / PWS # 3641373

Dear Owner:

This letter and the enclosed report will summarize my findings in relation to a sanitary survey that I conducted at the above referenced public water system on December 17, 2007. This inspection was conducted in the presence of one of your system's certified water operator, Mr. David Haring. I also discussed the system's record-keeping and cross connection program with your compliance manager, Mr. Patrick Farris.

One item of immediate concern to this office is the lack of operable isolation valves in the distribution system. This deficiency has resulted in an excessive amount of system-wide water outages during the past few years. Several isolation valves shown on the distribution system map either cannot be located or are presently not operable. This problematic situation was cited in my October 4, 2007 inspection report and is again cited below under Deficiencies #1 and #2. It is requested that your utility immediately send a written response to this office detailing what corrective action has been taken and/or will be taken to correct these two deficiencies.

The completed survey is enclosed for your reference and records. Ten (10) deficiencies were noted during the field inspection and were also determined from records on file in this office. These deficiencies are listed on page seven of the sanitary survey report along with reference to the pertinent section of the Florida Administrative Code (FAC).

The following corrective actions are requested in regards to the listed deficiencies:

1. Update system's water distribution map to accurately reflect the size and location of all operable water mains, valves, automatic flushing devices and fire hydrants.

2. Implement a valve maintenance and exercise program. Repair isolation valves, as needed; and properly document valve exercise and maintenance activities.

3. Record and report daily plant flows using the 'point-of-entry' meter reading.

4. Repair and paint walls of water plant's storage tank to prevent the seepage of water through the concrete walls.

5. Repair and paint the deteriorating fascia and sofit panels on water plant building.

6. Repair water leak at High Service Pump #2.

7. Repair and paint corroded plant effluent line outside of water plant.

8. Replace missing barbed wire over the plant gate.

9. Revise the Emergency Response Plan (ERP) to address disaster-specific responses and auxiliary power requirements. (Note: Please refer to Florida Rural Water Association template @ frwa.net.)

10. Implement the system's cross connection plan and document all related activities including inspections and installation of adequate backflow protection on commercial properties, as required; and public education activities. A service agreement with customers authorizing access to their property for the purpose of conducting cross connection inspections needs to be established.

You are required to correct the above listed deficiencies by no later than **April 1, 2008** with the exception of Deficiencies #1 and #2 which were cited in my October 4, 2007 compliance inspection and for which corrective action is now past due. Deficiency #3 should also be addressed immediately. A written response addressing these first three listed deficiencies should be sent to this office within five days of receipt of this correspondence. For the remaining seven deficiencies (#4 - #10), please send a written response to this Department on or before **April 1, 2008** stating that each deficiency has been corrected or listing specific dates of completion for items that are still in progress and the reason for the delay in compliance.

In addition to these ten deficiencies, please address the following items and mail in all requested documentation on or before the specified due dates:

1. Submit a copy of an accuracy test performed on the water plant's finished water meter. **Due: April 1, 2008.**

2. Cleaning and inspection of both storage tanks is required every five years. Inspection report must be signed and sealed by a state certified professional engineer. **Due: August 28, 2008**

3. On front page of the plant log book, document the full name and signature of each certified operator and maintenance worker making entries in the log along with their corresponding initials, if used.

4. Note that new water plant classification and staffing rules, as found in Chapter 62-699.310 FAC adopted on 10/15/2007, now *require* your water operator to document a minimum of 1.2 hours per week attending to duties at this water treatment facility. A review of the plant log book indicates your operator had already been fulfilling this minimum time requirement prior to the rule change.

5. This water system has requested and been granted a suspension of quarterly monitoring for Odor and Total Dissolved Solids (TDS). These two secondary contaminants have exceeded their respective Maximum Contaminant Levels (MCL's) since September 2006 and four quarters of monitoring have now been completed. As detailed in previous correspondence, a condition of this monitoring reduction is that this office will be promptly notified of all water quality complaints pertaining to these two contaminants.

Please be aware that the Florida Rural Water Association (FRWA) is available to public water system owners for consultation and technical assistance at no charge. The local FRWA circuit rider representative is Mr. David Hanna and he can be contacted at (800) 872-8207.

In conclusion, I would like to thank Mr. Haring and Mr. Farris for their assistance and cooperation during the course of this survey. If you should have any questions regarding this correspondence, please feel free to contact me at (386) 274-0717.

Sincerely,

Patricia B. Carrico

Patricia B. Carrico
Environmental Specialist II
Safe Drinking Water Program

c.c: PWS # 3641373 File

State of Florida
Department of Health
Volusia County Health Department

SANITARY SURVEY REPORT

Plant Name: **Tomoka View Estates** County: Volusia PWS ID # 3641373
Plant Location: 336 Apache Trail, Ormond Beach Fl. Phone: (386)937-1143
Owner Name: Aqua Utilities Florida Phone: (352)787-0980
Owner Address: P.O. Box 490310, Leesburg, FL. 34749-0310
Contact Person: Brian Heath Title: Area Manager Phone: (352) 787-0980
This Survey Date: 12/17/07 Last Survey Date: 12/16/04 Last C.I. Date: 10/04/07

PWS TYPE & CLASS
☒ Community (4C)

PWS STATUS
☐ Approved system with approval number & date
As-Builts accepted: 10/1975.

☐ Unapproved system

SERVICE AREA CHARACTERISTICS
Residential (single family homes) + 4 commercial properties on S.R. 40.
Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE
Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Paul Thompson #A7251; Dave Haring #C14091
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Required: 1.2 Hrs./Wk. *Actual:* 1.2 Hrs./Wk.
Required: 6 Days/Wk. *Actual:* 6 Days/Wk.
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☒ No ☐ Yes ☐ N/A
Note: Well meter readings used for daily plant flow instead of POE meter reading.
Number of Service Connections: 184
Population Served: 644 Basis: 3.5/service con.
Average Day (from MORs): 55,750 gpd
Max. Day (from MORs): 96,000 gpd 5/07
Max-day Design Capacity: 193,000 gpd
% (Max Day/Design Cap.) = 52%
Increase in Population since last SS? No
Interconnects with other PWS? None
Location of Interconnects: N/A
Total System Storage: 18,000 Gallons
% (Storage/Max Day Demand): 19%
Comments:

RAW WATER SOURCE
☒ GROUND; Number of Wells: 2
☐ SURFACE/UDI; Source:
☐ PURCHASED from PWS ID #
☐ Emergency Water Source:
Emergency Water Capacity:
Comments:

AUXILIARY POWER SOURCE
☒ Yes ☐ None ☐ Not Required
Source: Generac (Fuel: Liquid Propane)
Capacity of Standby (kW) 30 KW
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☒ Yes ☐ No
Hrs Operated Under Load: 4 hrs/mo.
What equipment does it operate?
☒ Well pumps:
☒ High Service Pumps:
☒ Treatment Equipment:
Satisfy Average day demand? ☒Yes ☐No ☐Unk
Audio-visual alarm w/ auto-pager? Yes
(Note: req. for +150 services)
Comments: Heritage Propane re-fills when called by operator. (#877-740-0480)

TREATMENT PROCESSES IN USE
Aeration, Hypochlorination, Polyphosphate (corrosion inhibitor)
What additional treatment is needed?
None
For control of what deficiencies?

PWS ID # 3641373
Date: 12/17/07

GROUND WATER SOURCE

Well Number		1	2	
Location of Well		North - Outside WTP fence	South Inside WTP fence	
Well FLUID #		AAH 7507	AAH 7508	
Year Drilled		2003	1965	
Depth Drilled		120 ft.	150 ft.	
Drilling Method		Combination	Unknown	
Length of casing		92 ft. (27 ft.*)	120 ft.	
Diameter of casing		4 " (8"*)	6 "	
Material (outside casing)		Black Steel	Black Steel	
Well Contamination History		None	None	
Is inundation of well possible?		No	No	
6' X 6' X 4" Concrete Pad		Yes	Yes	
SET BACKS	Septic Tanks	< 100 ft.*	< 100 ft.*	
	ReUse Water	N/A	N/A	
	WW Plumbing	< 100 ft.**	< 100 ft.**	
	Other Hazards	None Noted	None Noted	
PUMP	Type	Submersible	Submersible	
	Manufacturer	Unknown	Unknown	
	Model Number	75S	Unknown	
	Capacity (gpm)	75 gpm	200 gpm	
	Horsepower	5 HP	5 HP	
Well casing 12" above grade?		Yes	Yes	
Well Casing Sanitary Seal		Good	Good	
Raw Water Sampling Tap		Yes	Yes	
Above Ground Check Valve		Yes	Yes	
Fence/Housing		Housing	Fence	
Well Vent		Yes	Yes	

COMMENTS: * 8" steel casing surrounds 4" well casing (to 27' depth). ** Both wells are within 100' of nearby septic systems. Department has waived setback requirement for septic tanks provided monthly well samples remain negative for Total Coliform bacteria.

CHLORINATION (Disinfection)
Type: Hypochlorination (3 feed pumps*)
Make: Stenner Capacity: 10 gpd (Set @30%)
Injection Point: At aerator to GS#1 tank-w/ Well #1*
Make: Stenner Capacity: 17 gpd (Set @ 40%)
Injection Point: At aerator of GS#1 tank -w/Well #2*
Make: Maki Metering Pump Capacity: 6 gpd (Set @70%) Pump rate varies with H.S. Pump flow rate.
Injection Point: After Clearwell (w/ H.S.Pumps)*
Chlorine Amount Used: 8-9 GPD
Chlorine Strength Used: 10.5% (Davis Supply Co.)
Chlorine Residuals :(ppm) POE: 1.6 ppm RT: .4 ppm
Remote tap location: 160 Greenbriar
DPD Test Kit: ☐ On-site ☒ With operator ☐ None ☐ Not Used Daily
Feed Tanks: (2) 150 gallon tanks-filled bi-weekly.
Safety Equipment: with Operator
Comments: *Two Stenner pumps maintain total CL2 residual in GS #1 tank (1.0 ppm)

AERATION (Gases, Fe, & Mn Removal)
Type Spray Plate Capacity Unknown
Aerator Condition Good
Bloodworm Presence None observed
Visible Algae Growth None observed
Protective Screen Condition Good
Comments:

ADDITIONAL TREATMENT
Type Polyphosphate (Aquadene-SK7661; Mfr. =Pristine Water Co.) for corrosion control.
Pump Make (2) Stenners – one for each well
Pump Setting 30%(Well #1) / 40% (Well #2)
Injection Point: Prior to aerator of G.S.Tank #1
Dose Rate: 0.7-1.0 ppm as ortho-phosphate (O-P)
Feed Tank 30 gallon capacity (PVC)
Comments: Operator records chemical usage daily and concentration of O-P in POE sample bi-weekly.

OPERATION AND MAINTENANCE MANUAL
Comments: O&M Manual and equipment manuals are available on-site.

FIOW METER
Comments: McCrometer 4"-electro-magnetic meter

STORAGE FACILITIES
(G) Ground (H) Hydropneumatic (E) Elevated
(B) Bladder (C) Clear well

Tank Type/Number	GS #1	GS #2
Capacity (gal)	15,000	3,000
Material	Concrete	Concrete
Gravity Drain	Yes	Yes
By-pass Piping	Yes	No
Pressure Gauge	N/A	N/A
Sight Glass or Level Indicator	Yes	Yes
Fittings for Sight Glass	N/A	N/A
Protected Openings	Yes	Yes
PRV/ARV	N/A	N/A
On/Off Pressure	N/A	N/A
Access Hatch?	Yes	Yes
Height to Max. Water Level	6 '	6'
Date Last Cleaned/ Inspected ?	Unknown	Unknown
Date Installed ?	1965	1965
Tank protected from Vandalism?	Yes	Yes

Comments: Water seepage evident along east wall of G.S.#1. Wooden fascia and soffit of water plant building needs repair in some areas.

HIGH SERVICE PUMPS

Pump Number	1 & 2	3
Type	Centrifugal	Centrifugal-VFD
Make	Aeromotor	StaRite
Model	SPCH-500	DHJ3-170
Capacity (gpm)	150 gpm	150 gpm
Motor HP	5	5
Date Installed	Unknown	2004
Maintenance	Leak @ H.S. Pump #2*	Good

Comments: Effluent line outside water plant is very corroded in certain areas. *Small water leak on pump #2's effluent line.

PWS ID # 3641373
Date: 12/17/07

DISTRIBUTION SYSTEM MAINTENANCE

Cross-Connection Control

Date of CCC Plan on File	10/31/07
Is CCC Plan Adequate?	Yes
Person responsible for CCC Program	Brian Heath
Adequate Records of CCC Activity?	No*
Number Of Testable BF Devices	None*
ReUse Water in Use?	No
Enhanced Public Education & Inspections in reuse areas?	N/A

Comments: *Inadequate plan implementation. No backflow devices installed on Physician's Office on S.R. #40. No record of periodic inspections. No service agreements.

DISTRIBUTION SYSTEM

Comments: 2" – 6" PVC water lines

Flushing and Valve Maintenance

Distribution System Map (Required for +150 Services)	Size of Mains Shown?	Yes
	Valves and Dead-Ends Shown ?	No*
	Hydrants Shown?	Yes
Is Distribution Map Updated?		No
Is Flushing Plan on File? (# of sites)		Yes
Frequency of Routine Flushing?		Daily**
Is Flushing/Valve Maintenance Activity Documented ?		Yes

Comments: *Some valves on map are not operable or cannot be located. System has had problem with isolating streets during line breaks.
**Automatic flush valves (4) on for 1 hour each day.

SAMPLING PLANS

Total Coliform Sampling Plan

Approved Sampling Plan?	Yes
Total Coliform Plan Date:	6/13/2002
# of Samples Required Monthly:	2
Total # of Unique Sites in Plan:	6

Comments: _____

Disinfection By-Product (DBP) Sampling

Is The Plan Adequate?	Yes
Maximum Residence Site:	160 Greenbriar
Plan Date:	3/17/2004

Comments: _____

Lead and Copper (Tap Water) Sampling

Lead And Copper Plan Date:	5/01/2006
Minimum Standard Sites (Rule):	20
Minimum Reduced Sites (Rule):	10
Minimum WQP Sites (Rule):	2
L&C Sample Sites (Plan)	39
WQP Samples Sites (Plan):	2
Corrosion Control Treatment Required?	Yes
Samples Collected from Plan Sites?	Yes

Comments: _____

MISCELLANEOUS

Emergency Response Plan (ERP)

Required (+ 350 pop.)?	Yes
Date Created:	12/2005
Location of Plan:	Water Plant

Comments: Plan is not disaster-specific. Auxiliary power plan not detailed.

Consumer Confidence Reports (CCR)

Distribution / Reporting Timeframes Met?	Yes
CCRs In Conformance With Rules?	Yes
Delivery Methods Appropriate?	Yes
Usual Delivery Method(s):	Hand-Delivery/ Posting

Comments: _

Recordkeeping

All records (analyses, MOR, etc,) retained for required timeframe?	Yes
Where are the above records stored?	Utility Office (Leesburg)
Maintenance Work Properly Documented?	Yes *
Customer Complaints Documented?	Yes

Comments: *Some entries only initialed by maintenance worker without full name of worker documented in log book.

Security Issues:
Comments: Barbed wire is missing along top of plant gate.

MONITORING REQUIREMENTS

Contaminant	Samples Required	Sampling Location	Frequency	Next Deadline For Sampling
Microbiological (Bacti)	1 each	Each Well	Monthly	1/31/08
	2	Distribution / Per Approved Sampling Plan	Monthly	1/31/08
Volatile Organic Contaminant Group	1	POE	Triennial	12/31/09
Synthetic Organic Contaminant Group	1	POE	Triennial	12/31/09
Nitrate & Nitrite (as N)	1 each	POE	Annual	12/31/08
Inorganic Contaminant Group	1	POE	Triennial	12/31/09
Asbestos	1	Distribution / Per Approved Sampling Plan	Nine Years	12/31/12
Radionuclide Contaminant Group	1	POE	Triennial	12/31/09
Disinfection By-Products (TTHM & HAA5)	1 each	Distribution / Per Approved Sampling Plan	Annual	9/30/08
Disinfection Residual Monitoring	2	Distribution / Same as microbiological samples	Monthly	1/31/08
Secondary Contaminant Group	1	POE	Triennial	12/31/09
Lead and Copper (Tap Water)	10	Distribution / Per Approved Sampling Plan	Annual	09/30/08

Known Water Quality Issues
Odor (Ave.-4 TON) and Total Dissolved Solids (Ave.- 550ppm) continue to exceed Maximum Contaminant Levels (MCL).

Monitoring Violations	**Other Violations**
Lead/Copper Monitoring (Insufficient # of samples collected): 6/30/2005.	Trihalomethane (MCL) Violation: 12/31/2004 through 3/31/2007.
	Total Coliform MCL Violation: 9/30/2007.
	Odor and TDS MCL Violation: 9/30/2006 to present

Deficiencies:

1.) Map of distribution system does not accurately show location of all operable valves, Ch. 62-555.350(14) FAC.
2.) Inadequate valve maintenance and exercise program implementation and documentation. Ch. 62-555.350(2)(12) FAC
3.) Daily plant flows not determined from Point-of-Entry (POE) meter reading. Ch. 62-320(16) FAC.
4.) Water seeping through walls of storage tank. Ch. 62-555.350(2) Florida Administrative Code-FAC.
5.) Wood fascia and soffit panels in need repair and paint. Ch. 62-555.350(2) FAC.
6.) Water leaking at High Service Pump #2. Ch. 62-555.350(2) FAC.
7.) Corroded areas on plant effluent line outside water plant. Ch. 62-555.350(2) FAC.
8.) Barbed wire missing from top of gate to water plant. Ch. 62-555.320 (5) FAC.
9.) Emergency Response Plan is not adequate. Ch. 62-555.350 (15) FAC.
10.) Cross Connection Control program not adequately implemented.Ch. 62-555.360 FAC.

Comments/Recommendations:

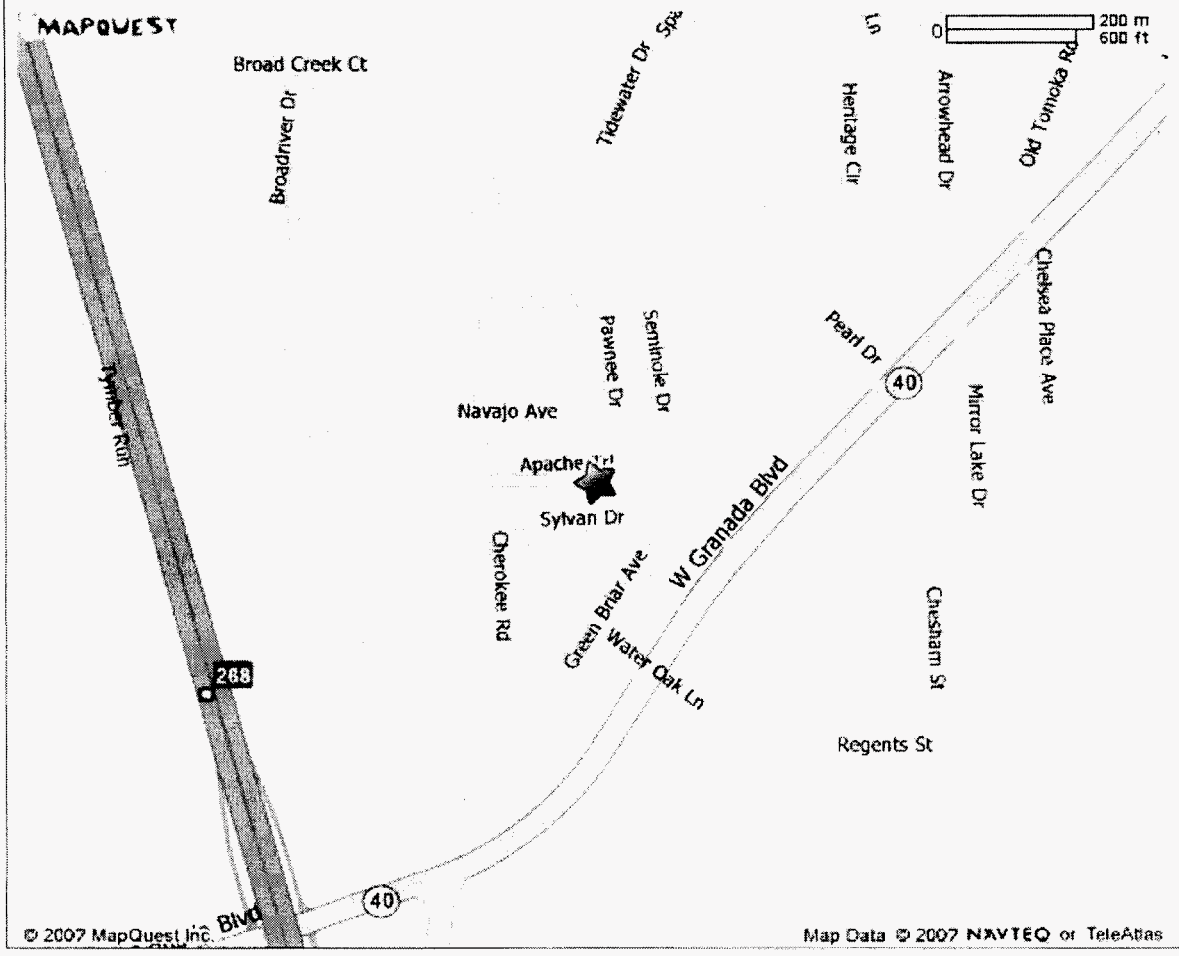
1.) Submit copy of accuracy check of water meter at POE.(Due 4/1/08).
2.) Two storage tanks must be cleaned and inspection certified by Professional Engineer (Due: 8/23/08).
3.) Document name with corresponding initials of each operator and maintenance personnel IF initials are used after entries.
4.) New operator staffing rules require minimum time for operator visits of 1.2 hours per week.
5.) Odor and Total Dissolved Solids exceed MCL's. This office must be notified of all customer complaints regarding these contaminants.

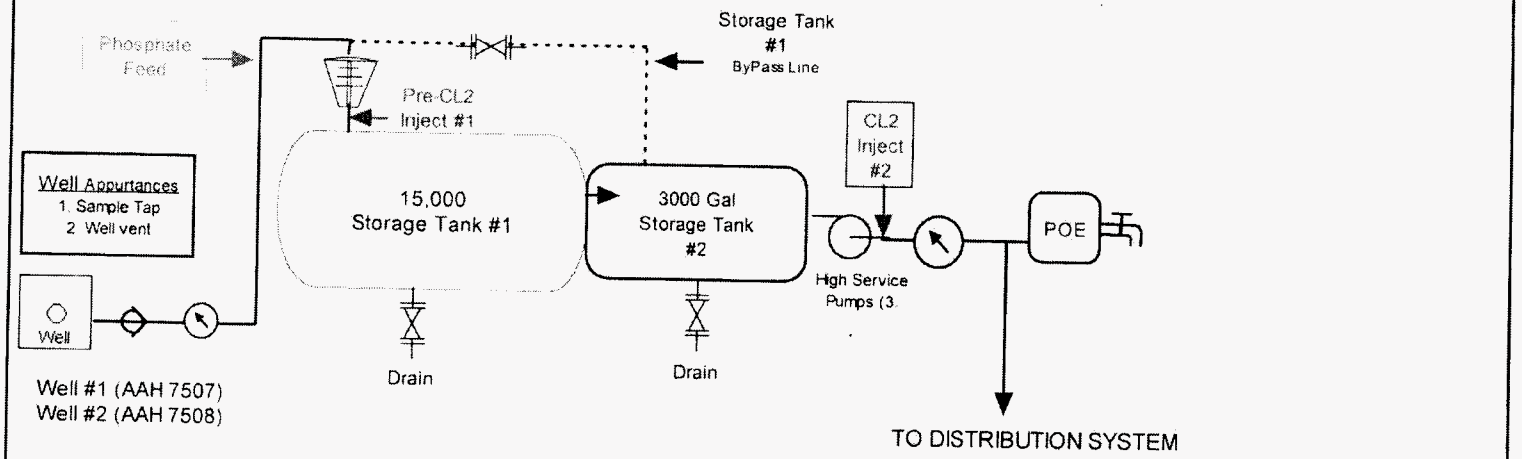
Inspector: Patricia Carrico / Patricia Carrico Title Environmental Specialist II Date: 01/29/2008

Approved by: Paul Hextell / Title Environmental Supervisor II Date 1/30/08

MAPS OR DIRECTIONS TO SYSTEM (text and/or graphics)

From Daytona Beach Office: North on Clyde Morris Blvd. to Granada Ave. (S.R. #40). Turn left onto Granada Ave. and go west to stoplight at Seminole Trail. Turn right onto Seminole Trail and go north one block to Apache Trail. Turn left onto Apache Trail. Plant is located in middle of block on left-hand side.





LEGEND:			
	Check valve		
	Valve		Sample Tap
	Water Meter	POE	Point-of-Entry to Distribution System
	Tray Aerator		
	High Service Pumps (3)		

WATER PLANT SCHEMATIC

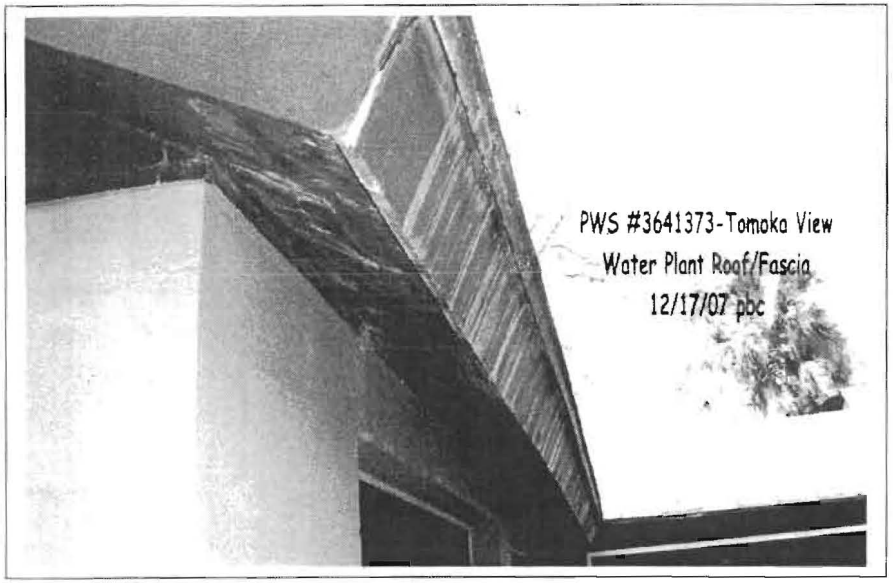
Tomoka View
PWS# 3641373

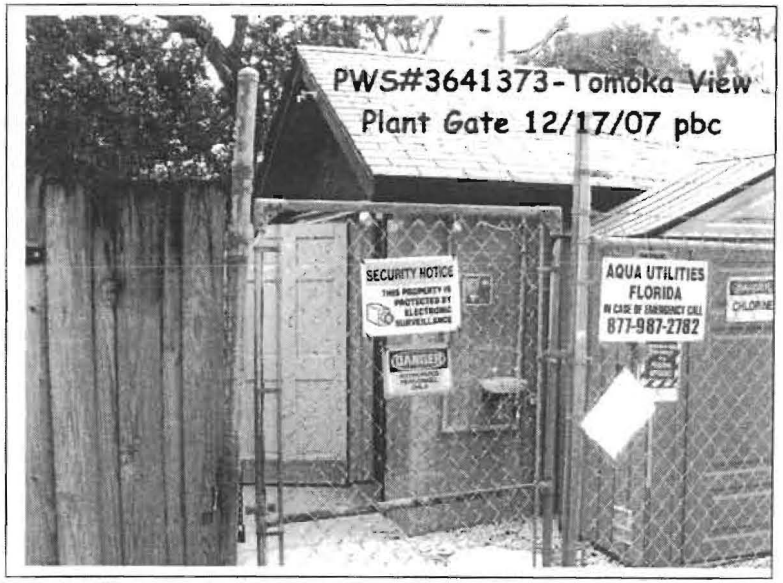
CREATED BY:
Patricia Carrico
Volusia County
Health Dept.
Date:
12/17/2007

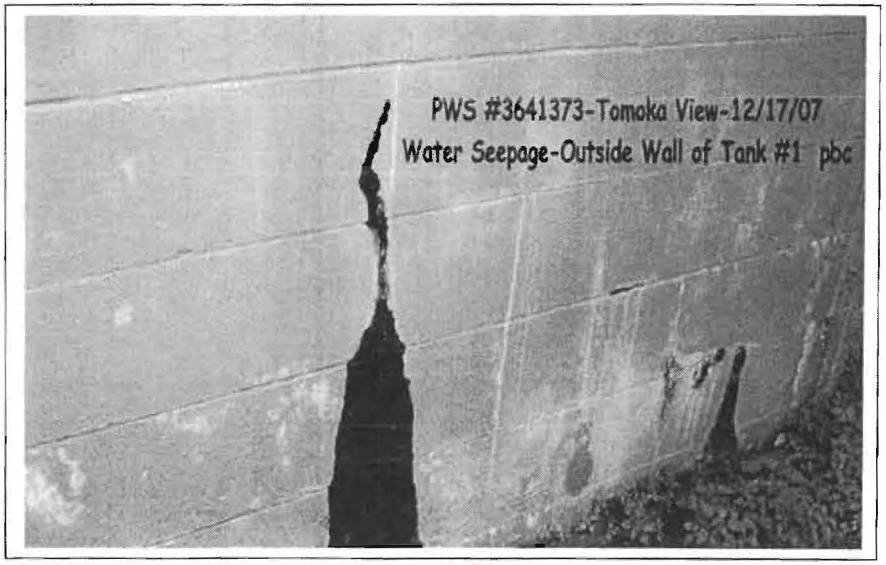
229

PWS ID # 3641373
Date: 12/17/07

DIGITAL PHOTOS







Farris, Patrick A.

From: Farris, Patrick A.
Sent: Thursday, January 31, 2008 3:47 PM
To: 'Patricia_Carrico@doh.state.fl.us'
Cc: Thompson, Paul D.; O'Reilly, Michael
Subject: Tomoka View Isolation Valve Plan
Attachments: tomoka view isolation valve.pdf

Hi Pat,

I wanted to send you the isolation valve plan and the map with the valves on it. I added to David's notes the most recent two events were we utilized the isolation valves in the system to prevent a system wide outage.

Patrick Farris
Environmental Compliance
Aqua Utilites Florida, Inc.
1100 Thomas Avenue
Leesburg FL 34748
tel: 352-435-4029
fax: 352-787-6333

TOMOKA VIEW ISOLATION VALVE EXERCISING PROGRAM
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:

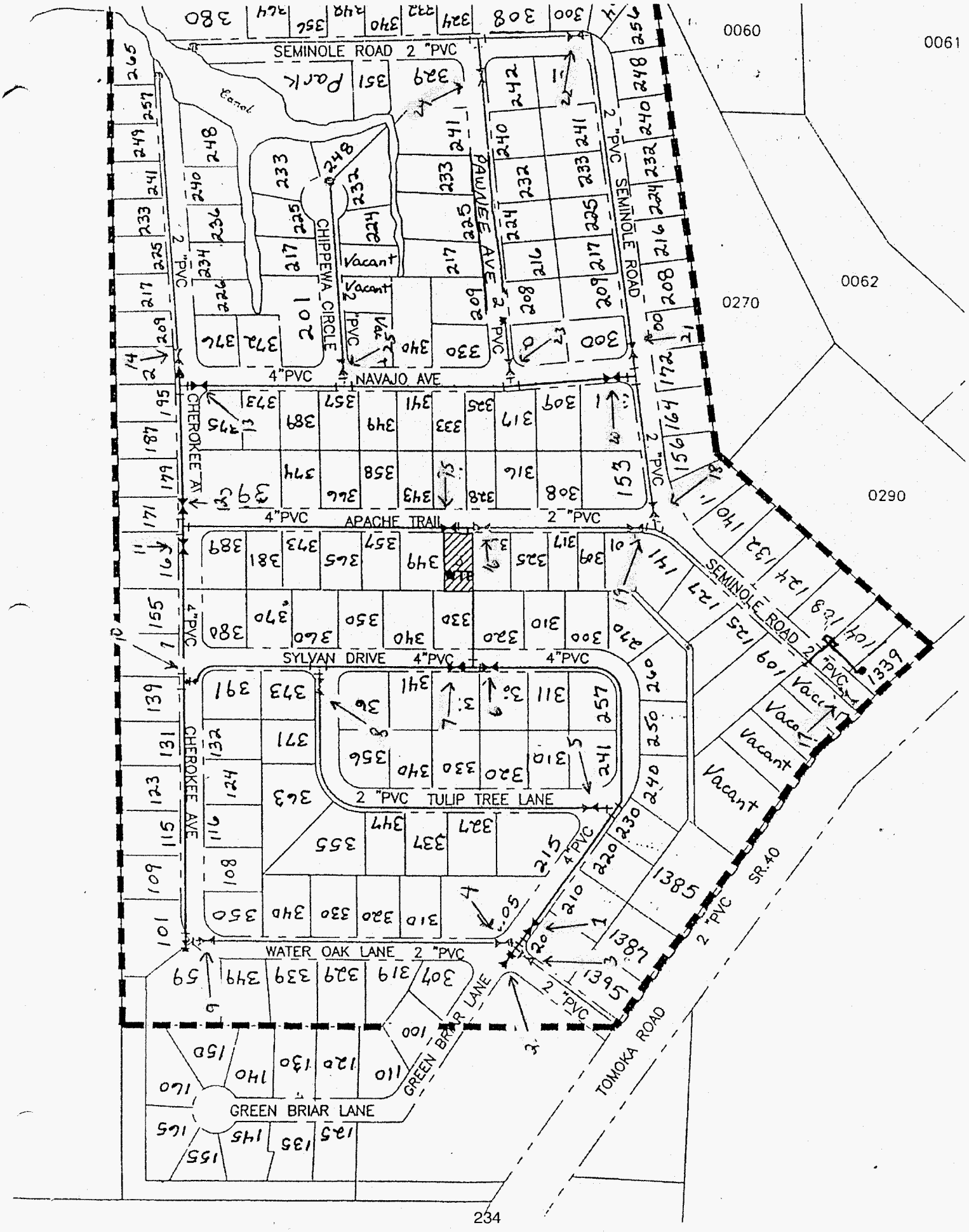
The intent of this program is to provide minimum guidelines to operations personnel for maintaining the isolation valves in good working order. The isolation valves are designed to minimize the possibility of contamination in the event of a main break or other dilemma.

Exercise plan:

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.

TOMOKA VIEW ISOLATION VALVE EXERCISE PROGRAM

Valve Location	Comments	Record all dates exercised					
1. corner Greenbriar & Water Oak E		23Jul08					
2. corner Greenbriar & Water Oak W							
3. corner Greenbriar & Water Oak S	water main break isolation		21 Dec 07				
4. corner Greenbriar & Water Oak N							
5. corner Greenbriar & Tulip Tree							
6. Sylvan between Greenbriar & Tulip Tree S	water main break isolation		21 Dec 07				
7. Sylvan between Greenbriar & Tulip Tree N	water main break isolation		21 Dec 07				
8. corner Sylvan & Tulip Tree							
9. corner Water Oak & Cherikee	water main break isolation		21 Dec 07				
10. corner Cherokee & Sylvan	water main break isolation		21 Dec 07				
11. corner Cherokee & Apache W							
12. corner Cherokee & Apache E							
13. corner Cherokee & Navajo E							
14. corner Cherokee & Navajo N	Isolate main break		24 Jul 07				
15. Apache at plant W							
16. Apache at plant E							
17. Seminole at SR40							
18. Seminole at Apache E							
19. Seminole at Apache W							
20. Seminole at Navajo E							
21. Seminole at Navajo N							
22. Seminole drive North							
23. corner Navajo and Pawnee							
24. corner Pawnee and Seminole							
25. corner Navajo and Chippewa							


SEMINOLE ROAD 2 "PVC
Canal
Park
PAWNEE AVE
CHIPPEWA CIRCLE
Vacant
2 "PVC SEMINOLE ROAD
2 "PVC
4"PVC NAVAJO AVE
CHEROKEE AV
4"PVC APACHE TRAIL 2 "PVC
SEMINOLE ROAD 2 "PVC
SYLVAN DRIVE 4"PVC 4"PVC
2 "PVC TULIP TREE LANE
CHEROKEE AVE
WATER OAK LANE 2 "PVC
GREEN BRIAR LANE
GREEN BRIAR LANE
TOMOKA ROAD
SR.40
0060
0061
0062
0270
0290

AQUA

Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

March 3, 2008

Pat Carrico
Volusia County Health Department
P.O. Box 9190
Daytona Beach, FL 32120-9190

RE: Reply to Sanitary Survey
Tomoka View
PWS ID No. 3641373
Volusia County

Dear Ms. Carrico:

Thank you for your inspection on December 17, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

Items 1 & 2 were addressed in my e-mail to you on January 31, 2008.

Item 3 was implemented after your inspection.

4. The operator has applied hydraulic cement and painted the seeping areas.

5. The fascia is deterioration is cosmetic and does not affect the water treatment at this facility. Nonetheless, this has been addressed.

6. A repair clamp has been applied to the leaking pipe at High Service Pump #2.

7. The effluent line has been cleaned and painted.

8. The barbed wire on the plant gate has been replaced.

9. The Emergency Response Plan, with the Hurricane Preparedness Plan is attached for your review.

10. Noted.

Recommendations:

1. The flow meter calibration is attached.

2. The storage tanks are scheduled to be cleaned and inspected this year.

3. The staff will comply with this recommendation.

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

Sincerely,

Patrick Farris

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

Enclosures: Emergency Response Plan
Flow Meter Calibrations

cc: Paul Thompson, via e-mail
Brain Heath, via e-mail
Michael O'Reilly, via e-mail

AQUA UTILITIES FLORIDA

EMERGENCY RESPONSE PLAN (ERP)

FEBRUARY 31, 2007

TABLE OF CONTENTS

PAGE

Purpose & Organizational Structure 3

Possible Emergencies 4

General Description of Aqua Utilities Florida System's 4

Communications 5

Emergency Measures 6

Emergency Organizational Chart for Wells 7

Emergency Organizational Chart for Plants 7

Emergency Organizational Chart for Mains, and Distribution 8

Emergency Telephone Numbers North Region 9

Emergency Telephone Numbers Central Region 10

Emergency Telephone Numbers South Region 11

Emergency Telephone Numbers by County 12

EMERGENY RESPONSE PLAN (ERP)
AQUA UTILITIES FLORIDA

PURPOSE

Provide a plan of action for minimizing damage and injury, and ensuring a supply of potable water in the event of a significant event affecting Company facilities or product, including hazardous materials emergencies, natural disasters, severe loss of water distribution, loss of water treatment facilities and sabotage.

ORGANIZATIONAL STRUCTURE

TITLE	NAME	CELL PHONE #
President of Aqua America - corporate	Chris Franklin	
President of Aqua Utilities Florida	Jack Lihvarcik	(352) 552-8532
Area Manager – North/Central Florida	Ed Pellenz	(352) 267-6146
Area Manager - South Florida	Bill Dean	(941) 915 - 8788
Maintenance Supervisor	Bernie Rodriguez	(407) 947-3154
Field Coordinator – North Florida	Paul Thompson	(386) 937-1143
Field Coordinator – Central Florida	Will Fontaine	(352) 266-2953
Field Coordinator – South Florida	Bill Dean	(941) 915-8788

EMERGENCY ORGANIZATIONAL CHARTS

Emergency organizational charts are located on pages 7-8 of this report. There will, of course, be overlap within any emergency. The contact personnel and their telephone numbers follow the charts.

POSSIBLE EMERGENCIES

The following is a list of possible emergency situations that may occur within our operating system:

1. Distribution system problems – main breaks
2. Electrical (power) failure, standby power
3. Equipment failure – pumping, chemical-feed, water quality
4. Contamination of supply
5. Flood
6. Drought
7. Fire

General Description Aqua Utilities Florida Water Systems

Aqua Utilities Florida is divided up into three regions; North, Central and South Region. Aqua Utilities Florida facilities are widely spread throughout our regions.

The North Region covers Alachua, Citrus, Lake (1), Marion, Putnam, Washington and Volusia County. The North currently has thirty-four (34) water facilities and eight (8) wastewater facilities. The North Region's central office is located at 1100 Thomas Avenue, Leesburg, Florida 34748 and can be reached from 8:00 AM – 4:30 PM on Monday through Friday at (352) 787-0980.

The Central Region covers Brevard, Lake, Orange, Sumter, and Seminole county. The Central currently has twenty-nine (29) water facilities and eight (8) wastewater facilities. The Central Region's central office is located at 1100 Thomas Avenue, Leesburg, Florida 34748 and can be reached from 8:00 AM – 4:30 PM on Monday through Friday at (352) 787-0980.

South Region covers Sarasota, Hardee, Desoto, Highlands, Lee, Polk, Pasco, and Palm Beach County. The south currently has eighteen (18) water facilities and eleven (11) wastewater facilities. The South Region's central office is located at 6960 Professional Parkway East, Sarasota, Florida 34240 and can be reached from 8:00 AM – 4:30 PM on Monday through Friday at (800) 250-7532.

COMMUNICATIONS

The primary forms of communication within the Company are telephones, beepers and cellular phones. Also, key personnel carry on call emergency beepers and cellular phones, which allow immediate contact after hours, on weekends, and when employees in the field are away from contact.

EMERGENCY MEASURES

1. Distribution System Problems: When a water main break occurs, they are usually called into the customer service office by customers or employees in the vicinity of the break. In addition, an increased number of low-pressure calls originating from one area will alert customer service to the possibility of a main break.

   It is the responsibility of customer service to contact the central office for appropriate region that is responsible for maintenance of the mains in the area of the break.

   Immediate Response by Field Maintenance Personnel:

   a) Identify the specific location of the break.
   b) Determine the boundaries that will be affected and the necessary valve closing for repair of the break.
   c) Notify affected county fire board(s) of any hydrants that will be out-of-service due to the main break
   d) When possible, customers in the area should be personally notified before the shutdown is complete and given an estimate of the length of time they will be affected by the shutdown. When the shutdown involves a large number of customers, individual notification may not be possible.
   e) After the repairs to the main have been completed, the main will be disinfected and returned to normal service. Customers will be notified when normal service is resumed.

2. Power Failure: Depending upon the location of the power outage, the treatment plant operator will initiate the sequence to determine the extent of the power outage.

   The plant operator will contact the Maintenance Manager is assistance is needed. All treatment facilities in North Florida have auxiliary power which should kick on when a power outage occur.

3. Equipment Failure:

   Pump Failure – The Maintenance Manager, or the plant operator, will be notified immediately of a pump failure at any of the locations within our system. The Maintenance Manager will determine what is needed for an adequate response. If it is deemed necessary, Company electricians will be directed to the location and repairs will be made. If the failure is such that our personnel cannot make the repair, the Maintenance Manager will make the necessary arrangements for the repair.

   Chemical-Feed Equipment Failure – A stand-by chemical-feeder will be placed into service at all treatment facilities. The plant operator will need to notify the maintenance personnel so repairs can be completed as quickly as possible. The Maintenance Manager will be notified and will make the necessary arrangements when our personnel cannot complete the repairs.

4. Contamination of Supply:

   a) In the case of a known event - After receiving notification of the problem from DEP, the plant operator will notify the Field Coordinator. The Field Coordinator will immediately notify the Area Manager, and the President, to access the situation and determine what action is necessary. In most major emergencies, the supply will be shutdown immediately until appropriate company personnel can evaluate the situation and determine the necessary action.

   b) In the case of an unknown event – Should there be a sudden change in the results of routine control test, or in amount of chemicals needed for adequate treatment; the plant operator will notify the Field Coordinator. The Field Coordinator will immediately notify the Area Manager to assess the situation and determine the course of action.

      If it is determined that contamination has reached the water supply, monitoring will begin immediately to determine if the water at the intake is contaminated. If the contamination source is in close proximity to the water intake, the pumps supplying water to the plant will be shut down immediately. The quality of the water being pumped to the distribution system and the water within the treatment plant will be evaluated as quickly as possible.

      If is it determined that contaminated water could be pumped into the distribution system, Area Manager, or an individual designated by the Manager, will notify DEP and the President, or an individual designated by the President, for public notification.

5. Flood – Should a flood become imminent, the plant operator will notify the Field Coordinator. The Field Coordinator will immediately notify the Area Manager, or an individual designated by the Area Manager. An assessment of the situation will be made.

   Procedures will be placed into action to protect the plant as much as possible, and preparations will be made for a safe shutdown of the station. All Company officers will be made aware of the situation, and all departments will assist in anyway possible.

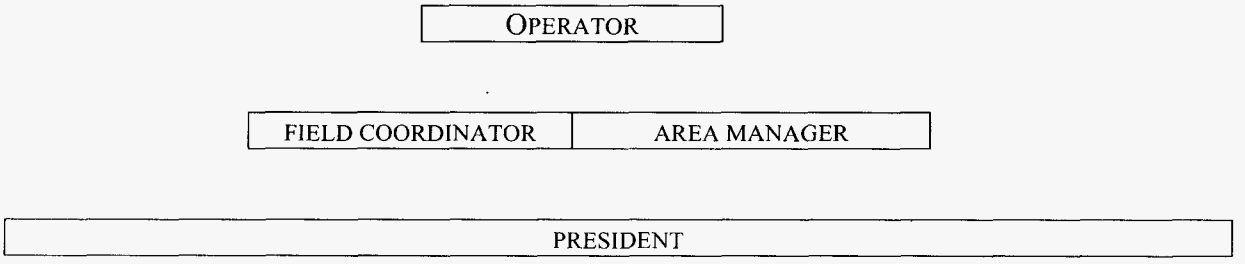
   All Regulatory Agencies and customers will be notified when the volume and quality of water have returned to normal.

6. Drought: There is no program at this time for a drought response.

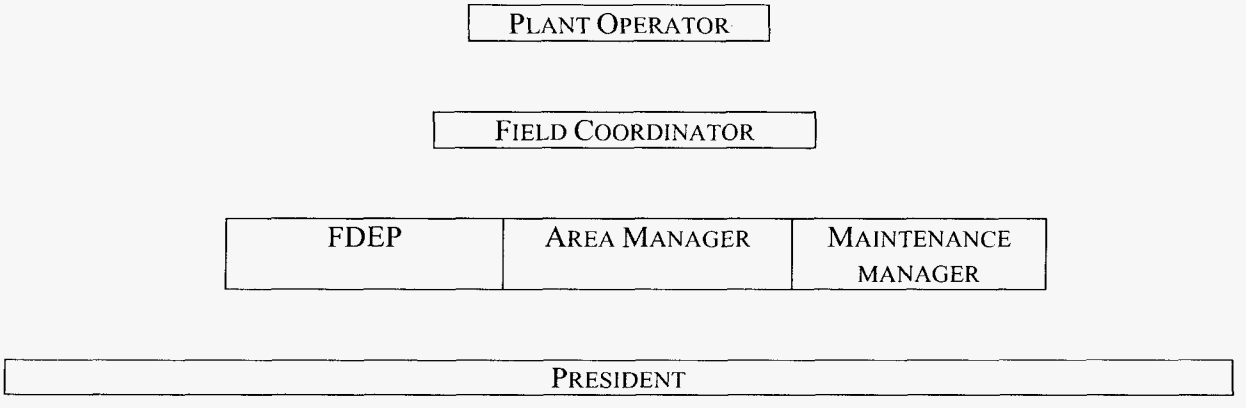
7. Fire: Our customer service will be notified of a fire via customers or direct communication from a fire department. When the fire is serious, customer service will notify the central office of the appropriate region, or the Area Manager, who determine if it is necessary to direct personnel to the site to assist fire fighting personnel. When additional water is available in the area, it may be necessary to increase the amount of water that is being pumped from the nearest storage facility.

EMERGENCY RESPONSE PLAN (ERP)
AQUA UTILITIES FLORIDA

EMERGENCY ORGANIZATIONAL CHART
WELLS



EMERGENCY ORGANIZATIONAL CHART
PLANTS



EMERGENCY RESPONSE PLAN (ERP)
Aqua Utilities Florida

EMERGENCY ORGANIZATIONAL CHART
MAINS & DISTRIBUTION

CUSTOMER SERVICE

APPROPRIATE FIELD OFFICE

OPERATOR	FIELD COORDINATOR	AREA MANAGER

PRESIDENT

EMERGENCY RESPONSE PLAN (ERP)
AQUA UTILITIES FLORIDA
CONTACT LIST

North Florida

CITY/SUBDIVISION	FIRST CONTACT	SECOND CONTACT	THIRD CONTACT
Beecher's Point	Rotating On-Call –800/519-5731	Paul Thompson – 386/937-1143	Ed Pellenz – 352/267-6146
Belleview	Rotating On-Call –800/519-5684	Paul Thompson – 386/937-1143	Ed Pellenz – 352/267-6146
Castle Lake	Rotating On-Call –800/519-5684	Paul Thompson – 386/937-1143	Ed Pellenz – 352/267-6146
Kenwood North	Rotating On-Call –800/519-5684	Paul Thompson – 386/937-1143	Ed Pellenz – 352/267-6146
West Citrus	Rotating On-Call –800/519-5684	Paul Thompson – 386/937-1143	Ed Pellenz – 352/267-6146
The Meadows	Rotating On-Call –800/519-5684	Paul Thompson – 386/937-1143	Ed Pellenz – 352/267-6146
Pine Valley	Rotating On-Call –800/519-5684	Paul Thompson – 386/937-1143	Ed Pellenz – 352/267-6146
Gainesville/Arredondo	Rotating On-Call –800/519-5684	Paul Thompson – 386/937-1143	Ed Pellenz – 352/267-6146
Hermits Cove	Rotating On-Call –800/519-5731	Paul Thompson – 386/937-1143	Ed Pellenz – 352/267-6146
Interlachen Lake Estates	Rotating On-Call –800/519-5731	Paul Thompson – 386/937-1143	Ed Pellenz – 352/267-6146
Ocala/Ocala Oaks	Rotating On-Call –800/519-5684	Paul Thompson – 386/937-1143	Ed Pellenz – 352/267-6146
Palm Port	Rotating On-Call –800/519-5731	Paul Thompson – 386/937-1143	Ed Pellenz – 352/267-6146
Park Manor	Rotating On-Call –800/519-5731	Paul Thompson – 386/937-1143	Ed Pellenz – 352/267-6146
Pomona Park	Rotating On-Call –800/519-5731	Paul Thompson – 386/937-1143	Ed Pellenz – 352/267-6146
River Grove	Rotating On-Call –800/519-5731	Paul Thompson – 386/937-1143	Ed Pellenz – 352/267-6146
Saratoga Harbour	Rotating On-Call –800/519-5731	Paul Thompson – 386/937-1143	Ed Pellenz – 352/267-6146
Silver Lake Oaks	Rotating On-Call –800/519-5731	Paul Thompson – 386/937-1143	Ed Pellenz – 352/267-6146
St Johns Highlands	Rotating On-Call –800/519-5731	Paul Thompson – 386/937-1143	Ed Pellenz – 352/267-6146
Chipley/Sunny Hills	Jean Pitzer – 850/527-1529	Paul Thompson – 386/937-1143	Ed Pellenz – 352/267-6146
Welaka	Rotating On-Call –800/519-5731	Paul Thompson – 386/937-1143	Ed Pellenz – 352/267-6146
Wooten	Rotating On-Call –800/519-5731	Paul Thompson – 386/937-1143	Ed Pellenz – 352/267-6146
Holiday Haven	Rotating On-Call –800/519-5731	Paul Thompson – 386/937-1143	Ed Pellenz – 352/267-6146
Jungle Den	Rotating On-Call –800/519-5731	Paul Thompson – 386/937-1143	Ed Pellenz – 352/267-6146
Tomoka/Twin Rivers	Rotating On-Call –800/519-5731	Paul Thompson – 386/937-1143	Ed Pellenz – 352/267-6146

Central Florida

CITY/SUBDIVISION	FIRST CONTACT	SECOND CONTACT	THIRD CONTACT
Leesburg/48 Estates	Rotating On-Call -352/266-1725	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146
Carlton Village	Rotating On-Call -352/266-1725	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146
Chuluota	Rotating On-Call -407/983-7934	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146
Haines Creek	Rotating On-Call -352/266-1725	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146
Ravenswood	Rotating On-Call -352/266-1725	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146
East Lake Harris Estates	Rotating On-Call -352/266-1725	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146
Fern Terrace	Rotating On-Call -352/266-1725	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146
Fl. Central Commerce Park	Rotating On-Call -407/983-7934	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146
Friendly Center	Rotating On-Call -352/266-1725	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146
Fruitland Park – Kings Cove	Rotating On-Call -352/266-1725	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146
Grand Terrace	Rotating On-Call -352/266-1725	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146
Harmony Homes	Rotating On-Call -407/983-7934	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146
Hobby Hills	Rotating On-Call -352/266-1725	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146
Imperial Mobile Terrace	Rotating On-Call -352/266-1725	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146
Kingswood	Rotating On-Call –407/983-7934	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146
Leesburg	Rotating On-Call -352/266-1725	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146
Morningview	Rotating On-Call -352/266-1725	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146
Oakwood	Rotating On-Call –407/983-7934	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146
Palms Mobile Home Park	Rotating On-Call -352/266-1725	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146
Picciola Island	Rotating On-Call -352/266-1725	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146
Piney Woods	Rotating On-Call -352/266-1725	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146
Quail Ridge	Rotating On-Call -352/266-1725	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146
Silver Lake Estates	Rotating On-Call -352/266-1725	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146
Skycrest	Rotating On-Call -352/266-1725	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146
Stone Mountain	Rotating On-Call -352/266-1725	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146
Tangerine	Rotating On-Call -352/266-1725	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146
Tavares – Summit Chase	Rotating On-Call -352/266-1725	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146
Valencia Terrace	Rotating On-Call -352/266-1725	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146
Venetian Village	Rotating On-Call -352/266-1725	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146
Western Shores	Rotating On-Call -352/266-1725	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146
Webster – The Woods	Rotating On-Call -352/266-1725	Will Fontaine – 352/266-2953	Ed Pellenz – 352/267-6146

South Florida

CITY /SUBDIVISION	FIRST CONTACT	SECOND CONTACT	THIRD CONTACT
Sarasota	Bill McKee – 941/650-9611 (Cell) 941/333-9328 (Pager)	Brett Hens – 941/751-3945 (Home) 941/333-2667 (Pager) 941/650-9613 (Cell)	Ed Pellenz – 352/267-6146
Lake Suzy	Johnny Chamberlain – 941/915-7688 (Cell)	Randy Farrington – 941/650-9533 (Cell)	Ed Pellenz – 352/267-6146
Lake Josephine	Johnny Chamberlain – 941/915-7688 (Cell)	Bill Dean – 941/915-8788 (Cell)	Ed Pellenz – 352/267-6146
Sebring/Sebring Lakes	Johnny Chamberlain – 941/915-7688 (Cell)	Bill Dean – 941/915-8788 (Cell)	Ed Pellenz – 352/267-6146
Wauchula – Peace River Heights	Johnny Chamberlain – 941/915-7688 (Cell)	Bill Dean – 941/915-8788 (Cell)	Ed Pellenz – 352/267-6146
Leisure Lakes (Covered Bridge)	Johnny Chamberlain – 941/915-7688 (Cell)	Bill Dean – 941/915-8788 (Cell)	Ed Pellenz – 352/267-6146
South Seas	Randy Farrington – 941/650-9533 (Cell)	Johnny Chamberlain – 941/915-7688 (Cell)	Ed Pellenz – 352/267-6146
Lake Worth/Lake Osborne	Johnny Chamberlain – 941/915-7688 (Cell)	Bill Dean – 941/915-8788 (Cell)	Ed Pellenz – 352/267-6146
Zephyr Shores	Rotating On-Call -863/581-4034	Steve Fuller – 813/267-2074	David Evans – 863/581-3596
Village Water	Rotating On-Call -863/581-4034	Steve Fuller – 813/267-2074	David Evans – 863/581-3596
Sugar Creek	Rotating On-Call -863/581-4034	Steve Fuller – 813/267-2074	David Evans – 863/581-3596
Rosalie Oaks	Rotating On-Call -863/581-4034	Steve Fuller – 813/267-2074	David Evans – 863/581-3596
Port Richey - Palm Terrace	Rotating On-Call –352/302-9713	Don Hostettler – 727/919-0674 (Cell)	Dennis Muldoon– 352/302-9713 (Cell)
Port Richey – Jasmine Lakes	Rotating On-Call –352/302-9713	Don Hostettler – 727/919-0674 (Cell)	Dennis Muldoon– 352/302-9713 (Cell)
Orange Hill	Rotating On-Call -863/581-4034	Steve Fuller – 813/267-2074	David Evans – 863/581-3596
Lake Gibson Estates	Rotating On-Call -863/581-4034	Steve Fuller – 813/267-2074	David Evans – 863/581-3596
Gibsonia Estates	Rotating On-Call -863/581-4034	Steve Fuller – 813/267-2074	David Evans – 863/581-3596

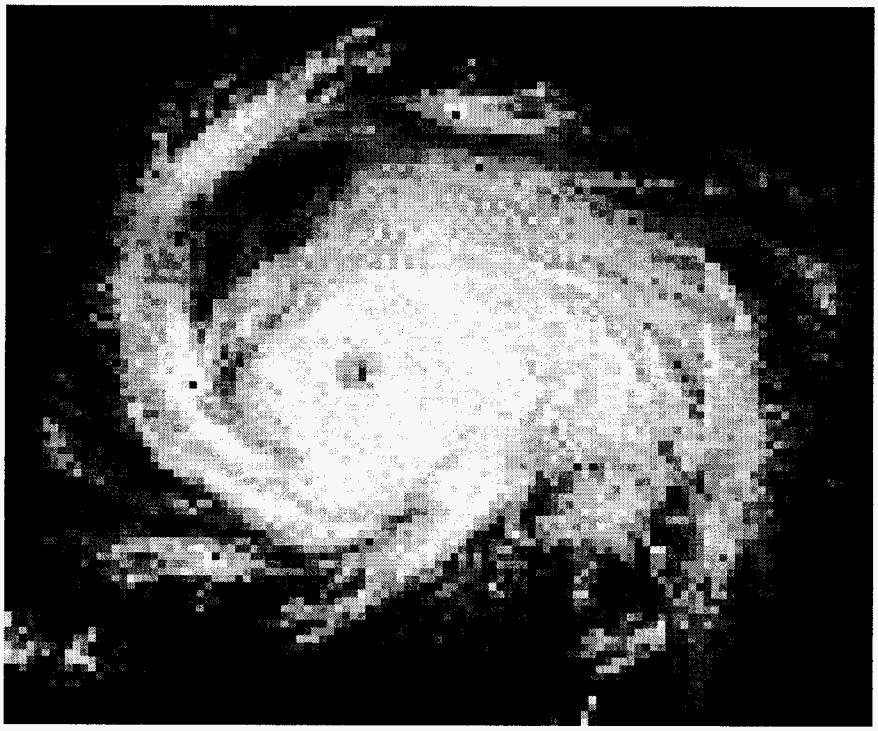
EMERGENCY RESPONSE PLAN (ERP)
AQUA UTILITIES FLORIDA
STATE EMERGENCY NUMBERS

STATE WARNING POINT 800-320-0519

County:	Sheriff's Office:	Fire Rescue:	EMS:	FBI:	Emergency Mgmt:
Alachua	352-367-4000	352-384-3101	N/A	904-721-1211	352-264-6500
Brevard	321-264-5201	N/A	N/A	813-273-4566	321-637-6670
Citrus	352-726-4488	352-527-5412	352-637-4121	904-721-1211	N/A
DeSoto	863-993-4700	863-494-3229	N/A	813-273-4566	863-993-4831
Hardee	863-773-0304	863-773-4362	N/A	813-273-4566	863-773-6373
Highlands	863-402-7200	N/A	N/A	305-944-9101	N/A
Lake	352-343-9500	352-742-6205	352-383-4554	904-721-1211	352-343-9420
Lee	239-477-1200	941-477-3626	239-344-5400	813-273-4566	237-477-3600
Marion	352-732-9111	352-694-6667	N/A	904-721-1211	352-622-3205
Orange	407-254-7000	407-836-9100	N/A	813-273-4566	407-836-9000
Palm Beach	561-688-3000	561-616-7000	561-712-6400	305-944-9101	561-712-6400
Pasco	727-844-7759	813-782-8184	N/A	813-273-4566	N/A
Polk	863-533-0344	863-534-0370	863-534-0370	813-273-4566	863-534-5600
Putnam	386-329-0080	386-329-0037	386-329-1238	904-721-1211	386-329-0379
Sarasota	941-861-5800	941-861-5300	941-861-5300	813-273-4566	N/A
Seminole	407-665-6600	407-665-5175	407-665-5051	813-273-4566	407-665-5025
Sumter	352-793-0222	352-793-0212	352-383-4554	904-721-1211	352-569-6000
Volusia	386-248-1777	386-736-5940	386-740-5201	904-721-1211	386-736-5980
Washington	850-638-6111	850-638-6301	850-638-6325	904-721-1211	850-638-6203

AQUA Utilities Florida

Hurricane Emergency Plan



HURRICANE DISASTER PREPAREDNESS

Hurricane Season is June 1 – November 30

1. Check thoroughly, all auxiliary and standby equipment. It is essential that this equipment will function during emergency conditions.

2. Stock adequate fuel supplies to operate auxiliary equipment for a 14-day period. An acceptable alternative is to make short term contacts with suppliers to hold fuel in reserve during the hurricane season.

3. Stock parts that are critical to the operation of the plant or the auxiliary equipment.

4. Maintain, in good repair, all mechanical equipment at the water plant or the auxiliary equipment.

5. Stock sufficient supplies of chlorine or hypochlorite to carry the system through a 14-day period.

6. Make sure there is a method to feed chlorine other than electrically. Power outages are common during hurricanes and many chlorinators depend on electrical pumps and solenoids. A manual by-pass may be required.

7. Keep all water storage reservoirs and elevated tanks as never full as possible after receiving hurricane warnings.

8. Drain any holding ponds as completely as is practical after receiving hurricane warnings. Anticipate flooding from heavy rains and runoffs.

9. Be available during emergency conditions. It is especially important during emergencies to be fully staffed with able personnel and to have a communications network in place.

10. Know emergency procedures and emergency interconnections with nearby water systems. Frequent communication with adjacent utilities in case of a mutual need is critical to the health and welfare of all customers in the area.

11. Notify your District's FDEP Potable Water Section if any emergency arrives that affects the supply of potable water. Let Aqua Utilities Florida. Environmental Service Compliance know if assistance is needed.

12. Survey all damage and make sure the water is properly treated once hurricane warnings have been lowered or after normal services are restored. Report your findings to the appropriate agencies.

13. Total loss of pressure in drinking water systems will require a "Drinking Water Advisory" to be issued. A satisfactory bacteriological survey (two (2) consecutive days) of samples that are representative of the areas affected and restoration of adequate disinfection will be required before the advisory is lifted.

Aqua Utilities Florida

Water Facility Vulnerability Analysis

PWS ID _____

Facility Name _____ County _____

Facility Address _____

_____

Latitude _____ Longitude _____ Elevation _____

In case of an emergency situation, who are the best two persons to contact that are responsible to coordinate or handle the situation and their telephone numbers:

Name _____ Phone _____

Name _____ Phone _____

Is this facility within 5 miles of any of the following? *Indicate yes or no*

Active Railroad Tracks _____

Major Transportation Route _____

Hazardous Intersection _____

Large Wooded or Grassy Area _____

Airport _____

Large Body of Water _____

Manufacturing plant, storage facility, or facility which may use hazardous material _____

Is the facility in an area which the State or County would order evacuation in the event of a hurricane? _____

Is it located in an area where the State or County would order electricity cut off in the event of a hurricane? _____

Can the facility be accessed from more than one direction via roadways? _____

Indicate yes or no, if yes, describe.

Auxiliary power: _____

Emergency water supply: _____

Is the personnel trained for an emergency situation and been briefed on the location of Hurricane checklists? _____

Additional comments regarding the location of the facility which may pose a hazard or which may impede emergency response: _____

_____

_____

_____

AQUA UTILITIES FLORIDA, INC.

EMERGENCY/HURRICANE PREPAREDNESS PLAN

Aqua Utilities Florida. is a full service geographically diverse water, wastewater, and reuse utility. Our multiple location throughout the state of Florida allows us to respond to catastrophic events from unaffected areas throughout the state. This statewide coordination insures that resources are available to respond to almost any emergency.

During an emergency our primary goal is to protect the safety, health, and welfare of the public. Aqua Utilities Florida. best serves this purpose by planning, coordinating, and utilizing its resources in a concentrated effort to minimize any interruption in service. This concentrated effort allows us to respond to any area's emergency in a very efficient manner. Using in-house supplies, materials, equipment, and expertise, we are capable of responding to an emergency before other utilities have begun contracting for services.

In the event of a water or sewer outage, Aqua Utilities Florida. local professionals have already determined if secondary supplies or treatment is available from surrounding utilities. They have planned ahead for supplemental water supplies and they are used through interconnects and/or inter-local agreements and priority status with waster haulers. In the case of areas where no alternate water or sewer treatment source is available, our emergency response team is dispatched with their arsenal of pumps, generators, and equipment to manually keep the utilities in service.

Each year at the beginning of hurricane season, our staff renews long-standing alliances with governmental agencies and local authorities in order to maintain a constant, up-dated list of emergency contact names and phone numbers. This list includes not only environmental professionals, but also the location of medical facilities and any evacuation routes for the individual facilities throughout the state.

Aqua Utilities Florida.'s Emergency/Hurricane Preparedness Plan is an all-purpose plan dedicated not only to the restoration of utility service, but also dedicated to the welfare of the communities we serve. We have become an integral component of emergency planning programs from the smallest town to the largest counties throughout Florida.

EMERGENCY/HURRICANE PREPAREDNESS PLAN

HURRICANE CHECKLIST

1. **Phase I (December – May)**

   A. Normal day-to-day operations

2. **Phase II (Hurricane Season – June- December)**

   A. Norman day-to-day operations.
   B. Review emergency plan update as necessary.
   C. Maintain material and equipment.
      Check other departments for new equipment available.
   D. Maintain material and equipment supplier list.
   E. Maintain contractor list.
   F. Maintain elevated tanks – drain and refill – as required
   G. Advise subordinates of hurricane season.

3. **Phase III (Hurricane Watch)**

   A. Review Emergency Plan with crews.
   B. Establish field crews for the purpose of emergency call-in list.
   C. Drain and refill all isolated storage tanks and check for maximum capacity.
   D. Designate standby technical staff.
   E. Radio check all walkie-talkies, pager units and mobile radios.
   F. Contact engineering department of availability of surveyor radios.
   G. Revise contractor work schedules and check availability for work after storm.
   H. Revise work schedule if needed.
   I. Establish Work Details.
   J. Top off fuel on all emergency vehicles, pumps, and generators.
   K. Check all facilities to secure loose items/equipment.

4. **Phase IV (Hurricane Warning)**

A. Call in all staff – put Emergency Plan into effect.
B. Work Details carry out assignments.
C. Assist in securing windows and doors.
D. Assist in plastic wrapping records.

5. **Phase V (Hurricane threat greater than 50%- Less than 12 hours away)**

A. Move to area office after making final check of facility.
B. Set up Command Post.
C. Meet with staff for final instructions.
D. Notify superior of status.
E. Assist in moving designated records.
F. Assist in moving all service and repair vehicles to designated area of plant.
G. Secure facility operations for relocation upon approval of Regional Manager.
H. Send all non-essential staff to provided shelter or homes until storm passes.

6. **Phase VI (Post Hurricane Conditions in Effect)**

A. Mobilize emergency response equipment to affected areas.
B. Have all available technical staff report to affected areas to receive assignment for damage assessments.
C. Contact other departments for additional support.
D. Requisition necessary contract work for distribution.
E. Return storage tanks to normal operation if system allows, or set up tanks as emergency water supply points.
F. Return equipment and vehicles to area office when conditions allow or assist in necessary clean-up.
G. Return records to area office.
H. Return all operations back to area office.

EMERGENCY/HURRICANE PREPAREDNESS PLAN

BASIC PLAN

I. PURPOSE

The Company Emergency Operations Plan provides:

A. Guidance to Company personnel regarding procedures, organizations, and responsibilities that will prevent, minimize, and relieve injury and hardship to employees and the public and/or damage to property that may be caused by disasters or the imminent threat thereof.

B. Identification and designation of responsibilities and the roles of various offices and departments.

C. An outline of actions required to be taken in preparation for, response to, and recovery from, natural and man-made disaster.

II. ASSUMPTION

A. Aqua Utilities Florida. will keep local authorities informed of the status of their operations, and follow the directives of all regulatory authorities.

III. CONCEPT OF OPERATIONS

A. Purpose

The purpose of this document is to provide information and guidance to company departments and plants on the overall concept of Aqua Utilities Florida.'s response to all disasters.

B. General

1. The basis of this Concept of Operations is that Aqua Utilities Florida. employees utilizing company resources will take prompt and effective response to disasters.
2. All Aqua Utilities Florida. employees will obey the orders of local or state governmental authorities in areas where a state of emergency is declared, including all evacuation orders.
3. In accordance with latest Federal Emergency Management Agency guidelines, counties may categorize utilities under any or all of the following **Emergency Support Functions (ESF)** groups:

ESF #1 Transportation Routes/Debris Removal:
Since gaining access to our facilities as quickly as possible to restore services is of primary concern, Aqua Utilities Florida. employees may be required to assist in the removal of debris from roadways.

ESF #3 Public Works
Restoration of "lifeline" services such as water and wastewater treatment.

ESF #8 Health and Medical Services
Protection of water and wastewater services

Counties and Federal Agencies will most likely designate a single contact point for all activities that fall under a particular ESF category.

C. Levels of Disaster Response

1. Each department supervisor or his/her designee will implement appropriate actions to assist the disaster response. Each Department Supervisor shall designate in writing who within their department is responsible for implementing the emergency action.

   a. General Preparation

      1) Determine whether to cancel leaves of personnel assigned emergency duties. Determine whether any personnel should be released to go home or to shelters.
      2) Have all personnel review their shelter survival plans for the safety and well being of their families.
      3) Prepare/update rosters of key employees for local emergency management officials. These rosters will facilitate operators, maintenance, and other key personnel in gaining access to disaster areas to assess damage, make repairs, etc., before the general public is allowed back into the area.*
      4) Survey employees and create/update lists of persons who or who have access to mobile communications equipment.*
      5) Check all equipment supplies, fuel, facilities, first aid kits, and communications to assure readiness to meet the hurricane emergency or other disaster. Take corrective actions as necessary.*
      6) Prepare to secure all facilities not required to be activated during the emergency.

7) Assess vulnerability of records and take protective actions.
8) Review and update Aqua Utilities Florida. emergency plans to meet current conditions.*
9) Initiate and maintain an ongoing Action/Event log.

* These items should be accomplished prior to June 1st of each year, which is generally considered the start of the "Hurricane Season."

b. Response Phase

1) Ensure all employees receive advisory messages regarding the current situation and updates in a timely manner.
2) Order all personnel and vehicles to safety.
3) Ensure all personnel carry appropriate ID so they can gain access to facilities as needed.

c. Recovery Phase

1) Assess damage to facilities and make repairs which are within local capabilities.
2) Maintain accurate records of all resources used to restore essential services, including:
   a) Salary and wages including overtime.
   b) Cost of travel, per diem or subsistence of personnel involved in disaster work.
   c) Equipment, supplies, and material used in disaster work, include materials and supplies purchased or taken from stock, rental cost of equipment, and disaster work performed under contracts or agreements.
   d) Other expenditures and obligations incurred.
   e) Expedite required activities to return to normal operations as soon as possible.

2. Operations

a. Area Managers will determine the appropriate levels of response taking into consideration:

1) Extent of operations directly affected by disaster.
2) Effective response and recovery are beyond capability of the local plant personnel.
3) Amount of time needed to notify employees given the time of day and day of the week.

4) Severity and magnitude encompass a wide area and the governor and/or local officials have declared a state of emergency or have issued other information regarding storm categories, expected time and location of landfall of a major storm, etc.
5) Specially trained personnel or special equipment is required to handle the emergency.
6) Extent of operations indirectly affected by the disaster. Among the indirect effects to be considered are areas where evacuees are coming into our system and the effects on service in non-disaster areas where personnel and equipment are sent to disaster areas.

b. Area Managers will direct Company resources from other plants within their region if necessary to assist the disaster area and will keep corporate headquarters informed of the situation.
c. Area Managers will direct activities during each disaster phase as outlined in the Operations Plan.
d. Area Managers will advise Customer Service and communications of any restrictions or problems customers should be aware of regarding their water and wastewater services, i.e.: need to boil water, etc.

3. Customer Service

a. Manager of Customer Service will notify customer service representatives of proper information to give customers regarding the situation and give directions if the disaster requires the closing of a customer service office.
b. Manager of Customer Service will direct activities during each disaster phase as outlined in the Customer Service Plan.

4. Human Resources

a. Assist supervisors as needed to recall personnel.
b. Assist in providing for employee survival, i.e., food, shelter, etc., to keep needed employees in the disaster area.
c. Provide for stress counseling.
d. Coordinate with Communications Department to provide assistance to employees and their families affected by the disaster.

5. Legal Department

   a. Review all ordinances, statutes, and public laws related to natural disasters and the provision of water and wastewater services and brief management on legal responsibilities in disaster situations.
   b. Provide advice in developing contacts for procurement of emergency supplies and equipment.
   c. Provide advice to Area Managers regarding appropriate emergency actions and possible legal consequences of actions.

6. Environmental Compliance

   a. Provide assistance to disaster areas in testing and restoring affected systems.
   b. Assist disaster areas in reporting to and coordinating with regulatory agencies during response and recovery operations.

7. Communication Department

   a. Assist in the distribution of emergency information to employees, media and customers regarding water usage.
   b. Handle media inquiries.
   c. Organize and coordinate employee efforts to assist disaster victims.

8. Engineering Department

   a. Assist Area Managers in assessing vulnerability of facilities.
   b. Recommend facility upgrading to mitigate effects of natural disasters.
   c. Provide guidance and assistance in securing facilities and protecting water supplies.
   d. Provide assistance in assessing damage.
   e. Assist clean-up and repair of facilities.

OPERATIONS/HURRICANE PREPAREDNESS PLAN

OPERATIONS DEPARTMENT PLAN

Operation's supervisors will direct the implementation of the following actions during each disaster Phase unless directed otherwise:

1. Preparation

   A. Fuel all vehicles and generator. Check operability. Check communications equipment. Chlorinate and bacterially clear mobile water tank truck.
   B. Brief personnel on their emergency assignments and possible hazards.
   C. Contact local county emergency management officials to find out if there have been any changes to the County's emergency plans, update list of contacts, etc.
   D. Initiate an Action/Event Log on actions taken.
   E. Other appropriate actions in accordance with Operations and Maintenance Procedures.

2. Response

   A. Notify and activate essential personnel.
   B. Establish contact with local emergency management officials. They will be the official source of weather updates, evacuation orders and information on shelter openings.
   C. If a plant is expected to be directly impacted by a severe storm, chlorine cylinders that are not housed in a structure that can withstand the expected winds should be removed to a more secure location. If a more secure location is not available, cylinders should be shut off and valves secured. Lay the cylinders flat and wrap them securely with tie-down straps. Secure the tie-downs 5-6 foot below ground

      ** Boil Water notices must be distributed before chlorine cylinders are disconnected. Customer Service and Communications must be notified of any Boil Water notices or any other problems regarding customer's water or wastewater services.

   D. Coordinate with interconnected systems or other sources of alternate water supplies.

E. Implement alternate methods of sewage disposal as required.
F. Ensure that services are maintained to key facilities such as shelter, hospitals, etc.
G. Order personnel to evacuate to safer areas if ordered by local authorities.
H. If ordered to "shelter to place," order all personnel to seek shelter indoors. Tape all doors and windows and shut off all ventilation systems. Remain indoors until local authorities declare it is safe to leave shelter.

3. Recovery

A. Mobilize emergency response equipment to effected site.
B. Inspect facilities and determine priority for repairs, rebuilding, etc.
C. Provide for sampling and testing to restored facilities prior to restoring service.
D. Submit reports to local and State agencies as requested.
E. Keep Customer Service and Communications advised of any restrictions or problems customers should be aware of regarding their water and wastewater services.
F. Coordinate with local County officials for removal of debris if necessary.
G. Other appropriate actions in accordance with Operations and Maintenance Manual and Procedures.

4. Mitigation

A. Maintain lists of essential personnel and equipment in an up-to-date status.
B. Inspect and correct any deficiencies found in facilities, vehicles, and communications equipment.
C. Keep equipment and facilities in a well-maintained manner.
D. Develop emergency SOP's and train personnel.
E. Develop contacts and contracts for procurement of emergency equipment and supplies, alternate sources of water and wastewater treatment, etc.
F. Review vulnerability analysis, plan, and budget if necessary for improvements to reduce vulnerability and better ensure continuity of service, especially to priority facilities such as shelters, hospitals, etc.

EMERGENCY/HURRICANE PREPAREDNESS PLAN

CUSTOMER SERVICE DEPARTMENT PLAN

The following actions will be taken by Customer Service personnel during each disaster phase unless directed otherwise:

1. Preparation

   A. Brief personnel on their emergency assignments and possible hazards.
   B. Tape windows and doors if high winds are expected.
   C. Deposit all funds except petty cash and cash drawers. Secure petty cash and cash drawers in safe.
   D. Move equipment and records to a higher and more secure location if available.

2. Response

   A. Close the office to the public if advised to evacuate or "shelter in place" by local authorities. Post signs advising the public office is closed until local authorities announce it is safe to reopen or the ends of the "shelter in place" status.
   B. Tape doors and windows prior if ordered to "shelter in place" and shut off al ventilation systems.
   C. If evacuating, brief answering service on situation and what information to give to customers.

3. Recovery

   A. Accept calls for restoration of services, damage reports, etc. and refer to appropriate people.
   B. Provide information to customers on any restrictions or problems they need to be aware of regarding their water or wastewater service.
   C. Inspect offices for safety and correct any hazards before reopening to customers.
   D. Determine if additional office hours are needed to facilitate recovery of customer service.

HURRICANE DEFINITIONS

Tropical Disturbance: A moving area of thunderstorms in the Tropics that maintains its identity for 24-hours or more. A common phenomenon in the Tropics.

Tropical Depression: Rotary circulation at surface, highest constant wind speed 38 miles per hour.

Tropical Storm: Distinct rotary circulation, constant wind speed ranges 39-73 miles per hour.

Small Craft Cautionary Statement: When a tropical cyclone threatens a coastal area, small craft operators are advised to remain in port or not venture into open sea.

Storm Warnings: May be issued when winds of 55-73 miles per hour are expected. If a hurricane is expected to strike a coastal area, storm warnings will not usually precede hurricane warnings.

Hurricane Watch: Is issued for coastal area when there is a threat of hurricane conditions within 24-36 hours.

Hurricane Warning: Is issued when hurricane conditions are expected in a specific coastal area in 24 hours or less. Hurricane conditions include winds of 74 miles per hour and/or dangerously high tides and waves. Actions for protection of life and property should begin immediately when the warning is issued.

Flash Flood Watch: Means a flash flood is possible in the area; stay alert.

Flash Flood Warning: Means a flash flood is imminent; take immediate action.

Hurricane Categories

	Winds (MPH)
CATEGORY 1	**74-95**
CATEGORY 2	**96-110**
CATEGORY 3	**111-130**
CATEGORY 4	**131-155**
CATEGORY 5	**above 155**

LIST OF PROBABLE PROPERTY DAMAGE AND EVACUATION RECOMMENDATIONS FOR HURRICANE CATEGORIES

CATEGORY 1 - Winds of 74 to 95 miler per hour, "storm surge" possibly 4 to5 feet above normal. Damage primarily to mobile homes, shrubbery, trees, foliage, and structures that are directly on the Gulf of Mexico. Low-lying coastal roads inundated, some small craft in exposed anchorage's torn from moorings. Evacuation of all coastal areas with land elevations of 6 feet or less is required.

CATEGORY 2 - Winds of 96 to 110 miler per hour, "storm surge" possibly of 6 to 8 feet above normal. Considerable damage to mobile homes, shrubbery, trees, foliage, (some trees blown down) and structures that are directly on the Gulf of Mexico. Extensive damage to poorly constructed signs. Coastal roods and low-lying escape routes inland cut off by rising water 2 to 4 hours before arrival of hurricane center. Marinas flooded. Small craft in unprotected anchorage's torn from moorings. Evacuation of all coastal areas with land elevations of 9 feet or less is required.

CATEGORY 3 - Winds of 111 to 130 miles per hour, "storm surge: possibly 9 to 12 feet above normal. Foliage torn from trees, large trees blown down. Practically all poorly constructed sign blown down. Mobile homes destroyed. Structures directly on the Gulf of Mexico may be destroyed by battering waves. Low-lying escape routes cut off by rising water 3 to 5 hours before hurricane center arrives. Flat terrain 5 feet or less above sea level flooded inland 1 mile or more. Evacuation of all coastal areas with land elevations of 15 feet or less is required.

CATEGORY 4 - Winds of 131 to 155 miles per hour, "storm surge" possibly 13 to 18 feet above normal. Shrubs and trees blown down, all signs blown down. Extensive damage to roofing materials, windows, and doors. Complete failure of roofs on many small homes, complete destruction of mobile homes. Flat terrain 10 feet or less above sea level flooded inland as far as 6 miles. Major damage to structures near the shore due to flooding and battering by waves, may be destroyed. Low-lying escape routes inland cut off by rising water 3 to 5 hours before hurricane center arrives. Major erosion of beaches. Massive evacuation of all residents on low ground within 2 miles of shore or coastal areas with land elevations of 20 feet or less is required.

CATEGORY 5 - Winds greater than 155 miles per hour, "storm surge" possibly greater than 18 feet above normal. Wide spread destruction to greater scale than for less intensity storms. Massive evacuation of all residents on low ground within 5-10 miles of shore of coastal land.

Central Florida Controls, Inc.

RECEIVED
APR 10 2006
By

FLOW METER CALIBRATION REPORT

FACILITY: AQUA UTILITIES **LOCATION:** TOMOKA VIEW WTP

METER NAME: PLANT METER **METER SIZE:** 4"

MFGR: NEPTUNE **MODEL:** HP TUBINE

FLOW DEVICE: TURBINE **METER #:** 70059610

MINIMUM FLOW: _____ **MAXIMUM FLOW:** _____

NORMALLY OPERATES AT: APPROX. 196 GPM FOR TEST

METER TOTALIZER READING BEFORE TEST: 95742700

METER TOTALIZER READING AFTER TEST: 95743200

METER READING		TEST METER	
TOTALIZER START:	95742700	**START:**	0
TOTALIZER STOP:	95743200	**STOP:**	481
TOTAL FLOW:	500	**TOTAL FLOW:**	481

OVERALL ACCURACY IN PERCENT: 103.95%
(Meter total flow / test meter total flow x 100)

ACCEPTABLE?: ☒ YES ☐ NO

COMMENTS: _____

CORRECTIONS: _____

TEST EQUIPMENT USED: PANAMETRICS PT 878 TRANSIT TIME METER S/N 729

I certify that the Water Meter identified above IS__X_ /IS NOT____ compliant with the requirements of St Johns River Water Management District

Field Engineer Signature: _____ **Date:** 4/4/2006

Customer Signature: _____ **Date:** _____

Central Florida Controls, Inc.

RECEIVED
APR 10 2006
By

FLOW METER CALIBRATION REPORT

FACILITY: AQUA UTILITIES **LOCATION:** TOMOKA VIEW WTP

METER NAME: WELL #1 & #2 METER **METER SIZE:** 3"

MFGR: NEPTUNE **MODEL:** HP TUBINE

FLOW DEVICE: TURBINE **METER #:** 70057755

MINIMUM FLOW: _____ **MAXIMUM FLOW:** _____

NORMALLY OPERATES AT: APPROX. 196 GPM FOR TEST

METER TOTALIZER READING BEFORE TEST: 4916100

METER TOTALIZER READING AFTER TEST: 4916600

METER READING		TEST METER	
TOTALIZER START:	4916100	**START:**	0
TOTALIZER STOP:	4916600	**STOP:**	512
TOTAL FLOW:	500	**TOTAL FLOW:**	512

OVERALL ACCURACY IN PERCENT: 97.66%
(Meter total flow / test meter total flow x 100)

ACCEPTABLE?: ☒ YES ☐ NO

COMMENTS: THIS METER IS SHARED BY WELL#1 & #2

CORRECTIONS: _____

TEST EQUIPMENT USED: PANAMETRICS PT 878 TRANSIT TIME METER S/N 729

I certify that the Water Meter identified above IS__X_ /IS NOT____ compliant with the requirements of St Johns River Water Management District

Field Engineer Signature: _____ **Date:** 4/4/2006

Customer Signature: _____ **Date:** _____

RECEIVED
DEPARTMENT OF HEALTH
09 DEC 18 PM 2:35
OFFICE OF THE CLERK

STATE OF FLORIDA
DEPARTMENT OF HEALTH

Department of Health,
Volusia County Health
Department,
Petitioner,

vs.

Aqua Utilities Florida,
Inc., dba Tomoka View
Estates Water System,
Respondent.
_____/

Rendition no.: DOH-09-2762-S-HSW
DOH no.: 2009-0150-SFO
VCHD no.: CO-09-06
PWS no.: 3641373

FINAL ORDER

This matter is before the Department of Health (Department) for the entry of a final order. A "Warning Letter" dated April 22, 2009, charged a violation of the ***Florida Safe Drinking Water Act***, Chapter 403, Part VI, Florida Statutes; and ***Drinking Water Standards, Monitoring, and Reporting***, Chapter 62-550, Florida Administrative Code.

The parties' "Consent Order", marked as exhibit A and incorporated by reference, resolves this matter. The "Warning Letter" is marked as exhibit B and incorporated by reference.

Upon consideration, the "Consent Order" is accepted, and the parties are directed to comply with it.

DONE and **ORDERED** this 18 day of December 2009 in Tallahassee, Leon County, Florida.

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

By: _____
Shairi Turner, M.D., M.P.H.
Deputy Secretary for Health

RECEIVED
DEC 23 2009
Aqua Utilities
Florida Inc.

Copy furnished to each of the following:

Cathy McAllister, Esquire
Department of Health
Post Office Box 9190, bin 120
Daytona Beach, Florida 32120

John Lihvarcik, President
Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, Florida 34748

Patti Anderson, Bureau Chief
Department of Health
Bureau of Water Programs
4052 Bald Cypress Way, bin C-22
Tallahassee, Florida 32399-1708

FALR

CERTIFICATE OF SERVICE

I CERTIFY that a copy of the foregoing FINAL ORDER has been served by ordinary mail via the United States Postal Service, inter-office mail, electronic transmission, or hand delivery to each of the above-named persons this 21ST day of December 2009.

R. Samuel Power
Agency Clerk
Department of Health
4052 Bald Cypress Way, bin A-02
Tallahassee, Florida 32399-1703
phone: (850)245-4005
fax: (850)410-1448

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,
VOLUSIA COUNTY HEALTH DEPARTMENT,

Complainant,

VCHD FILE NO.: CO-09-06

v.

AQUA UTILITIES FLORIDA, INC.

Respondent.
_____/

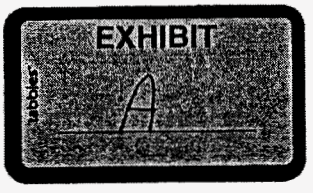
CONSENT ORDER

This Consent Order is entered into between the Department of Health, through the Volusia County Health Department ("Department"), and Aqua Utilities Florida, Inc. ("Respondent") to reach resolution of certain matters at issue between the Department and Respondent.

The Department finds and the Respondent admits the following:

1. The Department is the delegated administrative agency of the State of Florida having the power and duty to administer and enforce the provisions of the Florida Safe Drinking Water Act, Sections 403.850 et seq., Florida Statutes, and the rules promulgated thereunder, Title 62, Florida Administrative Code. The Department has jurisdiction over the matters addressed in this Consent Order.

2. Respondent is a person within the meaning of Section 403.852(5), Florida Statutes.



3. Respondent is the owner of a community water system, Tomoka View Estates Water System ("System"), PWS# 3641373, located at 336 Apache Trail, Ormond Beach, Florida, and serving the Tomoka View Estates residential development.

4. The Respondent is in violation of Rule 62-550.310(3), Florida Administrative Code ("FAC"), which establishes the maximum contaminant level ("MCL") for total trihalomethanes ("TTHMs") at 0.080 milligrams per liter ("mg/L"), during the January 1, 2009 to March 31, 2009 monitoring period, as asserted in the Department's Warning Letter WL09-04, dated April 22, 2009. The running annual average results for samples collected from the system on September 10, 2008, October 14, 2008, December 9, 2008, February 24, 2009 and March 12, 2009 were analyzed for TTHMs and are 0.087 mg/L.

5. The Respondent is in violation of Rule 62-550.310(3), FAC, which establishes the MCL for TTHMs at 0.080 mg/L, during the April 1, 2009 to June 30, 2009 monitoring period, as asserted in the Department's Non-Compliance Letter dated July 7, 2009. The running annual average result for samples collected from the system on September 10, 2008, October 14, 2008, December 9, 2008, February 24, 2009, March 12, 2009, April 15, 2009 were analyzed for TTHMs and are 0.104 mg/L.

Having reached a resolution of the matter, the Department and the Respondent mutually agree and it is

ORDERED:

6. Respondent shall comply with the following corrective actions within the stated time periods:

a. Within thirty (30) days of the effective date of this Consent Order, Respondent shall submit a revised flushing plan for the Tomoka View Estates water

system, subject to the approval of the Department. The plan shall include a program for monitoring water quality in the distribution system and will include triggers and response actions that will guide flushing practices designed to maintain water quality.

b. The Department shall review the submitted flushing plan and in the event additional information, modifications or specifications are necessary to approve the flushing plan, shall issue a written request for information ("RFI") to Respondent for such information. Respondent shall provide all information requested in any RFIs issued by the Department within twenty (20) days of receipt of each request. Within sixty (60) days of the date the Department receives the flushing plan pursuant to paragraph 6a above, the Respondent shall provide all information necessary to complete the approval.

c. Respondent shall continue to sample for TTHMs during each calendar month as long as this Consent Order is in effect. Samples shall be collected under normal operating conditions before the fifteenth (15^{th}) day of each month and the Department shall be notified at last five (5) days in advance of each sampling event in order to allow the Department the opportunity to collect split samples at its discretion. TTHM analysis results from samples collected by the Respondent shall be submitted to the Department within ten (10) days following the month in which the samples were collected or within ten (10) days of the Respondent's receipt of the results, whichever is sooner. The monthly samples specified in this paragraph shall be taken at the distribution system maximum residence time location and shall otherwise be collected and analyzed in accordance with Rule 62-550.514(2), FAC. The Respondent shall be considered to have complied with this Consent Order when each of six consecutive monthly sample results and the running annual average compliance result are below the MCL for TTHMs. If the Department

collects any split samples in conjunction with the Respondent's monthly sampling events, the two sample results shall be averaged to obtain a final result that will be used to represent the monthly sample event(s) specified in this paragraph.

d. Notwithstanding the compliance provisions of paragraphs 6a-c, *above*, Respondent shall submit an application, prepared by a Florida-registered engineer, along with any required application fees, to the Department for a permit to construct a chloramination treatment system within thirty (30) days of the effective date of this Consent Order.

e. The Department shall review the application submitted pursuant to paragraph 6d, *above*. In the event additional information, modifications or specifications are necessary to process the application, the Department shall issue a written RFI to the Respondent for such information. Respondent shall accordingly submit the requested information in writing to the Department within twenty (20) days of receipt of the request. Respondent shall provide all information requested in any additional RFIs issued by the Department within twenty (20) days of receipt of each request. Within forty-five (45) days of the date the Department receives the application pursuant to paragraph 6d above, Respondent shall provide all information necessary to complete the application.

f. Should the MCL for TTHMs from the monthly sampling specified in paragraph 6c be exceeded, or should there be a determination by either party that the minimum free active chlorine residual of 0.2 mg/L has not been maintained in the distribution system at any time following the effective date of this Consent Order, the Respondent shall complete modifications approved pursuant to the permit(s) issued in accordance with paragraphs 6d-e, *above*, within thirty (30) days. Prior to placing the

system modifications into service, Respondent shall obtain written Department clearance. Additionally, Respondent shall file a modified flushing plan and a modified distribution system operational plan, including triggers and response actions to maintain water quality in the distribution system, with the Department within thirty (30) days of receiving such clearance.

g. In the event that the modifications approved by the Department pursuant to paragraphs 6d-e, *above*, are determined by the Department to be inadequate to resolve the MCL violation(s), the Department will notify the Respondent in writing. Within thirty (30) days of receipt of written notification from the Department that the results of sampling indicate that system modifications have not resolved the violation(s), Respondent shall submit another proposal to address the MCL violation(s). Respondent shall provide all information requested in any RFIs issued by the Department within twenty (20) days of receipt of each request. Within sixty (60) days of the date the Department receives the application pursuant to this paragraph, Respondent shall provide all information necessary to complete the application.

h. Respondent shall continue to issue public notice regarding the MCL violation(s) every ninety (90) days in accordance with Rule 62-560.410(1), FAC. Respondent shall submit certification of delivery of said public notice to the Department within ten (10) days of issuing each public notice, using DEP Form 62-555.900(22).

i. Respondent shall file a progress report with the Department outlining its progress in designing, permitting and installing additional treatment to reduce chlorine demand and disinfection byproduct formation potential, or securing an alternative water supply by the twentieth (20^{th}) of the month following each calendar quarter.

7. Within ten (10) days of the effective date of this Consent Order, Respondent shall pay the Department $5,400.00 in settlement of the matters addressed in this Consent Order. Payment shall be made by cashier's check or money order. The instrument shall be made payable to the "Volusia County Health Department" and shall include thereon the VCHD File No. assigned to this Consent Order and the notation "Environmental Health Engineering" and sent to Volusia County Health Department, 121 W. Rich Avenue, DeLand, FL 32720.

8. Respondent agrees to pay the Department stipulated penalties in the amount of $500 per day for each and every day Respondent fails to timely comply with any of the requirements of paragraph(s) 6a-i of this Consent Order. A separate stipulated penalty shall be assessed for each violation of this Consent Order. Within thirty (30) days of written demand from the Department, Respondent shall make payment of the appropriate stipulated penalties to "Volusia County Health Department" by cashier's check or money order and shall include thereon the VCHD File No. assigned to this Consent Order and the notation "Environmental Health Engineering". Payment shall be sent to Volusia County Health Department, 121 W. Rich Avenue, DeLand, FL 32720. The Department may make demands for payment at any time after violations occur. Nothing in this paragraph shall prevent the Department from filing suit to specifically enforce any of the terms of this Consent Order. Any penalties assessed under this paragraph shall be in addition to the settlement sum agreed to in paragraph 7 of this Consent Order. If the Department is required to file a lawsuit to recover stipulated penalties under this paragraph, the Department will not be foreclosed from seeking civil penalties for violations of this Consent Order in an amount greater than the stipulated penalties due under this paragraph.

9. If any event, including administrative or judicial challenges by third parties unrelated to the Respondent, occurs which causes delay or the reasonable likelihood of delay, in complying with the requirements of this Consent Order, Respondent shall have the burden of proving the delay was or will be caused by circumstances beyond the reasonable control of the Respondent and could not have been or cannot be overcome by Respondent's due diligence. Economic circumstances shall not be considered circumstances beyond the control of Respondent, nor shall the failure of a contractor, subcontractor, materialman or other agent (collectively referred to as "contractor") to whom responsibility for performance is delegated to meet contractually imposed deadlines be a cause beyond the control of Respondent, unless the cause of the contractor's late performance was also beyond the contractor's control. Upon occurrence of an event causing delay, or upon becoming aware of a potential for delay, Respondent shall notify the Department orally within 24 hours or by the next working day and shall, within seven (7) calendar days of oral notification to the Department, notify the Department in writing of the anticipated length and cause of the delay, the measures taken or to be taken to prevent or minimize the delay and the timetable by which Respondent intends to implement these measures. If the parties can agree that the delay or anticipated delay has been or will be caused by circumstances beyond the reasonable control of Respondent, the time for performance hereunder shall be extended for a period equal to the agreed delay resulting from such circumstances. Such agreement shall adopt all reasonable measures necessary to avoid or minimize delay. Failure of Respondent to comply with the notice requirements of this Paragraph in a timely manner shall constitute a waiver of

Respondent's right to request an extension of time for compliance with the requirements of this Consent Order.

10. Persons who are not parties to this Consent Order, but whose substantial interests are affected by this Consent Order, have a right, pursuant to Sections 120.569 and 120.57, Florida Statutes, to petition for an administrative hearing on it. The Petition must contain the information set forth below and must be filed (received) at the offices of the Volusia County Health Department, 121 W. Rich Avenue, DeLand, FL 32720, within twenty-one (21) days of receipt of this notice. A copy of the Petition must also be mailed at the time of filing to the office named above at the address indicated. Failure to file a petition within the twenty-one (21) days constitutes a waiver of any right such person has to an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes.

11. The petition shall contain the following information:

a. The Department's Consent Order identification number and the county in which the subject matter or activity is located;

b. The name, address, and telephone number of each petitioner; the name, address and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding;

c. An explanation of how the petitioner's substantial interests will be affected by the Consent Order;

d. A statement of when and how each petitioner received notice of the Consent Order;

e. A statement of all material facts disputed by petitioner, if any;

f. A statement of the specific facts the petitioner contends warrant reversal or modification of the Consent Order,

g. A statement of which rules or statutes petitioner contends require reversal or modification of the Consent Order; and

h. A statement of the relief sought by petitioner, stating precisely the action petitioner wishers the Department to take with respect to the Consent Order.

12. If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any decision of the Department with regard to the subject Consent Order have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within twenty-one (21) days of receipt of this notice in the offices of Environmental Health Engineering at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Sections 120.569 and 120.57, Florida Statutes, and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-106.205, Florida Administrative Code.

13. A person whose substantial interests are affected by the Consent Order may file a timely petition for an administrative hearing under Sections 120.569 and 120.57, Florida Statutes, or may choose to pursue mediation as an alternative remedy under Section 120.573, Florida Statutes, before the deadline for filing a petition. Choosing

mediation will not adversely affect the right to a hearing if mediation does not result in a settlement. The procedures for pursuing mediation are set forth below.

14. Mediation may only take place if the Department and all the parties to the proceeding agree that mediation is appropriate. A person may pursue mediation by reaching a mediation agreement with all parties to the proceeding (which include the Respondent, the Department, and any person who has filed a timely and sufficient petition for a hearing) and by showing how the substantial interests of each mediating party are affected by the Consent Order. The agreement must be filed in (received) the offices of the Volusia County Health Department, 121 W. Rich Avenue, DeLand, FL 32720, within ten (10) days after the deadline as set forth above for the filing of a petition.

15. The agreement to mediate must include the following:

a. The names, addresses, and telephone numbers of any persons who may attend the mediation;

b. The name, address, and telephone number of the mediator selected by the parties, or a provision for selecting a mediator within a specified time;

c. The agreed allocation of the costs and fees associated with the mediation;

d. The agreement of the parties on the confidentiality of discussions and documents introduced during mediation;

e. The date, time, and place of the first mediation session, or a deadline for holding the first session, if no mediator has yet been chosen;

f. The name of each party's representative who shall have authority to settle or recommend settlement;

g. Either an explanation of how the substantial interests of each mediating party will be affected by the action or proposed action addressed in this notice of intent or a statement clearly identifying the petition for hearing that each party has already filed, and incorporating it by reference; and

h. The signatures of all parties or their authorized representatives. As provided in Section 120.573, Florida Statutes, the timely agreement of all parties to mediate will toll the time limitations imposed by Sections 120.569 and 120.57, Florida Statutes, for requesting and holding an administrative hearing. Unless otherwise agreed by the parties, the mediation must be concluded within sixty (60) days of the execution of the agreement. If mediation results in settlement of the administrative dispute, the Department must enter a final order incorporating the agreement of the parties. Persons whose substantial interests will be affected by such a modified final decision of the Department have a right to petition for a hearing only in accordance with the requirements for such petitions set forth above, and must therefore file their petitions within twenty-one (21) days of receipt of this notice. If mediation terminates without settlement of the dispute, the Department shall notify all parties in writing that the administrative hearing processes under Sections 120.569 and 120.57, Florida Statutes, remain available for disposition of the dispute, and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.

16. Entry of this Consent Order does not relieve Respondent of the need to comply with applicable federal, state or local laws, regulations or ordinances.

17. The terms and conditions set forth in this Consent Order may be enforced in a court of competent jurisdiction pursuant to Sections 120.69 and 403.121, Florida

Statutes. Failure to comply with the terms of this Consent Order shall constitute a violation of Section 403.859, Florida Statutes.

18. Respondent is fully aware that a violation of the terms of this Consent Order may subject Respondent to judicial imposition of damages, civil penalties up to $5,000.00 per day per violation, and criminal penalties, except as limited by the provisions of this Consent Order.

19. Respondent shall allow all authorized representatives of the Department access to the facility at reasonable times for the purpose of determining compliance with the terms of this Consent Order and the rules and statutes of the Department.

20. All submittals and payments required by this Consent Order to be submitted to the Department shall be sent to the Volusia County Health Department, Attn: Environmental Health Engineering, 121 W. Rich Avenue, DeLand, FL 32720.

21. The Department hereby expressly reserves the right to initiate appropriate legal action to prevent or prohibit any violations of applicable statutes, or the rules promulgated thereunder that are not specifically addressed by the terms of this Consent Order.

22. The Department, for and in consideration of the complete and timely performance by Respondent of the obligations agreed to in this Consent Order, hereby waives its right to seek judicial imposition of damages or civil penalties for alleged violations addressed in this Consent Order.

23. Respondent acknowledges and waives its right to an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes, on the terms of this Consent Order. Respondent acknowledges its right to appeal the terms of this Consent Order

pursuant to Section 120.68, Florida Statutes, and waives that right upon signing this Consent Order.

24. No modifications of the terms of this Consent Order shall be effective until reduced to writing and executed by both Respondent and the Department.

25. In the event of a sale or conveyance of the facility or of the property upon which the facility is located, if all of the requirements of this Consent Order have not been fully satisfied, Respondent shall, at least thirty (30) days prior to the sale or conveyance of the property or facility, (1) notify the Department of such sale or conveyance, (2) provide the name and address of the purchaser, or operator, or person(s) in control of the facility, and (3) provide a copy of this Consent Order with all attachments to the new owner, and (4) obtain the written acknowledgement of the prospective purchaser that it has read and understands the Consent Order and, if applicable, include in the written acknowledgement that the prospective purchaser agrees to fully assume all Respondent's obligations contained therein. The sale or conveyance of the facility or the property upon which the facility is located shall not relieve the Respondent of the obligation imposed in this Consent Order unless the new owner provides the written acknowledgment required under section (4) of this paragraph, in which case the Department, Respondent and the new owner will modify this Consent Order to substitute the new owner as the Respondent.

26. This Consent Order is a settlement of the Department's civil and administrative authority arising under Florida law to resolve the matters addressed herein. This Consent Order is not a settlement of any criminal liabilities, which may arise under Florida law, nor is it a settlement of any violation, which may be prosecuted criminally or civilly under federal law.

27. This Consent Order is a final order of the Department pursuant to Section 120.52(7), Florida Statutes, and it is final and effective on the date filed with the Clerk of the Department unless a Petition for Administrative Hearing is filed in accordance with Chapter 120, Florida Statutes. Upon the timely filing of a petition this Consent Order will not be effective until further order of the Department.

FOR THE RESPONDENT

NOVEMBER 3, 2009
Date

John Lihvarcik
President
AQUA UTILITIES FLORIDA, INC.

DONE AND ORDERED this 17th day of November, 2009, in Daytona Beach, Volusia County, Florida.

STATE OF FLORIDA
DEPARTMENT OF HEALTH,

Bonita J. Sorensen, MD, MBA
Director
Volusia County Health Department

Filed, on this date, pursuant to Section 120.52, F.S., with the designated Agency Clerk, receipt of which is hereby acknowledged.

Clerk

November 24, 2009
Date

FLORIDA DEPARTMENT OF HEALTH

Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

VIA CERTIFIED MAIL: 7007 2680 0001 3301 3898

April 22, 2009

Patrick Farris
Environmental Compliance Specialist
Aqua Utilities Florida, Inc.
P.O. Box 490310
Leesburg, Florida 32749-0310

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301-2525

Subject: **Warning Letter # WL09 - 04**
TOMOKA VIEW ESTATES / PWS # 3641373

Dear Mr. Farris:

The purpose of this letter is to advise you of possible violations of law for which you may be responsible, and to seek your cooperation in resolving the matter. A review of departmental records for the above referenced public water system indicates that a violation of Florida Statutes and rules may exist at the above referenced facility. Volusia County Health Department records indicate the following:

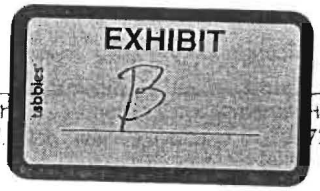
> The facility violated the maximum contaminant level drinking water standard for total trihalomethanes, a disinfection by-product, during the calendar quarter of January 1, 2009 through March 31, 2009.

It is a violation for any supplier of water to fail to comply with the following statutes and rules:

Sections 403.161(1)(b) and 403.859(2), Florida Statutes – Failure to comply with any rule or regulation adopted or issued by the Department.

Chapter 62-550.310(3), Florida Administrative Code – Primary Drinking Water Standards: Maximum Contaminant Levels and Maximum Residual Disinfectant Levels (Disinfectant Byproducts).

Chapter 62-550.821, Florida Administrative Code – Disinfectant Residuals, Disinfection Byproducts, and Disinfection Byproduct Precursors.



You are advised that operation of a facility in violation of statutes or rules may result in liability for damages and restoration, and the administration or judicial imposition of civil penalties, pursuant to sections 403.141, 403.161 and 403.860, Florida Statutes. The Department of Health is authorized to initiate enforcement proceedings involving public water systems in Volusia County pursuant to section 403.862, Florida Statutes.

You are requested to contact Paul Hextell at 386-736-5430 within ten (10) days of receipt of this Warning Letter to arrange a meeting to discuss this matter. The Department is interested in reviewing any facts you may have that will assist in determining whether any violations have occurred. You may bring anyone with you to the meeting that you feel could help resolve this matter.

Please be advised that this Warning Letter is part of an agency investigation, preliminary to agency action in accordance with Section 120.57(5), Florida Statutes. We look forward to your cooperation in completing the investigation and resolution of this matter.

Sincerely,

Thomas R. Coleman, M.D., M.S.
Director
Volusia County Health Department

cc: PWS File # 3641373
N.E. Consortium Legal Office
Patricia Carrico, Environmental Specialist II
Ronald Freeman, Professional Engineering Administrator
Paul Hextell, Environmental Supervisor II

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.*

November 4, 2009

John Lihvarcik
Aqua Utilities Florida
1100 Thomas Ave
Leesburg, FL 34748

RECEIVED
NOV 12 2009
Aqua Utilities
Florida Inc.

SUBJECT: Consumptive Use Permit Number 120858
Twin Rivers CUP

Dear Sir/Madam:

Enclosed is your permit as authorized by the Executive Director of St. Johns River Water Management District on November 04, 2009.

Please be advised that the period of time within which a third party may request an administrative hearing on this permit may not have expired by the date of issuance. A potential petitioner has twenty-six (26) days from the date on which the actual notice is deposited in the mail, or twenty-one (21) days from publication of this notice when actual notice is not provided, within which to file a petition for an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes. Receipt of such a petition by the District may result in this permit becoming null and void.

Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state and/or local agencies asserting concurrent jurisdiction over this work.

The enclosed permit is a legal document and should be kept with your other important records. Please read the permit and conditions carefully since the referenced conditions may require submittal of additional information. All information submitted as compliance with permit conditions must be submitted to the nearest District Service Center and should include the above referenced permit number.

Sincerely,
Robert Presley

Robert Presley, Director
Division of Regulatory Information Management

Enclosures: Permit, Conditions for Issuance, Compliance Forms, Map, Well Tags

cc: District Permit File

Agent: Wade Wood
101 N Woodland Blvd S-600
Deland, FL 32720

GOVERNING BOARD

Susan N. Hughes, CHAIRMAN PONTE VEDRA
W. Leonard Wood, VICE CHAIRMAN FERNANDINA BEACH
Hersey "Herky" Huffman, SECRETARY ENTERPRISE
Hans G. Tanzler III, TREASURER JACKSONVILLE
Douglas C. Bournique VERO BEACH
Michael Ertel OVIEDO
Maryam H. Ghyabi ORMOND BEACH
Richard G. Hamann GAINESVILLE
Arlen N. Jumper FORT McCOY

PERMIT NO. 120858 **DATE ISSUED:** November 4, 2009
PROJECT NAME: Twin Rivers CUP

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached conditions, the use of 8.140 mgy (0.0223 mgd annual average) of ground water from the Floridan aquifer for public supply type.

LOCATION:

Site: Twin Rivers CUP
Volusia County

Section(s): 25 Township(s): 14S Range(s): 31E

ISSUED TO:

Aqua Utilities Florida
1100 Thomas Ave
Leesburg, FL 34748

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 or 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 November 4, 2009

AUTHORIZED BY: St. Johns River Water Management District
Department of Resource Management

By: for Catherine Walker
Catherine Walker, PE MBA
Division Director

"EXHIBIT A"
CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 120858
AQUA UTILITIES FLORIDA
DATED NOVEMBER 4, 2009

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 restrictions 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 permit application may not be significantly adversely impacted by 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.

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 with in 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.

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 by the District.

10. The permittee shall meter all service connections.

11. All submittals made to demonstrate compliance with this permit must include the CUP number 120858 plainly labeled on the submittal.

12. This permit will expire on November 6, 2029.

13. Well 1 (District ID 243428) shall be equipped with a totalizing flowmeter. The flowmeter must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications.

14. The maximum annual groundwater withdrawals from the Floridan aquifer for public supply type use must not exceed 8.140 million gallons (0.0223 million gallons per day average).

15. The permittee must maintain all flowmeters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.

16. The permittee must have all flowmeters checked for accuracy at least once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/calibration.

17. Total withdrawal from Well 1 (District ID 243428) 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

18. The permittee shall use the lowest quality water source, such as reclaimed water, surface/storm water, or alternative water supply, to supply the needs of the project when deemed feasible pursuant to District rules and applicable state law.

19. All irrigation shall be in conformity with the requirements set forth in subsection 40C-2.042(2), F.A.C.

20. The permittee's consumptive use shall not adversely impact wetlands, lakes, and spring flows or contribute to a violation of minimum flows and levels adopted in Chapter 40C-8, F.A.C., except as authorized by a SJRWMD-approved minimum flow or level (MFL) recovery strategy. If unanticipated significant adverse impacts occur, the SJRWMD shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts are mitigated by the permittee pursuant to a District-approved plan.

21. The permittee's use of water as authorized by this permit shall not cause an interference with an existing legal use of water as defined in District rules. If interference occurs, the District may revoke the permit in whole or in part to abate the adverse impact unless otherwise mitigated by the permittee. 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 shall submit a mitigation plan to the District, and obtain District approval, prior to implementing any mitigation.

Notice Of Rights

1. A person whose substantial interests are or may be affected has the right to request an administrative hearing by filing a written petition with the St. Johns River Water Management District (District). Pursuant to Chapter 28-106 and Rule 40C-1.1007, Florida Administrative Code, the petition must be filed (received) either by delivery at the office of the District Clerk at District Headquarters, P. O. Box 1429, Palatka Florida 32178-1429 (4049 Reid St., Palatka, FL 32177) or by e-mail with the District Clerk at Clerk@sjrwmd.com, within twenty-six (26) days of the District depositing the notice of intended District decision in the mail (for those persons to whom the District mails actual notice), within twenty-one (21) days of the District emailing the notice of intended District decision (for those persons to whom the District emails actual notice), or within twenty-one (21) days of newspaper publication of the notice of intended District decision (for those persons to whom the District does not mail or email actual notice). A petition must comply with Sections 120.54(5)(b)4. and 120.569(2)(c), Florida Statutes, and Chapter 28-106, Florida Administrative Code. The District will not accept a petition sent by facsimile (fax), as explained in paragraph no. 5 below. Mediation pursuant to Section 120.573, Florida Statutes, is not available.

2. If the District takes action that substantially differs from the notice of intended District decision, a person whose substantial interests are or may be affected has the right to request an administrative hearing by filing a written petition with the District, but this request for administrative hearing shall only address the substantial deviation. Pursuant to Chapter 28-106 and Rule 40C-1.1007, Florida Administrative Code, the petition must be filed (received) at the office of the District Clerk at the mail/street address or email address described in paragraph no. 1 above, within twenty-six (26) days of the District depositing notice of final District decision in the mail (for those persons to whom the District mails actual notice), within twenty-one (21) days of the District emailing the notice of final District decision (for those persons to whom the District emails actual notice), or within twenty-one (21) days of newspaper publication of the notice of final District decision (for those persons to whom the District does not mail or email actual notice). A petition must comply with Sections 120.54(5)(b)4. and 120.569(2)(c), Florida Statutes, and Chapter 28-106, Florida Administrative Code. Mediation pursuant to Section 120.573, Florida Statutes, is not available.

3. A person whose substantial interests are or may be affected has the right to a formal administrative hearing pursuant to Sections 120.569 and 120.57(1), Florida Statutes, where there is a dispute between the District and the party regarding an issue of material fact. A petition for formal hearing must also comply with the requirements set forth in Rule 28-106.201, Florida Administrative Code.

4. A person whose substantial interests are or may be affected has the right to an informal administrative hearing pursuant to Sections 120.569 and 120.57(2), Florida Statutes, where no material facts are in dispute. A petition for an informal hearing must also comply with the requirements set forth in Rule 28-106.301, Florida Administrative Code.

Notice Of Rights

5. A petition for an administrative hearing is deemed filed upon receipt of the complete petition by the District Clerk at the District Headquarters in Palatka, Florida during the District's regular business hours. The District's regular business hours are 8:00 a.m. – 5:00 p.m., excluding weekends and District holidays. Petitions received by the District Clerk after the District's regular business hours shall be deemed filed as of 8:00 a.m. on the District's next regular business day. The District's acceptance of petitions filed by e-mail is subject to certain conditions set forth in the District's Statement of Agency Organization and Operation (issued pursuant to Rule 28-101.001, Florida Administrative Code), which is available for viewing at www.sjrwmd.com. These conditions include, but are not limited to, the petition being in the form of a PDF or TIFF file and being capable of being stored and printed by the District. Further, pursuant to the District's Statement of Agency Organization and Operation, attempting to file a petition by facsimile is prohibited and shall not constitute filing.

6. Failure to file a petition for an administrative hearing within the requisite time frame shall constitute a waiver of the right to an administrative hearing. (Rule 28-106.111, Florida Administrative Code).

7. The right to an administrative hearing and the relevant procedures to be followed are governed by Chapter 120, Florida Statutes, Chapter 28-106, Florida Administrative Code, and Rule 40C-1.1007, Florida Administrative Code. Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means the District's final action may be different from the position taken by it in this notice. A person whose substantial interests are or may be affected by the District's final action has the right to become a party to the proceeding, in accordance with the requirements set forth above.

8. Pursuant to Section 120.68, Florida Statutes, a party to the proceeding before the District who is adversely affected by final District action may seek review of the action in the District Court of Appeal by filing a notice of appeal pursuant to Rules 9.110 and 9.190, Florida Rules of Appellate Procedure, within 30 days of the rendering of the final District action.

9. A District action is considered rendered, as referred to in paragraph no. 8 above, after it is signed on behalf of the District, and is filed by the District Clerk.

10. Failure to observe the relevant time frames for filing a petition for judicial review as described in paragraph no. 8 above will result in waiver of that right to review.

NOR.DOC.001
Revised 7/27/09

Notice Of Rights

Certificate of Service

I HEREBY CERTIFY that a copy of the foregoing Notice of Rights has been sent by U.S. Mail to:

John Lihvarcik
Aqua Utilities Florida
1100 Thomas Ave
Leesburg, FL 34748

At 4:00 p.m. this 9th day of November, 2009.

Robert Presley

Division of Regulatory Information Management
Robert Presley, Director

St. Johns River Water Management District
Post Office Box 1429
Palatka, FL 32178-1429
(386) 329-4570
Permit Number: 120858

FLOW METER WATER CALIBRATION RECORD - EN51

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT
Post Office Box 1429
Palatka, Florida 32178-1429

Consumptive Use Permit Number: **120858**

Permittee Name: **Aqua Utilities Florida**

Date of Permit Issuance: **November 4, 2009** Station Name: **Well 1**

Pump Capacity: **108 GPM**

Serial Number on Meter: _____

Meter Model: _____

Discharge Pipe Diameter: _____

Date of Last Meter Calibration: _____/_____/_____

Date of This Calibration: _____/_____/_____

Name of Person Performing Calibration: _____

_____

Method or Equipment Used for Calibration: _____

_____

Initial Meter Reading at Start of Calibration: _____

Final Meter Reading at End of Calibration: _____

Readings on Equipment Used for Calibration:

Start: _____ End: _____

(Attach Formulas Used to Make Calculations)

Percent of Error Between Meter Reading and Calibration Equipment: _____%

Name of Person Completing Form (Please Print): _____

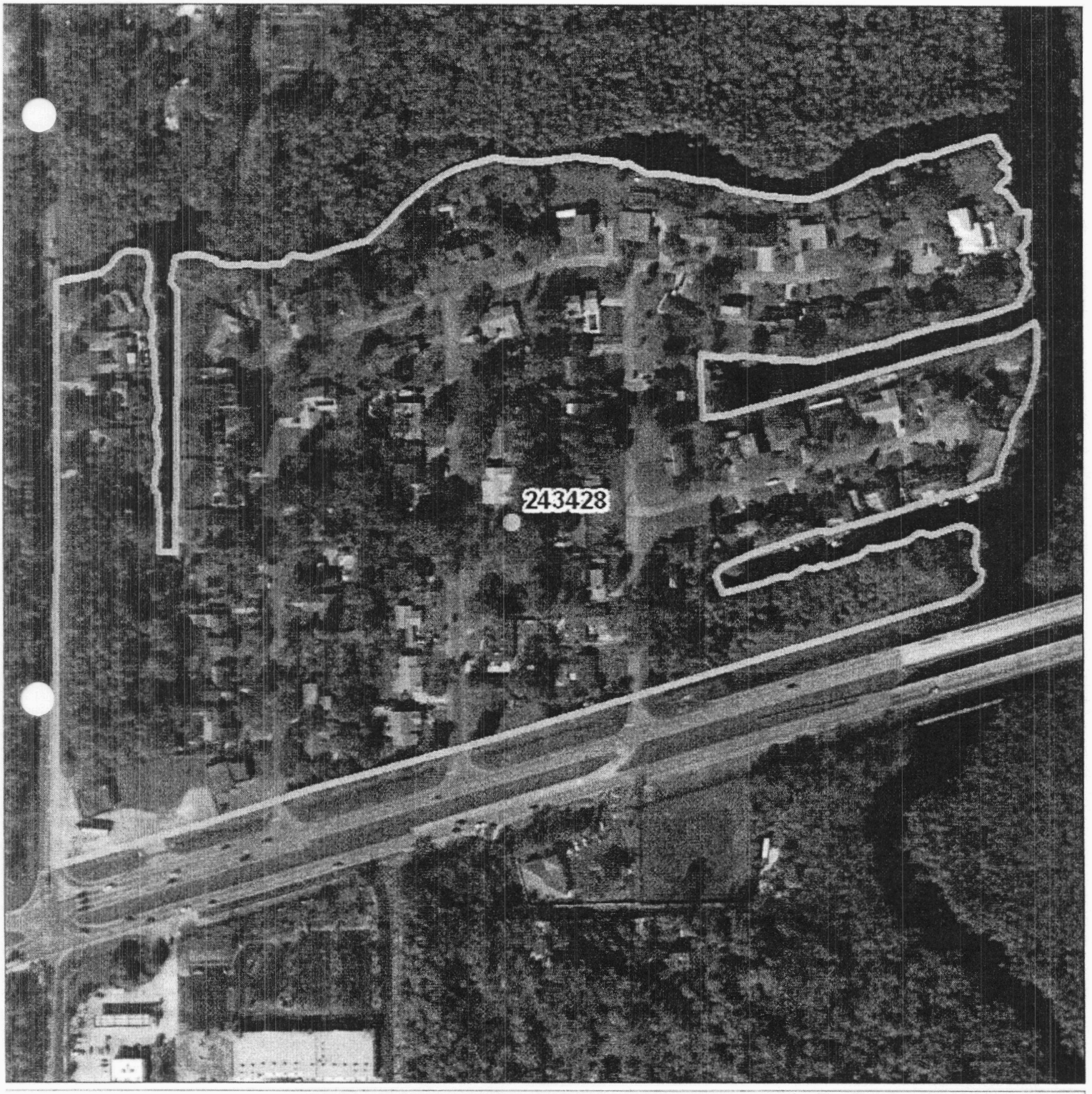
Company Name: _____

Address: _____

City/State/Zip: _____

Daytime Telephone: (_____) _____ - _____

Please Retain a Copy for Your Records



N

250 500 Feet

Twin Rivers WTP
GRS #120858-1
Volusia County

Created July 2, 2009

2006 Digital Ortho Quadrangle

The St. Johns River Water Management District prepares and uses this Information for its own purposes and this information may not be suitable for other purposes. This information is provided as is. Further documentation of this data can be obtained by contacting: St. Johns River Water Management District, Geographic Information Systems,Program Management, P.O.Box 1429, 4049 Reid Street Palatka, Florida 32178-1429 Tel: (386) 329-4176.

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:	Twin Rivers			PWS Identification Number:	3641399
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	85			Total Population Served at End of Month:	298
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				

Water Treatment Plant Information

Plant Name:	Twin Rivers		Plant Telephone Number:	(352) 787-0980
Plant Address:	8 Riverdale Avenue	City: Ormond	State: Florida	Zip Code: 32174
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

6/9/08
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	3641399	Plant Name:	Twin Rivers

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	31,000		2.8								0.8	
2	X	24.0	20,000		2.2								0.8	
3	X	24.0	31,100		1.6								0.9	
4		24.0	34,750											
5	X	24.0	34,750		1.9								0.8	
6	X	24.0	27,100		2.5								2.0	
7	X	24.0	32,000		4.0								1.4	
8	X	24.0	33,300		4.0								1.5	
9	X	24.0	32,000		4.0								1.8	
10	X	24.0	27,100		2.0								1.0	
11		24.0	47,400											
12	X	24.0	47,400		4.0								3.0	
13	X	24.0	26,100		3.5								2.5	
14	X	24.0	34,000		3.4								2.0	
15	X	24.0	31,000		3.5								1.0	
16	X	24.0	23,000		3.5								1.0	
17	X	24.0	32,000		3.5								1.8	
18		24.0	37,500											
19	X	24.0	37,500		3.5								1.4	
	X	24.0	30,000		3.2								1.9	
	X	24.0	26,000		3.2								1.5	
22	X	24.0	25,000		3.5								2.2	
23	X	24.0	20,000		3.5								2.0	
24	X	24.0	18,200		3.3								2.0	
25		24.0	37,050											
26	X	24.0	37,050		3.5								2.0	
27	X	24.0	28,500		3.5								2.0	
28	X	24.0	29,000		3.5								3.0	
29	X	24.0	29,000		3.5								2.0	
30	X	24.0	21,000		3.5								1.5	
31	X	24.0	26,500		1.2								0.8	
Total			946,300											
Avgerage			30,526											
Maximum			47,400											

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

298

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

FLORIDA

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Twin Rivers			PWS Identification Number:	3641399
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	85			Total Population Served at End of Month:	298
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				

. Water Treatment Plant Information

Plant Name:	Twin Rivers			Plant Telephone Number:	(352) 787-0980
Plant Address:	8 Riverdale Avenue	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

299

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.

07/08/08

Signature and Date

Paul Thompson

Printed or Typed Name

A7251

License Number

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

PWS Identification Number:	3641399	Plant Name:	Twin Rivers

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 Producted, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0	34,700											
2	X	24.0	34,700		1.5								1.0	
3	X	24.0	20,300		1.8								1.0	
4	X	24.0	27,000		1.8								0.8	
5	X	24.0	36,000		2.0								0.8	
6	X	24.0	25,500		3.8								2.2	
7	X	24.0	34,000		2.4								1.2	
8		24.0	24,000											
9	X	24.0	24,000		2.5								2.0	
10	X	24.0	31,000		1.8								1.0	
11	X	24.0	23,200		1.8								0.8	
12	X	24.0	29,000		2.5								1.5	
13	X	24.0	23,000		3.4								1.0	
14	X	24.0	23,500		2.4								1.0	
15		24.0	31,450											
16	X	24.0	31,450		2.4								1.0	
17	X	24.0	15,000		4.0								1.0	
18	X	24.0	20,000		2.5								1.0	
19	X	24.0	19,400		2.4								0.8	
20	X	24.0	15,400		2.5								0.8	
21	X	24.0	14,900		1.3								0.9	
22		24.0	21,000											
23	X	24.0	21,000		1.8								0.8	
24	X	24.0	18,000		1.5								0.8	
25	X	24.0	22,200		1.8								1.0	
26	X	24.0	20,200		2.0								0.8	
27	X	24.0	22,200		2.2								1.0	
28	X	24.0	29,200		4.0								2.0	
29		24.0	17,500											
30	X	24.0	17,500		3.2								1.7	
31		24.0												
Total			726,300											
Avgerage			23,429											
Maximum			36,000											

* 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: July, 2008

A. Public Water System (PWS) Information

PWS Name:	Twin Rivers			PWS Identification Number:	3641399
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	85			Total Population Served at End of Month:	298
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				

Water Treatment Plant Information

Plant Name:	Twin Rivers		Plant Telephone Number:	(352) 787-0980
Plant Address:	8 Riverdale Avenue	City: Ormond	State: Florida	Zip Code: 32174
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
8/7/08	Paul Thompson	A7251

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

PWS Identification Number:	3641399	Plant Name:	Twin Rivers

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* Producted gal.*	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Pomt 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	13,300		1.7								1.0	
2	X	24.0	13,300		2.0								1.0	
3	X	24.0	18,700		1.5								0.8	
4	X	24.0	18,200		1.6								1.0	
5	X	24.0	11,500		1.6								1.0	
6		24.0	24,650											
7	X	24.0	24,650		2.0								1.2	
8	X	24.0	18,000		3.2								1.0	
9	X	24.0	26,000		3.2								1.4	
10	X	24.0	103,400		3.5								3.0	
11	X	24.0	17,700		2.8								0.9	
12	X	24.0	15,600		2.2								1.0	
13		24.0	21,500											
14	X	24.0	21,500		3.8								2.2	
15	X	24.0	16,000		3.0								2.0	
16	X	24.0	23,000		3.5								2.8	
17	X	24.0	18,200		3.5								1.8	
18	X	24.0	12,500		3.8								3.2	
19	X	24.0	20,400		3.5								2.8	
20		24.0	15,150											
21	X	24.0	15,150		3.5								3.0	
22	X	24.0	18,300		3.5								2.8	
23	X	24.0	14,200		3.5								2.0	
24	X	24.0	18,000		3.5								2.4	
25	X	24.0	11,300		3.0								2.0	
26	X	24.0	11,400		3.0								1.7	
27		24.0	20,800											
28	X	24.0	20,800		2.5								1.0	
29	X	24.0	14,000		3.0								2.4	
30	X	24.0	15,300		3.0								1.8	
31	X	24.0	16,700		3.0								1.6	
Total			629,200											
Average			20,297											
Maximum			103,400											

* 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: August, 2008

A. Public Water System (PWS) Information

PWS Name:	Twin Rivers			PWS Identification Number:	3641399
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	85			Total Population Served at End of Month:	298
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				

Water Treatment Plant Information

Plant Name:	Twin Rivers			Plant Telephone Number:	(352) 787-0980
Plant Address:	8 Riverdale Avenue	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

303

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
09/08/08	Paul Thompson	A7251

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

PWS Identification Number:	3641399	Plant Name:	Twin Rivers

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

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

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

Day of	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	13,200		3.2								1.5	
2	X	24.0	14,100		2.5								1.0	
3		24.0	23,500											
4	X	24.0	23,500		2.6								1.0	
5	X	24.0	18,300		2.8								1.1	
6	X	24.0	18,400		2.7								1.1	
7	X	24.0	18,600		2.5								1.0	
8	X	24.0	20,600		2.7								1.0	
9	X	24.0	11,000		2.6								1.2	
10		24.0	18,950											
11	X	24.0	18,950		3.0								0.9	
12	X	24.0	12,000		3.0								1.5	
13	X	24.0	20,000		3.0								1.4	
14	X	24.0	19,000		3.2								2.1	
15	X	24.0	15,000		3.0								1.8	
16	X	24.0	7,800		3.0								1.5	
17		24.0	18,700											
18	X	24.0	18,700		3.0								1.4	
[illegible]	X	24.0	13,300		2.6								1.0	
[illegible]	X	24.0	13,400		2.8								1.2	
21	X	24.0	13,500		2.8								1.4	
22	X	24.0	11,600		3.0								2.0	
23	X	24.0	17,400		3.2								2.1	
24		24.0	19,100											
25	X	24.0	19,100		3.0								1.8	
26	X	24.0	13,200		2.5								0.8	
27	X	24.0	13,200		3.2								2.4	
28	X	24.0	14,000		3.0								1.5	
29	X	24.0	15,200		2.8								1.0	
30	X	24.0	10,000		2.4								1.2	
31		24.0	18,500											
Total			501,800											
Avgerage			16,187											
Maximum			23,500											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Twin Rivers			PWS Identification Number:	3641399
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	85			Total Population Served at End of Month:	298
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				

Water Treatment Plant Information

Plant Name:	Twin Rivers			Plant Telephone Number:	(352) 787-0980
Plant Address:	8 Riverdale Avenue	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

305

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.

10/08/08
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	3641399	Plant Name:	Twin Rivers

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, MG	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, Explain
				Peak Hourly Flow, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	CT Calculations: Disinfectant Contact Time (T) at 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	UV Dose: Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	18,500		4.0								1.5	
2	X	24.0	10,600		3.0								2.5	
3	X	24.0	23,100		2.7								0.9	
4	X	24.0	16,000		3.0								1.0	Outage - Tank Cleaning and Inspection
5	X	24.0	11,000		3.5								1.5	
6	X	24.0	12,000		2.5								1.0	
7		24.0	14,500											
8	X	24.0	14,500		2.0								0.9	
9	X	24.0	13,200		2.2								1.0	
10	X	24.0	15,500		3.4								0.8	
11	X	24.0	13,900		3.0								0.9	
12	X	24.0	15,300		2.7								0.9	
13	X	24.0	13,600		1.5								0.8	
14		24.0	21,650											
15	X	24.0	21,650		2.2								1.0	
16	X	24.0	16,000		2.2								1.0	
17	X	24.0	18,300		2.5								1.0	
18	X	24.0	14,000		2.8								1.4	
19	X	24.0	12,000		2.5								1.0	
20	X	24.0	18,000		2.8								1.2	
21		24.0	20,000											
22	X	24.0	20,000		2.8								1.2	
23	X	24.0	11,000		3.0								1.2	
24	X	24.0	16,100		3.0								1.3	
25	X	24.0	15,000		3.0								1.2	
26	X	24.0	15,000		2.8								1.0	
27	X	24.0	14,900		2.8								1.0	
28		24.0	22,100											
29	X	24.0	22,100		3.8								1.8	
30	X	24.0	16,300		3.0								0.8	
31		24.0												
Total			485,800											
Average			15,671											
Maximum			23,100											

* 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:	Twin Rivers			PWS Identification Number:	3641399
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	85			Total Population Served at End of Month:	298
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:	Twin Rivers			Plant Telephone Number:	(352) 787-0980
Plant Address:	8 Riverdale Avenue	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	David Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

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.

11/6/08
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

307

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

PWS Identification Number:	3641399	Plant Name:	Twin Rivers

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 Producted, 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 Cl Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	18,600		3.8								2.4	
2	X	24.0	22,600		4.0								1.0	
3	X	24.0	21,000		4.0								1.8	
4	X	24.0	21,400		5.0								2.5	
5		24.0	22,400											
6	X	24.0	22,400		5.0								3.5	
7	X	24.0	23,100		4.0								3.0	
8	X	24.0	15,100		2.8								1.9	
9	X	24.0	14,000		4.0								1.8	
10	X	24.0	17,000		2.0								1.0	
11	X	24.0	15,000		1.8								1.8	
12		24.0	18,000											
13	X	24.0	18,000		4.0								2.0	
14	X	24.0	15,000		2.8								1.0	
15	X	24.0	20,000		2.5								1.0	
16	X	24.0	18,000		2.6								1.0	
17	X	24.0	20,000		2.8								1.0	
18	X	24.0	30,000		3.0								1.4	
19		24.0	16,500											
20	X	24.0	16,500		2.0								0.9	
1	X	24.0	16,500		2.8								1.4	
22	X	24.0	19,000		3.0								1.7	
23	X	24.0	18,500		3.0								1.6	
24	X	24.0	13,100		3.0								1.4	
25	X	24.0	17,600		2.2								1.3	
26		24.0	19,500											
27	X	24.0	19,500		1.8								0.8	
28	X	24.0	14,000		3.5								1.0	
29	X	24.0	18,000		2.8								0.9	
30	X	24.0	17,000		4.0								2.0	
31	X	24.0	16,000		4.8								3.5	
Total			573,300											
Avgerage			18,494											
Maximum			30,000											

* 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: November, 2008

A. Public Water System (PWS) Information

PWS Name:	Twin Rivers			PWS Identification Number:	3641399
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	85			Total Population Served at End of Month:	298
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				

Vater Treatment Plant Information

Plant Name:	Twin Rivers			Plant Telephone Number:	(352) 787-0980
Plant Address:	8 Riverdale Avenue	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	David Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

II. Certification by Lead/Chief Operator

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

12/5/08
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	3641399	Plant Name:	Twin Rivers

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation*
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	24,900		4.5								3.2	
2		24.0	17,100											
3	X	24.0	17,100		4.5								3.5	
4	X	24.0	15,100		5.0								3.5	
5	X	24.0	18,000		4.5								3.5	
6	X	24.0	15,000		5.0								3.5	
7	X	24.0	16,800		4.5								3.5	
8	X	24.0	13,700		5.0								3.5	
9		24.0	22,500											
10	X	24.0	22,500		5.0								3.0	
11	X	24.0	13,000		3.4								2.5	
12	X	24.0	20,200		4.1								2.6	
13	X	24.0	22,800		4.7								2.5	
14	X	24.0	16,200		4.2								2.6	
15	X	24.0	12,300		2.5								2.1	
16		24.0	18,000											
17	X	24.0	18,000		4.9								3.0	
18	X	24.0	15,000		2.8								1.5	
19	X	24.0	13,000		3.5								3.0	
20	X	24.0	24,200		2.2								1.5	
21	X	24.0	10,200		2.2								1.5	
22	X	24.0	37,800		5.0								3.6	
23		24.0	17,150											
24	X	24.0	17,150		0.8								0.8	
25	X	24.0	15,000		2.0								1.8	
26	X	24.0	10,500		2.8								2.3	
27	X	24.0	19,000		1.0								0.8	
28	X	24.0	14,200		1.8								0.8	
29	X	24.0	16,800		3.6								1.8	
30		24.0	20,000											
31		24.0												
Total			533,200											
Average			17,200											
Maximum			37,800											

*See 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:	Twin Rivers			PWS Identification Number:	3641399
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	85			Total Population Served at End of Month:	298
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				

Water Treatment Plant Information

Plant Name:	Twin Rivers			Plant Telephone Number:	(352) 787-0980
Plant Address:	8 Riverdale Avenue	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	David Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

II. Certification by Lead/Chief Operator

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

01/08/09

Signature and Date

Paul Thompson

Printed or Typed Name

A7251

License Number

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

PWS Identification Number:	3641399	Plant Name:	Twin Rivers

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

(1) Day of Month	(2) Days Plant Staffed by Operator (Place X)	(3) Hours plant Operation	(4) Net Quantity of Finished Water Produced gal	(5) CT Calculations or UV Dose to Demostate Four-Log Virus Inactivation, if Applicable*									(6) Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	(7) Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	20,000		3.8								2.5	
2	X	24.0	11,100		3.5								2.0	
3	X	24.0	16,000		3.9								2.0	
4	X	24.0	14,300		1.6								1.1	
5	X	24.0	11,600		2.8								1.2	
6	X	24.0	15,500		3.8								0.8	
7		24.0	21,500											
8	X	24.0	21,500		4.1								2.9	
9	X	24.0	20,000		3.8								2.2	
10	X	24.0	22,300		3.5								3.0	
11	X	24.0	14,600		2.2								1.8	
12	X	24.0	14,300		1.9								1.5	
13	X	24.0	16,000		2.2								1.7	
14		24.0	18,800											
15	X	24.0	18,800		2.6								1.8	
16	X	24.0	24,300		2.5								2.5	
17	X	24.0	19,400		2.2								1.9	
18	X	24.0	14,000		2.2								1.7	
19	X	24.0	12,000		2.1								1.3	
20	X	24.0	15,000		2.4								1.4	
21		24.0	20,650											
22	X	24.0	20,650		2.2								1.6	
23	X	24.0	13,700		1.6								1.2	
24	X	24.0	20,400		1.8								1.3	
25	X	24.0	14,300		1.5								0.8	
26	X	24.0	23,000		2.0								1.3	
27	X	24.0	15,700		1.7								1.0	
28		24.0	22,000											
29	X	24.0	22,000		2.1								1.2	
30	X	24.0	12,000		1.5								0.9	
31	X	24.0	21,200		2.1								1.8	
Total			546,600											
Avgerage			17,632											
Maximum			24,300											

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

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

PWS ID:	3641399	Plant Name:	Twin Rivers

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

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

Polymer Dose ppm =		Acrylamide Level, %[1] =	

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

Polymer Dose ppm =		Epichlorohydrin Level, %[1] =	

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

Type of Sequestrant (polyphosphate or sodium silicate):	Aqua Dene
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =	0.8mg/L as PO4
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =	

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

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

313

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Twin Rivers			PWS Identification Number:	3641399
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	85			Total Population Served at End of Month:	298
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				

Vater Treatment Plant Information

Plant Name:	Twin Rivers			Plant Telephone Number:	(352) 787-0980
Plant Address:	8 Riverdale Avenue	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	David Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

314

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.

02/04/09

Signature and Date

Paul Thompson

Printed or Typed Name

A7251

License Number

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

PWS Identification Number:	3641399	Plant Name:	Twin Rivers

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	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, 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	20,700		2.2								1.8	
2	X	24.0	16,600		2.0								1.6	
3	X	24.0	20,000		2.2								1.4	
4		24.0	19,150											
5	X	24.0	19,150		1.2								0.9	
6	X	24.0	14,400		1.0								0.8	
7	X	24.0	13,600		1.5								0.9	
8	X	24.0	13,200		1.5								0.8	
9	X	24.0	14,000		1.5								0.9	
10	X	24.0	10,600		1.5								0.9	
11		24.0	23,000											
12	X	24.0	23,000		1.6								0.9	
13	X	24.0	12,000		1.4								1.0	
14	X	24.0	10,800		1.5								1.0	
15	X	24.0	14,000		1.7								1.4	
16	X	24.0	12,000		1.6								1.2	
17	X	24.0	9,700		1.8								1.0	
18		24.0	18,200											
19	X	24.0	18,200		1.8								1.0	
20	X	24.0	14,500		2.0								1.5	
21	X	24.0	12,200		1.9								1.2	
22	X	24.0	16,000		1.5								1.2	
23	X	24.0	17,100		1.6								1.2	
24	X	24.0	12,000		1.6								1.0	
25		24.0	18,000											
26	X	24.0	18,000		1.4								0.9	
27	X	24.0	15,000		1.4								0.8	
28	X	24.0	15,100		1.4								0.8	
29	X	24.0	13,000		4.0								2.8	
30	X	24.0	13,200		4.0								1.8	
31	X	24.0	9,000		3.2								1.8	
Total			475,400											
Avgerage			15,335											
Maximum			23,000											

* 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: February, 2009

A. Public Water System (PWS) Information

PWS Name:	Twin Rivers			PWS Identification Number:	3641399
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	85			Total Population Served at End of Month:	298
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

Water Treatment Plant Information

Plant Name:	Twin Rivers			Plant Telephone Number:	(352) 787-0980
Plant Address:	8 Riverdale Avenue	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	David Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

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.

3/9/09
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

316

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

PWS Identification Number:	3641399	Plant Name:	Twin Rivers

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0	16,000											
2	X	24.0	16,000		3.8								1.8	
3	X	24.0	11,000		4.4								3.0	
4	X	24.0	13,000		3.8								2.5	
5	X	24.0	13,300		4.0								2.5	
6	X	24.0	13,800		2.8								1.9	
7	X	24.0	11,200		2.8								2.4	
8		24.0	18,800											
9	X	24.0	18,800		3.4								1.8	
10	X	24.0	17,000		3.4								2.2	
11	X	24.0	17,000		3.4								2.5	
12	X	24.0	23,000		2.2								1.5	
13	X	24.0	15,000		2.1								1.0	
14	X	24.0	18,500		1.8								0.8	
15		24.0	20,300											
16	X	24.0	20,300		1.6								1.0	
17	X	24.0	16,000		2.4								1.5	
18	X	24.0	17,200		2.5								1.2	
19	X	24.0	14,000		2.5								1.5	
[illegible]	X	24.0	14,200		2.6								1.5	
[illegible]	X	24.0	11,400		2.5								1.5	
22		24.0	20,100											
23	X	24.0	20,100		2.4								1.3	
24	X	24.0	12,000		2.4								1.2	
25	X	24.0	19,500		2.4								2.0	
26	X	24.0	22,600		2.6								1.4	
27	X	24.0	14,500		2.0								1.0	
28	X	24.0	15,800		2.4								1.0	
29		24.0												
30		24.0												
31		24.0												
Total			460,400											
Avgerage			14,852											
Maximum			23,000											

* 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: March, 2009

A. Public Water System (PWS) Information

PWS Name:	Twin Rivers			PWS Identification Number:	3641399
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	85			Total Population Served at End of Month:	298
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Twin Rivers			Plant Telephone Number:	(352) 787-0980
Plant Address:	8 Riverdale Avenue	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	David Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

II. Certification by Lead/Chief Operator

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

4/8/09
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	3641399	Plant Name:	Twin Rivers

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

Day of the M	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0	19,500											
2	X	24.0	19,500		2.1								1.0	
3	X	24.0	8,000		2.2								0.8	
4	X	24.0	18,200		2.2								1.0	
5	X	24.0	15,400		2.2								0.8	
6	X	24.0	16,300		3.0								1.6	
7	X	24.0	18,400		3.2								1.9	
8		24.0	21,550											
9	X	24.0	21,550		3.0								2.0	
10	X	24.0	13,000		3.2								2.4	
11	X	24.0	15,000		2.2								1.4	
12	X	24.0	20,200		2.4								1.2	
13	X	24.0	16,600		2.0								0.9	
14	X	24.0	15,000		2.0								0.9	
15		24.0	21,700											
16	X	24.0	21,700		2.2								1.6	
17	X	24.0	15,000		2.2								1.4	
18	X	24.0	22,400		2.5								2.0	
19	X	24.0	26,200		2.5								1.8	
[illegible]	X	24.0	20,000		2.5								2.0	
21	X	24.0	18,400		2.8								2.0	
22		24.0	16,500											
23	X	24.0	16,500		3.2								1.5	
24	X	24.0	13,400		3.0								2.0	
25	X	24.0	21,600		3.2								1.5	
26	X	24.0	14,000		3.0								1.5	
27	X	24.0	27,000		3.2								2.2	
28	X	24.0	18,700		3.2								2.0	
29		24.0	18,550											
30	X	24.0	18,550		3.0								1.5	
31	X	24.0	14,000		3.0								1.6	
Total			562,400											
Avgerage			18,142											
Maximum			27,000											

* 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:	Twin Rivers			PWS Identification Number:	3641399
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	85			Total Population Served at End of Month:	298
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Twin Rivers			Plant Telephone Number:	(352) 787-0980
Plant Address:	8 Riverdale Avenue	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	David Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

320

II. Certification by Lead/Chief Operator

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

5/6/09
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	3641399	Plant Name:	Twin Rivers

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 Producted, 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	10,200		3.4								2.0	
2	X	24.0	16,200		2.0								1.2	
3	X	24.0	14,400		2.5								1.2	
4		24.0	12,400											
5		24.0	25,000											
6	X	24.0	25,000		2.0								1.4	
7	X	24.0	16,500		2.0								1.0	
8	X	24.0	12,500		2.2								1.0	
9	X	24.0	20,100		2.2								0.9	
10	X	24.0	21,000		2.0								1.8	
11	X	24.0	23,300		2.2								1.5	
12		24.0	18,850											
13	X	24.0	18,850		2.2								1.0	
14	X	24.0	13,800		2.2								1.1	
15	X	24.0	15,000		2.4								1.4	
16	X	24.0	11,000		2.3								1.8	
17	X	24.0	13,400		2.2								1.3	
18	X	24.0	15,800		2.3								1.7	
19		24.0	20,500											
20	X	24.0	20,500		2.3								1.2	
21	X	24.0	12,300		1.8								0.8	
22	X	24.0	18,200		2.9								2.0	
23	X	24.0	24,600		2.4								0.9	
24	X	24.0	19,000		3.4								2.8	
25	X	24.0	14,700		2.2								1.8	
26		24.0	28,500											
27	X	24.0	28,500		2.5								1.0	
28	X	24.0	14,000		2.7								1.4	
29	X	24.0	22,600		2.8								1.8	
30	X	24.0	21,000		2.2								1.8	
31		24.0												
Total			547,700											
Avgerage			17,668											
Maximum			28,500											

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

321

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Twin Rivers			PWS Identification Number:	3641399
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	85			Total Population Served at End of Month:	298
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Twin Rivers			Plant Telephone Number:	(352) 787-0980
Plant Address:	8 Riverdale Avenue	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	David Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

II. Certification by Lead/Chief Operator

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

6/8/09
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

322

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

PWS Identification Number:	3641399	Plant Name:	Twin Rivers

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

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

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

Day of 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) in Water 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 (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	21,200		2.4								0.9	
2	X	24.0	17,200		2.0								1.5	
3		24.0	44,100											
4	X	24.0	44,100		2.2								1.0	
5	X	24.0	28,000		2.0								1.4	
6	X	24.0	24,000		2.4								2.0	
7	X	24.0	28,200		2.2								1.0	
8	X	24.0	33,600		2.2								1.0	
9	X	24.0	35,000		2.4								2.0	
10		24.0	23,600											
11	X	24.0	23,600		2.4								1.6	
12	X	24.0	26,000		2.4								2.1	
13	X	24.0	19,000		2.6								1.4	
14	X	24.0	19,000		4.0								1.0	
15	X	24.0	13,000		3.8								2.8	
16	X	24.0	19,100		2.8								1.1	
17		24.0	20,550											
18	X	24.0	20,550		2.8								1.0	
19	X	24.0	13,500		4.0								0.9	
20	X	24.0	12,000		4.0								1.2	
21	X	24.0	11,000		2.8								1.8	
22	X	24.0	13,000		2.4								0.8	
23	X	24.0	14,200		2.4								1.9	
24		24.0	14,000											
25	X	24.0	14,000		2.4								1.6	
26	X	24.0	15,100		2.4								1.9	
27	X	24.0	15,600		2.4								2.0	
28	X	24.0	11,000		0.4								0.8	
29	X	24.0	13,400		3.3								1.2	
30	X	24.0	17,000		3.8								0.8	
31		24.0	18,000											
Total			641,600											
Avgerage			20,697											
Maximum			44,100											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Twin Rivers			PWS Identification Number:	3641399
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community			☐ Consecutive	
Number of Service Connections at End of Month:	85			Total Population Served at End of Month:	298
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

Water Treatment Plant Information

Plant Name:	Twin Rivers			Plant Telephone Number:	(352) 787-0980
Plant Address:	8 Riverdale Avenue	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	David Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

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.

8/7/09

Signature and Date

Paul Thompson

Printed or Typed Name

A7251

License Number

324

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

PWS Identification Number:	3641399	Plant Name:	Twin Rivers

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	18,000		4.0								2.4	
2	X	24.0	16,200		4.0								1.2	
3	X	24.0	15,400		3.8								1.8	
4	X	24.0	17,000		3.5								1.0	
5	X	24.0	16,000		3.2								2.0	
6	X	24.0	13,800		2.2								1.8	
7		24.0	20,500											
8	X	24.0	20,500		3.5								1.2	
9	X	24.0	17,000		3.5								1.8	
10	X	24.0	13,200		3.5								1.1	
11	X	24.0	15,200		2.5								0.8	
12	X	24.0	20,000		3.5								1.8	
13	X	24.0	14,100		2.4								0.8	
14		24.0	19,200											
15	X	24.0	19,200		2.8								0.9	
16	X	24.0	15,700		3.2								1.0	
17	X	24.0	15,000		3.5								1.0	
18	X	24.0	17,100		3.7								1.2	
19	X	24.0	15,800		3.8								1.2	
[illegible]	X	24.0	12,100		3.2								1.4	
[illegible]		24.0	28,600											
22	X	24.0	28,600		2.4								0.8	
23	X	24.0	54,700		3.0								2.0	
24	X	24.0	20,000		2.8								0.8	
25	X	24.0	21,300		2.8								0.8	
26	X	24.0	14,700		2.8								0.8	
27	X	24.0	13,400		2.5								0.8	
28		24.0	20,000											
29	X	24.0	20,000		1.1								0.2	
30	X	24.0	17,500		2.5								0.2	
31		24.0												
Total			569,800											
Avgerage			18,381											
Maximum			54,700											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Twin Rivers			PWS Identification Number:	3641399
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	85			Total Population Served at End of Month:	298
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

Water Treatment Plant Information

Plant Name:	Twin Rivers			Plant Telephone Number:	(352) 787-0980
Plant Address:	8 Riverdale Avenue	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	David Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

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.

8/7/09
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	3641399	Plant Name:	Twin Rivers

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 ıth	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, 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, ^{o}C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	19,200		3.5								0.2	
2	X	24.0	15,000		3.5								0.2	
3	X	24.0	16,100		3.5								0.4	
4	X	24.0	18,900		3.2								1.5	
5		24.0	23,000											
6	X	24.0	23,000		2.2								0.4	
7	X	24.0	17,500		4.0								1.1	
8	X	24.0	16,600		4.0								2.8	
9	X	24.0	17,400		4.0								0.4	
10	X	24.0	18,600		4.0								1.7	
11	X	24.0	54,500		3.4								2.8	
12		24.0	20,200											
13	X	24.0	20,200		3.5								0.9	
14	X	24.0	22,000		4.0								0.7	
15	X	24.0	14,000		4.0								3.0	
16	X	24.0	21,800		3.8								2.5	
17	X	24.0	16,000		4.0								1.0	
18	X	24.0	12,300		4.0								3.0	
19		24.0	18,500											
0	X	24.0	18,500		3.8								2.5	
21	X	24.0	17,400		3.8								3.0	
22	X	24.0	16,000		3.8								0.8	
23	X	24.0	27,000		3.8								2.2	
24	X	24.0	23,600		3.8								1.0	
25	X	24.0	19,400		3.0								1.2	
26		24.0	21,000											
27	X	24.0	21,000		3.5								0.6	
28	X	24.0	16,000		3.5								1.7	
29	X	24.0	13,400		3.5								2.4	
30	X	24.0	13,500		2.5								1.4	
31	X	24.0	12,700		2.7								1.6	
Total			604,300											
Avgerage			19,494											
Maximum			54,500											

* 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:	Twin Rivers			PWS Identification Number:	3641399
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	85			Total Population Served at End of Month:	298
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

Water Treatment Plant Information

Plant Name:	Twin Rivers			Plant Telephone Number:	(352) 787-0980
Plant Address:	8 Riverdale Avenue	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	David Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

328

II. Certification by Lead/Chief Operator

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

09/04/09
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	3641399	Plant Name:	Twin Rivers

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

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

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

Day of the month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24.0	14,800		2.8								1.5	
2		24.0	14,500											
3	X	24.0	14,500		2.8								2.4	
4	X	24.0	14,100		2.5								2.2	
5	X	24.0	15,200		2.8								1.5	
6	X	24.0	15,500		3.2								2.5	
7	X	24.0	11,100		2.8								1.4	
8	X	24.0	12,500		3.0								2.5	
9		24.0	20,800											
10	X	24.0	20,800		3.8								2.9	
11	X	24.0	19,000		2.5								1.8	
12	X	24.0	10,000		1.7								1.8	
13	X	24.0	12,200		3.2								1.6	
14	X	24.0	13,000		3.0								1.0	
15	X	24.0	8,400		4.8								1.0	
16		24.0	18,250											
17	X	24.0	18,250		3.8								2.5	
18	X	24.0	12,500		3.4								3.4	
19	X	24.0	13,300		4.0								2.6	
20	X	24.0	15,100		4.2								2.8	
21	X	24.0	10,900		4.8								3.5	
22	X	24.0	10,900		4.8								3.7	
23		24.0	15,400											
24	X	24.0	15,400		4.7								1.3	
25	X	24.0	12,800		3.0								2.0	
26	X	24.0	13,000		3.0								2.5	
27	X	24.0	35,000		2.8								1.2	
28	X	24.0	12,500		2.8								1.4	
29	X	24.0	10,000		3.5								1.0	
30		24.0	16,500											
31	X	24.0	16,500		4.0								0.8	
Total			462,700											
Average			14,926											
Maximum			35,000											

* 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: September, 2009

A. Public Water System (PWS) Information

PWS Name:	Twin Rivers			PWS Identification Number:	3641399
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	85			Total Population Served at End of Month:	298
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Twin Rivers			Plant Telephone Number:	(352) 787-0980
Plant Address:	8 Riverdale Avenue	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	David Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
10/7/09	Paul Thompson	A7251

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

PWS Identification Number:	3641399	Plant Name:	Twin Rivers

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

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

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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	21,000		4.0								1.0	
2	X	24.0	16,000		3.5								0.8	
3	X	24.0	18,100		3.5								1.2	
4	X	24.0	14,100		3.5								1.5	
5	X	24.0	12,700		2.2								1.4	
6		24.0	15,500											
7	X	24.0	15,500		3.0								0.8	
8	X	24.0	19,100		3.2								1.4	
9	X	24.0	14,400		2.8								1.2	
10	X	24.0	13,000		1.6								0.9	
11	X	24.0	12,600		1.5								0.6	
12	X	24.0	14,500		1.8								1.2	
13		24.0	134,000											
14	X	24.0	134,000		2.5								1.0	
15	X	24.0	8,700		4.0								1.2	
16	X	24.0	14,000		2.2								0.6	
17	X	24.0	24,000		3.0								1.4	
18	X	24.0	24,700		1.5								0.6	
19	X	24.0	11,100		3.2								0.8	
20		24.0	21,700											
21	X	24.0	21,700		1.5								1.0	
22	X	24.0	14,400		3.0								1.3	
23	X	24.0	16,000		1.4								0.8	
24	X	24.0	16,200		1.1								0.7	
25	X	24.0	15,200		1.6								0.6	
26	X	24.0	13,700		3.2								2.0	
27		24.0	25,000											
28	X	24.0	25,000		1.7								1.2	
29	X	24.0	21,000		3.2								1.0	
30	X	24.0	19,300		1.0								0.6	
31		24.0												
Total			746,200											
Avgerage			24,071											
Maximum			134,000											

* 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

FLORIDA

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Twin Rivers			PWS Identification Number:	3641399
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	85			Total Population Served at End of Month:	298
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
ontact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Twin Rivers			Plant Telephone Number:	(352) 787-0980
Plant Address:	8 Riverdale Avenue	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	David Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

332

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.

11/6/09
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	3641399	Plant Name:	Twin Rivers

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

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

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

				CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*											
				CT Calculations							UV Dose				
Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2	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	X	24.0	22,000		1.6								0.9	
2	X	24.0	18,000		1.6								0.7	
3	X	24.0	17,600		1.8								0.8	
4	X	24.0	18,000		3.0								1.5	
5	X	24.0	23,000		3.8								2.0	
6	X	24.0	14,000		3.8								1.6	
7	X	24.0	16,300		4.0								0.6	
8	X	24.0	28,500		3.5								1.2	
9	X	24.0	18,000		4.0								3.0	
10	X	24.0	17,000		3.5								2.0	
11		24.0	20,000											
12	X	24.0	20,000		2.2								1.5	
13	X	24.0	16,600		3.2								1.3	
14	X	24.0	17,000		3.5								0.8	
15	X	24.0	20,000		3.5								1.5	
16	X	24.0	13,700		3.3								1.3	
17	X	24.0	12,500		2.4								1.4	
18		24.0	24,550											
19	X	24.0	24,550		3.5								1.2	
20	X	24.0	13,500		3.8								1.2	
21	X	24.0	16,500		3.8								2.4	
22	X	24.0	23,400		3.8								0.7	
23	X	24.0	14,000		3.3								0.8	
24	X	24.0	16,400		4.0								2.5	
25		24.0	17,750											
26	X	24.0	17,750		3.2								1.8	
27	X	24.0	18,300		3.8								1.4	
28	X	24.0	16,400		4.0								2.5	
29	X	24.0	13,000		3.5								1.8	
30	X	24.0	13,900		3.5								1.8	
31	X	24.0	15,000		4.5								2.6	
Total			557,200											
Avgerage			17,974											
Maximum			28,500											

* 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:	Twin Rivers			PWS Identification Number:	3641399
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	85			Total Population Served at End of Month:	298
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Twin Rivers			Plant Telephone Number:	(352) 787-0980
Plant Address:	8 Riverdale Avenue	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	David Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
12/8/09	Paul Thompson	A7251

334

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

PWS Identification Number:	3641399	Plant Name:	Twin Rivers

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

ay of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1		24.0	21,500											
2	X	24.0	21,500		2.5								1.1	
3	X	24.0	19,600		1.2								1.5	
4	X	24.0	12,100		0.9								0.9	
5	X	24.0	22,500		1.3								0.9	
6	X	24.0	11,800		1.8								1.0	
7	X	24.0	16,200		2.4								1.1	
8		24.0	20,500											
9	X	24.0	20,500		6.6								2.3	
10	X	24.0	19,100		5.8								2.5	
11	X	24.0	14,000		4.1								1.6	
12	X	24.0	14,200		4.5								2.0	
13	X	24.0	11,100		4.8								1.8	
14	X	24.0	24,500		5.0								2.5	
15		24.0	15,550											
16	X	24.0	15,550		4.3								1.8	
17	X	24.0	21,100		4.5								2.0	
18	X	24.0	21,200		4.6								2.7	
19	X	24.0	21,000		2.5								2.0	
20	X	24.0	16,100		1.7								0.9	
21	X	24.0	14,200		2.6								1.2	
22		24.0	21,600											
23	X	24.0	21,600		1.2								0.8	
24	X	24.0	17,900		3.2								2.8	
25	X	24.0	15,000		1.8								0.8	
26	X	24.0	16,500		2.4								2.0	
27	X	24.0	19,000		4.1								3.1	
28	X	24.0	16,400		4.3								2.8	
29		24.0	24,500											
30	X	24.0	24,500		5.1								3.3	
31		24.0												
Total			550,800											
Avgerage			17,768											
Maximum			24,500											

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

335

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

Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Twin Rivers			PWS Identification Number:	3641399
PWS Type:	☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive				
Number of Service Connections at End of Month:	85			Total Population Served at End of Month:	255
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Twin Rivers			Plant Telephone Number:	(352) 787-0980
Plant Address:	8 Riverdale Avenue	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water ☐ Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	David Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

II. Certification by Lead/Chief Operator

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

1/7/10

Signature and Date

Paul Thompson

Printed or Typed Name

A7251

License Number

336

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

PWS Identification Number:	3641399	Plant Name:	Twin Rivers

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

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

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

Day of e Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, 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	18,000		4.6								2.0	
2	X	24.0	18,000		4.5								3.2	
3	X	24.0	16,100		4.4								2.5	
4	X	24.0	19,000		4.4								1.9	
5	X	24.0	12,500		4.5								2.2	
6		24.0	19,000											
7	X	24.0	19,000		5.3								2.2	
8	X	24.0	17,300		5.0								2.4	
9	X	24.0	16,000		4.4								2.1	
10	X	24.0	15,100		4.2								2.0	
11	X	24.0	18,200		3.4								2.2	
12	X	24.0	14,200		3.8								2.5	
13		24.0	17,750											
14	X	24.0	17,750		3.5								3.0	
15	X	24.0	14,500		3.5								2.5	
16	X	24.0	18,600		4.7								3.0	
17	X	24.0	22,000		4.2								2.8	
[illegible]	X	24.0	15,300		4.5								2.9	
[illegible]	X	24.0	14,600		7.3								4.4	
20		24.0	19,950											
21	X	24.0	19,950		4.0								3.5	
22	X	24.0	21,000		4.2								3.0	
23	X	24.0	25,000		4.6								3.5	
24	X	24.0	25,200		4.2								3.0	
25	X	24.0	16,000		3.3								2.8	
26	X	24.0	28,000		3.4								2.8	
27		24.0	16,500											
28	X	24.0	16,500		2.3								1.5	
29	X	24.0	19,000		2.5								1.8	
30	X	24.0	17,200		2.8								2.0	
31	X	24.0	14,600		2.0								1.2	
Total			561,800											
Avgerage			18,123											
Maximum			28,000											

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

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

PWS ID:	3641399	Plant Name:	Twin Rivers

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2009

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

Polymer Dose ppm =		Acrylamide Level, %[1] =	

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

Polymer Dose ppm =		Epichlorohydrin Level, %[1] =	

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

Type of Sequestrant (polyphosphate or sodium silicate):	Aqua Mag
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 =	0.8mg/L as PO4
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =	

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

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

338

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Twin Rivers			PWS Identification Number:	3641399
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	85			Total Population Served at End of Month:	255
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Twin Rivers			Plant Telephone Number:	(352) 787-0980
Plant Address:	8 Riverdale Avenue	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	David Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

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02/08/10
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	3641399	Plant Name:	Twin Rivers

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, 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, ^{O}C	pH of Water, if Applicable	Minimum CT Required, mg min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	17,000		1.5								1.1	
2	X	24.0	14,300		2.1								1.1	
3		24.0	18,000											
4	X	24.0	18,000		1.4								0.9	X- Switched to ammonium sulfate
5	X	24.0	25,400		1.8								1.4	
6	X	24.0	14,300		2.0								1.5	
7	X	24.0	27,000		3.1								2.1	
8	X	24.0	14,400		3.4								2.5	
9	X	24.0	14,300		2.5								2.3	
10		24.0	20,800											
11	X	24.0	20,800		3.6								2.9	
12	X	24.0	18,600		3.5								2.8	
13	X	24.0	20,300		3.4								2.6	
14	X	24.0	18,500		3.0								2.2	
15	X	24.0	20,000		2.8								1.8	
16	X	24.0	14,000		2.8								2.0	
17		24.0	18,500											
18	X	24.0	18,500		1.1								0.9	
19	X	24.0	17,000		1.0								0.9	
20	X	24.0	13,300		1.0								0.8	
21	X	24.0	16,700		1.5								1.0	
22	X	24.0	9,000		1.0								0.9	
23	X	24.0	21,400		1.6								0.9	
24		24.0	16,850											
25	X	24.0	16,850		0.9								0.8	
26	X	24.0	8,500		3.7								2.7	
27	X	24.0	21,400		1.7								1.2	
28	X	24.0	16,100		3.7								1.8	
29	X	24.0	24,400		3.5								2.9	
30	X	24.0	28,900		4.0								3.1	
31		24.0	35,000											
Total			578,100											
Avgerage			18,648											
Maximum			35,000											

* 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: February, 2010

A. Public Water System (PWS) Information

PWS Name:	Twin Rivers			PWS Identification Number:	3641399
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	85			Total Population Served at End of Month:	255
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Twin Rivers		Plant Telephone Number:	(352) 787-0980
Plant Address:	8 Riverdale Avenue	City: Ormond	State: Florida	Zip Code: 32174
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	David Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

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.

3/9/10
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

341

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

PWS Identification Number:	3641399	Plant Name:	Twin Rivers

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, 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	35,000		3.0								1.9	
2	X	24.0	20,000		1.0								0.8	
3	X	24.0	30,000		0.9								0.8	
4	X	24.0	29,400		4.1								4.2	
5	X	24.0	19,000		4.2								1.5	
6	X	24.0	24,700		4.4								2.4	
7		24.0	24,000											
8	X	24.0	24,000		4.8								3.5	
9	X	24.0	26,000		4.0								3.0	
10	X	24.0	32,000		4.2								3.5	
11	X	24.0	26,600		4.0								3.3	
12	X	24.0	35,000		3.8								2.8	
13	X	24.0	18,900		3.9								3.3	
14		24.0	61,800											
15	X	24.0	61,800		4.4								3.7	
16	X	24.0	25,500		3.6								2.8	
17	X	24.0	30,600		2.8								2.4	
18	X	24.0	29,000		2.8								2.0	
19	X	24.0	33,200		3.0								2.5	
20	X	24.0	25,500		3.8								3.5	
21		24.0	30,000											
22	X	24.0	30,000		3.8								3.1	
23	X	24.0	30,400		3.6								3.0	
24	X	24.0	24,300		3.5								3.0	
25	X	24.0	27,000		3.8								2.6	
26	X	24.0	29,000		3.8								3.2	
27	X	24.0	27,600		3.5								2.7	
28		24.0	28,600											
29		24.0												
30		24.0												
31		24.0												
Total			838,900											
Avgerage			27,061											
Maximum			61,800											

* 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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Twin Rivers			PWS Identification Number:	3641399
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	85			Total Population Served at End of Month:	255
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Twin Rivers			Plant Telephone Number:	(352) 787-0980
Plant Address:	8 Riverdale Avenue	City: Ormond	State: Florida	Zip Code:	32174
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.):	C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift/Weekend
Other Operators:	David Haring	C	14091	Days 1st Shift/Mon-Fri
	Ralph Marriott	C	7527	Days 1st Shift/Weekend

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4/8/10
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number:	3641399	Plant Name:	Twin Rivers

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, 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	28,600		3.5								2.8	
2	X	24.0	24,300		3.0								2.3	
3	X	24.0	31,000		3.0								2.2	
4	X	24.0	26,000		3.1								2.6	
5	X	24.0	27,600		2.5								1.8	
6	X	24.0	30,600		3.0								2.0	
7		24.0	27,700											
8	X	24.0	27,700		2.8								1.8	
9	X	24.0	14,200		2.8								2.0	
10	X	24.0	25,200		3.0								2.5	
11	X	24.0	42,300		3.0								2.8	
12	X	24.0	32,000		2.8								1.9	
13	X	24.0	22,100		2.6								2.7	
14		24.0	20,550											
15	X	24.0	20,550		2.8								2.1	
16	X	24.0	14,600		2.3								1.5	
17	X	24.0	19,000		2.5								2.0	
18	X	24.0	18,700		2.4								1.8	
19	X	24.0	30,100		2.5								1.8	
20	X	24.0	35,200		2.5								1.8	
21		24.0	25,000											
22	X	24.0	25,000		2.6								1.8	
23	X	24.0	22,000		2.5								1.9	
24	X	24.0	31,500		2.4								1.8	
25	X	24.0	32,200		2.7								2.0	
26	X	24.0	25,400		2.2								1.7	
27	X	24.0	32,000		2.5								2.1	
28		24.0	24,100											
29	X	24.0	24,100		2.5								1.8	
30	X	24.0	20,000		2.5								1.8	
31	X	24.0	25,900		2.6								1.4	
Total			805,200											
Avgerage			25,974											
Maximum			42,300											

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

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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Twin Rivers			PWS Identification Number:	3641399
PWS Type:	☑ Community	☐ Non-Transient Non-Community	☐ Transient Non-Community	☐ Consecutive	
Number of Service Connections at End of Month:	85			Total Population Served at End of Month:	255
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Paul Thompson			Contact Person's Title:	Field Coordinator
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: Florida	Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	pdthompson@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Twin Rivers		Plant Telephone Number:	(352) 787-0980
Plant Address:	8 Riverdale Avenue	City: Ormond	State: Florida	Zip Code: 32174
Type of Water Treatment by Plant:	☑ Raw Ground Water	☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	180,000			
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
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5/7/10
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

345

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

PWS Identification Number:	3641399	Plant Name:	Twin Rivers

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Producted, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24.0	19,900		2.2								1.6	
2	X	24.0	21,400		2.4								1.5	
3	X	24.0	17,000		2.3								1.6	
4		24.0	26,800											
5	X	24.0	26,800		2.5								1.8	
6	X	24.0	42,000		2.6								1.0	
7	X	24.0	21,000		2.0								1.8	
8	X	24.0	25,400		2.2								1.9	
9	X	24.0	21,200		2.4								1.2	
10	X	24.0	28,000		2.4								2.0	
11		24.0	20,800											
12	X	24.0	20,800		2.4								1.8	
13	X	24.0	17,500		2.4								2.0	
14	X	24.0	32,700		2.0								1.7	
15	X	24.0	19,000		2.4								1.0	
16	X	24.0	20,500		2.5								1.8	
17	X	24.0	31,000		2.4								1.8	
18		24.0	20,800											
19	X	24.0	20,800		2.4								0.6	
20	X	24.0	21,400		2.4								1.8	
21	X	24.0	20,000		2.4								2.0	
22	X	24.0	30,100		2.5								2.0	
23	X	24.0	19,200		1.7								0.6	
24	X	24.0	17,200		1.5								0.7	
25		24.0	26,800											
26	X	24.0	26,800		1.5								0.8	
27	X	24.0	23,000		1.4								0.9	
28	X	24.0	28,000		2.0								1.8	
29	X	24.0	34,000		1.6								1.0	
30	X	24.0	17,600		2.2								1.2	
31														
Total			717,500											
Avgerage			23,145											
Maximum			42,000											

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

HBEL, Inc.

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

Date issued: July 2, 2009

To: Will Fontaine
Aqua Utilities Florida, Inc.
930 S South State Road 19
Palatka, FL 321779394

Client: Aqua Utilities Florida, Inc.
Workorder ID: Twin Rivers Triannual **[2134989]**
Received: 6/09/09 12:15

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.

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: Twin Rivers Triannual **[2134989]**
Received: 6/09/09 12:15

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

Method Narratives (If Applicable)

HBEL Sample Number	Sample ID	Analytical Method	Description
2134989001	P.O.E. Grab		
		EPA 525.2	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue
EPA 505			
	PEST5363		
2134989001		Decachlorobiphenyl	Surrogate - Outside acceptance Limits.
MBAS			
	WCGE31182		
2134989001		Surfactants as LAS, Mol.wt.3	Accuracy - Outside acceptance limits in the MS.
2134989001		Surfactants as LAS, Mol.wt.3	Accuracy - Outside acceptance limits in the MSD.

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

HBEL, Inc.

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

CERTIFICATE OF ANALYSIS

[2134989]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Twin Rivers Triannual

Laboratory ID: **2134989001**
Sample ID: **P.O.E. Grab**

Sampled: 06/08/09 15:00 *Received:* 06/09/09 12:15
Matrix: Water
Results reported on Wet Weight Basis

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
pH	Q	7.99	SU	0.200	EPA 150.1	WCGE31178		06/13/09 18:21	GS	E96080
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META9430		06/27/09 2:43	DM	E96080
Barium		0.020	mg/L	0.0018	EPA 200.7	META9430		06/27/09 2:43	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META9430		06/27/09 2:43	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META9430		06/27/09 2:43	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META9430		06/27/09 2:43	DM	E96080
Copper		0.0014 U	mg/L	0.0014	EPA 200.7	META9430		06/27/09 2:43	DM	E96080
Iron		0.025 U	mg/L	0.025	EPA 200.7	META9430		06/27/09 2:43	DM	E96080
Manganese		0.0096	mg/L	0.0037	EPA 200.7	META9430		06/27/09 2:43	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META9430		06/27/09 2:43	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META9430		06/27/09 2:43	DM	E96080
Sodium		47	mg/L	0.50	EPA 200.7	META9430		06/27/09 2:43	DM	E96080
Zinc		0.010 U	mg/L	0.010	EPA 200.7	META9430		06/27/09 2:43	DM	E96080
Antimony		0.00082 U	mg/L	0.00082	EPA 200.9	META9416		06/12/09 16:48	DM	E96080
Arsenic		0.0011	mg/L	0.0010	EPA 200.9	META9423		06/19/09 17:01	DM	E96080
Lead		0.00070 U	mg/L	0.00070	EPA 200.9	META9441		06/30/09 21:32	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META9427		06/24/09 12:11	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META9428		06/24/09 14:19	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META9432	06/24/09 8:25	06/26/09 10:26	DM	E96080
Chloride		77	mg/L	5.0	EPA 300.0	IC8092		06/16/09 10:43	SP	E96080
Fluoride		0.11	mg/L	0.011	EPA 300.0	IC8086		06/10/09 12:05	JL	E96080
Nitrate as N		0.097	mg/L	0.0030	EPA 300.0	IC8086		06/10/09 12:05	JL	E96080
Nitrite as N		0.054	mg/L	0.0022	EPA 300.0	IC8086		06/10/09 12:05	JL	E96080
Sulfate		3.6	mg/L	1.4	EPA 300.0	IC8092		06/16/09 10:43	SP	E96080
1,2-Dibromo-3-chloropropane		0.0035 U	ug/L	0.0035	EPA 504.1	PEST5362	06/16/09 12:00	06/17/09 0:12	JL	E96080
1,2-Dibromoethane		0.0046 U	ug/L	0.0046	EPA 504.1	PEST5362	06/16/09 12:00	06/17/09 0:12	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST5363	06/15/09 12:00	06/16/09 1:10	JL	E96080
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST5363	06/15/09 12:00	06/16/09 1:10	JL	E96080
gamma-BHC (Lindane)		0.020 U	ug/L	0.020	EPA 505	PEST5363	06/15/09 12:00	06/16/09 1:10	JL	E96080
Heptachlor		0.036 U	ug/L	0.036	EPA 505	PEST5363	06/15/09 12:00	06/16/09 1:10	JL	E96080
Heptachlor epoxide		0.027 U	ug/L	0.027	EPA 505	PEST5363	06/15/09 12:00	06/16/09 1:10	JL	E96080
Methoxychlor		0.043 U	ug/L	0.043	EPA 505	PEST5363	06/15/09 12:00	06/16/09 1:10	JL	E96080
PCB		0.14 U	ug/L	0.14	EPA 505	PEST5363	06/15/09 12:00	06/16/09 1:10	JL	E96080
Toxaphene		0.59 U	ug/L	0.59	EPA 505	PEST5363	06/15/09 12:00	06/16/09 1:10	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST5364	06/14/09 10:00	06/16/09 22:29	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST5364	06/14/09 10:00	06/16/09 22:29	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST5364	06/14/09 10:00	06/16/09 22:29	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST5364	06/14/09 10:00	06/16/09 22:29	JL	E96080
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST5364	06/14/09 10:00	06/16/09 22:29	JL	E96080
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST5364	06/14/09 10:00	06/16/09 22:29	JL	E96080

HBEL, Inc.

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

CERTIFICATE OF ANALYSIS

[2134989]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Twin Rivers Triannual

Parameter	Qualifier	Result [1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
1,1,1-Trichloroethane		**0.31 U**	ug/L	0.31	EPA 524.2	VOC3109		06/17/09 22:22	WR	E96080
1,1,2-Trichloroethane		**0.22 U**	ug/L	0.22	EPA 524.2	VOC3109		06/17/09 22:22	WR	E96080
1,1-Dichloroethene		**0.35 U**	ug/L	0.35	EPA 524.2	VOC3109		06/17/09 22:22	WR	E96080
1,2,4-Trichlorobenzene		**0.12 U**	ug/L	0.12	EPA 524.2	VOC3109		06/17/09 22:22	WR	E96080
1,2-Dichlorobenzene		**0.15 U**	ug/L	0.15	EPA 524.2	VOC3109		06/17/09 22:22	WR	E96080
1,2-Dichloroethane		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3109		06/17/09 22:22	WR	E96080
1,2-Dichloropropane		**0.24 U**	ug/L	0.24	EPA 524.2	VOC3109		06/17/09 22:22	WR	E96080
1,4-Dichlorobenzene		**0.18 U**	ug/L	0.18	EPA 524.2	VOC3109		06/17/09 22:22	WR	E96080
Benzene		**0.15 U**	ug/L	0.15	EPA 524.2	VOC3109		06/17/09 22:22	WR	E96080
Carbon tetrachloride		**0.36 U**	ug/L	0.36	EPA 524.2	VOC3109		06/17/09 22:22	WR	E96080
Chlorobenzene		**0.17 U**	ug/L	0.17	EPA 524.2	VOC3109		06/17/09 22:22	WR	E96080
cis-1,2-Dichloroethene		**0.25 U**	ug/L	0.25	EPA 524.2	VOC3109		06/17/09 22:22	WR	E96080
Ethylbenzene		**0.17 U**	ug/L	0.17	EPA 524.2	VOC3109		06/17/09 22:22	WR	E96080
Methylene chloride		**0.43 U**	ug/L	0.43	EPA 524.2	VOC3109		06/17/09 22:22	WR	E96080
Styrene		**0.17 U**	ug/L	0.17	EPA 524.2	VOC3109		06/17/09 22:22	WR	E96080
Tetrachloroethene		**0.26 U**	ug/L	0.26	EPA 524.2	VOC3109		06/17/09 22:22	WR	E96080
Toluene		**0.26 U**	ug/L	0.26	EPA 524.2	VOC3109		06/17/09 22:22	WR	E96080
Total Xylenes		**0.41 U**	ug/L	0.41	EPA 524.2	VOC3109		06/17/09 22:22	WR	E96080
trans-1,2-Dichloroethene		**0.30 U**	ug/L	0.30	EPA 524.2	VOC3109		06/17/09 22:22	WR	E96080
Trichloroethene		**0.17 U**	ug/L	0.17	EPA 524.2	VOC3109		06/17/09 22:22	WR	E96080
Vinyl chloride		**0.25 U**	ug/L	0.25	EPA 524.2	VOC3109		06/17/09 22:22	WR	E96080
Alachlor		**0.61 U**	ug/L	0.61	EPA 525.2	SVOC2788	06/14/09 10:00	06/17/09 23:09	WR	E96080
Atrazine		**0.48 U**	ug/L	0.48	EPA 525.2	SVOC2788	06/14/09 10:00	06/17/09 23:09	WR	E96080
Benzo(a)pyrene		**0.070 U**	ug/L	0.070	EPA 525.2	SVOC2788	06/14/09 10:00	06/17/09 23:09	WR	E96080
bis(2-ethylhexyl)phthalate		**0.84 U**	ug/L	0.84	EPA 525.2	SVOC2788	06/14/09 10:00	06/17/09 23:09	WR	E96080
Di(2-ethylhexyl)adipate		**0.68 U**	ug/L	0.68	EPA 525.2	SVOC2788	06/14/09 10:00	06/17/09 23:09	WR	E96080
Hexachlorobenzene		**0.30 U**	ug/L	0.30	EPA 525.2	SVOC2788	06/14/09 10:00	06/17/09 23:09	WR	E96080
Hexachlorocyclopentadiene		**0.24 U**	ug/L	0.24	EPA 525.2	SVOC2788	06/14/09 10:00	06/17/09 23:09	WR	E96080
Simazine		**0.63 U**	ug/L	0.63	EPA 525.2	SVOC2788	06/14/09 10:00	06/17/09 23:09	WR	E96080
Carbofuran		**0.41 U**	ug/L	0.41	EPA 531.1	HPLC2608		06/15/09 16:14	JJM	E96080
Oxamyl		**0.13 U**	ug/L	0.13	EPA 531.1	HPLC2608		06/15/09 16:14	JJM	E96080
Glyphosate		**13 U**	ug/L	13	EPA 547	HPLC2610		06/16/09 13:44	JJM	E96080
Endothall		**2.8 U**	ug/L	2.8	EPA 548.1	SVOC2789	06/15/09 12:00	06/27/09 0:21	WR	E96080
Diquat		**1.9 U**	ug/L	1.9	EPA 549.2	HPLC2609	06/15/09 12:00	06/17/09 12:12	JJM	E96080
Gross Alpha		**2.8 +/- 1.9**	pCi/L		EPA 900.0	SAL1138		06/29/09 9:33	SAL	E84129
Radium 226		**0.5 +/- 0.2**	pCi/L		EPA 903.1	SAL1138		06/25/09 14:36	SAL	E84129
Radium 228		**0.4 U +/- 0.2**	pCi/L		EPA Alter.	SAL1138		06/29/09 16:13	SAL	E84129
Color		**8.0**	CU	1.8	SM2120 B	WCGE31160		06/10/09 14:20	TCL	E96080
Odor - Dechlorinated		**1.0 U**	T.O.N.	1.0	SM2150 B	WCDE19148		06/9/09 13:18	PA	E83509
Total Dissolved Solids		**490**	mg/L	16	SM2540 C	WCGE31172		06/12/09 16:15	SP	E96080
Cyanide		**0.027**	mg/L	0.0047	SM4500CN E	WCGE31221	06/20/09 10:00	06/20/09 17:00	GG	E96080
Surfactants as LAS, Mol.wt.340		**0.025**	mg/L	0.022	SM5540 C	WCGE31182	06/10/09 13:00	06/13/09 11:01	GG	E96080

HBEL, Inc.

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

CERTIFICATE OF ANALYSIS

[2134989]

Client: Aqua Utilities Florida, Inc. *Workorder ID:* Twin Rivers Triannual

Parameter	Qualifier	Result[1]	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: ***2134989002***					*Sampled:*		*Received:* 06/09/09 12:15			
Sample ID: ***VOC Trip Blanks***					*Matrix:* Water		Results reported on Wet Weight Basis			
1,1,1-Trichloroethane		**0.31 U**	ug/L	0.31	EPA 524.2	VOC3109		06/17/09 22:55	WR	E96080
1,1,2-Trichloroethane		**0.22 U**	ug/L	0.22	EPA 524.2	VOC3109		06/17/09 22:55	WR	E96080
1,1-Dichloroethene		**0.35 U**	ug/L	0.35	EPA 524.2	VOC3109		06/17/09 22:55	WR	E96080
1,2,4-Trichlorobenzene		**0.12 U**	ug/L	0.12	EPA 524.2	VOC3109		06/17/09 22:55	WR	E96080
1,2-Dichlorobenzene		**0.15 U**	ug/L	0.15	EPA 524.2	VOC3109		06/17/09 22:55	WR	E96080
1,2-Dichloroethane		**0.21 U**	ug/L	0.21	EPA 524.2	VOC3109		06/17/09 22:55	WR	E96080
1,2-Dichloropropane		**0.24 U**	ug/L	0.24	EPA 524.2	VOC3109		06/17/09 22:55	WR	E96080
1,4-Dichlorobenzene		**0.18 U**	ug/L	0.18	EPA 524.2	VOC3109		06/17/09 22:55	WR	E96080
Benzene		**0.15 U**	ug/L	0.15	EPA 524.2	VOC3109		06/17/09 22:55	WR	E96080
Carbon tetrachloride		**0.36 U**	ug/L	0.36	EPA 524.2	VOC3109		06/17/09 22:55	WR	E96080
Chlorobenzene		**0.17 U**	ug/L	0.17	EPA 524.2	VOC3109		06/17/09 22:55	WR	E96080
cis-1,2-Dichloroethene		**0.25 U**	ug/L	0.25	EPA 524.2	VOC3109		06/17/09 22:55	WR	E96080
Ethylbenzene		**0.17 U**	ug/L	0.17	EPA 524.2	VOC3109		06/17/09 22:55	WR	E96080
Methylene chloride		**0.43 U**	ug/L	0.43	EPA 524.2	VOC3109		06/17/09 22:55	WR	E96080
Styrene		**0.17 U**	ug/L	0.17	EPA 524.2	VOC3109		06/17/09 22:55	WR	E96080
Tetrachloroethene		**0.26 U**	ug/L	0.26	EPA 524.2	VOC3109		06/17/09 22:55	WR	E96080
Toluene		**0.26 U**	ug/L	0.26	EPA 524.2	VOC3109		06/17/09 22:55	WR	E96080
Total Xylenes		**0.41 U**	ug/L	0.41	EPA 524.2	VOC3109		06/17/09 22:55	WR	E96080
trans-1,2-Dichloroethene		**0.30 U**	ug/L	0.30	EPA 524.2	VOC3109		06/17/09 22:55	WR	E96080
Trichloroethene		**0.17 U**	ug/L	0.17	EPA 524.2	VOC3109		06/17/09 22:55	WR	E96080
Vinyl chloride		**0.25 U**	ug/L	0.25	EPA 524.2	VOC3109		06/17/09 22:55	WR	E96080

[1]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.

HBEL, Inc.

Environmental Testing Services

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

Chain-of-Custody and Agreement to Perform Services

USE BALL POINT PEN
PRESS HARD
COMPLETELY FILL OUT
ALL NON-GREYED AREAS
PRINT LEGIBLY

Laboratory not responsible for on... information

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

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

Method(s) of Shipment: courier

Company: AQUA UTILITIES FLORIDA, INC.

Address: P.O. BOX 490310

LEESBURG, FL Zip: 34749

Phone: (352) 435-4020 Fax: (352) 787-6333

e-mail: JDHaring@aquaamerica.com

Client Contact: **David Haring**

Project Name: Twin Rivers :Triannual 1° & 2°

Sampled By: David Haring

X Standard Laboratory Turn Around Time

Or

Rush in ____ Business Days

Requires Laboratory Approval

For Lab Use Only

Temperature Checked: Y N 2.4°C

Custody Seals Intact: Y N

pH Checked: Y N

LAB # 234989

PRESERVATIVE: N | SH | U | U | H | N

ANALYSES REQUESTED

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	A: 1° & 2° METALS	B: CYANIDE	C: NO3, NO2, CL, SO4, F, pH, Color, TDS, MBAS	D: ODOR	F: REG VOC'S	Q: GROSS ALPHA, RAD 226/228	
001	6-8-09	15:00	G	DW	10	P.O.E.	1	1	1	1	3	3	
002					3	VOC TRIP BLANKS					3		

Preservation Key: H=Hydrochloric Acid; N=Nitric Acid; S=Sulfuric Acid; SH=Sodium Hydroxide; P=Phosphoric Acid; ST=Sodium Thiosulfate; U=Unpreserved

COMMENTS: Cl₂ 3.5 pH 7.5

* Sample Type: G=Grab C=Composite

** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

RELINQUISHED BY	David Haring	Courier - Tony	Hattie to Fedex
DATE/TIME	6-9-09 / 0930	6/9/09 1215	6-9-09 1600
RECEIVED BY		Hattie	Laurel
DATE/TIME	6/9/09 9:30	6/9/09 1215	6/10/09 0740

Report Page 1 of 1

CHAIN PAGE __1__ of __2__

HBEL, Inc.

Environmental Testing Services

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

Chain-of-Custody and Agreement to Perform Services

USE BALL POINT PEN
PRESS HARD
COMPLETELY FILL OUT
ALL NON GREYED AREAS
PRINT LEGIBLY

Laboratory not responsible for on information

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

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

ACCREDITED IN ACCORDANCE WITH nelac

Company: AQUA UTILITIES FLORIDA, INC.

Address: P.O. BOX 490310

LEESBURG, FL Zip: 34749

Phone: (352) 435-4020 Fax: (352) 787-6333

Client Contact: **David Haring**

Project Name: Twin Rivers :Triannual 1° & 2°

Sampled By: David Haring

Method(s) of Shipment: courier

e-mail: JDHaring@aquaamerica.com

X Standard Laboratory Turn Around Time

Or

Rush in ____ Business Days
Requires Laboratory Approval

2.9°C For Lab Use Only
Temperature Checked (Y) N
Custody Seals Intact Y N
pH Checked Y N

LAB # 21349989

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	PRESERVATIVE								ANALYSES REQUESTED								COMMENTS
							ST	ST	ST	MCAAB	ST	ST	S	ST	G	H	J	K	L	M	N	P	
															504(EDB/DBPC	515.1	525.2	531.1(CARBAMATES)	547(GLYPHOSATE)	548(ENDOTHALL)	549(DIQUAT)	505	
001	6-8-09	15:00	G	DW	14	P.O.E.									3	1	1	1	1	3	1	3	Cl_2 3.5 pH 7.5

* Sample Type: G=Grab C=Composite

** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page 1 of 2

RELINQUISHED BY	David Haring	Courier - Tony	Brooke to Fedex
DATE/TIME	6-9-09 / 0930	6-9-09 1315	6-9-09 1600
RECEIVED BY		Brooke	Fedex
DATE/TIME	6/9/09 9130	6/9/09 1315	RECEIVED FOR HBEL CUSTODY BY: 6/10/09 0940

CHAIN PAGE __2__ of __2__

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

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

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

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

Address: _____

_____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

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

Sample Date: 06/08/09 Sample Time: 3:00 PM

Sample Location (be specific): P.O.E. Grab

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

Sample Type (Check Only One)

- ☐Distribution
- ☐Entry Point (to Distribution)
- ☐Plant Tap not for compliance with 62-550)
- ☐Raw (at well or intake)
- ☐Max Residence Time
- ☐Ave Residence Time
- ☐Near First Customer

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

- ☐Routine Compliance (with 62-550)
- ☐Confirmation of MCL Exceedence*
- ☐Composite of Multiple Sites**
- ☐Clearance (permitting)
- ☐Other: _____
- ☐Quarterly (Which Qtr?_____)
- ☐Special (not for compliance with 62-550)
- ☐Violation Resolution
- ☐Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: _____

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, _____ (Print Name), _____ (Print Title)

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

Signature: _____ Date: _____

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

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

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

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

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 6/9/09

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

Lab Assigned Report Number or Job ID: 2134989001

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☑ All 21	☐ Trihalomethanes
☒ Partial	☒ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☑ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☑ All 14
			☐ Partial

Were any analyses subcontracted? X Yes ___ No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Eric Charest (Print Name), Laboratory Manager (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: 02-Jul-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.

00 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: Twin Rivers Triannual

Sample Location: P.O.E. Grab

Sample Number: 2134989001

Sampling Date: 6/08/09 15:00

Date Received: 6/09/09 12:15

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	**0.097**		EPA 300.0	0.0030	6/10/09 12:05	E96080
1041	Nitrite as N	[1]	mg/L	**0.054**		EPA 300.0	0.0022	6/10/09 12:05	E96080
1005	Arsenic	[0.01]	mg/L	**0.0011**	I	EPA 200.9	0.0010	6/19/09 17:01	E84129
1010	Barium	[2]	mg/L	**0.020**		EPA 200.7	0.0018	6/27/09 2:43	E96080
1015	Cadmium	[0.005]	mg/L	**0.00070**	U	EPA 200.7	0.00070	6/27/09 2:43	E96080
1020	Chromium	[0.1]	mg/L	**0.0018**	U	EPA 200.7	0.0018	6/27/09 2:43	E96080
1024	Cyanide	[0.2]	mg/L	**0.027**		SM4500CN E	0.0047	6/20/09 17:00	E96080
1025	Fluoride	[4]	mg/L	**0.11**		EPA 300.0	0.011	6/10/09 12:05	E96080
1030	Lead	[0.015]	mg/L	**0.00070**	U	EPA 200.9	0.00070	6/30/09 21:32	E96080
1035	Mercury	[0.002]	mg/L	**0.000060**	U	EPA 245.1	0.000060	6/26/09 10:26	E96080
1036	Nickel	[0.1]	mg/L	**0.0020**	U	EPA 200.7	0.0020	6/27/09 2:43	E96080
1045	Selenium	[0.05]	mg/L	**0.0022**	U	EPA 200.9	0.0022	6/24/09 12:11	E96080
1052	Sodium	[160]	mg/L	**47**		EPA 200.7	0.50	6/27/09 2:43	E96080
1074	Antimony	[0.006]	mg/L	**0.00082**	U	EPA 200.9	0.00082	6/12/09 16:48	E96080
1075	Beryllium	[0.004]	mg/L	**0.00010**	U	EPA 200.7	0.00010	6/27/09 2:43	E96080
1085	Thallium	[0.002]	mg/L	**0.0010**	U	EPA 200.9	0.0010	6/24/09 14:19	E96080

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

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

HBEL, Inc.
5600 U.S. 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: Twin Rivers Triannual

Sample Location: P.O.E. Grab

Sample Number: 2134989001

Sampling Date: 6/08/09 15:00

Date Received: 6/09/09 12:15

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	6/27/09 2:43	E96080
1017	Chloride	[250]	mg/L	**77**		EPA 300.0	5.0	6/16/09 10:43	E96080
1022	Copper	[1]	mg/L	**0.0014**	U	EPA 200.7	0.0014	6/27/09 2:43	E96080
1025	Fluoride	[2]	mg/L	**0.11**		EPA 300.0	0.011	6/10/096/10/09	E96080
1028	Iron	[0.3]	mg/L	**0.025**	U	EPA 200.7	0.025	6/27/09 2:43	E96080
1032	Manganese	[0.05]	mg/L	**0.0096**	I	EPA 200.7	0.0037	6/27/09 2:43	E96080
1050	Silver	[0.1]	mg/L	**0.0010**	U	EPA 200.7	0.0010	6/27/09 2:43	E96080
1055	Sulfate	[250]	mg/L	**3.6**	I	EPA 300.0	1.4	6/16/09 10:43	E96080
1095	Zinc	[5]	mg/L	**0.010**	U	EPA 200.7	0.010	6/27/09 2:43	E96080
1905	Color	[15]	CU	**8.0**		SM2120 B	1.8	6/10/09 14:20	E96080
1920	Odor - Dechlorinated	[3]	T.O.N.	**1.0**	U	SM2150 B	1.0	6/09/09 13:18	E83509
1925	pH	[6.5-8.5]	SU	**7.99**	Q	EPA 150.1	0.200	6/13/09 18:21	E96080
1930	Total Dissolved Solids	[500]	mg/L	**490**		SM2540 C	16	6/12/09 16:15	E96080
2905	Foaming Agents	[0.5]	mg/L	**0.025**	I	SM5540 C	0.022	6/13/09 11:01	E96080

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

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

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: Twin Rivers Triannual
Sample Location: P.O.E. Grab
Sample Number: 2134989001
Sampling Date: 6/08/09 15:00
PWS ID (From Page 1): _____
Date Received: 6/09/09 12:15

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	6/15/09	6/16/09 1:10	E96080
2010	gamma-BHC (Lindane)	[0.2]	ug/L	**0.020**	U	EPA 505	0.020	0.02	6/15/09	6/16/09 1:10	E96080
2015	Methoxychlor	[40]	ug/L	**0.043**	U	EPA 505	0.043	0.1	6/15/09	6/16/09 1:10	E96080
2020	Toxaphene	[3]	ug/L	**0.59**	U	EPA 505	0.59	1	6/15/09	6/16/09 1:10	E96080
2031	Dalapon	[200]	ug/L	**2.3**	U	EPA 515.1	2.3	1	6/14/09	6/16/09 22:29	E96080
2032	Diquat	[20]	ug/L	**1.9**	U	EPA 549.2	1.9	0.4	6/15/09	6/17/09 12:12	E96080
2033	Endothall	[100]	ug/L	**2.8**	U	EPA 548.1	2.8	9	6/15/09	6/27/09 0:21	E96080
2034	Glyphosate	[700]	ug/L	**13**	U	EPA 547	13	6		6/16/09 13:44	E96080
2035	Di(2-ethylhexyl)adipate	[400]	ug/L	**0.68**	U	EPA 525.2	0.68	0.6	6/14/09	6/17/09 23:09	E96080
2036	Oxamyl	[200]	ug/L	**0.13**	U	EPA 531.1	0.13	2		6/15/09 16:14	E96080
2037	Simazine	[4]	ug/L	**0.63**	U	EPA 525.2	0.63	0.07	6/14/09	6/17/09 23:09	E96080
39	bis(2-ethylhexyl)phthalate	[6]	ug/L	**0.84**	U	EPA 525.2	0.84	0.6	6/14/09	6/17/09 23:09	E96080
2040	Picloram	[500]	ug/L	**0.23**	U	EPA 515.1	0.23	0.1	6/14/09	6/16/09 22:29	E96080
2041	Dinoseb	[7]	ug/L	**0.23**	U	EPA 515.1	0.23	0.2	6/14/09	6/16/09 22:29	E96080
2042	Hexachlorocyclopentadiene	[50]	ug/L	**0.24**	U	EPA 525.2	0.24	0.1	6/14/09	6/17/09 23:09	E96080
2046	Carbofuran	[40]	ug/L	**0.41**	U	EPA 531.1	0.41	0.9		6/15/09 16:14	E96080
2050	Atrazine	[3]	ug/L	**0.48**	U	EPA 525.2	0.48	0.1	6/14/09	6/17/09 23:09	E96080
2051	Alachlor	[2]	ug/L	**0.61**	U	EPA 525.2	0.61	0.2	6/14/09	6/17/09 23:09	E96080
2065	Heptachlor	[0.4]	ug/L	**0.036**	U	EPA 505	0.036	0.04	6/15/09	6/16/09 1:10	E96080
2067	Heptachlor epoxide	[.2]	ug/L	**0.027**	U	EPA 505	0.027	0.02	6/15/09	6/16/09 1:10	E96080
2105	2,4-D	[70]	ug/L	**0.22**	U	EPA 515.1	0.22	0.1	6/14/09	6/16/09 22:29	E96080
2110	2,4,5-TP	[50]	ug/L	**0.19**	U	EPA 515.1	0.19	0.2	6/14/09	6/16/09 22:29	E96080
2274	Hexachlorobenzene	[1]	ug/L	**0.30**	U	EPA 525.2	0.30	0.1	6/14/09	6/17/09 23:09	E96080
2306	Benzo(a)pyrene	[.2]	ug/L	**0.070**	U	EPA 525.2	0.070	0.02	6/14/09	6/17/09 23:09	E96080
2326	Pentachlorophenol	[1]	ug/L	**0.39**	U	EPA 515.1	0.39	0.04	6/14/09	6/16/09 22:29	E96080
2383	PCB	[.5]	ug/L	**0.14**	U	EPA 505	0.14	0.1	6/15/09	6/16/09 1:10	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	ug/L	**0.0035**	U	EPA 504.1	0.0035	0.02	6/16/09	6/17/09 0:12	E96080
2946	1,2-Dibromoethane	[.02]	ug/L	**0.0046**	U	EPA 504.1	0.0046	0.01	6/16/09	6/17/09 0:12	E96080
2959	Chlordane	[2]	ug/L	**0.13**	U	EPA 505	0.13	0.2	6/15/09	6/16/09 1:10	E96080

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

NOTE: Results indicating non-detection with a reported lab MDL >50% of the MCL will not be accepted for compliance with 62-550.310(4)(b).

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

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: Twin Rivers Triannual

Sample Location: P.O.E. Grab
Sample Number: 2134989001

Sampling Date: 6/08/09 15:00
PWS ID (From Page 1): _____

Date Received: 6/09/09 12:15

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	**0.12**	U	EPA 524.2	0.12	0.5	6/17/09 22:22	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	**0.25**	U	EPA 524.2	0.25	0.5	6/17/09 22:22	E96080
2955	Total Xylenes	[10000]	ug/L	**0.41**	U	EPA 524.2	0.41	0.5	6/17/09 22:22	E96080
2964	Dichloromethane	[5]	ug/L	**0.43**	U	EPA 524.2	0.43	0.5	6/17/09 22:22	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	**0.15**	U	EPA 524.2	0.15	0.5	6/17/09 22:22	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	**0.18**	U	EPA 524.2	0.18	0.5	6/17/09 22:22	E96080
2976	Vinyl chloride	[1]	ug/L	**0.25**	U	EPA 524.2	0.25	0.5	6/17/09 22:22	E96080
2977	1,1-Dichloroethene	[7]	ug/L	**0.35**	U	EPA 524.2	0.35	0.5	6/17/09 22:22	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	**0.30**	U	EPA 524.2	0.30	0.5	6/17/09 22:22	E96080
2980	1,2-Dichloroethane	[3]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	6/17/09 22:22	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	**0.31**	U	EPA 524.2	0.31	0.5	6/17/09 22:22	E96080
2982	Carbon tetrachloride	[3]	ug/L	**0.36**	U	EPA 524.2	0.36	0.5	6/17/09 22:22	E96080
2983	1,2-Dichloropropane	[5]	ug/L	**0.24**	U	EPA 524.2	0.24	0.5	6/17/09 22:22	E96080
2984	Trichloroethene	[3]	ug/L	**0.17**	U	EPA 524.2	0.17	0.5	6/17/09 22:22	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	**0.22**	U	EPA 524.2	0.22	0.5	6/17/09 22:22	E96080
2987	Tetrachloroethene	[3]	ug/L	**0.26**	U	EPA 524.2	0.26	0.5	6/17/09 22:22	E96080
2989	Chlorobenzene	[100]	ug/L	**0.17**	U	EPA 524.2	0.17	0.5	6/17/09 22:22	E96080
2990	Benzene	[1]	ug/L	**0.15**	U	EPA 524.2	0.15	0.5	6/17/09 22:22	E96080
2991	Toluene	[1000]	ug/L	**0.26**	U	EPA 524.2	0.26	0.5	6/17/09 22:22	E96080
2992	Ethylbenzene	[700]	ug/L	**0.17**	U	EPA 524.2	0.17	0.5	6/17/09 22:22	E96080
2996	Styrene	[70]	ug/L	**0.17**	U	EPA 524.2	0.17	0.5	6/17/09 22:22	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.

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 30, 2009
Project No: 92736

Laboratory Report

FDEP Report form attached for the following samples:

Client Project Description: 2134989

Sample Number	Sample Description	Date & Time Collected	Date & Time Received
92736.01	2134989 001Q	06/08/09 15:00	06/12/09 08:55

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

FDOH Laboratory No. E84129
NELAP Accredited

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

SOUTHERN ANALYTICAL LABORATORIES, INC.
110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Harbor Branch Environmental Laboratory
2134989
Sample ID: 2134989 001Q

June 30, 2009
Sample No.: 92736.01
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	2.8		EPA 900.0	2.0	3	1.9	06/29/09	09:33	E84129
4020	Radium-226	5*	pCi/L	0.5		EPA 903.1	0.08	1	0.2	06/25/09	14:36	E84129
4030	Radium-228	5*	pCi/L	0.4	U1	EPA RA-05	0.4	1	0.2	06/29/09	16:13	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.

92736

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: SAC

The samples are to be shipped by FEDEX **to arrive on** 6/12/09 . **TAT:** STD

HARBOR BRANCH ENVIRONMENTAL LABORATORY

PROJECT NAME: 2134989
AVE

SAMPLE TYPE: Composite = C, Grab = G,

Preservative: HCl = H, HNO_3 = N, $Na_2S_2O_3$ = ST, H_2SO_4 = 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	COLLECTION TIME	TYPE	HBEL SAMPLE ID	# Bottles	ANALYSIS REQUIRED: Cross Mthyl	8260B	8270B				COLLECTION REMARKS / SAMPLE COMMENTS
							PRESERVATIVE: N	N	N				
01	DW	6/8/09	1500	G	2134989001Q	3	1	1	1				
					3 TCP, HNO3								

RELINQUISHED BY:	DATE	TIME	RECEIVED BY:	DATE	TIME
Jamie to Foley	6-11-09	2p	Foley		
RELINQUISHED BY: Foley	DATE	TIME	LABORATORY NAME AND RECEIVED BY: K Nordmeier	DATE 6/12/09	TIME 0855

Page 3 of 3

362

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

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

System Name: _____ PWS I.D. #: ☐☐☐☐☐☐☐

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

Address: _____

_____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

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

Sample Date: _____ Sample Time: _____

Sample Location (be specific): VOC Trip Blanks

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

Sample Type (Check Only One)

☐Distribution
☐Entry Point (to Distribution)
☐Plant Tap not for compliance with 62-550)
☐Raw (at well or intake)
☐Max Residence Time
☐Ave Residence Time
☐Near First Customer

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

☐Routine Compliance (with 62-550)
☐Confirmation of MCL Exceedence*
☐Composite of Multiple Sites**
☐Clearance (permitting)
☐Other: _____

☐Quarterly (Which Qtr?_____
☐Special (not for compliance with 62-550)
☐Violation Resolution
☐Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: _____

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, _____ (Print Name), _____ (Print Title)

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

Signature: _____ Date: _____

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

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

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

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

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received:: 6/9/09

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

Lab Assigned Report Number or Job ID: 2134989002

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☒ All 21	☐ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☐ Nitrate	☐ Partial		☐ Bromate
☐ Nitrite	☐ Dioxin Only	Radionuclides	☐ Chlorite
☐ Asbestos Only		☐ Single Sample	
		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? X Yes ___ No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Eric Charest (Print Name), Laboratory Manager (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 [signature] Date: 02-Jul-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: Twin Rivers Triannual
Sample Location: VOC Trip Blanks
Sample Number: 2134989002
Sampling Date:
PWS ID (From Page 1): _____
Date Received: 6/09/09 12:15

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	**0.12**	U	EPA 524.2	0.12	0.5	6/17/09 22:55	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	**0.25**	U	EPA 524.2	0.25	0.5	6/17/09 22:55	E96080
2955	Total Xylenes	[10000]	ug/L	**0.41**	U	EPA 524.2	0.41	0.5	6/17/09 22:55	E96080
2964	Dichloromethane	[5]	ug/L	**0.43**	U	EPA 524.2	0.43	0.5	6/17/09 22:55	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	**0.15**	U	EPA 524.2	0.15	0.5	6/17/09 22:55	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	**0.18**	U	EPA 524.2	0.18	0.5	6/17/09 22:55	E96080
2976	Vinyl chloride	[1]	ug/L	**0.25**	U	EPA 524.2	0.25	0.5	6/17/09 22:55	E96080
2977	1,1-Dichloroethene	[7]	ug/L	**0.35**	U	EPA 524.2	0.35	0.5	6/17/09 22:55	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	**0.30**	U	EPA 524.2	0.30	0.5	6/17/09 22:55	E96080
2980	1,2-Dichloroethane	[3]	ug/L	**0.21**	U	EPA 524.2	0.21	0.5	6/17/09 22:55	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	**0.31**	U	EPA 524.2	0.31	0.5	6/17/09 22:55	E96080
2982	Carbon tetrachloride	[3]	ug/L	**0.36**	U	EPA 524.2	0.36	0.5	6/17/09 22:55	E96080
2983	1,2-Dichloropropane	[5]	ug/L	**0.24**	U	EPA 524.2	0.24	0.5	6/17/09 22:55	E96080
2984	Trichloroethene	[3]	ug/L	**0.17**	U	EPA 524.2	0.17	0.5	6/17/09 22:55	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	**0.22**	U	EPA 524.2	0.22	0.5	6/17/09 22:55	E96080
2987	Tetrachloroethene	[3]	ug/L	**0.26**	U	EPA 524.2	0.26	0.5	6/17/09 22:55	E96080
2989	Chlorobenzene	[100]	ug/L	**0.17**	U	EPA 524.2	0.17	0.5	6/17/09 22:55	E96080
2990	Benzene	[1]	ug/L	**0.15**	U	EPA 524.2	0.15	0.5	6/17/09 22:55	E96080
2991	Toluene	[1000]	ug/L	**0.26**	U	EPA 524.2	0.26	0.5	6/17/09 22:55	E96080
2992	Ethylbenzene	[700]	ug/L	**0.17**	U	EPA 524.2	0.17	0.5	6/17/09 22:55	E96080
2996	Styrene	[70]	ug/L	**0.17**	U	EPA 524.2	0.17	0.5	6/17/09 22:55	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.

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Pace Analytical®
8 East Tower Circle • Ormond Beach, FL 32174
(386) 672-5668
DHRS Certification E83079

Report Number: 359859 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
- ☑ Standard Coliform Test
- ☐ HPC
- ☐ Other: _____

Lab Receipt Date & Time: 4/7/2010 14:10 35510
Analysis Date & Time: 4/7/10 1635

Sample Acceptance Criteria:
Sample Preservation ☑ On Ice ☐ Not On Ice ☐ _____ °C
Disinfectant Check ☒ Not Detected ☐ _____ mg/L
This sample does not meet the following NELAC requirements:

System Name: Twin Rivers **PWS I.D.** 3 6 4 1 3 9 9

System Address: 8 Riverdale Ave City: Ormond Beach

System or Owner's Phone #: 386-937-1091 Fax #: 386-329-9977

Collector: David Haring Collector's Phone # 386-937-1091

Type of Supply: (check only one)
☑ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other _____

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

Sample Collection Date: 4-7-10

To be completed by collector or sample						To be completed by lab				
						Total Coliform Analysis Method: SM9223B				
						Fecal or E. coli Analysis Method: SM9223B				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
1	Well	12:50		/	/		A			359859001
2	34 Twin River Dr	12:30		1.8	/		A			↓ 2
3	10 Riverdale Ave	12:40		1.8	/		A			↓ 3

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.8

[2]Defined in Florida Administrative Code Rule 62-160, Table
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____

Person performing analysis is (Please see instructions on reverse):
☑ A certified operator (# B14091) ☐ Employed by a certified lab
☐ Supervised by a cert operator (# _____) ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____

Lab Signature: _____
Title: Project manager

Name and Mailing Address of Person to Receive Report
AQUA Utilities
1100 Thomas Ave
Leesburg FL 34748

DEP/DOH USE ONLY
☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

[62-550.730 Reporting Format - Effective 01/95, Revised]

Charlie Crist
Governor

FLORIDA DEPARTMENT OF HEALTH

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

Certified Mail: *7007 2680 0001 3301 3935*

RECEIVED
SEP -8 2009
Aqua Utilities
Florida Inc.

Mr. John Lihvarcik, President
Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748

SUBJECT: Consent Order/Settlement Agreement
Violation of Maximum Contaminant Level Drinking Water Standard
Twin Rivers Estates / PWS # 3641399
VCHD File No.: Warning Letter # WL09 - 03

Dear Mr. Lihvarcik,

The purpose of this letter is to complete the resolution of the matter previously identified by the Department of Health, Volusia County Health Department ("Department"), in the Warning Letter dated April 22, 2009, a copy of which is attached. The Department finds that you are in violation of the rules and statutes cited in the attached Warning Letter, incorporated by reference and made a part hereto.

In order to resolve this matter, you are assessed a civil penalty in the amount of $1,400.00. The civil penalty is for the violation of rules 62-550.310(3) and 62-550.821, Florida Administrative Code and Sections 403.161(1)(b) and 403.859(2), Florida Statutes. The civil penalty is determined pursuant to the penalty schedule in Section 403.121(4)(d), Florida Statutes.

The Department acknowledges that the payment of this civil penalty by you does not constitute an admission of liability. This payment must be made payable to the Volusia County Health Department by cashier's check or money order and shall include the VCHD File Number assigned above and the notation "Environmental Health Engineering." Payment shall be sent to Volusia County Health Department, Bin #180, 121 W. Rich Avenue, DeLand, FL 32720. The Volusia County Health Department must receive $1,400.00 within thirty (30) days of your signing this letter. Failure to pay the full penalty amount in a timely manner will be considered a breach of this Consent Order/ Settlement Agreement.

Your signing this letter constitutes acceptance of the Department's offer to resolve this matter on these terms. If you elect to sign this letter, please return it to the Department at the address indicated below. The Department will then file it with the Agency Clerk. When

the signed letter is filed with the Agency Clerk, the letter shall constitute Final Agency Action, which shall be enforceable pursuant to Sections 120.69 and 403.121, Florida Statutes.

If you do not sign and return this letter to the Department within twenty (20) days of receipt, the Department will assume that you are not interested in settling this matter on the above described terms, and will proceed accordingly. None of your rights or substantial interests are determined by this letter unless you sign it and it is filed with the Agency Clerk.

Sincerely,

Bonita J. Sorensen, MD, MBA
Director, Volusia County Health Department

9.2.09
Date

FOR THE RESPONDENT, Twin Rivers Estates public water system:

I HEREBY ACCEPT THE TERMS OF THE CONSENT ORDER/SETTLEMENT AGREEMENT IDENTIFIED ABOVE.

By: John Lihvarcik, President

9-24-2009
Date

FILING AND ACKNOWLEDGEMENT

FILED, on this date, pursuant to Section 120.52, Florida Statutes, with the designated Agency Clerk, receipt of which is hereby acknowledged.

Agency Clerk

Date

NOTICE OF RIGHTS

Persons who are not parties to this Consent Order but whose substantial interests are affected by this Consent Order have a right, pursuant to Sections 120.569 and 120.57, Florida Statutes, to petition for an administrative hearing on it. The Petition must contain the information set forth below and must be filed (received) at the Department's Office of General Counsel, 3900 Commonwealth Boulevard, MS-35, Tallahassee, Florida 32399-3000, within 21 days of receipt of this notice. A copy of the Petition must also be mailed at the time of filing to the District Office named above at the address indicated. Failure to file a petition within the 21 days constitutes a waiver of any right such person has to an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes.

The petition shall contain the following information:
(a) The Department's Consent Order identification number and the county in which the subject matter or activity is located; (b) The name, address, and telephone number of each petitioner; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; (c) An explanation of how the petitioner's substantial interests will be affected by the Consent Order; (d) A statement of when and how the petitioner received notice of the Consent Order; (e) A statement of all material facts disputed by petitioner, if any; (f) A statement of the specific facts the petitioner contends warrant reversal or modification of the Consent Order; (g) A statement of which rules or statutes the petitioner contends require reversal or modification of the Consent Order; and (h) A statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the Department to take with respect to the Consent Order.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any decision of the Department with regard to the subject Consent Order have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 21 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Sections 120.569 and 120.57, Florida Statutes, and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-106.205, Florida Administrative Code.

Mediation under Section 120.573, Florida Statutes, is not available in this proceeding.

FLORIDA DEPARTMENT OF HEALTH

Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

VIA CERTIFIED MAIL: 7007 2680 0001 3301 3881

April 22, 2009

Patrick Farris
Environmental Compliance Specialist
Aqua Utilities Florida, Inc.
P.O. Box 490310
Leesburg, Florida 32749-0310

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301-2525

Subject: Warning Letter # WL09 - 03
TWIN RIVERS ESTATES / PWS # 3641399

Dear Mr. Farris:

The purpose of this letter is to advise you of possible violations of law for which you may be responsible, and to seek your cooperation in resolving the matter. A review of departmental records for the above referenced public water system indicates that a violation of Florida Statutes and rules may exist at the above referenced facility. Volusia County Health Department records indicate the following:

> The facility violated the maximum contaminant level drinking water standard for total trihalomethanes, a disinfection by-product, during the calendar quarter of January 1, 2009 through March 31, 2009.

It is a violation for any supplier of water to fail to comply with the following statutes and rules:

Sections 403.161(1)(b) and 403.859(2), Florida Statutes – Failure to comply with any rule or regulation adopted or issued by the Department.

Chapter 62-550.310(3), Florida Administrative Code – Primary Drinking Water Standards: Maximum Contaminant Levels and Maximum Residual Disinfectant Levels (Disinfectant Byproducts).

Chapter 62-550.821, Florida Administrative Code – Disinfectant Residuals, Disinfection Byproducts, and Disinfection Byproduct Precursors.

You are advised that operation of a facility in violation of statutes or rules may result in liability for damages and restoration, and the administration or judicial imposition of civil penalties, pursuant to sections 403.141, 403.161 and 403.860, Florida Statutes. The Department of Health is authorized to initiate enforcement proceedings involving public water systems in Volusia County pursuant to section 403.862, Florida Statutes.

You are requested to contact Paul Hextell at 386-736-5430 within ten (10) days of receipt of this Warning Letter to arrange a meeting to discuss this matter. The Department is interested in reviewing any facts you may have that will assist in determining whether any violations have occurred. You may bring anyone with you to the meeting that you feel could help resolve this matter.

Please be advised that this Warning Letter is part of an agency investigation, preliminary to agency action in accordance with Section 120.57(5), Florida Statutes. We look forward to your cooperation in completing the investigation and resolution of this matter.

Sincerely,

Thomas R. Coleman, MD, MS

Thomas R. Coleman, M.D., M.S.
Director
Volusia County Health Department

cc: PWS File # 3641399
N.E. Consortium Legal Office
Patricia Carrico, Environmental Specialist II
Ronald Freeman, Professional Engineering Administrator
Paul Hextell, Environmental Supervisor II

FLORIDA DEPARTMENT OF HEALTH

Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

November 9, 2009

RECEIVED

NOV 23 2009

Aqua Utilities
Florida Inc.

AQUA UTILITIES FLORIDA, INC.
Mr. John Lihvarcik, President
P.O. Box # 490310
Leesburg, FL. 34749-0310

RE: PWS # 3641399 – Twin Rivers Community Public Water System
Sanitary Survey Inspection Report

Dear Mr. Lihvarcik,

This will confirm my visit to the above referenced community public water system for the purpose of conducting a sanitary survey. This survey was conducted on October 8, 2009 in the presence of Mr. David Haring, one of the certified water operators assigned to this facility.

Overall, this drinking water system is adequately maintained and operated. However, four deficiencies were noted during this survey and were also determined from records on file with this office. These deficiencies have been listed on page 7 of the enclosed sanitary survey report along with reference to the pertinent section of the Florida Administrative Code (FAC).

The following is a description of corrective action required for each noted deficiency:

1. Clean loose rust from well casing and well effluent line and apply coating of protective rust-inhibitor paint.

2. Clean loose rust from metal housing of high service pumps and apply coating of protective rust-inhibitor paint.

3. Properly prepare outside walls of storage tanks and apply coat of protective paint.

4. Submit a written flushing plan for this system detailing the location/scheduled flush times and operational check of automatic flushing devices. Include additional information detailing when manual/unidirectional flushing of this distribution system will be triggered. Also, please submit a written summary describing this system's routine monitoring program for nitrification control (i.e. analytical tests performed/frequency/"action level" concentrations that trigger corrective action or notification to supervisors.) A copy of this written summary detailing routine distribution monitoring activities should be added to the operational and maintenance manual for this facility.

VOLUSIA COUNTY HEALTH DEPARTMENT • ENVIRONMENTAL HEALTH ENGINEERING ♦ BIN 180
P.O. BOX 9190, DAYTONA BEACH, FL 32120-9190 • (386) 274-0717

*You are required to correct the above listed deficiencies by no later than **January 15, 2010**. On or before this date provide a written response to this Department stating that all deficiencies have been corrected. If any deficiencies need further explanation, please contact me immediately.*

Additionally, this office requests a written response addressing the recommendation that an impervious NSF-approved coating be applied to the interior walls of the storage tank walls - as detailed in the 2008 tank inspection report. Please submit this response by **January 15, 2010**.

Please note in the attached report that the population served by this system has been reduced to *255 persons* using a factor of 3 persons per service connection. This change was made based on system water usage records and current census data for this area. Please ensure that your Monthly Operating Reports (MOR's) reflect this change in population.

In conclusion, I would like to thank Mr. David Haring for his cooperation during the course of this survey. If you should have any questions regarding this correspondence, please feel free to contact me at (386) 274-0717.

Sincerely,

Patricia Carrico

Patricia Carrico, R.E.H.S.
Environmental Specialist II
Safe Drinking Water Program

State of Florida
Department of Health
Volusia County Health Department

SANITARY SURVEY REPORT

Plant Name TWIN RIVERS County Volusia PWS ID # 3641399
Plant Location 8 Riverdale Avenue, Ormond Beach, FL. 32174 Phone 386-937-1143
Owner Name Aqua Utilities Florida, Inc. Phone 352-787-0980
Owner Address P.O. Box 490310, Leesburg, FL. 34749-0310
Contact Person John Lihvarcik Title Area Manager Phone 352-435-4029
This Survey Date 10/8/09 Last Survey Date 10/17/06 Last C.I. Date 6/3/09

PWS TYPE & CLASS

☒ Community (4C)
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS

☒ Approved system with approval number & date
9374 (9/5/67), As Builts (10/7/75)
209892-001 5/27/2003 (Chloramine Treatment)
☐ Unapproved system

SERVICE AREA CHARACTERISTICS

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

OPERATION & MAINTENANCE

Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Paul Thompson #A7251; Dave Haring #C14091;
Ralph Marriott #C7527
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* 1.2 hrs/wk *Actual* 2.5 hrs/wk
Days/wk: *Required* 6 *Actual* 6
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☒ No ☐ Yes ☐ N/A

Number of Service Connections 85 S.C.
Population Served 255 Basis 3 x S.C.
Average Day (from MORs) 18,036 gpd
Max. Day (from MORs) 54,700 gpd 6/2009
Max-day Design Capacity 180,000 gpd
% Max Day / Design Capacity 30%
Increase since last Survey? No change
Total System Storage 9,000 Gal
% (Storage/Max Day Demand) 17 % (50%Ave Day)
Interconnects with other PWS? None

RAW WATER SOURCE

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

AUXILIARY POWER SOURCE

☐ Yes ☐ None ☒ Not Required
Source Generac Power Systems (Diesel Generator)
Capacity of Standby (kW) 30
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☐ Yes ☒ No
Hrs Operated Under Load 2.5 hrs/mo.
What equipment does it operate?
☒ Well pumps 1 well pump
☒ High Service Pumps 2
☒ Treatment Equipment all treatment
Satisfy AVE day demand? ☒Yes ☐No ☐Unk
Audio-Visual Alarm/Auto Pager? Yes.
Commments Operator is notified via auto-pager if power supply to plant is off.

TREATMENT PROCESSES IN USE

Aeration, Chloramination, Corrosion Inhibitor (Polyphosphate Additive)
What additional treatment is needed?
N/A
For control of what deficiencies?
N/A

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
Meter Size & Type Neptune 4"
Date Last Calibrated 6/25/09
Composiition of mains PVC
Size of mains 2" – 4"
Commments

PWS ID # 3641399
Date 10/8/09

GROUND WATER SOURCE

Well Number		1		
Location of Well		At Water Plant (South Side)		
FLUID #		AAC 3752		
Year Drilled		1967		
Depth Drilled (ft.)		190'		
Drilling Method		Rotary		
Type of Grout		Unknown		
Length (outside casing) (ft.)		95'		
Diameter (outside casing) (in.)		6"		
Material (outside casing)		Black Steel		
Well Contamination History		None		
Is inundation of well possible?		No		
6' X 6' X 4" Concrete Pad		Yes		
SET BACKS	Septic Tank	150'		
	Reuse Water	None		
	WW Plumbing	100		
	Other Sanitary Hazard	None Observed		
PUMP	Type	Submersible		
	Manufacturer Name	Franklin		
	Model Number	Unknown		
	Rated Capacity (gpm)	Unknown		
	Motor Horsepower	7.5		
Well casing 12" above grade?		Yes		
Well Casing Sanitary Seal		Yes		
Raw Water Sampling Tap		Yes		
Above Ground Check Valve		Yes		
Fence/Housing		Both		
Well Vent Protection		Yes		

COMMENTS: Top of well casing and well effluent line is rusty.

PWS ID # 3641399
Date 10/8/09

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 17 gpd
Chlorine Feed Rate 60%
Avg. Amount of Cl_2 used 8 gal/day
Strength/Supplier of Chlorine 10.5% (Davis Supply.)
Chlorine Residuals: Plant 3.5 ppm Remote 1.5 ppm
Remote tap location 12 Twin Rivers Dr.
DPD Test Kit: ☒ On-site ☐ With operator
☐ None ☐ Not Used Daily
Injection Points Drips into Tank #1 near aerator..
Booster Pump Info N/A
Comments Chlorine and Ammonia feed pumps and 'day tanks' are stored in outside shed to minimize corrosion from off-gases. 100 gallons Chlorine delivered every two weeks to fill 165 gal. tank as needed. Tested @ POE: Free NH3 = .23; NO2=.01ppm; and O-P04=1.6 ppm. Operator routinely tests for NO2, NO3,Free and Total NH3

ADDITIONAL CHEMICAL ADDITIVE:
Chemical/Mfr. Liquid Ammonia -18% (BrenTag)
Purpose Chloramine formation
Equipment Used Stenner Pump -3 GPD
Feed Rate / Dose 30% Pump Setting / 1 gal/wk
Injection Points Drips into Tank#1
Comments Delivered in 55 gal drums – Operator transfers to 15 gallon 'Day Tank' with manual pump.

ADDITIONAL CHEMICAL ADDITIVE:
Chemical/Mfr. PolyPhosphate (Aquadene SK7661)
Purpose Corrosion Inhibitor
Equipment Used Stenner Pump -3 GPD
Feed Rate / Dose 40% Pump Setting/ 2 gal/mo.
Injection Point In line- prior to aerator
Comments Delivered in 30 gal drums. Operator documents O-PO4 biweekly. (1.5 ppm O-PO4 min.)

ALL CHEMICAL ADDITIVES NSF 60 Certified?
Yes

AERATION (Gases, Fe, & Mn Removal)
Type Spray Capacity Unknown
Aerator Condition Good
Bloodworm Presence None
Visible Algae Growth None
Protective Screen Condition Good
Comments

STORAGE FACILITIES
(G) Ground (H) Hydropneumatic (E) Elevated
(B) Bladder (C) Clearwell

Tank Type/Number	G1	G2
Capacity (gal)	4500	4500
Material	Concrete*	Concrete*
Gravity Drain	Yes	Yes
By-pass Piping	Yes	Yes
Pressure Gauge	N/A	N/A
Sight Glass or Level Indicator	No	No
Fittings for Sight Glass	N/A	N/A
Protected Openings	Yes	Yes
PRV/ARV	N/A	N/A
On/Off Pressure	N/A	N/A
Access Hatch	Yes	Yes
Height to Max. Water Level	5'	5'
Date Last Cleaned/Inspected	9/2/2008	9/2/2008
Protected from Vandalism?	Yes	Yes

Comments *Outside walls of concrete tanks need touch-up painting is areas. 2008 inspection report recommends interior walls of storage tanks be re-coated with impervious paint. New roof installed on storage tank in 2008.

HIGH SERVICE PUMPS

Pump Number	1	2
Type	Centrifugal	Centrifugal
Make	StaRite	StaRite
Model	Unknown	VFD*
Capacity (gpm)	Unknown	Unknown
Motor HP	5	5
Date Installed	2004	2004
Maintenance	Rusty	Rusty

Comments *VFD=Variable Frequency Drive Pump with Baldour Motor is primarily used. Pump #1 serves as a back-up pump only as needed to satisfy higher demand. Rusty pump housing.

PWS ID # 3641399
Date10/8/09

DISTRIBUTION SYSTEM MAINTENANCE

Cross-Connection Control

Date of CCC Plan on File	8/1/2007
Is CCC Plan Adequate?	Yes*
Person responsible for CCC Program ?	Patrick Farris
Adequate Records of BF Devices and Testing?	None
Number Of Testable BF Devices ?	0
ReUse Water in Use?	No
Enhanced Public Education & Inspections in reuse areas ?	Not Applicable
Most Recent Distribution Date of CCC Public Education Materials	9/4/2009

Comments: *NOTE: The State of Florida is currently re-writing the Cross Connection Control regulations pertaining to backflow protection required for auxiliary water systems. The CCC plan may need revision once these new rules are adopted.

Flushing And Valve Maintenance

Distribution System Map (Required for +150 Services)	Size of Mains Shown?	Yes
	Valves and Dead-Ends Shown ?	Yes
	Hydrants Shown?	Yes
Is Distribution Map Updated?		Yes
Is Flushing Plan on File? (# of sites)		NO*
Frequency of Routine Flushing?		Daily (4 AutoFlushers)
Written Valve Maintenance Plan (Plan Date)		Yes (9/17/09)
Is Flushing/Valve Maintenance Activity Documented ?		Yes

Comments: *Four automatic flush valves installed on distribution system are set presently to flush for 2 hours each day - according to system operator . Some manual flushing is also being done. Distribution system is monitored for several parameters weekly including NO2; Free and Total Ammonia; Dissolved Oxygen; pH. However, there is no written flushing or distribution monitoring plan specifying monitoring routine or when manual flushing will be initiated.

SAMPLING PLANS

Total Coliform Sampling Plan

Approved Sampling Plan?	Yes
Total Coliform Plan Date:	1/09/2004
# of Samples Required Monthly:	2
Total # of Unique Sites in Plan:	6

Comments: _____

Disinfection By-Product (DBP) Sampling

Is The Plan Adequate?	Yes
Maximum Residence Time Site:	34 Twin Rivers
Plan Date:	3/17/2004

Comments: _____

Lead And Copper (Tap Water) Sampling

Lead And Copper Plan Date:	9/15/2005
No. Of Standard Sites: (In Plan)	16
No. Of Reduced Sites: (In Plan)	5
No. of Pb/Cu Samples Collected:	10
Is Corrosion Control Treatment Required? (for Cu or Pb?)	Yes (Cu)*
Samples Collected from Plan Sites?	Yes

Comments: *Orthophosphate target concentration = 1.5 ppm checked bi-weekly.

Security Issues

Comments None observed.

PWS ID # 3641399
Date 10/17/06

MISCELLANEOUS

Emergency Response Plan (ERP)

Required (+ 350 pop.)?	NOT REQUIRED
Date Created:	N/A
Location of Plan:	N/A

Comments: _____

Consumer Confidence Reports (CCR)

Distribution / Reporting Timeframes Met?	Yes
CCRs In Conformance With Rules?	Yes
Delivery Methods Appropriate?	Yes
Usual Delivery Method(s):	Mail, Internet

Comments: _____

Recordkeeping

All records (analyses, MOR, etc.) retained for required timeframe?	Yes
Where are the above records stored?	Main Office (Leesburg)
Equipment Manuals at Plant (or nearby location)?	Yes
Operation and Preventive Maintenance Manual Available?	Yes
Maintenance Work Properly Documented?	Yes
Customer Complaints Documented?	Yes

Comments: _____

PWS ID # 3641399
Date 10/8/09

MONITORING REQUIREMENTS

Contaminant	Samples Required	Sampling Location	Frequency	Next Deadline For Sampling
Microbiological (Bact.)	1	Each Well	Monthly	11/30/09
	2	Distribution / Per Approved Sampling Plan	Monthly	11/30/09
Volatile Organic Contaminant Group	1	POE	3 Years	12/31/12
Synthetic Organic Contaminant Group	1	POE	3 Years	12/31/12
Nitrate & Nitrite (as N)	1	POE	Annual	12/31/10
Inorganic Contaminant Group	1	POE	3 Years	12/31/12
Asbestos*	1	Distribution / Per Approved Sampling Plan	9 Years	06/01/2012
Radionuclide Contaminant Group	1	POE	3 Years	12/31/12
Disinfection By-Products (TTHM & HAA5)	1 each	Distribution / Per Approved Sampling Plan	Quarterly	12/31//09
Disinfection Residual Monitoring	2	Distribution / Same as microbiological samples	Monthly	11/30/09
Secondary Contaminant Group	1	POE	3 Years	12/31/12
Lead and Copper (Tap Water)	5	Distribution / Per Approved Sampling Plan	3 Years	09/30/12
Water Quality Parameter Samples	1 Site	Distribution/per Approved Sampling Plan	3 Years - Only If Exceed Action Level	12/31/12

Known Water Quality Issues
NONE

Monitoring Violations	Other Violations
NONE	Trihalomethane MCL Violation: Jan - June '09.

Deficiencies:

1.) Top of well casing and effluent line corroded in areas. Chapter 62-555.350(2) – Florida Administrative Code FAC.

2.) Corrosion on housing of high service pumps. Chapter 62-555.350(2) FAC.

3.) Protective coating of paint not applied uniformly to outside walls of storage tank. Chapter 52-555.350(2) FAC.

4.) No written flushing program for distribution system. Chapter 62-555.350(2) FAC.

Recommendations:

Storage tank inspection report from 9/2/08 recommends that interior of walls be coated with structurally impervious, NSF approved coating.

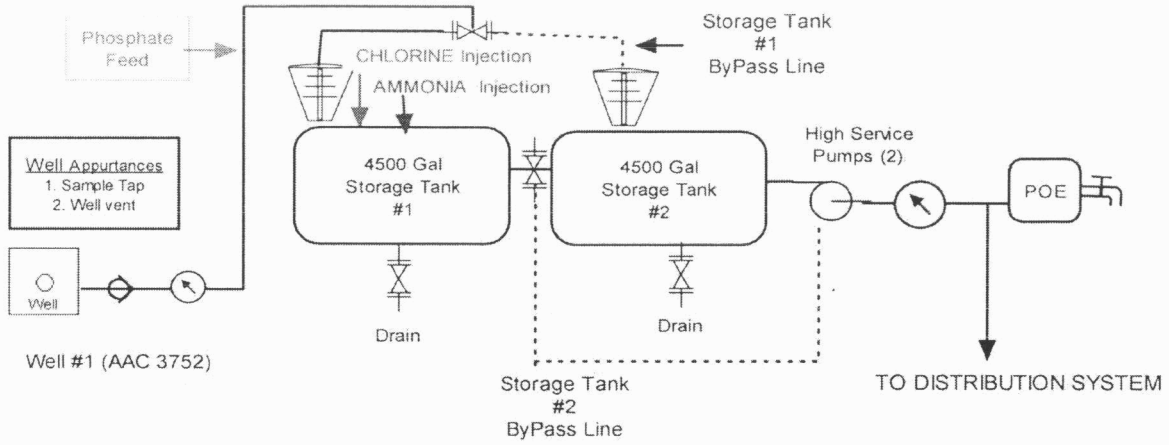
Inspector: Patricia Carrico / Patricia Carrico Title Environmental Specialist II Date 11/9/2009

Reviewed by: Leonard Erdman / Title Environmental Specialist II Date 11/13/09

Approved by: Paul Hextell / Title Environmental Supervisor II Date 11/19/09.

PWS ID # 3641399
Date: 10/8/09

SYSTEM SCHEMATIC



Note: Chlorine and Ammonia Feed Lines can be moved over to Tank #2, if Sttorage Tank #1 needs to be taken of-line.

LEGEND:			
	Check valve		
	Valve		Sample Tap
	Neptunne Water Meter	POE	Point-of-Entry to Distribution System
	Tray Aerator		
	High Service Pumps (2)		

WATER PLANT SCHEMATIC

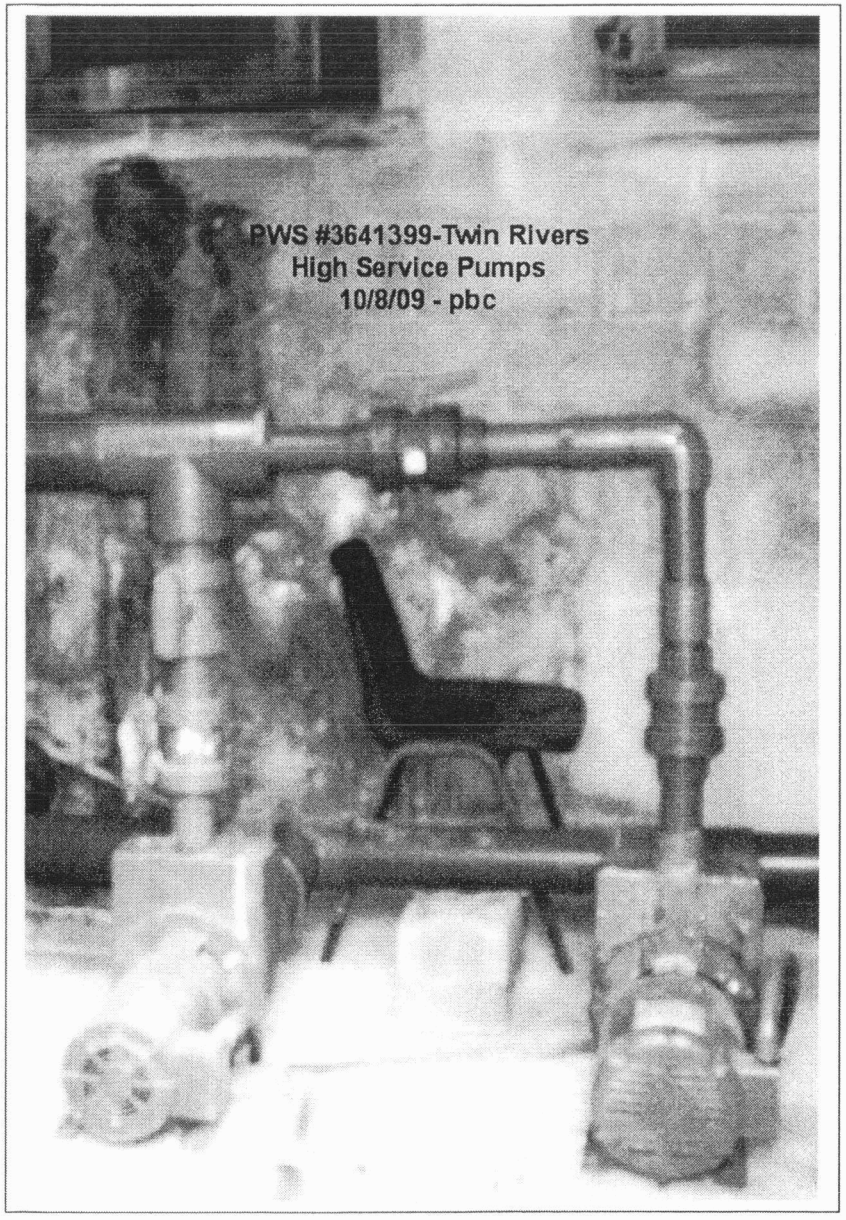
TWIN RIVERS
PWS# 3641399

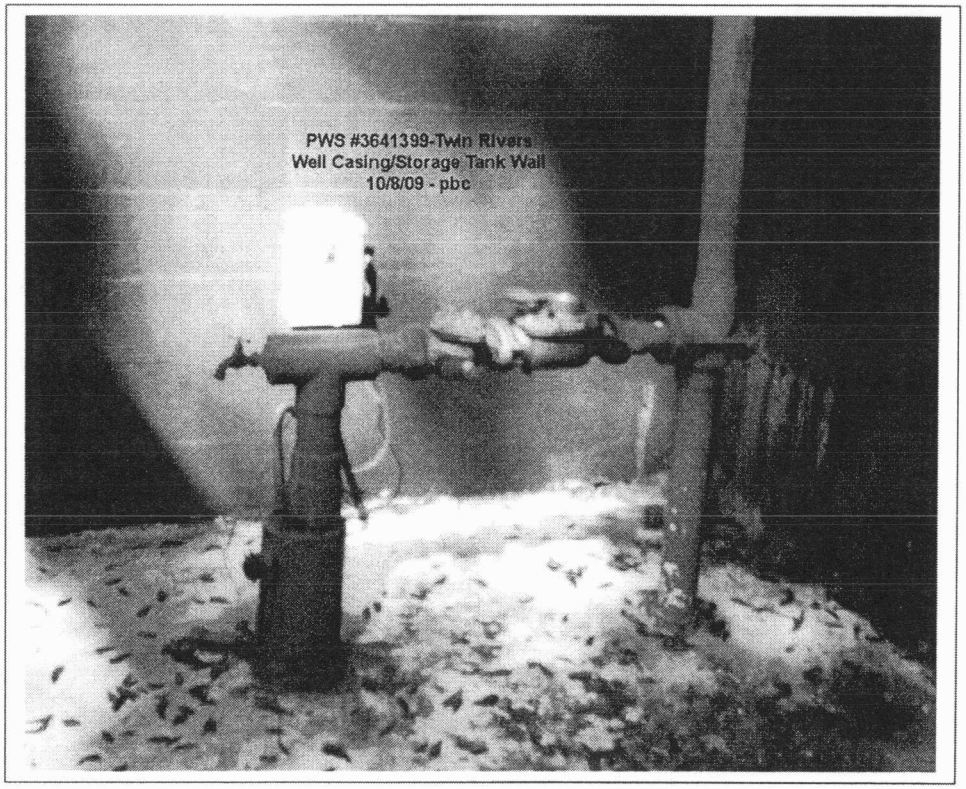
CREATED BY:
Patricia Carrico
Volusia County
Health Dept.
Date:
10/8/2009

381

PWS ID # 3641399
Date: 10/8/09

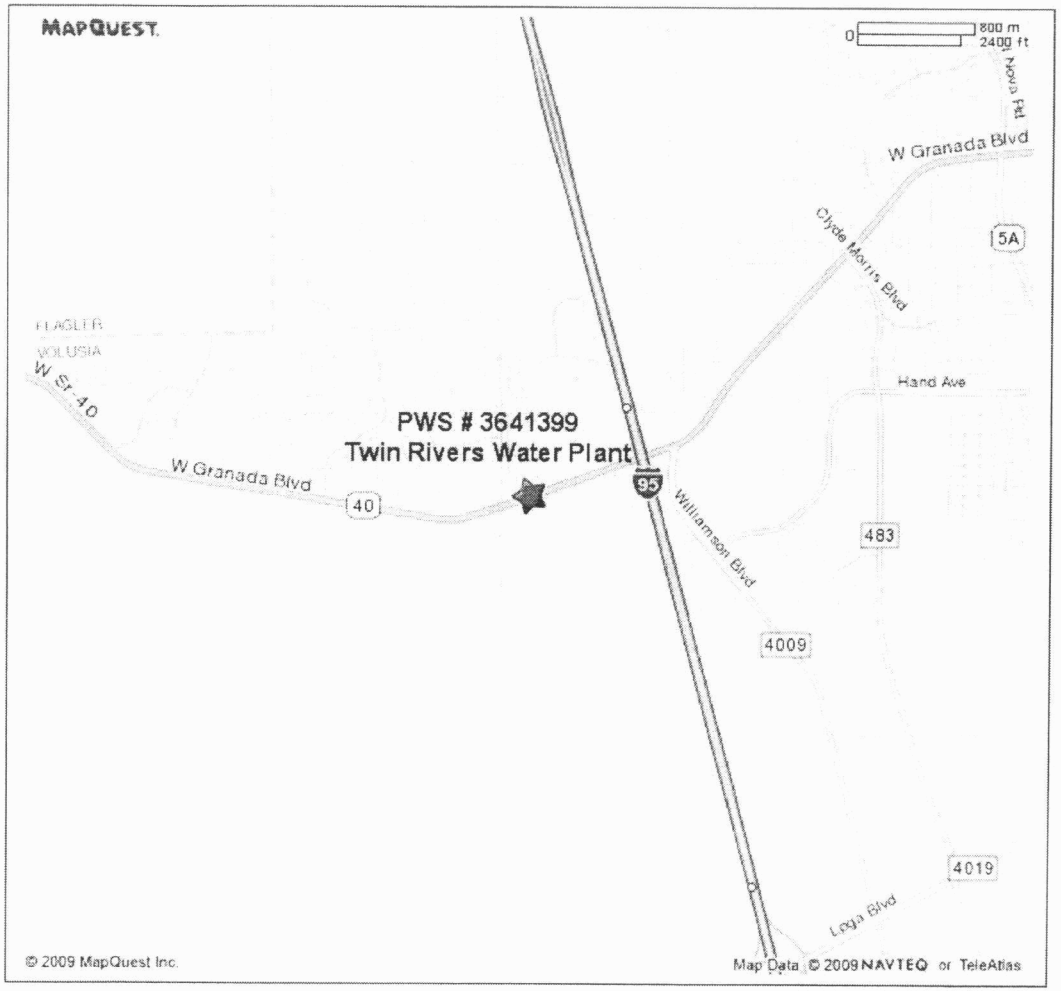
DIGITAL PHOTOS





PWS ID # 3641399
Date: 10/8/09

MAPS OR DIRECTIONS TO SYSTEM (text and/or graphics)
From Daytona Beach office: North on Clyde Morris to State Rd. 40 (Granada Ave.). Turn left on S. R 40 and go west past I-95 to Riverdale Ave. Turn right on Riverdale Ave. Water plant is one-half block north on right-hand side.



383

AQUA SM

Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

January 8, 2010

Patricia Carrico
Environmental Specialist II
FDOH Volusia County
P.O. Box 9190
Daytona Beach, FL 32120-9190

RE: Reply to Sanitary Survey Inspection Report
Twin Rivers Water System
PWS ID No. 3641399
Volusia County

Dear Ms. Carrico:

This letter is in response to your inspection of the facility referenced above on October 8, 2009.

Deficiency: Clean loose rust from well casing and well effluent line and apply coating of protective rust-inhibitor paint.

Response: The well casing has been cleaned and painted.

Deficiency: Clean loose rust from metal housing of high service pumps and apply coating of protective rust-inhibitor paint.

Response: The metal housing of the high service pumps have been cleaned and painted.

Deficiency: Properly prepare outside walls of storage tanks and apply coat of protective paint.

Response: The walls of the storage tanks will be prepared and painted after the inside of the tank is coated with the NSF approved coating.

Deficiency: Submit a written flushing plan...

Response: Enclosed is the updated written flushing plan which includes the automatic flushing device schedule, detailed instruction on manual/unidirectional flushing and nitrification monitoring program.

As mentioned in our phone conversations, Aqua is in the process of researching NSF approved products to be applied to the interior of the storage tank. Due to the age of the block walls of the tank and the fact that we will need to temporarily install a portable tank and inconvenience the customers with an outage, Aqua want to ensure that we use the best product suitable for this job. In addition, to the contractors mentioned in my e-mail on December 14, 2009, which is enclosed,

we have contacted David Hanna from the Florida Rural Water Association for assistance. Mr. Hanna gave us contacts from Utility Services, Crom, and Biometric. We have contacted these companies and are currently scheduling site visits with them so they can evaluate the tanks. We would also like to thank you for your help and communication during this selection process.

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

Sincerely,

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

Enclosures: Storage Tank E-mail
Flushing Plan

cc: Paul Thompson, via e-mail
Harry Householder, via e-mail
Michael Pickel, via e-mail

Farris, Patrick A.

From: Farris, Patrick A.
Sent: Monday, December 14, 2009 12:52 PM
To: Patricia_Carrico@doh.state.fl.us
Subject: RE: Storage Tank Water Seepage Repairs

Outstanding, thanks for the reference.

We had Scott Purvis, of Utilities Technicians come out and evaluate the tanks as well as Doug Atwell, of Pittsburgh Paints and Coatings. We are also looking at products by Sherwin Williams. Scott Purvis has a coating he likes and his group would perform all of the work (or sub some out) and oversee the whole project. Doug Atwell has the product, but we would have to find a contractor to complete the work.

As mentioned in our phone conversation, the major hurdle is finding someone to sand blast the interior of the tank, to remove any loose particles and get a clean surface to apply the base cement. After the base cement work, they would apply the coating. The contractors we have spoken with to do the sand blasting, all have concerns of breaching the block wall and making things worse, which is a valid concern.

I will forward the vendor you sent us to Tricia Williams for her to contact them and speak with them about the work.

Patrick Farris
Environmental Compliance
Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg FL 34748
tel: 352-435-4029
fax: 352-787-6333

From: Patricia_Carrico@doh.state.fl.us [mailto:Patricia_Carrico@doh.state.fl.us]
Sent: Monday, December 14, 2009 12:44 PM
To: Farris, Patrick A.
Subject: Storage Tank Water Seepage Repairs

FYI:

I found out that City of Port Orange used C&R Epoxy Systems, Clermont for repairs to leaks in their concrete clarifier:

352-241-8723.

I also notified Florida Rural Water's area contact, David Hanna of the seepage problem... He may be contacting you directly.

Patricia Carrico
Environmental Specialist II
Drinking Water Program -Volusia County Health Dept.
Phone: (386) 274-0717 Fax: (386) 274-0713

Mailing Address:
Volusia County Health Department
P.O. Box 9190 - Bin #180
Daytona Beach, FL. 32120-9190

For up-to-date information about H1N1 Swine Flu visit http://www.myflusafety.com ***or call 877 352 3581***

AQUA SM

Twin Rivers PWS Flushing Plan

January 2010

Purpose:

The purpose of this flushing program is to maintain quality and appearance of the water in the Tomoka View water distribution system.

Intent:

The intent of this plan is to provide 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:

Manual conventional flushing may be necessary should conditions dictate in response to water quality parameters approaching the trigger in Table 1, or in response to customer complaints of black or discolored water or taste and odor. In these cases, flushing will be conducted to achieve and maintain goals for the water quality parameters specified in Table 1.

Table 1. Distribution System Action Levels and Actions

Parameter	Goals	Action Level	Action
Total Cl_2 Residual	>2 mg/L as Cl_2	<2 mg/L as Cl_2	Flush until residual >2 mg/L as Cl_2
Free NH_3-N	<0.5 mg/L as N	>0.5 mg/L as N	Increase plant Cl_2/NH_3 ratio, start daily monitoring, if not <0.5 mg/L after 2 days flush until <0.5 mg/L as N
pH	7.9-8.3	N/A	Monitor
NO_2-N	<0.1 mg/L as N	>0.1 mg/L as N	Monitor daily if 0.1 – 0.3 mg/L as N If >0.3 mg/L as N, **revert to free chlorine**

Automatic Flushing:

The following locations currently have automatic flushing devices installed and shall continue to be programmed to run/flush as indicated:

Table 2. Automatic Flushing Device Location and Schedule

Location	Frequency	Duration per Event
Twin Rivers Drive	2 per day	1 hour
Waterberry Circle	2 per day	1 hour
Bayberry Drive	2 per day	1 hour
Timber Creek	2 per day	1 hour

Unidirectional Flushing:

The following locations shall be manually flushed (unidirectionally) as indicated below until water is visibly clear and an acceptable total chlorine residual is achieved. Flush each section in its entirety before moving to the next section. Refer to the system flushing map for locations of flush points and valves. The system should be unidirectionally flushed twice per year. Additional manual flushing should be performed by section in response to customer complaints or water quality parameter triggers in a particular section.

Flushing Plan - Twin Rivers 1/6/10 rev

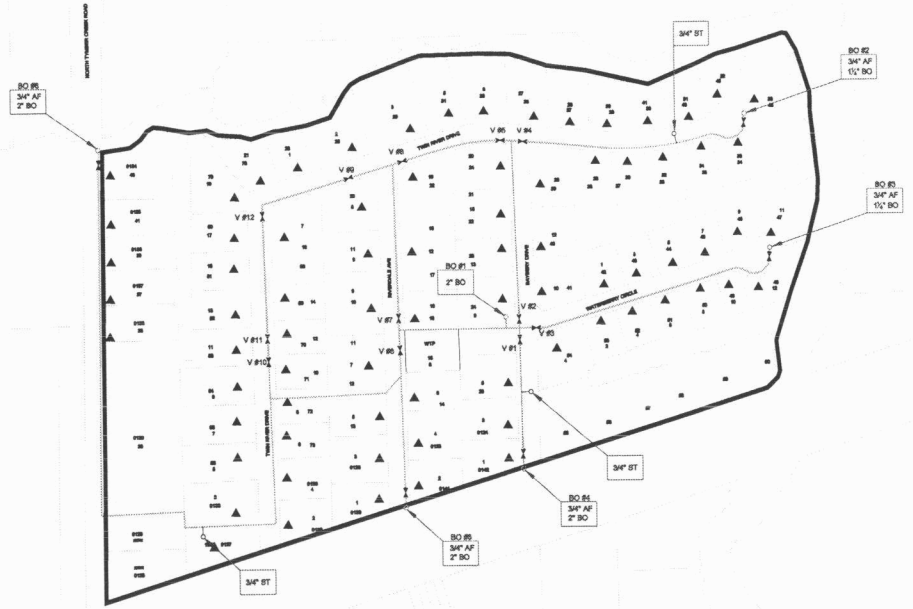
Section	Open and Close Valves in this Order Left to Right	Valves to Close	Hydrant # or B/O # to open	Time to Flush (minute)	Minimum Gallons Flushed	Hydrant # or B/O # to Close	Valves to Open	Special Notes: GPM & PSI
EAST	Flush Point #1	NONE	# 1	2	220	# 1	NONE	Flushing should be at 120 GPM or higher.
	Flush Point #2	# 2, # 9	# 2	2	292	# 2	# 2, # 9	
	Flush Point #3	# 5	# 2	3	404	# 2	# 5	
	Flush Point #4	NONE	# 3	1	110	# 3	NONE	
	Flush Point #5	NONE	# 4	2	196	# 4	NONE	Plant Not to go Below 35 PSI or Water Storage level to drop to low.
WEST	Flush Point #6	# 8, # 6	# 5	2	197	# 5	# 8, # 6	
	Flush Point #7	# 7	# 5	1	73	# 5	# 7	
	Flush Point #8	NONE	# 6	2	269	# 6	NONE	

Implementation:

The flushing program will be implemented at the time chloramination goes online in the Twin Rivers water system and shall remain in effect while the system is on chloramination.

AQUA UTILITIES FLORIDA
TWIN RIVERS
TOWNSHIP: 14 S / RANGE: 31 E

FLUSHING PLAN



N

180 0 180 360

Scale 1"=150'

LEGEND

- COMMERCIAL WATER CUSTOMER
- WATER CUSTOMER
- 2" BLOW-OFF
- VALVE
- FIRE HYDRANT
- REDUCER
- 6" WATER (337 LF)
- 4" WATER (736 LF)
- 2" WATER (4,891 LF)
- SECTION LINE
- SERVICE AREA BOUNDARY

26 25
35 36

TWIN RIVERS ESTATES LEGAL DESCRIPTION

TOWNSHIP 14 SOUTH, RANGE 31 EAST

SECTION 26

Commence at the Southwest corner of Section 26 and run N87°13'11"E along the south boundary line of said section a distance of 1343 feet, thence run N5°29'51"E a distance of 665.09 feet to the Point of Beginning, also being located on the North right-of-way line of Highway 40 (Cmound-Barberville Road), thence run N72°58'50"E along said right-of-way a distance of 1769.57 feet to a point located on the western shoreline of Tomoka River, thence meander Northerly along said shoreline of Tomoka River to a point of intersection with the Southerly shoreline of Little Tomoka River, thence meander Westerly along the southern shoreline of Little Tomoka River to a point of the Eastern right-of-way line of North Tymber Creek Road, thence run S5°47'2"W along said right-of-way a distance of 1112.02 feet to the Point of Beginning.

Certificate of Authorization No. 3215

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cph Engineers Planners Landscape Architects Surveyors Construction Management

www.cphengineers.com

382 North Wymbland Blvd., Suite 600, DeLand, FL 32720

Phone: 386.736.4545 Fax: 386.736.0402

cph A8401

AQUA UTILITIES SERVICE AREA MAPPING

DATE: FEBURARY 2008