

CLASS A and B  
WATER AND/OR WASTEWATER UTILITIES

**FINANCIAL, RATE  
AND ENGINEERING  
MINIMUM FILING  
REQUIREMENTS**

OF  
Utilities, Inc. of Florida - Marion County  
Exact Legal Name of Utility

**VOLUME III**



FOR THE

Test Year Ended: 12/31/05

FORM PSC/WAW 20 ( / )

*BINDER 1 of 11*

System(s):

Golden Hills

DOCUMENT NUMBER-DATE

09067 OCT-28

REGISTRATION CLERK

Golden Hills

Docket No. 060253-WS

Marion County

Test Year Ended December 31, 2005

Golden Hills

Docket No. 060253-WS

25.30-440(1)  
Detailed Map

Test Year Ended December 31, 2005

MAPS

SUBMITTED TO COMMISSION SEPARATELY

Golden Hills

Docket No. 060253-WS

25.30-440(2)  
Chemicals Used

Test Year Ended December 31, 2005

CHEMICALS USED

To Be Provided

**UTILITIES, INC. OF FLORIDA  
CHEMICAL USE DATA  
TEST YEAR: 2006**

County	System Name	Chemical Used	Water Treatment	Unit Price
Seminole	Weathersfield	Chlorine	40-45 gpd	\$ 1.15/gal
Seminole	Oakland Shores	Chlorine	20-25 gpd	\$ 1.15/gal
Seminole	Little Wekiva	Chlorine	3-4 gpd	\$ 1.15/gal
Seminole	Park Ridge	Chlorine Polyphosphate	3-4 gpd 1-2 gpd	\$ 1.15/gal \$14.00/ gal
Seminole	Phillips	Chlorine Polyphosphate	2-3 gpd 1-2 gpd	\$ 1.15/gal \$14.00/ gal
Seminole	Crystal Lake	Chlorine Polyphosphate	3-4 gpd 1-2 gpd	\$ 1.15/gal \$14.00/ gal
Seminole	Ravenna	Chlorine	8-12 gpd	\$ 1.15/gal
Seminole	Bear Lake	Chlorine	7-10 gpd	\$ 1.15/gal
Seminole	Jansen	Chlorine Polyphosphate	12-15gpd 2-3 gpd	\$ 1.15/gal \$14.00/ gal

UTILITIES, INC. OF FLORIDA  
2006 CHEMICAL USE DATA

County	System Name	Chemical Used	Water Treatment	Wastewater Treatment	Annual Amount	Quantity	Unit Price	Feed Rate
PINNELLAS COUNTY								
	Lake Tarpon	Liquid Chlorine	Yes	No	420	Gals	\$ 0.87	1.1 gal/day
		Ammonia	Yes	No	294	Gals	\$ 0.45	0.8 gal/day
PASCO COUNTY								
	Buena Vista Manor	None	Yes	No				
	Buena Vista Trailer Pa	Liquid Chlorine	Yes	No	1566	Gals	\$ 0.87	4.2 gal/day
	Summertree	Gas Chlorine	Yes	No	7.8	lbs	\$ 0.90	21.3lbs/day
	Orangewood	Liquid Chlorine	Yes	No	1774	Gals	\$ 0.87	4.8 gal/day



UTILITIES, INC. OF FLORIDA  
2006 CHEMICAL USE DATA

County	System Name	Chemical Used	Water Treatment	Wastewater Treatment	Annual Amount	Quantity	Unit Price	Feed Rate
MARION COUNTY								
	GOLDEN HILLS	Liquid Chlorine	(Yes) No	Yes / No	1,325 GAL	GALS	\$ 0.95 / GAL	4.9 gals/day
		<del>Ammonia</del>	<del>Yes / No</del>	<del>Yes / No</del>				
	CROWNWOOD	Stick Chlorine	Yes / No	(Yes) / No	50 LBS	LBS	\$ 2.16 / LB	0.2 LBS/day
		Liquid Chlorine	Yes / No	(Yes) No	1,945 GAL	GALS	\$ 0.95 / GAL	7.2 gals/day
		<del>Gas Chlorine</del>	<del>Yes / No</del>	<del>Yes / No</del>				
		Liquid Chlorine	Yes / No	<del>Yes / No</del>				
		Granula Chlorine		(Yes) / No	100 LBS	LBS	\$ 2.48 / LB	0.4 LBS/day

(so far)

(269 days so far)

Golden Hills

Docket No. 060253-WS

25.30-440(3)  
Chemical Analyses

Test Year Ended December 31, 2005

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

Inorganic Contaminants: 62-550.310(1) Lab ID: 11299DW1 PWS ID: 6424076 Sample ID: water

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
1005	Arsenic	mg/L	0.01 (0.05)	0.00100	U	EPA200.8	0.00100	02/28/06	
1010	Barium	mg/L	2	0.00460		EPA200.8	0.00200	02/28/06	
1015	Cadmium	mg/L	0.005	0.00100	U	EPA200.8	0.00100	02/28/06	
1020	Chromium	mg/L	0.1	0.0116		EPA200.8	0.00100	02/28/06	
1024	Cyanide	mg/L	0.2	0.00500	U	SM4500-CN E	0.00500	03/06/06	
1025	Fluoride	mg/L	2.0 (4.0)	0.251		EPA300.0	0.200	02/24/06	
1030	Lead	mg/L	0.015	0.00100	U	EPA200.8	0.00100	02/28/06	
1035	Mercury	mg/L	0.002	0.000200	U	EPA245.1	0.000200	03/02/06	
1036	Nickel	mg/L	0.1	0.00200	U	EPA200.8	0.00200	02/28/06	
1040	Nitrate	mg/L	10	1.20		EPA300.0	0.0500	02/24/06	04:40 PM
1041	Nitrite	mg/L	1	0.0500	U	EPA300.0	0.0500	02/24/06	04:40 PM
1045	Selenium	mg/L	0.05	0.00200	U	EPA200.8	0.00200	02/28/06	
1052	Sodium	mg/L	160	5.48		EPA200.7	0.500	02/27/06	
1074	Antimony	mg/L	0.006	0.00100	U	EPA200.8	0.00100	02/28/06	
1075	Beryllium	mg/L	0.004	0.00100	U	EPA200.8	0.00100	02/28/06	
1085	Thallium	mg/L	0.002	0.00100	U	EPA200.8	0.00100	02/28/06	

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Golden Hills

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

Secondary Contaminants: 62-550.320 Lab ID: 11299DW1 PWS ID: 6424076 Sample ID: water

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
1002	Aluminum	mg/L	0.2	0.0200	U	EPA200.8	0.0200	02/28/06	
1017	Chloride	mg/L	250	14.7		EPA300.0	0.400	02/24/06	
1022	Copper	mg/L	1.0	0.00550		EPA200.8	0.00100	02/28/06	
1025	Fluoride	mg/L	2.0 (4.0)	0.251		EPA300.0	0.200	02/24/06	
1028	Iron	mg/L	0.3	0.0100	U	EPA200.7	0.0100	02/27/06	
1032	Manganese	mg/L	0.05	0.0100	U	EPA200.7	0.0100	02/27/06	
1050	Silver	mg/L	0.1	0.00100	U	EPA200.8	0.00100	02/28/06	
1055	Sulfate	mg/L	250	10.8		EPA300.0	1.00	02/24/06	
1095	Zinc	mg/L	5	0.0100	U	EPA200.8	0.0100	02/28/06	
1905	Color	PCU	15 color units	1.00	U	SM2120B	1.00	02/24/06	03:15 PM
1920	Odor	TON	3	1.00	U	SM2150B	1.00	02/24/06	
1925	pH		6.5 -8.5	7.23		EPA150.1	0.0100	02/24/06	05:00 PM
1930	Total Dissolved Solids	mg/L	500	332		SM2540C	2.50	02/28/06	
2905	Foaming Agents	mgLAS(340)/L	0.5	0.200	U	SM5540C	0.200	02/24/06	04:00 PM

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

Volatile Organics: 62-550.310(2)(b) Lab ID: 11299DW1 PWS ID: 6424076 Sample ID: water

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
2378	1,2,4-trichlorobenzene	ug/L	70	0.500	U	EPA524.2	0.500	02/28/06	
2380	cis-1,2-Dichloroethylene	ug/L	70	0.500	U	EPA524.2	0.500	02/28/06	
2955	Xylenes	ug/L	10,000	0.500	U	EPA524.2	0.500	02/28/06	
2964	Dichloromethane	ug/L	5	0.500	U	EPA524.2	0.500	02/28/06	
2968	o-dichlorobenzene	ug/L	600	0.500	U	EPA524.2	0.500	02/28/06	
2969	Para-dichlorobenzene	ug/L	75	0.500	U	EPA524.2	0.500	02/28/06	
2976	Vinyl Chloride	ug/L	1	0.500	U	EPA524.2	0.500	02/28/06	
2977	1,1-Dichloroethylene	ug/L	7	0.500	U	EPA524.2	0.500	02/28/06	
2979	trans-1,2-Dichloroethylene	ug/L	100	0.500	U	EPA524.2	0.500	02/28/06	
2980	1,2-dichloroethane	ug/L	3(5)	0.500	U	EPA524.2	0.500	02/28/06	
2981	1,1,1-trichloroethane	ug/L	200	0.500	U	EPA524.2	0.500	02/28/06	
2982	Carbon tetrachloride	ug/L	3	0.500	U	EPA524.2	0.500	02/28/06	
2983	1,2-dichloropropane	ug/L	5	0.500	U	EPA524.2	0.500	02/28/06	
2984	Trichloroethylene	ug/L	3(5)	0.500	U	EPA524.2	0.500	02/28/06	
2985	1,1,2-trichloroethane	ug/L	5	0.500	U	EPA524.2	0.500	02/28/06	
2987	Tetrachloroethylene	ug/L	3(5)	0.500	U	EPA524.2	0.500	02/28/06	
2989	Monochlorobenzene	ug/L	100	0.500	U	EPA524.2	0.500	02/28/06	
2990	Benzene	ug/L	1	0.500	U	EPA524.2	0.500	02/28/06	
2991	Toluene	ug/L	1,000	0.500	U	EPA524.2	0.500	02/28/06	
2992	Ethylbenzene	ug/L	700	0.500	U	EPA524.2	0.500	02/28/06	
2996	Styrene	ug/L	100	0.500	U	EPA524.2	0.500	02/28/06	

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

Synthetic Organics: 62-550.310(2)(c) Lab ID: 11299DW1 PWS ID: 6424076 Sample ID: water

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
2005	Endrin	ug/L	2	0.0100	U	EPA505	0.0100	02/28/06	
2010	Lindane	ug/L	0.2	0.0100	U	EPA505	0.0100	02/28/06	
2015	Methoxychlor	ug/L	40	0.0500	U	EPA505	0.0500	02/28/06	
2020	Toxaphene	ug/L	3	0.500	U	EPA505	0.500	02/28/06	
2031	Dalapon	ug/L	200	0.100	U	EPA515.1	0.100	03/07/06	
2032	Diquat	ug/L	20	0.400	U	EPA549.2	0.400	03/08/06	
2033	Endothall	ug/L	100	9.00	U	EPA548.1	9.00	03/10/06	
2034	Glyphosate	ug/L	700	6.00	U	EPA547	6.00	03/08/06	
2035	Di(2-ethylhexyl) adipate	ug/L	400	0.600	U	EPA525.2	0.600	03/13/06	
2036	Oxamyl (Vydate)	ug/L	200	2.00	U	EPA531.1	2.00	02/27/06	
2037	Simazine	ug/L	4	0.0700	U	EPA507	0.0700	03/09/06	
2039	Di(2-ethylhexyl)phthalate	ug/L	6	0.600	U	EPA525.2	0.600	03/13/06	
2040	Picloram	ug/L	500	0.100	U	EPA515.1	0.100	03/07/06	
2041	Dinoseb	ug/L	7	0.200	U	EPA515.1	0.200	03/07/06	
2042	Hexachlorocyclopentadiene	ug/L	50	0.100	U	EPA505	0.100	02/28/06	
2046	Carbofuran	ug/L	40	0.900	U	EPA531.1	0.900	02/27/06	
2050	Atrazine	ug/L	3	0.100	U	EPA507	0.100	03/09/06	
2051	Alachlor	ug/L	2	0.200	U	EPA507	0.200	03/09/06	
2065	Heptachlor	ug/L	0.4	0.0100	U	EPA505	0.0100	02/28/06	
2067	Heptachlor epoxide	ug/L	0.2	0.0100	U	EPA505	0.0100	02/28/06	
2105	2,4-D	ug/L	70	0.100	U	EPA515.1	0.100	03/07/06	
2110	2,4,5-TP	ug/L	50	0.200	U	EPA515.1	0.200	03/07/06	
2274	Hexachlorobenzene	ug/L	1	0.100	U	EPA505	0.100	02/28/06	
2306	Benzo(a)pyrene	ug/L	0.2	0.0200	U	EPA550	0.0200	03/13/06	
2326	Pentachlorophenol	ug/L	1	0.0400	U	EPA515.1	0.0400	03/07/06	
2383	Polychlorinated biphenyls (PCBs)	ug/L	0.5	0.100	U	EPA505	0.100	02/28/06	
2931	Dibromochloropropane	ug/L	0.2	0.0200	U	EPA504.1	0.0200	03/02/06	
2946	Ethylene Dibromide	ug/L	0.02	0.0100	U	EPA504.1	0.0100	03/02/06	
2959	Chlordane	ug/L	2	0.0100	U	EPA505	0.0100	02/28/06	
9999	Benzo(a)pyrene Extraction	mL		1000		X550		03/02/06	
9999	Brom Insect Extraction	mL		35.0		X504		02/27/06	
9999	Chlor Herb Extraction	mL		1000		X515.1		03/02/06	
9999	Phos Pest Extraction	mL		1000		X507		03/03/06	
9999	Chlor Pest Extraction	mL		35.0		X505		02/27/06	
9999	Diquat Extraction	mL		100		X549.2		03/01/06	

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Florida Department of Environmental Protection  
Safe Drinking Water Program Laboratory Reporting Form  
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100

mL

Endothall Extraction

9999



**AQUA PURE WATER & SEWAGE SERVICE, INC.**

10885 East State Road 40 - Silver Springs, Florida 34488-2349

System Name: Golden Hills WTP

I.D. #: 6424076

Submission Number: 034111

(352) 625-2822  
FAX (352) 625-6636

**RADIOCHEMICAL ANALYSIS**  
62-650.310(6)  
(PWS033)

Parameter ID	Name	MCL (pCi/L)	Analysis Result (pCi/L)	Analysis Error (pCi/L)	Analysis Method	Analysis Date	Lab ID
4000	Gross Alpha	16	<1.0	0.7	900.0	05/09/03	E83033
4030	Radium 228	2.0	<0.8	0.6	Ra-08	05/09/03	E83033





# AQUA PURE WATER & SEWAGE SERVICE, INC.

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

## SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS

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

FOR LAB USE ONLY	
TIME RECEIVED/ DATE RECEIVED AND ANALYZED	
RECEIVED BY: <u>JC</u>	
SAMPLE PRESERVATION: <input checked="" type="checkbox"/> ON ICE <input type="checkbox"/> NOT ON ICE	
DISINFECTANT CHECK: <input type="checkbox"/> NOT DETECTED <input type="checkbox"/> _____ m	
<input type="checkbox"/> THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):	
DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: _____	
PERSON NOTIFIED: _____ NOTIFIED BY: _____	
DATE STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS: _____	
<input type="checkbox"/> PAID <input type="checkbox"/> CHECK OR RECEIPT #:	

SYSTEM NAME: Golden Hills WTP PWS ID: 6424076 SYSTEM PHONE: 352-272-1919  
 SYSTEM ADDRESS: 3021 NW 49th St. Rd. Ocala FL 34482 COUNTY: Marion  
 COLLECTOR: Donal S. Anderson COLLECTOR PHONE: 352-948-9500  
 TYPE OF SUPPLY (Check Box):  Community Water System  Noncommunity Water System  Nontransient Noncommunity Water System  
 Limited Use System  Other: \_\_\_\_\_

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

SAMPLE COLLECTION DATE(S): 8/22/06 REMARKS: Also, please fax results to (352)-622-7090

TO BE COMPLETED BY SAMPLE COLLECTOR					TO BE COMPLETED BY LAB Total coliform & E. coli analysis method: SM9223B			
Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	Lab Sample Number	Total coliform	E. coli	Data Qualifier
R-1	Well 1 Raw Tap	0915	R	0.0	MCW13003	A		
R-2	Well 2 Raw Tap	0930	R	0.0	MCW13004	A		
D-1	3080 NW 43rd Lane	0935	D	0.3	MCW13305	A		
D-2	9289 NW 78th Ct.	0940	D	0.4	MCW13306	A		
Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)					0.6	Time(s) Analyzed: 4:10 pm		
Disinfectant Residual Analysis Method: <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____					TECHNICAL DIRECTOR _____ DATE _____			
Person performing analysis is: <input checked="" type="checkbox"/> A certified operator (# <u>2-7141</u> ) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Supervised by a cert operator (# _____) <input type="checkbox"/> Employed by DEP or DOH					If you have any questions regarding this report, please call Lisa Stupp at (352) 625-2822.			

All tests are performed in accordance with NELAC standards.

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

<sup>1</sup>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.)

<sup>1</sup>Defined in Florida Administrative Code Rule 62-160, Table 1

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Golden Hills WTP  
10865 East State Road 40  
Silver Springs, Florida 34488-2349  
(352) 625-2822

DEP/DOH USE ONLY
<input type="checkbox"/> Satisfactory
<input type="checkbox"/> Incomplete Collection Information
<input checked="" type="checkbox"/> Repeat Samples Required
<input type="checkbox"/> Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

File: 600-630-6 600-638-630-3.2

Golden Hills

Docket No. 060253-WS

25.30-440(4)  
Operations Reports

Test Year Ended December 31, 2005

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

See page 4 for instructions.

**I. General Information for the Month Year of:** January 2004

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

PWS Name: Golden Hills Water Treatment Plant		PWS Identification Number: 6424076	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 497		Total Population Served at End of Month: 1,740	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

**B. Water Treatment Plant Information**

Plant Name: Golden Hills Water Treatment Plant		Plant Telephone Number: 407-869-1919	
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 600,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Daniel S. Anderson	A	0007141
Other Operators:	Chuck Schwades	C	0007368
	J. Frank Gratson	C	0008514

**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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

<i>Daniel S. Anderson</i> 2/5/04 Signature and Date	Daniel S. Anderson Printed or Typed Name	A-0007141 License Number
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# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6424076

Plant Name: Golden Hills Water Treatment Plant

### III. Daily Data for the Month/Year of: **January 2004**

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			CT Calculations					UV Dose						
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/l	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/l	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	24	137,000											1.5	
2	24	186,000											1.7	
3	24	179,000												
4	24	179,000											1.6	
5	24	116,000											1.5	
6	24	206,000											1.3	
7	24	133,000											1.3	
8	24	155,000											1.0	
9	24	173,000											1.7	
10	24	182,000											1.4	
11	24	157,000												
12	24	157,000											1.3	
13	24	117,000											0.7	
14	24	146,000											0.6	
15	24	162,000											1.8	
16	24	161,000											2.2	
17	24	179,000												
18	24	179,000											1.5	
19	24	146,000											1.6	
20	24	90,000											1.3	
21	24	112,000											1.1	
22	24	153,000											1.2	
23	24	100,000											1.3	
24	24	140,000												
25	24	140,000											1.4	
26	24	140,000											1.3	
27	24	144,000											1.3	
28	24	151,000											1.2	
29	24	83,000											1.2	
30	24	143,000											1.4	
31	24	126,000											1.6	
Total		4,568,000												
Average		147,000												
Maximum		206,000												

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

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

See page 4 for instructions.

**I. General Information for the Month/Year of:** Feb. 2004

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

PWS Name: Golden Hills Water Treatment Plant		PWS Identification Number: 6424076	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>502</u>		Total Population Served at End of Month: <u>1757</u>	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

**B. Water Treatment Plant Information**

Plant Name: Golden Hills Water Treatment Plant		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 600,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Daniel S. Anderson	A	0007141	
Other Operators:	<u>Chuck Schwades</u>	<u>C</u>	<u>7368</u>	

**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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

 Signature and Date	<u>CHUCK SCHWADES</u> Printed or Typed Name	<u>C 7368</u> License Number
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# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6424076      Plant Name: Golden Hills Water Treatment Plant

III. Daily Data for the Month/Year of: Feb. 2004

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			CT Calculations					UV Dose						
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	24	126,000											1.6	
2	24	97,000											1.5	
3	24	117,000											1.1	
4	24	113,000											1.1	
5	24	167,000											1.1	
6	24	82,000											1.3	
7	24	144,000												
8	24	144,000											1.5	
9	24	88,000											1.4	
10	24	146,000											1.7	
11	24	163,000											1.9	
12	24	131,000											1.5	
13	24	138,000											1.5	
14	24	191,000											1.5	
15	24	140,000												
16	24	140,000											1.7	
17	24	73,000											1.7	
18	24	162,000											1.0	
19	24	104,000											1.7	
20	24	131,000											1.6	
21	24	157,000												
22	24	152,000											1.5	
23	24	135,000											1.1	
24	24	150,000											1.1	
25	24	107,000											1.2	
26	24	109,000											1.1	
27	24	112,000											1.1	
28	24	132,000											1.1	
29	24	134,000											1.1	
30														
31														

Total	3,782,000
Average	130,500
Maximum	191,000

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

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

See page 4 for instructions.

**I. General Information for the Month/Year of:** 1 March 2014

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

PWS Name: Golden Hills Water Treatment Plant		PWS Identification Number: 6424076	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>503</u>		Total Population Served at End of Month: <u>1,760</u>	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

**B. Water Treatment Plant Information**

Plant Name: Golden Hills Water Treatment Plant		Plant Telephone Number: 407-869-1919		
Plant Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 600,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Daniel S. Anderson	A	0007141	
Other Operators:	<u>Charles G. Schwabes</u>	<u>C</u>	<u>7368</u>	

**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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

	<u>Charles G. Schwabes</u>	<u>C-7368</u>
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 6424076      Plant Name: Golden Hills Water Treatment Plant

### III. Daily Data for the Month/Year of: March 2004

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			CT Calculations					UV Dose						
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	24	112,000											1.2	
2	24	169,000											1.0	
3	24	156,000											0.8	
4	24	97,000											0.9	
5	24	156,000											0.8	
6	24	232,000											0.7	
7	24	130,000												
8	24	131,000											1.1	
9	24	141,000											1.6	
10	24	165,000											1.4	
11	24	167,000											1.7	
12	24	169,000											1.4	
13	24	193,000												
14	24	194,000											1.4	
15	24	165,000											1.4	
16	24	160,000											1.4	
17	24	132,000											1.3	
18	24	169,000											1.3	
19	24	118,000											1.3	
20	24	199,000											1.4	
21	24	199,000												
22	24	153,000											1.3	
23	24	180,000											1.3	
24	24	170,000											1.3	
25	24	170,000											1.3	
26	24	184,000											1.0	
27	24	218,000											1.0	
28	24	219,000											1.0	
29	24	200,000											0.9	
30	24	231,000											1.1	
31	24	209,000											1.1	
Total		5,300,000	5,300,000											
Average		170,900												
Maximum		232,000												

\* 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**

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**FILE**

page 4 for instructions.

<b>General Information for the Month/Year of:</b> APRIL 2004			
<b>Public Water System (PWS) Information</b>			
PWS Name: Golden Hills Water Treatment Plant			PWS Identification Number: 6424076
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 502		Total Population Served at End of Month: 1,757	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL   Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			
<b>Water Treatment Plant Information</b>			
Plant Name: Golden Hills Water Treatment Plant			Plant Telephone Number: 407-869-1919
Plant Address: 200 Weathersfield Ave.			City: Altamonte Springs   State: FL   Zip Code: 32714
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 600,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>
Lead/Chief Operator:	Daniel S. Anderson	A	0007141
Other Operators:	CHARLES Schwades	C	007368

**I. 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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Charles G. Schwades                      Charles G. Schwades                      C-7368  
 Signature and Date                      Printed or Typed Name                      License Number

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

PWS Identification Number: 6424076

Plant Name: Golden Hills Water Treatment Plant

**III. Daily Data for the Month/Year of:** April 2004

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	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair of Maintenance Work that Involves Taking Water System Components Out of Operation	
			CT Calculations					UV Dose						
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	24	202,000											1.0	
2	24	202,000											0.9	
3	24	276,000											1.1	
4	24	202,000											0.9	
5	24	203,000											1.0	
6	24	201,000											1.0	
7	24	232,000											1.0	
8	24	210,000											1.0	
9	24	226,000											1.1	
10	24	342,000											1.0	
11	24	173,000											1.1	
12	24	175,000											1.1	
13	24	254,000											1.1	
14	24	132,000											1.1	
15	24	178,000											1.2	
16	24	212,000											1.2	
17	24	310,000											1.3	
18	24	223,000											1.2	
19	24	270,000											1.2	
20	24	255,000											1.1	
21	24	315,000											1.1	
22	24	206,000											1.0	
23	24	257,000											0.8	
24	24	221,000											1.0	
25	24	282,000											1.1	
26	24	240,000											1.1	
27	24	259,000											1.0	
28	24	253,000											1.0	
29	24	241,000											1.0	
30	24	241,000											1.0	
31														
Total		7,044,000												
Average		234,700												
Maximum		342,000												

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

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: MAY, 2004

A. Public Water System (PWS) Information

PWS Name: Golden Hills Water treatment Plant, PWS Identification Number: 6424076, PWS Type: Community, Number of Service Connections at End of Month, Total Population Served at End of Month, PWS Owner: Utilities, Inc. of Florida, Contact Person: Patrick C. Flynn, Contact Person's Title: Regional Director, Contact Person's Mailing Address: 200 Weathersfield Ave., City: Altamonte Springs, State: Fl., Zip Code: 32714, Contact Person's Telephone Number: 407-869-1919, Contact Person's Fax Number: 407-869-6961, Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Golden Hills Water Treatment Plant, Plant Telephone Number: 407-869-1919, Plant Address: 200 weathersfield Ave., City: Altamonte Springs, State: Fl., Zip Code: 32714, Type of Water Treated by Plant: Raw Ground Water, Permitted Maximum Day Operating Capacity of Plant, gallons per day, Plant Category (per subsection 62-699.310(4), F.A.C.), Plant Class (per subsection 62-699.310(4), F.A.C.), Licensed Operators table with columns: Name, License Class, License Number, Day(s)/Shift(s) Worked. Includes entries for Charles G. Schwades and Daniel Anderson.

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: Charles G. Schwades 4/3/04, Printed or Typed Name: Charles G. Schwades, License Number: C-7368

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

PWS Identification Number: *6424076*  
 Plant Name: *Golden Hills Water Treatment Plant*  
 III. Daily Data for the Month/Year of: *May, 2007*

Means of Achieving Four-Log Virus Inactivation/Removal:  Ultraviolet Radiation  
 Free Chlorine  Chlorine Dioxide  Ozone  Combined Chlorine (Chloramines)  
 Type of Disinfectant Residual Maintained in Distribution System:  Free Chlorine  Combined Chlorine (Chloramines)  Chlorine Dioxide  Chlorine Dioxide  Ozone

Residual	Quantity	Flow, mgd	Concentration	Flow, mgd	Concentration	Flow, mgd	Concentration
Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Combined Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0

Day	Residual	Quantity	Flow, mgd	Concentration	Flow, mgd	Concentration	Flow, mgd	Concentration
1	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
2	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
3	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
4	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
5	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
6	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
7	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
8	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
9	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
10	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
11	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
12	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
13	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
14	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
15	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
16	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
17	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
18	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
19	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
20	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
21	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
22	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
23	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
24	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
25	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
26	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
27	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
28	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
29	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
30	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
31	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
32	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
33	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
34	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
35	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
36	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
37	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
38	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
39	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
40	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
41	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
42	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
43	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
44	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
45	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
46	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
47	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
48	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
49	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
50	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
51	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
52	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
53	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
54	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
55	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
56	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
57	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
58	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
59	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
60	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
61	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
62	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
63	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
64	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
65	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
66	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
67	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
68	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
69	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
70	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
71	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
72	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
73	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
74	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
75	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
76	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
77	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
78	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
79	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
80	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
81	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
82	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
83	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
84	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
85	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
86	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
87	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
88	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
89	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
90	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
91	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
92	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
93	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
94	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
95	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
96	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
97	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
98	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
99	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0
100	Free Chlorine	1.0	1.0	1.0	1.0	1.0	1.0	1.0

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



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

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FILE COPY

See page 4 for instructions.

**I. General Information for the Month/Year of:** June, 2004

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

PWS Name: Golden Hills Water treatment Plant		PWS Identification Number: 6424076	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 504		Total Population Served at End of Month: 1,764	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick C. Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl.      Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

**B. Water Treatment Plant Information**

Plant Name: Golden Hills Water Treatment Plant		Plant Telephone Number: 407-869-1919	
Plant Address: 200 weathersfield Ave.		City: Altamonte Springs	State: Fl.      Zip Code: 32714
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 636,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):	
Licensed Operators	Name	License Class	License Number      Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368
Other Operators:	Daniel Anderson	A	7141

**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	Charles G. Schwades Printed or Typed Name	C-7368 License Number
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# MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6424076 Plant Name: Golden Hills Golf and Turf

## III. Daily Data for the Month/Year JUNE 2004

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

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

				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*												
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations					UV Dose					Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>				
1	x	24	275,000												1.1	
2	x	24	279,000												1.1	
3	x	24	212,000												1.2	
4	x	24	244,000												1.2	
5	x	24	207,000												1.3	
6		24	196,000													
7	x	24	197,000												1.3	
8	x	24	245,000												1.2	
9	x	24	201,000												0.7	
10	x	24	248,000												0.9	
11	x	24	251,000												1.1	
12	x	24	284,000												1.2	
13		24	209,000													
14	x	24	210,000												1.3	
15	x	24	151,000												1.2	
16	x	24	136,000												1.3	
17	x	24	171,000												1.3	
18	x	24	188,000												1.3	
19	x	24	266,000												1.3	
20		24	153,000													
21	x	24	154,000												1.2	
22	x	24	139,000												1.1	
23	x	24	124,000												1.2	
24	x	24	173,000												1.3	
25	x	24	176,000												1.2	
26	x	24	220,000												1.2	
27		24	128,000													
28	x	24	130,000												1.1	
29	x	24	161,000												1.1	
30	X	24	161,000												1.20	
31																
Total			5,889,000													
Average			196,300													
Maximum			284,000													

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

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

## FILE COPY

See page 4 for instructions.

**I. General Information for the Month/Year of:** JULY, 2004

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

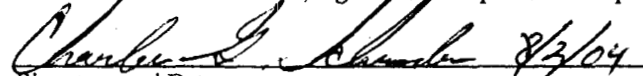
PWS Name: Golden Hills Water treatment Plant		PWS Identification Number: 6424076	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 504		Total Population Served at End of Month: 1,764	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick C. Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl. Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

### B. Water Treatment Plant Information

Plant Name: Golden Hills Water Treatment Plant		Plant Telephone Number: 407-869-1919		
Plant Address: 200 weathersfield Ave.		City: Altamonte Springs	State: Fl. Zip Code: 32714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 636,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V 636,000 CS		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:	Charles G. Schwades	C	7368	5 DAYS/WEEK M-F WEEKEND VISIT
Other Operators:	Daniel Anderson	A	7141	5 DAYS/WEEK M-F WEEKEND VISIT

### 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.

 8/3/04  
 Signature and Date

Charles G. Schwades  
 Printed or Typed Name

C-7368  
 License Number

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

PWS Identification Number: 6424076

Plant Name: Golden Hills Water Treatment Plant

**III. Daily Data for the Month/Year**     **JULY, 2004**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24	186,000											1.2	
2	X	24	188,000											1.2	
3	X	24	234,000											1.2	
4		24	174,000											1.2	
5	X	24	175,000											1.3	
6	X	24	154,000											1.2	
7	X	24	189,000											1.3	
8	X	24	166,000											1.3	
9	X	24	142,000											1.3	
10	X	24	241,000											1.2	
11		24	156,000											1.2	
12	X	24	158,000											1.2	
13	X	24	163,000											1.2	
14	X	24	145,000											1.2	
15	X	24	159,000											1.0	
16	X	24	173,000											1.1	
17	X	24	158,000											1.1	
18		24	101,000											1.2	
19	X	24	102,000											1.2	
20	X	24	115,000											1.0	
21	X	24	159,000											0.8	
22	X	24	166,000											1.0	
23	X	24	175,000											1.0	
24	X	24	218,000											1.0	
25		24	162,000											1.0	
26	X	24	164,000											1.0	
27	X	24	191,000											0.9	
28	X	24	193,000											0.9	
29	X	24	188,000											1.0	
30	X	24	165,000											1.1	
31	X	24	246,000											1.1	
Total			5,306,000												
Average			171,200												
Maximum			246,000												

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



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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: August 2004

A. Public Water System (PWS) Information

PWS Name: Golden Hills Water treatment Plant, PWS Identification Number: 6424076, PWS Type: Community, Number of Service Connections at End of Month: 505, Total Population Served at End of Month: 1,767, PWS Owner: Utilities, Inc. of Florida, Contact Person: Patrick C. Flynn, Contact Person's Title: Regional Director, Contact Person's Mailing Address: 200 Weathersfield Ave., City: Altamonte Springs, State: Fl., Zip Code: 32714, Contact Person's Telephone Number: 407-869-1919, Contact Person's Fax Number: 407-869-6961, Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Golden Hills Water Treatment Plant, Plant Telephone Number: 407-869-1919, Plant Address: 200 weathersfield Ave., City: Altamonte Springs, State: Fl., Zip Code: 32714, Type of Water Treated by Plant: Raw Ground Water, Permitted Maximum Day Operating Capacity of Plant, gallons per day: 636,000, Plant Category (per subsection 62-699.310(4), F.A.C.): ACS V, Plant Class (per subsection 62-699.310(4), F.A.C.): C, Licensed Operators table with columns: Name, License Class, License Number, Day(s)/Shift(s) Worked. Includes Charles G. Schwades (C, 7368, Tuesday-Saturday 8:00 AM - 4:30 PM) and Daniel Anderson (A, 7141, Monday 8:00 AM - 4:30 PM).

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: Charles G. Schwades 9/1/04, Printed or Typed Name: Charles G. Schwades, License Number: C-7368

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

PWS Identification Number: 6424076 Plant Name: Golden Hills Water Treatment Plant

### III. Daily Data for the Month/Year **August, 2004**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1		24	123,000												
2	X	24	125,000											1.1	
3	X	24	173,000											1.1	
4	X	24	195,000											1.1	
5	X	24	170,000											1.1	
6	X	24	188,000											1.1	
7	X	24	267,000											1.0	
8		24	197,000												
9	X	24	197,000											1.1	
10	X	24	151,000											1.1	
11	X	24	135,000											1.1	
12	X	24	206,000											1.1	
13	X	24	141,000											1.1	
14	X	24	188,000											1.1	
15		24	131,000												
16	X	24	131,000											1.0	
17	X	24	222,000											1.0	
18	X	24	197,000											1.0	
19	X	24	225,000											1.0	
20	X	24	246,000											1.0	
21	X	24	305,000											1.0	
22		24	182,000												
23	X	24	182,000											1.1	
24	X	24	128,000											1.1	
25	X	24	178,000											1.1	
26	X	24	153,000											1.1	
27	X	24	138,000											1.0	
28	X	24	193,000											1.1	
29		24	141,000												
30	X	24	141,000											1.3	
31	X	24	172,000											1.1	
Total			5,521,000												
Average			178,100												
Maximum			305,000												

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

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: SEPTEMBER, 04

A. Public Water System (PWS) Information

PWS Name: Golden Hills Water treatment Plant, PWS Identification Number: 6424076, PWS Type: Community, Number of Service Connections at End of Month: 505, Total Population Served at End of Month: 1,767, PWS Owner: Utilities, Inc. of Florida, Contact Person: Patrick C. Flynn, Contact Person's Title: Regional Director, Contact Person's Mailing Address: 200 Weathersfield Ave., City: Altamonte Springs, State: Fl., Zip Code: 32714, Contact Person's Telephone Number: 407-869-1919, Contact Person's Fax Number: 407-869-6961, Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Golden Hills Water Treatment Plant, Plant Telephone Number: 407-869-1919, Plant Address: 200 weathersfield Ave., City: Altamonte Springs, State: Fl., Zip Code: 32714, Type of Water Treated by Plant: Raw Ground Water, Permitted Maximum Day Operating Capacity of Plant, gallons per day: 636,000, Plant Category (per subsection 62-699.310(4), F.A.C.): V, Plant Class (per subsection 62-699.310(4), F.A.C.): C, Licensed Operators table with columns: Name, License Class, License Number, Day(s)/Shift(s) Worked. Includes Charles G. Schwades (C, 7368, TUE-SAT) and Daniel Anderson (A, 7141, Mon).

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: Charles G. Schwades 9/30/04, Printed or Typed Name: Charles G. Schwades, License Number: C-7368

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

PWS Identification Number: 6424076      Plant Name: Golden Hills Water Treatment Plant

### III. Daily Data for the Month/Year      **SEPTEMBER, 04**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24	184,000											1.2	
2	X	24	164,000											1.0	
3	x	24	199,000											0.9	
4	x	24	171,000											0.9	
5		24	99,000												
6	x	24	98,000											1.1	
7	x	24	94,000											1.0	
8	x	24	65,000											1.0	
9	X	24	128,000											1.0	
10	x	24	142,000											1.0	
11	x	24	153,000											1.0	
12		24	96,000												
13	x	24	96,000											1.0	
14	x	24	109,000											1.1	
15	x	24	131,000											0.9	
16	X	24	139,000											0.9	
17	x	24	159,000											1.0	
18	x	24	151,000											1.0	
19		24	156,000												
20	x	24	156,000											0.9	
21	x	24	62,000											1.0	
22	x	24	142,000											0.9	
23	X	24	149,000											0.9	
24	x	24	138,000											0.8	
25	x	24	157,000											.09	
26		24	95,000											1.0	
27	x	24	96,000											1.0	
28	x	24	102,000											0.9	
29	x	24	114,000											0.9	
30	X	24	130,000											0.9	
31														0.8	
Total			3,875,000												
Average			129,200												
Maximum			199,000												

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

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: October 2004

A. Public Water System (PWS) Information

PWS Name: Golden Hills Water treatment Plant PWS Identification Number: 6424076
PWS Type: [X] Community [ ] Non-Transient Non-Community [ ] Transient Non-Community [ ] Consecutive
Number of Service Connections at End of Month: 506 Total Population Served at End of Month: 1,770
PWS Owner: Utilities, Inc. of Florida
Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com

B. Water Treatment Plant Information

Plant Name: Golden Hills Water Treatment Plant Plant Telephone Number: 407-869-1919
Plant Address: 200 weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714
Type of Water Treated by Plant: [X] Raw Ground Water [ ] Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 636,000
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C
Licensed Operators Table with columns: Name, License Class, License Number, Day(s)/Shift(s) 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: Charles G. Schwades 10/1/04 Printed or Typed Name: Charles G. Schwades License Number: C-007368

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

PWS Identification Number: 6424076      Plant Name: Golden Hills Water Treatment Plant

### III. Daily Data for the Month/Year      **October 2004**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>				
1	X	24	126,000												0.8	
2	X	24	123,000												0.4	
3		24	157,000													
4	x	24	157,000												0.9	
5	x	24	114,000												0.6	
6	x	24	119,000												0.8	
7	x	24	125,000												0.8	
8	x	24	148,000												0.6	
9	X	24	189,000												0.8	
10		24	142,000													
11	x	24	142,000												0.8	
12	x	24	129,000												1.0	
13	x	24	138,000												1.0	
14	x	24	164,000												1.1	
15	x	24	131,000												1.1	
16	X	24	175,000												1.2	
17		24	105,000													
18	x	24	107,000												1.2	
19	x	24	149,000												1.2	
20	x	24	165,000												1.3	
21	x	24	91,000												1.2	
22	x	24	109,000												0.6	
23	X	24	134,000												0.6	
24		24	145,000													
25	x	24	145,000												0.7	
26	x	24	148,000												0.8	
27	x	24	168,000												1.1	
28	x	24	165,000												1.1	
29	x	24	202,000												1.2	
30		24	144,000													
31	x	24	146,000												1.2	
Total			4,402,000													
Average			142,000													
Maximum			202,000													

\* 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**

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**FILE COPY**

See page 4 for instructions.

**I. General Information for the Month/Year of:** November, 2004

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

PWS Name: Golden Hills Water treatment Plant		PWS Identification Number: 6424076	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 507		Total Population Served at End of Month: 1773	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick C. Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl. Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

**B. Water Treatment Plant Information**

Plant Name: Golden Hills Water Treatment Plant		Plant Telephone Number: 407-869-1919		
Plant Address: 200 weathersfield Ave.		City: Altamonte Springs	State: Fl. Zip Code: 32714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 636,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
<b>Lead/Chief Operator:</b>	Charles G. Schwades	C	7368	Tues-Sat
<b>Other Operators:</b>	Daniel Anderson	A	7141	Mon, Tues. 1,8,15,22,23,29

**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.**

<i>Charles G. Schwades</i>	11/30/04	Charles G. Schwades	C-7368
Signature and Date		Printed or Typed Name	License Number

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

PWS Identification Number: 6424076

Plant Name: Golden Hills Water Treatment Plant

III. Daily Data for the Month/Year: Error! Reference source not found.

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

Days Staffed	Valid or	By Operator	Day of the Month (X?)	Hours of Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Measurement (T) at C	Disinfectant Provided Before or at Contact Time	Lowest CT	CT Calculations			Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest UV Dose, mW-sec/cm <sup>2</sup>	UV Dose at Remote Point in Distribution System, mg/L	Lowest Residual Disinfectant Concentration	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
										Lowest UV Dose, mW-sec/cm <sup>2</sup>	UV Dose, mW-sec/cm <sup>2</sup>	UV Dose at Remote Point in Distribution System, mg/L									
1	X		24	181,000																	
2	X		24	145,000																	
3	X		24	150,000																	
4	X		24	215,000																	
5	X		24	172,000																	
6	X		24	140,000																	
7			24	214,000																	
8	X		24	214,000																	
9	X		24	131,000																	
10	X		24	185,000																	
11	X		24	211,000																	
12	X		24	200,000																	
13	X		24	220,000																	
14			24	173,000																	
15	X		24	173,000																	
16	X		24	111,000																	
17	X		24	226,000																	
18	X		24	257,000																	
19	X		24	178,000																	
20	X		24	218,000																	
21			24	224,000																	
22	X		24	224,000																	
23	X		24	174,000																	
24	X		24	200,000																	
25	X		24	177,000																	
26	X		24	153,000																	
27	X		24	199,000																	
28	X		24	136,000																	
29	X		24	136,000																	
30	X		24	146,000																	
31				5,483,000																	
				Total	5,483,000																
				Average	182,800																
				Maximum	257,000																

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



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

FILE COPY

See page 4 for instructions.

## I. General Information for the Month/Year of: December, 2004

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

PWS Name: Golden Hills Water treatment Plant		PWS Identification Number: 6424076	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 508		Total Population Served at End of Month: 1776	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick C. Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl. Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

### B. Water Treatment Plant Information

Plant Name: Golden Hills Water Treatment Plant		Plant Telephone Number: 407-869-1919		
Plant Address: 200 weathersfield Ave.		City: Altamonte Springs	State: Fl. Zip Code: 32714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 636,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Charles G. Schwades	C	7368	Tues-Sat
Other Operators:	Daniel Anderson	A	7141	Mon

## 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.

Charles G. Schwades 12/31/04 Charles G. Schwades C-7368  
 Signature and Date Printed or Typed Name License Number

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

PWS Identification Number: 6424076

Plant Name: Golden Hills Water Treatment Plant

**III. Daily Data for the Month/Year: December, 2004**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>				
1	X	24	169,000												1.0	
2	x	24	139,000												1.1	
3	x	24	161,000												1.1	
4	x	24	175,000												1.1	
5	<del>x</del>	24	170,000													
6	x	24	170,000												1.2	
7	X	24	168,000												1.5	
8	x	24	111,000												1.3	
9	x	24	219,000												1.3	
10	x	24	147,000												1.1	
11	x	24	140,000												1.1	
12		24	146,000													
13	x	24	146,000												1.2	
14	X	24	98,000												1.2	
15	x	24	148,000												1.2	
16	x	24	162,000												1.2	
17	x	24	222,000												1.2	
18	x	24	168,000												1.1	
19		24	154,000													
20	x	24	154,000												1.1	
21	X	24	99,000												1.1	
22	x	24	224,000												1.2	
23	x	24	181,000												1.1	
24	x	24	113,000												1.2	
25	x	24	115,000												1.2	
26		24	132,000													
27	x	24	132,000												1.3	
28	x	24	62,000												1.2	
29	x	24	172,000												1.3	
30	x	24	169,000												1.2	
31	x	24	111,000												1.1	
<b>Total</b>			4,677,000													
<b>Average</b>			150,900													
<b>Maximum</b>			224,000													

\* 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

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See page 4 for instructions.

1. General Information for the Month/Year of: <b>January 2005</b>				
A. Public Water System (PWS) Information				
PWS Name: Golden Hills Water treatment Plant			PWS Identification Number: 6424076	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive				
Number of Service Connections at End of Month: 508			Total Population Served at End of Month: 1,776	
PWS Owner: Utilities, Inc. of Florida				
Contact Person: Patrick C. Flynn			Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.			City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919			Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com				
3. Water Treatment Plant Information				
Plant Name: Golden Hills Water Treatment Plant			Plant Telephone Number: 407-869-1919	
Plant Address: 200 weathersfield Ave.			City: Altamonte Springs	State: FL Zip Code: 32714
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 636,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):			Plant Class (per subsection 62-699.310(4), F.A.C.):	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	Tues-Sat.
Other Operators:	Daniel Anderson	A	7141	3,15,17,21,22,24

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

Charles G. Schwades 1/21/05 Charles G. Schwades C-7368  
 Signature and Date Printed or Typed Name License Number

04/11/2005 15:32 3525227090 GOLDEN HILLS PAGE 02

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

Plant Name: Golden Hills Water Treatment Plant

PWS Identification Number: 6424076

January 2005

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

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

Days	Plant Started	Plant or Shut	By	Day of Operation	Month	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	Peak Flow	Lowest Residual Disinfectant Contact Time	Disinfectant Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, sec-min	Operating UV Dose, mW-sec/cm <sup>2</sup>	Lowest Residual 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					205,000										
2						164,000										
3	X					164,000										
4	X					69,000										
5	X					201,000										
6	X					179,000										
7	X					182,000										
8	X					190,000										
9						165,000										
10	X					163,000										
11	X					118,000										
12	X					167,000										
13	X					224,000										
14	X					163,000										
15	X					118,000										
16						153,000										
17	X					153,000										
18	X					76,000										
19	X					140,000										
20	X					216,000										
21	X					191,000										
22	X					108,000										
23						162,000										
24	X					162,000										
25	X					81,000										
26	X					175,000										
27	X					162,000										
28	X					183,000										
29	X					168,000										
30	X					121,000										
31	X					123,000										

All 4,848,000  
Average 156,400  
Minimum 224,000

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

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

**FILE COPY**

See page 4 for instructions.

**I. General Information for the Month/Year of:** February,05

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


PWS Name: Golden Hills Water treatment Plant		PWS Identification Number: 6424076	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 508		Total Population Served at End of Month: 1,776	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick C. Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl. Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

**B. Water Treatment Plant Information**

Plant Name: Golden Hills Water Treatment Plant		Plant Telephone Number: 407-869-1919		
Plant Address: 200 weathersfield Ave.		City: Altamonte Springs	State: Fl. Zip Code: 32714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 636,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Charles G. Schwades	C	7368	1,2,3,4,5,7,10,14,16,17,18,19,21,22,23,24,25,28
Other Operators:	Daniel S. Anderson	A	7141	8,9,12,15,26
	William H. Coats	C	8333	11

**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.

	3/1/05	Charles G. Schwades	C-7368
Signature and Date		Printed or Typed Name	License Number

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

PWS Identification Number: 6424076

Plant Name: Golden Hills Water Treatment Plant

**III. Daily Data for the Month Year February 2005**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>		
1	X	24	126,000									1.2	
2	X	24	127,000									1.2	
3	X	24	131,000									1.3	
4	x	24	138,000									1.2	
5	x	24	167,000									1.2	
6		24	124,000										
7	x	24	126,000									1.3	
8	x	24	124,000									1.2	
9	X	24	178,000									1.2	
10	x	24	167,000									1.2	
11	x	24	132,000									1.0	
12	x	24	130,000									1.0	
13		24	191,000										
14	x	24	192,000									1.1	
15	x	24	98,000									1.1	
16	X	24	188,000									1.1	
17	x	24	172,000									1.2	
18	x	24	178,000									1.2	
19	x	24	182,000									1.2	
20		24	181,000										
21	x	24	181,000									1.2	
22	x	24	135,000									1.2	
23	X	24	172,000									1.2	
24	x	24	214,000									1.2	
25	x	24	143,000									1.1	
26	x	24	138,000									1.1	
27		24	95,000										
28	x	24	96,000									1.2	
29													
30													
31													
<b>Total</b>			4,226,000										
<b>Average</b>			150,900										
<b>Maximum</b>			214,000										

\* 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**

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**FILE COPY**

See page 4 for instructions.

**I. General Information for the Month/Year of:** MARCH, 2005

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

PWS Name: Golden Hills Water treatment Plant		PWS Identification Number: 6424076	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 508		Total Population Served at End of Month: 1,776	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick C. Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl. Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

**B. Water Treatment Plant Information**

Plant Name: Golden Hills Water Treatment Plant		Plant Telephone Number: 407-869-1919		
Plant Address: 200 weathersfield Ave.		City: Altamonte Springs	State: Fl. Zip Code: 32714	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 636,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
<b>Lead/Chief Operator:</b>	Charles G. Schwades	C	7368	7,8,9,10,14,15,16,17,19,21,22,23,24,27,28,29,30,31
<b>Other Operators:</b>	Daniel Anderson	A	7141	1,2,3,5,12,26,
	William H. Coates	C	8333	4,11,18,25

**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.**

<i>Charles G. Schwades</i> 4/3/05	Charles G. Schwades	C-7368
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 6424076      Plant Name: Golden Hills Water Treatment Plant

### III. Daily Data for the Month/Year      MARCH, 2005

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24	131,000											1.1	
2	X	24	155,000											0.7	
3	x	24	171,000											0.8	
4	x	24	124,000											0.8	
5	x	24	185,000											0.8	
6		24	159,000												
7	x	24	160,000											0.7	
8	x	24	128,000											0.6	
9	X	24	150,000											1.0	
10	x	24	190,000											1.1	
11	x	24	112,000											1.1	
12	x	24	173,000											1.2	
13		24	196,000												
14	x	24	197,000											0.9	
15	x	24	157,000											0.9	
16	X	24	148,000											0.9	
17	x	24	146,000											1.0	
18	x	24	104,000											1.2	
19	x	24	170,000											1.1	
20		24	162,000												
21	x	24	163,000											1.1	
22	x	24	85,000											0.5	
23	X	24	131,000											1.6	
24	x	24	130,000											0.7	
25	x	24	133,000											1.0	
26	x	24	168,000											0.7	
27	x	24	118,000												
28	x	24	78,000											0.7	
29	x	24	116,000											0.7	
30	X	24	146,000											0.7	
31	x	24	176,000											0.6	
<b>Total</b>			4,562,000												
<b>Average</b>			147,200												
<b>Maximum</b>			197,000												

\* 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 page 4 for instructions.

**FILE COPY**

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**I. General Information for the Month/Year of: April 2005**

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

PWS Name: Golden Hills Water treatment Plant

PWS Type:  Community  Non-Transient Non-Community  Transient Non-Community  Consecutive

Number of Service Connections at End of Month: 508

Total Population Served at End of Month: 1776

PWS Owner: Utilities, Inc. of Florida

Contact Person: Patrick C. Flynn

Contact Person's Mailing Address: 200 Weathersfield Ave.

City: Altamonte Springs State: FL Zip Code: 32714

Contact Person's E-Mail Address: p.c.flynn@utilitesinc-usa.com

Contact Person's Telephone Number: 407-869-1919

Contact Person's Fax Number: 407-869-6961

**B. Water Treatment Plant Information**

Plant Name: Golden Hills Water Treatment Plant

Plant Address: 8021 n.w. 49th st. rd.

City: Ocala State: FL Zip Code:

Type of Water Treated by Plant:  Raw Ground Water  Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 636,000

Plant Category (per subsection 62-699.310(4), F.A.C.): V

Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators			
Name	License Class	License Number	Days(§)/Shift(s) Worked
Charles G. Schwades	C	7368	1,4,5,6,7,8,11,12,13,14,15,18,26,27,29
Daniel Anderson	A	7141	
William H. Coates	C	8333	2,9,16,19,20,21,23,25,28,30
22			

**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: *Charles G. Schwades* / 5/3/05  
 Printed or Typed Name: Charles G. Schwades  
 License Number: C-7368

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

PWS Identification Number: 6424076 Plant Name: Golden Hills Water Treatment Plant

### III. Daily Data for the Month/Year April 2005

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>		
1	X	24	158,000										1.0	
2	X	24	149,000										0.3	
3		24	113,000											
4	x	24	114,000										0.6	
5	x	24	131,000										0.6	
6	x	24	185,000										0.6	
7	x	24	185,000										0.6	
8	x	24	129,000										0.6	
9	X	24	108,000										0.9	
10		24	175,000											
11	x	24	176,000										0.8	
12	x	24	107,000										0.9	
13	x	24	208,000										1.2	
14	x	24	163,000										2.2	
15	x	24	184,000										1.7	
16	X	24	190,000										1.5	
17		24	227,000											
18	x	24	229,000										1.5	
19	x	24	143,000										1.3	
20	x	24	238,000										1.4	
21	x	24	257,000										1.3	
22	x	24	192,000										1.2	
23	X	24	193,000										1.1	
24	x	24	212,000											
25	x	24	212,000										1.4	
26	x	24	159,000										1.3	
27	x	24	110,000										1.4	
28	x	24	148,000										1.3	
29	x	24	175,000										1.1	
30	X	24	266,000										1.3	
31														
Total			5,236,000											
Average			174,500											
Maximum			266,000											

\* 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**

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**FILE COPY**

See page 4 for instructions.

**I. General Information for the Month/Year of: May, 2005**

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

PWS Name: Golden Hills Water treatment Plant		PWS Identification Number: 6424076	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 508		Total Population Served at End of Month: 1776	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick C. Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl. Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

**B. Water Treatment Plant Information**

Plant Name: Golden Hills Water Treatment Plant		Plant Telephone Number: 407-869-1919		
Plant Address: 8021 n.w. 49th st. rd.		City: Ocala	State: Fl. Zip Code:	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 636,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
<b>Lead/Chief Operator:</b>	Charles G. Schwades	C	7368	2,3,6,9,10,11,12,13,14,16,17,18,19,20,23,24,25,26,27,30,31
<b>Other Operators:</b>	Daniel Anderson	A	7141	4,5,7,21,28
	William H. Coates	C	8333	

**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.**

<i>Charles G. Schwades</i> 5/31/05	Charles G. Schwades	C-7368
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 6424076      Plant Name: Golden Hills Water Treatment Plant

III. Daily Data for the Month/Year **MAY, 2005**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1		24	125,000												
2	X	24	127,000											1.2	
3	X	24	177,000											1.3	
4	x	24	185,000											1.0	
5	x	24	126,000											0.9	
6	x	24	121,000											1.2	
7	x	24	94,000											1.2	
8		24	143,000												
9	X	24	144,000											0.9	
10	X	24	173,000											0.7	
11	x	24	187,000											0.8	
12	x	24	135,000											0.8	
13	x	24	170,000											1.1	
14	x	24	197,000											2.5	
15		24	166,000												
16	X	24	166,000											1.6	
17	X	24	138,000											1.5	
18	x	24	126,000											0.9	
19	x	24	141,000											1.4	
20	x	24	171,000											1.3	
21	x	24	239,000											1.3	
22		24	128,000												
23	X	24	129,000											1.3	
24	x	24	144,000											1.3	
25	x	24	201,000											1.3	
26	x	24	184,000											1.3	
27	x	24	192,000											1.3	
28	x	24	213,000											1.4	
29		24	222,000												
30	X	24	223,000											1.3	
31	X	24	170,000											1.3	
<b>Total</b>			5,057,000												
<b>Average</b>			163,100												
<b>Maximum</b>			239,000												

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

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

## FILE COPY

See page 4 for instructions.

### I. General Information for the Month/Year of: JUNE, 2005

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

PWS Name: Golden Hills Water treatment Plant		PWS Identification Number: 6424076	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 508		Total Population Served at End of Month: 1776	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick C. Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl. Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

**B. Water Treatment Plant Information**

Plant Name: Golden Hills Water Treatment Plant		Plant Telephone Number: 407-869-1919		
Plant Address: 8021 n.w. 49th st. rd.		City: Ocala	State: Fl. Zip Code:	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 636,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Charles G. Schwades	C	7368	1,2,3,6,7,8,9,10,13,14,15,16,17,20,21,22,23,29
Other Operators:	Daniel Anderson	A	7141	4,11,18,24,25,27,28

### 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.

Charles G. Schwades 6/30/05      Charles G. Schwades      C-7368  
 Signature and Date      Printed or Typed Name      License Number

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

PWS Identification Number: 6424076      Plant Name: Golden Hills Water Treatment Plant

### III. Daily Data for the Month/Year **JUNE, 2005**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>		
1	X	24	138,000									1.3	
2	X	24	162,000									1.3	
3	X	24	186,000									1.2	
4	x	24	123,000									1.2	
5		24	178,000										
6	x	24	179,000									1.2	
7	x	24	156,000									1.1	
8	x	24	179,000									0.9	
9	X	24	185,000									0.9	
10	X	24	172,000									1.1	
11	x	24	179,000									1.1	
12		24	133,000										
13	x	24	134,000									0.8	
14	x	24	133,000									0.6	
15	x	24	123,000									0.9	
16	X	24	145,000									0.8	
17	X	24	160,000									1.1	
18	x	24	189,000									1.4	
19		24	122,000										
20	x	24	122,000									1.2	
21	x	24	144,000									1.2	
22	x	24	195,000									1.2	
23	X	24	169,000									1.3	
24	x	24	163,000									1.2	
25	x	24	167,000									1.2	
26		24	169,000										
27	x	24	169,000									1.3	
28	x	24	103,000									1.1	
29	x	24	128,000									1.2	
30	X	24	131,000									1.0	
31													
<b>Total</b>			4,636,000										
<b>Average</b>			154,000										
<b>Maximum</b>			195,000										

\* 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**

630

**FILE COPY**

See page 4 for instructions.

**I. General Information for the Month/Year of:** July, 2005

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

PWS Name: Golden Hills Water treatment Plant		PWS Identification Number: 6424076	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 508		Total Population Served at End of Month: 1776	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick C. Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl. Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

**B. Water Treatment Plant Information**

Plant Name: Golden Hills Water Treatment Plant		Plant Telephone Number: 407-869-1919		
Plant Address: 8021 n.w. 49th st. rd.		City: Ocala	State: Fl. Zip Code:	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 636,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Charles G. Schwades	C	7368	1,2,4,5,6,7,8,9,11,12,13,14,15,18,19,20,21,22
Other Operators:	Daniel Anderson	A	7141	16,23,25,26,27,28,29,30

**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.

<i>Charles G. Schwades</i>	9/2/05	Charles G. Schwades	C-7368
Signature and Date		Printed or Typed Name	License Number

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

PWS Identification Number: 6424076

Plant Name: Golden Hills Water Treatment Plant

**III. Daily Data for the Month/Year** **JULY, 2005**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24	163,000											0.9	
2	X	24	101,000											1.0	
3		24	118,000												
4	x	24	118,000											1.0	
5	X	24	126,000											0.9	
6	x	24	124,000											0.9	
7	x	24	190,000											0.8	
8	x	24	177,000											1.1	
9	X	24	146,000											1.3	
10		24	91,000												
11	x	24	91,000											1.3	
12	X	24	108,000											1.3	
13	x	24	112,000											1.2	
14	x	24	152,000											1.2	
15	x	24	135,000											1.0	
16	X	24	115,000											1.3	
17		24	139,000												
18	x	24	141,000											1.2	
19	X	24	229,000											1.1	
20	x	24	89,000											1.0	
21	x	24	170,000											1.0	
22	x	24	185,000											0.8	
23	X	24	226,000											0.9	
24		24	150,000												
25	x	24	150,000											0.8	
26	X	24	162,000											0.9	
27	x	24	231,000											0.8	
28	x	24	222,000											0.7	
29	x	24	197,000											0.7	
30	X	24	217,000											1.0	
31	X	24	179,000												
Total			4,754,000												
Average			153,300												
Maximum			229,000												

\* 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**

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**FILE COPY**

See page 4 for instructions.

**I. General Information for the Month/Year of: August, 2005**

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

PWS Name: Golden Hills Water treatment Plant		PWS Identification Number: 6424076	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 509		Total Population Served at End of Month: 1780	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick C. Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl. Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

**B. Water Treatment Plant Information**

Plant Name: Golden Hills Water Treatment Plant		Plant Telephone Number: 407-869-1919		
Plant Address: 8021 n.w. 49th st. rd.		City: Ocala	State: Fl. Zip Code: 34482	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 636,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Charles G. Schwades	C	7368	
Other Operators:	Daniel Anderson	A	7141	1,2,3,4,5,6,8,9,10,11,12,13,15,16,17,18,19,20,22,23,24,25,26,27,29,30,31

**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.**

*Charles G. Schwades* 8/31/05  
 Signature and Date

Charles G. Schwades  
 Printed or Typed Name

C-7368  
 License Number

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

PWS Identification Number: 6424076

Plant Name: Golden Hills Water Treatment Plant

**III. Daily Data for the Month/Year**    **August, 2005**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>				
1	X	24	179,000												0.6	
2	X	24	144,000												0.8	
3	X	24	133,000												0.7	
4	X	24	132,000												0.8	
5	X	24	126,000												1.1	
6	X	24	119,000												1.7	
7		24	104,000													
8	X	24	104,000												1.6	
9	X	24	95,000												1.6	
10	X	24	97,000												1.7	
11	X	24	111,000												1.6	
12	X	24	129,000												1.7	
13	X	24	165,000												1.4	
14		24	105,000													
15	X	24	105,000												1.5	
16	X	24	121,000												1.5	
17	X	24	155,000												1.6	
18	X	24	166,000												1.3	
19	X	24	178,000												1.0	
20	X	24	172,000												1.3	
21		24	165,000													
22	X	24	165,000												1.5	
23	X	24	174,000												0.9	
24	X	24	210,000												0.8	
25	X	24	189,000												0.8	
26	X	24	157,000												1.1	
27	X	24	177,000												1.4	
28		24	114,000													
29	X	24	114,000												1.2	
30	X	24	94,000												1.1	
31	X	24	163,000												0.9	
<b>Total</b>			4,362,000													
<b>Average</b>			140,700													
<b>Maximum</b>			210,000													

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

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

## FILE COPY

See page 4 for instructions.

### I. General Information for the Month/Year of: September, 2005

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

PWS Name: Golden Hills Water treatment Plant		PWS Identification Number: 6424076	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 510		Total Population Served at End of Month: 1783	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick C. Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl. Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

**B. Water Treatment Plant Information**

Plant Name: Golden Hills Water Treatment Plant		Plant Telephone Number: 407-869-1919		
Plant Address: 8021 n.w. 49th st. rd.		City: Ocala	State: Fl. Zip Code: 34482	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 636,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Charles G. Schwades	C	7368	7,12,19,26
Other Operators:	Daniel Anderson	A	7141	1,2,3,5,6,8,9,10,13,14,15,16,17,20,21,22,23,24,27,28,29,30

### 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.

	Charles G. Schwades	C-7368
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 6424076

Plant Name: Golden Hills Water Treatment Plant

### III. Daily Data for the Month/Year **September, 2005**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point 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 Point During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24	176,000											1.0	
2	X	24	76,000											0.8	
3	X	24	209,000											2.0	
4		24	140,000												
5	X	24	140,000											1.9	
6	X	24	98,000											1.7	
7	X	24	123,000											1.8	
8	X	24	131,000											0.9	
9	X	24	147,000											0.4	
10	X	24	124,000											1.7	
11		24	163,000												
12	X	24	165,000											1.5	
13	X	24	155,000											1.2	
14	X	24	186,000											1.4	
15	X	24	194,000											1.5	
16	X	24	187,000											1.5	
17	X	24	179,000											1.4	
18		24	230,000												
19	X	24	230,000											1.5	
20	X	24	168,000											1.2	
21	X	24	148,000											1.2	
22	X	24	155,000											1.0	
23	X	24	106,000											1.1	
24	X	24	126,000											1.0	
25		24	185,000												
26	X	24	186,000											1.1	
27	X	24	114,000											0.9	
28	X	24	166,000											1.2	
29	X	24	147,000											0.8	
30	X	24	156,000											1.7	
31															
<b>Total</b>			4,710,000												
<b>Average</b>			157,000												
<b>Maximum</b>			230,000												

\* 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**

**FILE COPY**      630

See page 4 for instructions.

**I. General Information for the Month/Year of: October, 2005**

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

PWS Name: Golden Hills Water treatment Plant		PWS Identification Number: 6424076	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 509		Total Population Served at End of Month: 1779	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick C. Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl.      Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

**B. Water Treatment Plant Information**

Plant Name: Golden Hills Water Treatment Plant		Plant Telephone Number: 407-869-1919		
Plant Address: 8021 n.w. 49th st. rd.		City: Ocala	State: Fl.      Zip Code:	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 636,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Charles G. Schwades	C	7368	Days Mon- Sat
Other Operators:	Daniel Anderson	A	7141	Days Tue-Sat

**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.

	Charles G. Schwades	C-7368
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 6424076 Plant Name: Golden Hills Water Treatment Plant

### III. Daily Data for the Month/Year **October, 2005**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24	145,000											1.8	
2		24	187,000												
3	X	24	188,000											1.5	
4	X	24	113,000											1.8	
5	X	24	113,000											1.3	
6	X	24	139,000											1.4	
7	X	24	171,000											1.5	
8	X	24	105,000											1.3	
9		24	150,000												
10	X	24	152,000											1.3	
11	X	24	169,000											0.9	
12	X	24	161,000											1.0	
13	X	24	188,000											1.0	
14	X	24	156,000											1.3	
15	X	24	212,000											1.0	
16		24	211,000												
17	X	24	211,000											1.0	
18	X	24	145,000											0.3	
19	X	24	212,000											0.2	
20	X	24	219,000											1.0	
21	X	24	174,000											1.0	
22	X	24	188,000											0.9	
23		24	209,000												
24	X	24	210,000											1.0	
25	X	24	117,000											0.9	
26	X	24	180,000											0.8	
27	X	24	213,000											0.9	
28	X	24	164,000											1.5	
29	X	24	161,000											1.5	
30		24	208,000												
31	X	24	209,000											1.6	
Total			5,380,000												
Average			173,548												
Maximum			219,000												

\* 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**

630

**FILE COPY**

See page 4 for instructions.

**I. General Information for the Month/Year of: NOVEMBER 2005**

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


PWS Name: Golden Hills Water treatment Plant		PWS Identification Number: 6424076	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 509		Total Population Served at End of Month: 1779	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick C. Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl. Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

**B. Water Treatment Plant Information**

Plant Name: Golden Hills Water Treatment Plant		Plant Telephone Number: 407-869-1919		
Plant Address: 8021 n.w. 49th st. rd.		City: Ocala	State: Fl. Zip Code:	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 636,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Charles G. Schwades	C	7368	Days Mon- Sat
Other Operators:	Daniel Anderson	A	7141	Days Tue-Sat

**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.

	Charles G. Schwades	C-7368
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 6424076      Plant Name: Golden Hills Water Treatment Plant

### III. Daily Data for the Month/Year      **NOVEMBER 2005**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24	109.000											1.5	
2	X	24	153.000											1.6	
3	X	24	162.000											1.8	
4	X	24	157.000											1.8	
5	X	24	177.000											1.7	
6		24	219.000												
7	X	24	219.000											1.6	
8	X	24	157.000											1.7	
9	X	24	201.000											1.0	
10	X	24	262.000											1.0	
11	X	24	194.000											1.5	
12	X	24	196.000											1.5	
13		24	222.000												
14	X	24	222.000											1.5	
15	X	24	157.000											1.2	
16	X	24	205.000											1.5	
17	X	24	243.000											0.9	
18	X	24	177.000											0.9	
19	X	24	212.000											0.9	
20		24	165.000												
21	X	24	165.000											1.2	
22	X	24	169.000											1.1	
23	X	24	237.000											1.9	
24	X	24	163.000											2.0	
25	X	24	219.000											2.2	
26	X	24	157.000											1.8	
27		24	195.000												
28	X	24	195.000											1.9	
29	X	24	206.000											1.9	
30	X	24	143.000											1.9	
31															
Total			5,658.000												
Average			188.600												
Maximum			262.000												

\* 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**

630

**FILE COPY**

See page 4 for instructions.

**I. General Information for the Month/Year of: DECEMBER, 2005**

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

PWS Name: Golden Hills Water treatment Plant		PWS Identification Number: 6424076	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 509		Total Population Served at End of Month: 1779	
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick C. Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: Fl. Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919		Contact Person's Fax Number: 407-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

**B. Water Treatment Plant Information**

Plant Name: Golden Hills Water Treatment Plant		Plant Telephone Number: 407-869-1919		
Plant Address: 8021 n.w. 49th st. rd.		City: Ocala	State: Fl. Zip Code:	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 636,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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:	Charles G. Schwades	C	7368	Days Mon-Sat
Other Operators:	Daniel Anderson	A	7141	Days Tue-Sat

**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.

	Charles G. Schwades	C-7368
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 6424076

Plant Name: Golden Hills Water Treatment Plant

**DECEMBER, 2005**

III. Daily Data for the Month/year

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

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) at C	Disinfectant Contact Time Before or at First Customer Measurement Point During Peak Flow, minutes	Lowest CT Provided	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-mivl	Lowest Operating UV Dose, mW- sec/cm <sup>2</sup>	Minimum UV Dose, Required, mW- sec/cm <sup>2</sup>	Lowest Residual Concentration at Remote Point in Distribution System, mg/L	CT Calculations		
													CT Calculations	UV Dose	
1	X	143,000	24									2.0			
2	X	105,000	24									1.9			
3	X	211,000	24									1.7			
4		154,000	24									1.7			
5	X	155,000	24									1.7			
6	X	175,000	24									1.6			
7	X	139,000	24									1.8			
8	X	127,000	24									1.6			
9	X	105,000	24									1.6			
10	X	106,000	24									1.3			
11		139,000	24									1.5			
12	X	141,000	24									1.5			
13	X	152,000	24									0.9			
14	X	157,000	24									1.0			
15	X	135,000	24									1.0			
16	X	116,000	24									1.4			
17		144,000	24									1.0			
18	X	144,000	24									1.0			
19	X	144,000	24									1.0			
20	X	189,000	24									3.0			
21	X	135,000	24									1.4			
22	X	165,000	24									1.4			
23	X	146,000	24									1.8			
24	X	106,000	24									1.8			
25		126,000	24												
26	X	127,000	24									1.5			
27	X	161,000	24									1.6			
28	X	98,000	24									1.6			
29	X	150,000	24									1.4			
30	X	161,000	24									1.5			
31	X	104,000	24									1.5			
Total		4,320,000													
Average		139,355													
Maximum		211,000													

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

6.55

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Utilities, Inc. of Florida (Golden Hills Quadravillas WWTP)  
 MAILING ADDRESS: 200 Weathersfield Ave.  
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680-001-DW3P  
 LIMIT: Final  
 CLASS SIZE: Minor  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: C  
 NO DISCHARGE FROM SITE: [ ]  
 MONITORING PERIOD: From: Jan 1<sup>st</sup>, 2004

REPORT: Monthly  
 GROUP: Domestic  
 WAFR SITE NO: 34209

FACILITY: Crownwood WWTP  
 LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
 Ocala, FL

To: Jan 31<sup>st</sup>, 2004

COUNTY: Marion

THREE MONTH ROLLING ADF: 0.021 mgd % OF PERMITTED CAPACITY 52.5% DMR Date: 4/99

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement			2.1	mg/L	0	Calculation	Rolling Annual Avg.
STORET No. 80082 Mon. Site No. EFA-01-13427	Permit Measurement			20.0 (An. Avg.)				Rolling Annual Avg.
BOD5	Sample Measurement			< 2.0	mg/L	0	Monthly	Grab
STORET No. 80082 Mon. Site No. EFA-01-13427	Permit Measurement			30.0 (Mo. Avg.)				Grab
TSS	Sample Measurement			1.8	mg/L	0	Calculation	Rolling Annual Avg.
STORET No. 00530 Mon. Site No. EFA-01-13427	Permit Measurement			20.0 (An. Avg.)				Rolling Annual Avg.
TSS	Sample Measurement			1	mg/L	0	Monthly	Grab
STORET No. 00530 Mon. Site No. EFA-01-13427	Permit Measurement			30.0 (Mo. Avg.)				
pH	Sample Measurement			7.02	S.U.	0	5 Days/week	Grab
STORET No. 00406 Mon. Site No. EFA-01-13427	Permit Measurement			6.0 (Min.)				
Fecal Coliform Bacteria	Sample Measurement			1.3	#/100mL	0	Calculation	Rolling Annual Avg.
STORET No. 74035 Mon. Site No. EFA-01-13427	Permit Measurement			200 (An. Avg.)				Rolling Annual Avg.

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO.	DATE YY/MM/DD
Daniel S. Anderson/Lead Operator	Daniel S. Anderson	800-272-1919	04/02/22

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Crownwood WWTP  
 Month/Year: January / 2004

PERMIT NUMBER: FLA012680-001-DW3P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 34209

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria STORET No. 74055 - 1 Mon.Site No. EFA-01-13427	Sample Measurement				<1	<1	#/100ml	0	Monthly	Grab
	Permit Measurement				Report (Mo. Ges. Mean)	(Max.)				
TRC for disinfection STORET No. 50060 - A Mon.Site No. EFA-01-13427	Sample Measurement				0.6		mg/L	0	5 Days/Week	Grab
	Permit Measurement				0.5 (Min.)					
STORET No. 00620 - 1 Mon.Site No. EFA-01-13427	Sample Measurement					4.84	mg/L	0	Monthly	Grab
	Permit Measurement					(Max.)				
Flow STORET No. 50050 - G Mon.Site No. INF-01-34208	Sample Measurement	0.021	0.021	mgd				0	5 Days/Week	Elap. Time 2 Mtrs. on Pumps
	Permit Measurement	0.040 (TMADE)	Report (Mo. Avg.)							
CBOD5 STORET No. 80082 - G Mon.Site No. INF-01-34208	Sample Measurement									
	Permit Measurement					Report Annual Sample				
TSS STORET No. 00530 - G Mon.Site No. INF-01-34208	Sample Measurement									
	Permit Measurement					Report Annual Sample				
	Permit Measurement									

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.  
 \* The annual sample shall be taken and submitted each year during the period of peak hydraulic loading.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012680-001-DW3P  
 Month/Year: January/2004

Facility Name: Crownwood WWTP

Three-month Average Daily Flow: 0.021 mgd  
 Daily Flow % of Permitted Capacity: 52.5%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-34208	EFA-01-13427	EFA-01-13427	EFA-01-13427	EFA-01-13427	EFA-01-13427	EFA-01-13427	INF-01-34208	INF-01-34208
1	0.016			7.33		3.0			
2	0.024			7.31		2.5			
3	0.026								
4	0.026			7.20		1.1			
5	0.018			7.32		2.8			
6	0.024			7.35		3.2			
7	0.019			7.30		2.6			
8	0.025	<2.0	1	7.34	<1	3.1	4.84		
9	0.020			7.51		4.7			
10	0.024			7.45		4.3			
11	0.023								
12	0.023			7.52		2.2			
13	0.014			7.57		2.2			
14	0.025			7.55		5.0			
15	0.020			7.61		5.0			
16	0.024			7.61		5.0			
17	0.023								
18	0.023			7.14		1.0			
19	0.020			7.51		0.8			
20	0.018			7.50		0.6			
21	0.024			7.50		5.0+			
22	0.021			7.40		5.0+			
23	0.025			7.03		4.0			
24	0.021								
25	0.021			7.05		2.1			
26	0.020			7.04		2.2			
27	0.014			7.03		4.0			
28	0.025			7.02		1.1			
29	0.013			7.29		1.3			
30	0.023			7.11		1.7			
31	0.021								

PLANT STAFFING:

Day Shift Operator Class: Class A Certificate No: #A-0008122 00 Name: Daniel S. Anderson  
 Evening Shift Operator Class: Class C Certificate No: #C-000 Name: Chuck Schwades  
 Night Shift Operator Class: Class B Certificate No: #B-000 7116 00 Name: J. Frank Gratson  
 Lead Operator Class: Class A Certificate No: #A-0008122 00 Name: Daniel S. Anderson  
 Type of Effluent Disposal or Reclaimed Water Reuse: Absorption Field in Evaporation/Percolation Ponds  
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable If yes, cumulative days of wet weather discharge \_\_\_\_\_

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

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

635

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Utilities, Inc. of Florida (Golden Hills Quadravillas WWTP)  
 MAILING ADDRESS: 280 Weathersfield Ave.  
 Aramonte Springs, FL 32714

PERMIT NUMBER: FLA012680-001-DW3P  
 LIMIT: Final  
 CLASS SIZE: NA  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: C  
 NO DISCHARGE FROM SITE: [ ]

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Crownwood WWTP  
 LOCATION: 4497 NW 73rd Terrace  
 Near Ocala, Sumter County

MONITORING PERIOD From: Feb 1, 2004  
 3 month Rolling AVG. 0.021 % Allowed CAPACITY 55.0% MR Date: 4/99

To: Feb. 29, 2004

COUNTY: Marion

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement			3.17	mg/L	0	Calculation	Rolling Annual Avg.
STORET No. 00802 Y Mon. Site No. EPA-01-13427	Permit Measurement			10.0 (An. Avg.)	mg/L		Calculation	Rolling Annual Avg.
CBOD5	Sample Measurement			14.8	mg/L	0	Monthly	Grab
STORET No. 00802 I Mon. Site No. EPA-01-13427	Permit Measurement			10.0 (Mo. Avg.) 40.0 (Max.)	mg/L		Monthly	Grab
TSS	Sample Measurement			3.3	mg/L	0	Calculation	Rolling Annual Avg.
STORET No. 00530 Y Mon. Site No. EPA-01-13427	Permit Measurement			20.0 (An. Avg.)	mg/L		Calculation	Rolling Annual Avg.
TSS	Sample Measurement			26	mg/L	0	Monthly	Grab
STORET No. 00130 I Mon. Site No. EPA-01-13427	Permit Measurement			10.0 (Mo. Avg.) 50.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement			7.0	S.U.	0	5 Day/Week	Grab
STORET No. 00406 I Mon. Site No. EPA-01-13427	Permit Measurement			6.0 (Min.) 8.3 (Max.)	S.U.		5 Day/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.1	#/100ml	0	Calculation	Rolling Annual Avg.
STORET No. 74055 Y Mon. Site No. EPA-01-13427	Permit Measurement			200 (An. Avg.)	#/100ml		Calculation	Rolling Annual Avg.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Chuck Schwedes / Lead Operator	<i>Chuck Schwedes</i>	800-272-1919	04/03/17

\*Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

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

REVISED REPORT 7/12/04

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Crownwood WWTP  
 Month/Year: Feb/2004

PERMIT NUMBER: FLA012680-001-DW3P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 34209

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				2	2	#/100mL	0	Monthly	Grab
STORET No. 74051 Mon. Site No. EPA-01-13427	Permit Measurement				Report (Mo. Gen. Mean)	100 (Max.)	#/100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				* 0.6		mg/L	0	5 Days/week	Grab
STORET No. 30060 Mon. Site No. EPA-01-13427	Permit Measurement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrate (as N)	Sample Measurement					< 0.10	mg/L	0	Monthly	Grab
STORET No. 00620 Mon. Site No. EPA-01-13427	Permit Measurement					12.0 (Max.)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.022	0.023	mgd				0	5 Days/week	ELAPSED T.M.C. meter
STORET No. 30010 Mon. Site No. INP-01-34209	Permit Measurement	0.040 3 Month Rolling Avg.	Report (Mo. Avg.)	mgd					5 Days/Week	Elapsed Time Meter
CBOD5	Sample Measurement									
STORET No. 00082 Mon. Site No. INP-01-34209	Permit Measurement				** Report Annual Sample		mg/L		Annually	Grab
TSS	Sample Measurement									
STORET No. 00530 Mon. Site No. INP-01-34209	Permit Measurement				** Report Annual Sample		mg/L		Annually	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

\* Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.

\*\* The annual sample shall be submitted annually on the anniversary date of this permit.

\* REVISID REPORT TO SHOW MINIMUM TRC FOR THE MONTH / PER DEP INSPECTION  
 HEAD May 19, 2004.

**DAILY SAMPLE RESULTS - PART B**

Permit Number: **FLA012680-001-DW3P**

Facility Name: **Crownwood WWTP**

Three-Month Average Daily Flow: **0.023**

Month/Year: **Feb. 2004**

Daily Flow % of Permitted Capacity: **2.5**

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon. Site	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.018			7.0		2.0			
2	0.024			7.2		2.5			
3	0.026			7.1		0.6			
4	0.026			7.0		1.4			
5	0.026			7.1		2.0			
6	0.026			7.0		1.5			
7	0.025								
8	0.025			7.1		1.0			
9	0.016			7.2		2.1			
10	0.026			7.1		5.0			
11	0.026			7.2		5.0			
12	0.021			7.2		5.0			
13	0.022			7.3		5.0			
14	0.022			7.2		4.8			
15	0.027								
16	0.027			7.1		1.2			
17	0.022			7.1		2.0			
18	0.031			7.2		2.5			
19	0.017			7.1		2.1			
20	0.023			7.2		3.8			
21	0.022								
22	0.023			7.2		2.5			
23	0.023			7.1		1.5			
24	0.034			7.1		2.1			
25	0.025			7.1		1.5			
26	0.028			7.1		1.9			
27	0.029			7.1		1.0			
28	0.022								
29	0.023	14.8	26	7.1	2	1.0	<0.10		
30									
31									

**PLANT STAFFING:**

Day Shift Operator      Class: C      Certificate No: 007747      Name: Charles Schwades  
 Evening Shift Operator      Class: A      Certificate No: 0008122      Name: Daniel Anderson  
 Night Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_  
 Lead Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Type of Effluent Disposal or Reclaimed Water Reuse: Absorption Field - Evaporation / Percolation Ponds

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

# of Change: \_\_\_\_\_

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



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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Utilities, Inc. of Florida (Golden Hills Quadravillas WWTP)  
 MAILING ADDRESS: 280 Weathersfield Ave.  
 A Ramonte Springs, FL 32714

PERMIT NUMBER: FLA012680-001-DW3P  
 LIMIT: Final  
 CLASS SIZE: NA  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: C  
 NO DISCHARGE FROM SITE: [ ]

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Crownwood WWTP  
 LOCATION: 4497 NW 73rd Terrace  
 Near Ocala, Sumter County

MONITORING PERIOD From: March 1, 2007  
 3 month Rolling Avg. 0.022 % Permitted Cap. 55%

To: March 31, 2007

COUNTY: Marion

DMR Date: 4/99

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement			3.18		mg/L	0	CALCULATION	Rolling Annual Avg
STORET No. 80082 Y Mon. Site No. EPA-01-13427	Permit Measurement			20.0 (An. Avg.)		mg/L		Calculation	Rolling Annual Avg.
CBOD5	Sample Measurement			3.1	3.1	mg/L	0	Monthly	Grab
STORET No. 80082 I Mon. Site No. EPA-01-13427	Permit Measurement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS	Sample Measurement			3.3		mg/L	0	CALCULATION	Rolling Annual Avg
STORET No. 00530 Y Mon. Site No. EPA-01-13427	Permit Measurement			20.0 (An. Avg.)		mg/L		Calculation	Rolling Annual Avg.
TSS	Sample Measurement			3	3	mg/L	0	Monthly	Grab
STORET No. 00530 I Mon. Site No. EPA-01-13427	Permit Measurement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement			7.0	7.4	S.U.	0	5 Days/Week	Grab
STORET No. 00406 I Mon. Site No. EPA-01-13427	Permit Measurement			6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.1		#/100ML	0	CALCULATION	Rolling Annual Avg.
STORET No. 74055 Y Mon. Site No. EPA-01-13427	Permit Measurement			200 (An. Avg.)		#/100ML		Calculation	Rolling Annual Avg.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Chuck Schwades / Lead Operator	<i>Chuck Schwades</i>	800-272-1919	04/04/16

\*Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

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

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DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Crownwood WWTP

PERMIT NUMBER: FLA012680-001-DW3P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 34209

Month/Year: March/2004

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				<1	<1	#/100ml	0	monthly	Grab
STORET No. 74035 J Mon. Site No. EFA-01-13427	Permit Measurement				Report (Mo. Geo. Mean)	800 (Max.)	#/100ml		Monthly	Grab
TRC for disinfection	Sample Measurement				0.6		mg/L	0	50 DAYS/week	Grab
STORET No. 50060 A Mon. Site No. EFA-01-13427	Permit Measurement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrate (as N)	Sample Measurement					22.4	mg/L	1	monthly	Grab
STORET No. 00620 I Mon. Site No. EFA-01-13427	Permit Measurement					12.0 (Max.)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.023	0.025	mgd				0	5 DAYS/week	ELAPSED TIME Meter
STORET No. 50050 G Mon. Site No. INF-01-14208	Permit Measurement	0.040 3 Month Rolling Avg	Report (Mo. Avg.)	mgd					5 Days/Week	Elapsed Time Meter
CBOD5	Sample Measurement									
STORET No. 80082 G Mon. Site No. INF-01-14208	Permit Measurement					** Report Annual Sample	mg/L		Annually	Grab
TSS	Sample Measurement									
STORET No. 00530 G Mon. Site No. INF-01-14208	Permit Measurement					** Report Annual Sample	mg/L		Annually	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

\* Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.  
 \*\* The annual sample shall be submitted annually on the anniversary date of this permit.

## INSTRUCTIONS FOR MONITORING REPORT

### PART A - Discharge Monitoring Report

One report shall be completed and submitted for each discharge point, outfall, or testing site listed in the permit. Use additional sheets if necessary. Mail to Department of Environmental Protection at the address shown the first page of report.

**Permittee Name/Address:** Complete the name as shown on the face of the permit. Complete the mailing address. Place a note beside the mailing address if the address has changed within the past month.

**Facility/Location:** Complete the name of the facility and the address or location of the facility.

**Permit Number:** This is the number of the permit issued to the permittee which contains the monitoring requirements in this report.

**Monitoring Period:** This is the period that the data on this report represents.

**Limit:** This is blank if the data represents interim limits on a facility under construction. If the data represents final limits achieved after construction, the word FINAL will be here.

**Class Size/Group:** The facility classification is either major or minor and the group is either industrial or domestic.

**Facility ID:** This is the identification number of the facility which was assigned by the Department at the time the facility was constructed.

**Discharge Point Number:** This is the number in the permit assigned to the outfall, discharge point, or test site from which this data was collected. Complete one of these reports for each outfall or discharge point from your facility.

**Plant size/Treatment type:** If this facility is a domestic wastewater treatment facility, enter a one digit and one letter code to indicate the type of treatment and the plant size. First record the number from the chart below which represents the type of treatment provided by the facility. Then record the letter that indicates the permitted capacity (plant size) as shown on the chart below.

	Type of Treatment	Plant Size (mgd)			
		A	B	C	D
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include nutrient removal processes (Nitrification alone is not considered nutrient removal.)	≥3.0	≥0.5 but <3.0	≥0.002 but <0.5	...
2	Activated Sludge or Combined Treatment systems that do not include removal processes	≥5.0	≥1.0 but <3.0	≥0.002 but <1.0	...
3	Activated Sludge operated in the extended aeration mode and oxidation ditches	≥8.0	≥2.0 but <8.0	≥0.025 but <2.0	≥0.002 but <0.025
4	Attached Growth Treatment systems (trickling filters or RBCs) that do not include nutrient removal processes	≥ 10.0	≥3.0 but <10.0	≥0.025 but <3.0	≥0.002 but <0.025

**Parameter:** This is the variable or substance which must be monitored.

**Sample Measurement:** The data which was collected and analyzed.

**Permit Requirement:** The limit from the permit for that parameter and measurement.

**Quantity or Loading:** The amount or mass of the parameter discharged during the reporting period in Average quantity discharged during the reporting period after adding each day of discharge, Maximum quantity discharged on the day with the highest amount, and the Unit of measurement (lbs, g, tons, etc.)

**Quality or Concentration:** The concentration of the parameter discharged during the reporting period in Minimum concentration during the reporting period, Average of all the measurements for the parameter during the reporting period, Maximum or highest concentration discharged during the reporting period, and the Unit of measurement (mg/L, ug/L, etc.)

**No. Ex.:** The number of sample measurements during the sampling period that exceeded the maximum (minimum or 7-day average, as appropriate) permit requirement for each parameter. If none, enter zero.

**Frequency of Analysis:** The number of times the measurement is required to be made by the permit and the number of times the measurement was made.

**Sample Type:** The type of sample (grab, composite, continuous) required to be taken by the permit and the type that was taken.

**Certificate, Signature:** This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached if the event there are questions concerning this report. Date when the report is signed.

**Comment and Explanation:** Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation.

### PART B - DAILY SAMPLE RESULTS

Complete one sheet for each outfall, discharge point, or test site where daily sampling is required by the permit. Record the results of daily monitoring for the parameters required to be sampled daily by your permit. Record the data in the units indicated. If there are no fecal coliforms detected, enter ND in the row labeled "fecal coliform." Use the blank rows as needed.

List the name, certificate number, and class of all state certified operators. Use additional sheets as necessary.

### DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA012680-001-DW3P**  
 Month/Year:

Facility Name: **Crownwood WWTP**

Three-Month Average Daily Flow:  
 Daily Flow % of Permitted Capacity:

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon. Site	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.026			7.3		4.8			
2	0.023			7.3		5.0			
3	0.022			7.3		5.0			
4	0.016								
5	0.016			7.2		5.0			
6	0.019			7.0		5.0			
7	0.026			7.1		5.0			
8	0.018			7.1		5.0			
9	0.026			7.1		5.0			
10	0.032			7.1		5.0			
11	0.022								
12	0.023			7.1		5.0			
13	0.024			7.1		5.0			
14	0.021			7.1		2.0			
15	0.020			7.1		4.1			
16	0.018			7.1		5.0			
17	0.025			7.2		5.0			
18	0.020								
19	0.019			7.0		1.1			
20	0.019	<2.0	1	7.0	<1	4.1	<0.10		
21	0.023			7.1		4.6			
22	0.020			7.0		5.0			
23	0.023			7.0		5.0			
24	0.015			7.1		5.0			
25	0.023								
26	0.023			7.1		3.2			
27	0.015			7.0		2.5			
28	0.025			7.0		3.5			
29	0.014			7.1		5.0			
30	0.023			7.0		5.0			
31									

**PLANT STAFFING:**

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>007747</u>	Name: <u>Chuck Schwades</u>
Evening Shift Operator	Class: <u>A</u>	Certificate No: <u>8122</u>	Name: <u>Daniel Anderson</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: _____	Certificate No: _____	Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse: Adsorption Field - Evaporation / Percolation Ponds  
 Limited Wet Weather Discharge Activated: Yes: No: (Not Applicable) If yes, cumulative days of wet weather \_\_\_\_\_

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

**FILE**

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Utilities, Inc. of Florida (Golden Hills Quadravillas WWTP)  
 MAILING ADDRESS: 200 Weathersfield Ave.  
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680-001-DW3P  
 LIMIT: Final  
 CLASS SIZE: Minor  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: C  
 NO DISCHARGE FROM SITE: [ ]  
 MONITORING PERIOD: From: APRIL 1

REPORT: Monthly  
 GROUP: Domestic  
 WAFR SITE NO: 34209

FACILITY: Crownwood WWTP  
 LOCATION: 4497 NW 73rd Terrace  
 Ocala, FL

COUNTY: Marion

THREE MONTH ROLLING ADF: 0.023 % OF PERMITTED CAPACITY 57.5% DMR Date: 4/99  
 m9d

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement			3.2	mg/L	0	CALCULATION	ROLLING ANNUAL AVG.
STORET No. 80082 Y	Permit Measurement			20.0 (An.Avg.)	mg/L		Calculation	Rolling Annual Avg.
Mon.Site No. EFA-01-13427								
CBOD5	Sample Measurement			<2.0	mg/L	0	Monthly	Grab
STORET No. 80082 I	Permit Measurement			30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Mon.Site No. EFA-01-13427				60.0 (Max.)				
TSS	Sample Measurement			3.3	mg/L	0	CALCULATION	ROLLING ANNUAL AVG.
STORET No. 00530 Y	Permit Measurement			20.0 (An.Avg.)	mg/L		Calculation	Rolling Annual Avg.
Mon.Site No. EFA-01-13427								
TSS	Sample Measurement			1	mg/L	0	monthly	Grab
STORET No. 00530 I	Permit Measurement			30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Mon.Site No. EFA-01-13427				60.0 (Max.)				
pH	Sample Measurement			7.0	S.U.	0	5 DAY/week	Grab
STORET No. 00406 I	Permit Measurement			6.0 (Min.)	S.U.		5 Day/week	Grab
Mon.Site No. EFA-01-13427								
Fecal Coliform Bacteria	Sample Measurement			1.1	#/100ml	0	CALCULATION	ROLLING ANNUAL AVG.
STORET No. 74055 Y	Permit Measurement			200 (An.Avg.)	#/100ml		Calculation	Rolling Annual Avg.
Mon.Site No. EFA-01-13427								

\*Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charles G. Schwabert Head Operator	<i>Charles G. Schwabert</i>	800-272-1919	04/05/18

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Crownwood WWTP

PERMIT NUMBER: FLA012680-001-DW3P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 34209

Month/Year: April 04

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				<1	<1	#/100ML	0	MONTHLY	Grab
STORET No. 74055 Mon Site No. EPA-01-13427	Permit Measurement				Report (Mo. Qtr. Mean)	100 (Max.)	#/100ml		Monthly	Grab
TRC for disinfection	Sample Measurement				1.1		mg/L	0	5 DAYS/week	Grab
STORET No. 30060 Mon Site No. EPA-01-13427	Permit Measurement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrate (as N)	Sample Measurement					<0.10	mg/L	0	MONTHLY	Grab
STORET No. 00620 Mon Site No. EPA-01-13427	Permit Measurement					12.0 (Max.)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.023	0.021	mgd				0	5 DAYS/week	ELAPSED TIME meter
STORET No. 10010 Mon Site No. INF-01-34208	Permit Measurement	0.040 3 Month Rolling Avg.	Report (Mo. Avg.)	mgd					5 Days/Week	Elapsed Time Meter
CBOD5	Sample Measurement									
STORET No. 00082 Mon Site No. INF-01-34208	Permit Measurement				** Report Annual Sample		mg/L		Annually	Grab
TSS	Sample Measurement									
STORET No. 00530 Mon Site No. INF-01-34208	Permit Measurement				** Report Annual Sample		mg/L		Annually	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

\* Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.

\*\* The annual sample shall be submitted annually on the anniversary date of this permit.



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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Utilities, Inc. of Florida (Golden Hills Quadravillas WWTP)  
 MAILING ADDRESS: 200 Weathersfield Ave.  
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680-001-DW3P  
 LIMIT: Final  
 CLASS SIZE: Minor  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: C  
 NO DISCHARGE FROM SITE: [ ]  
 MONITORING PERIOD: From: MAY 1, 04

REPORT: Monthly  
 GROUP: Domestic  
 WAFR SITE NO: 34209

FACILITY: Crownwood WWTP  
 LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
 Ocala, FL

FILE COPY

COUNTY: Marion

THREE MONTH ROLLING ADF: 0.000 <sup>75%</sup> % OF PERMITTED CAPACITY 45%  
 DMR Date: 4/99

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement			3.2	mg/L	0	CALCULATION	ROLLING ANNUAL AVG.
STORET No. 80082 Mon. Site No. EFA-01-13427	Permit Measurement			20.0 (An. Avg.)	mg/L		Calculation	Rolling Annual Avg.
CBOD5	Sample Measurement			2.4	mg/L	0	Monthly	GRAB
STORET No. 80082 Mon. Site No. EFA-01-13427	Permit Measurement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
TSS	Sample Measurement			3.42	mg/L	0	CALCULATION	ROLLING ANNUAL AVG.
STORET No. 00530 Mon. Site No. EFA-01-13427	Permit Measurement			20.0 (An. Avg.)	mg/L		Calculation	Rolling Annual Avg.
TSS	Sample Measurement			3	mg/L	0	monthly	GRAB
STORET No. 00530 Mon. Site No. EFA-01-13427	Permit Measurement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
pH	Sample Measurement			7.0	S.U.	0	5 Days/Week	GRAB
STORET No. 00406 Mon. Site No. EFA-01-13427	Permit Measurement			6.0 (Min.)	8.5 (Max.)	S.U.	5 Days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.08	#/100ml	0	CALCULATION	ROLLING ANNUAL AVG.
STORET No. 74055 Mon. Site No. EFA-01-13427	Permit Measurement			200 (An. Avg.)	#/100ml		Calculation	Rolling Annual Avg.

\*Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO.	DATE: YY/MM/DD
CHARLES G. SCHWABER / Lead Operator	<i>Charles G. Schwaber</i>	407-866 1919	04/06/10

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



**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Crownwood WWTP  
 Month/Year: MAY 2004

PERMIT NUMBER: FLA012680-001-DW3P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 34208

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Colliform Bacteria	Sample Measurement				<1	<1	#/100ml	0	MONTHLY	Grab
STORET No. 74055 Mon. Site No. BFA-01-13427	Permit Measurement				Report (Min. Obs. Mean)	800 (Max.)	#/100ml		Monthly	Grab
TRC for disinfection	Sample Measurement				0.9		mg/L	0	5 DAYS/WEEK	Grab
STORET No. 50060 Mon. Site No. BFA-01-13427	Permit Measurement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrate (as N)	Sample Measurement						mg/L	0	MONTHLY	Grab
STORET No. 00620 Mon. Site No. BFA-01-13427	Permit Measurement					120 (Max.)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.020	0.018					0	5 DAYS/WEEK	ELAPSED Time meter
STORET No. 50054 Mon. Site No. INF-01-34208	Permit Measurement	0.040 3 Month Rolling Avg.	Report (Mo. Avg.)	mgd					5 Days/Week	Elapsed Time Meter
CBOD5	Sample Measurement					322	mg/L		ANNUALLY	Grab
STORET No. 80082 Mon. Site No. INF-01-34208	Permit Measurement					** Report Annual Sample	mg/L		Annually	Grab
TSS	Sample Measurement					393	mg/L		ANNUALLY	Grab
STORET No. 00530 Mon. Site No. INF-01-34208	Permit Measurement					** Report Annual Sample	mg/L		Annually	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

\* Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.  
 \*\* The annual sample shall be submitted annually on the anniversary date of this permit.

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA012680-001-DW3P  
 Month/Year: MAY/2004

Facility Name: Crownwood WWTP

Three-month Average Daily Flow: 0.020  
 Daily Flow % of Permitted Capacity: 45%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon. Site	INF-01-34208	EFA-01-13427	EFA-01-13427	EFA-01-13427	EFA-01-13427	EFA-01-13427	EFA-01-13427	INF-01-34208	INF-01-34208
1	0.020			7.0		4.8			
2	0.020								
3	0.020			7.0		1.2			
4	0.020			7.0		2.0			
5	0.019			7.0		3.0			
6	0.020			7.0		5.0			
7	0.018			7.3		5.0			
8	0.018			7.2		5.0			
9	0.020								
10	0.020			7.0		1.8			
11	0.019			7.0		2.0			
12	0.017			7.0		5.0			
13	0.019			7.5		5.0			
14	0.019			7.5		5.0			
15	0.023			7.5		5.0			
16	0.020								
17	0.018			7.3		4.0			
18	0.019			7.4		5.0			
19	0.016			7.5		4.7			
20	0.020			7.5		4.8			
21	0.019			7.5		5.0			
22	0.015			7.5		5.0			
23	0.017								
24	0.017			7.5		3.9			
25	0.021			7.4		3.8			
26	0.014			7.5		0.9			
27	0.020	2.4	3	7.5	<1	5.0	20.10	322	393
28	0.018			7.5		4.3			
29	0.020			7.4		3.5			
30	0.016								
31	0.016			7.5		3.1			

**PLANT STAFFING:**

Day Shift Operator      Class: C      Certificate No: 007747      Name: CHARLES G. SCHWADES  
 Evening Shift Operator      Class: A      Certificate No: 0008122      Name: DANIEL S. ANDERSON  
 Night Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_  
 Lead Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Type of Effluent Disposal or Reclaimed Water Reuse: Adsorption Field - EVAPORATION/PERCOLATION Ponds  
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable      If yes, cumulative days of wet weather discharge: \_\_\_\_\_

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

635

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Utilities, Inc. of Florida (Golden Hills Quadravillas WWTP)  
 MAILING ADDRESS: 200 Weathersfield Ave.  
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680-001-DW3P  
 LIMIT: Final  
 CLASS SIZE: Minor  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: C  
 NO DISCHARGE FROM SITE: [ ]  
 MONITORING PERIOD: From: June 1, 2004

**FILE COPY**  
 REPORT: Monthly  
 GROUP: Domestic  
 WAFR SITE NO: 34209

FACILITY: Crownwood WWTP  
 LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
 Ocala, FL

COUNTY: Marion

THREE MONTH ROLLING ADF: <sup>0.019</sup> ~~0.016~~ <sub>MCO</sub> % OF PERMITTED CAPACITY <sup>47.5</sup> ~~40~~ %  
 DMR Date: 4/99

To: June 30, 2004

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement			3.2	mg/l	0	CALCULATION	ROLLING ANNUAL AVG.
STORET No. 80082 Mon.Site No. EFA-01-13427	Permit Measurement			20.0 (An.Avg.)	mg/l		Calculation	Rolling Annual Avg.
CBOD5	Sample Measurement			2.0 2.0	mg/l	0	MONTHLY	Grab
STORET No. 80082 Mon.Site No. EFA-01-13427	Permit Measurement			30.0 (Mo.Avg.) 60.0 (Max.)	mg/L		Monthly	Grab
TSS	Sample Measurement			3.5	mg/l	0	CALCULATION	ROLLING ANNUAL AVG.
STORET No. 00530 Mon.Site No. EFA-01-13427	Permit Measurement			20.0 (An.Avg.)	mg/L		Calculation	Rolling Annual Avg.
TSS	Sample Measurement			2.0 2.0	mg/L	0	MONTHLY	Grab
STORET No. 00530 Mon.Site No. EFA-01-13427	Permit Measurement			30.0 (Mo.Avg.) 60.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement			7.4 7.5	S.U.	0	5 DAYS/week	Grab
STORET No. 00406 Mon.Site No. EFA-01-13427	Permit Measurement			6.0 (Min.) 8.0 (Max.)	S.U.		Day/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.08	#/100ml	0	CALCULATION	ROLLING ANNUAL AVG.
STORET No. 74055 Mon.Site No. EFA-01-13427	Permit Measurement			200 (An.Avg.)	#/100ml		Calculation	Rolling Annual Avg.

\*Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charles G. Schwundes / Lead Operator	<i>Charles G. Schwundes</i>	407-869-1919	04/07/12

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

WWTW NAME: Crownwood WWTW

PERMIT NUMBER: FLA012680-001-DW3P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 34209

Year: JUNE 2004

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform Bacteria	Sample Measurement				1		#/100ML	0	MONTHLY	GRAB
RET No. 74055 I Site No. EPA-01-13427 for disinfection	Permit Measurement				Report (Mo. Qtr. Mean)		800 (Max.)		Monthly	Grab
	Sample Measurement				1.0		mg/L	0	5 DAYS/WEEK	GRAB
RET No. 50060 A Site No. EPA-01-13427 as N)	Permit Measurement				0.5 (Mlb.)		mg/L		5 Days/Week	Grab
	Sample Measurement						1.5 mg/L	0	MONTHLY	GRAB
RET No. 00620 I Site No. EPA-01-13427	Permit Measurement						12.0 (Max.)		Monthly	Grab
	Sample Measurement	0.018	0.018	ASD				0	5 DAYS/WEEK	ELAPSED TIME METER
RET No. 50050 G Site No. INP-01-34208	Permit Measurement	0.040	Report (Mo. Avg.)	mgd					5 Days/Week	Elapsed Time Meter
JDS	Sample Measurement									
RET No. 80082 G Site No. INP-01-34208	Permit Measurement				** Report Annual Sample		mg/L		Annually	Grab
	Sample Measurement									
RET No. 00530 G Site No. INP-01-34208	Permit Measurement				** Report Annual Sample		mg/L		Annually	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.  
The annual sample shall be submitted annually on the anniversary date of this permit.

**DAILY SAMPLE RESULTS - PART B**

Permit Number: **FLA012680-001-DW3P**  
 Month/Year: **JUNE 2004**

Facility Name: **Crownwood WWTP**

Three-Month Average Daily Flow: **0.019**  
 Daily Flow % of Permitted Capacity: **47.5**

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon. Site	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.022			7.5		3.1			
2	0.018			7.4		1.0			
3	0.017			7.5		4.8			
4	0.015			7.5		4.7			
5	0.015			7.5		2.1			
6	0.016								
7	0.016			7.4		2.0			
8	0.020			7.4		1.0			
9	0.014	2.0	2.0	7.5	1	2.2	1.5		
10	0.022			7.5		3.0			
11	0.020			7.5		3.4			
12	0.019			7.5		3.5			
13	0.016								
14	0.017			7.5		5.0			
15	0.020			7.5		5.0			
16	0.015			7.5		5.0			
17	0.022			7.5		5.0			
18	0.019			7.5		5.0			
19	0.021			7.5		5.0			
20	0.017								
21	0.016			7.4		5.0			
22	0.026			7.5		5.0			
23	0.013			7.5		5.0			
24	0.028			7.4		5.0			
25	0.015			7.4		5.0			
26	0.019			7.5		5.0			
27	0.019								
28	0.019			7.5		5.0			
29	0.021			7.5		5.0			
30	0.023			7.5		5.0			
31									

**PLANT STAFFING:**

Day Shift Operator      Class: C      Certificate No: 007747      Name: CHARLES G. Schwades  
 Evening Shift Operator      Class: A      Certificate No: 0008122      Name: DANIEL ANDERSON  
 Night Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_  
 Lead Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Type of Effluent Disposal or Reclaimed Water Reuse: Absorption Field - Evaporation/Percolation Ponds  
 Limited Wet Weather Discharge Activated: Yes: Not Applicable      No: \_\_\_\_\_      If yes, cumulative days of wet weather discharge: \_\_\_\_\_

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

635.

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Utilities, Inc. of Florida (Golden Hills Quadravillas WWTP)  
 MAILING ADDRESS: 280 Weathersfield Ave.  
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680-001-DW3P  
 LIMIT: Final  
 CLASS SIZE: NA  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: C  
 NO DISCHARGE FROM SITE: [ ]

REPORT: Monthly  
 GROUP: Domestic  
 34209

FACILITY: Crownwood WWTP  
 LOCATION: 4497 NW 73rd Terrace  
 Near Ocala, Sumter County

MONITORING PERIOD From: JULY 1, 2004  
 3 month Rolling ADF: 0.017 MGD % OF Permitted DMR Date: 4/99  
 CAPACITY 42.5 %

To: JULY 31, 2004

COUNTY: Marion

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement			3.2	mg/L	0	CALCULATION	ROLLING ANNUAL AVG.
STORET No. 00082 Y Mon Site No. EPA-01-13427	Sample Measurement			30.0 (M.Avg.)	mg/L		Calculation	Rolling Annual Avg.
CBOD5	Sample Measurement			<2.0	mg/L	0	MONTHLY	GRAB
STORET No. 00082 I Mon Site No. EPA-01-13427	Sample Measurement			30.0 (M.Avg.)	mg/L		Monthly	Grab
TSS	Sample Measurement			3.5	mg/L	0	CALCULATION	ROLLING ANNUAL AVG.
STORET No. 00530 Y Mon Site No. EPA-01-13427	Sample Measurement			30.0 (M.Avg.)	mg/L		Calculation	Rolling Annual Avg.
TSS	Sample Measurement			2	mg/L	0	MONTHLY	GRAB
STORET No. 00530 I Mon Site No. EPA-01-13427	Sample Measurement			30.0 (M.Avg.)	mg/L		Monthly	Grab
pH	Sample Measurement			7.4	S.U.	0	5 DAY/WEEK	GRAB
STORET No. 00406 I Mon Site No. EPA-01-13427	Sample Measurement			6.0 (Min.)	S.U.		1 Day/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.16	#/100ML	0	CALCULATION	ROLLING ANNUAL AVG.
STORET No. 74051 Y Mon Site No. EPA-01-13427	Sample Measurement			200 (M.Avg.)	#/100ML		Calculation	Rolling Annual Avg.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charles G Schwades Lead Operator	<i>Charles G Schwades</i>	407-869 1919	04/08/09

\*Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

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

7/20/04 HIGH NITRATE. WASTED PRIOR TO SAMPLING. D.O. IN AERATION WAS DEPLETED. REDUCED AIR FLOW TO AERATION TANKS IN RESPONSE. SUBSEQUENT NITRATE SAMPLE WAS NORMAL.

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Crownwood WWTP  
 Month/Year: JULY 2004

PERMIT NUMBER: FLA012680-001-DW3P DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 34209

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Colliform Bacteria	Sample Measurement				<1	<1	#/100ml	0	MONTHLY	Grab
STORET No. 74055 Mon. Site No. BFA-01-13427	Permit Measurement				Report (30 Day Avg. Mean)	100 (Max.)			Monthly	Grab
TRC for disinfection	Sample Measurement				1.1		mg/L	0	5 DAYS/week	Grab
STORET No. 50060 Mon. Site No. BFA-01-13427	Permit Measurement				0.3 (Min.)		mg/L		5 Days/Week	Grab
Nitrate (as N)	Sample Measurement					14.6	mg/L	1	MONTHLY	Grab
STORET No. 00630 Mon. Site No. BFA-01-13427	Permit Measurement					120 (Max.)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.017	0.017	mgd				0	5 DAYS/week	ELAPSED TIME Meters
STORET No. 30010 Mon. Site No. INF-01-34208	Permit Measurement	0.040 3 Month Rolling Avg.	Report (Mo. Avg.)	mgd					5 Days/Week	Elapsed Time Meter
CBOD5	Sample Measurement									
STORET No. 80082 Mon. Site No. INF-01-34208	Permit Measurement				** Report Annual Sample		mg/L		Annually	Grab
TSS	Sample Measurement									
STORET No. 00530 Mon. Site No. INF-01-34208	Permit Measurement				** Report Annual Sample		mg/L		Annually	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

\* Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.

\*\* The annual sample shall be submitted annually on the anniversary date of this permit.

**DAILY SAMPLE RESULTS - PART B**

Permit Number: **FLA012680-001-DW3P**  
 Month/Year: **JULY 2004**

Facility Name: **Crownwood WWTP**

Three-Month Average Daily Flow: **0.017**  
 Daily Flow % of Permitted Capacity: **42.5**

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon. Site	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.019			7.5		5.0			
2	0.012			7.5		5.0			
3	0.021			7.5		5.0			
4	0.018								
5	0.022			7.5		5.0			
6	0.021			7.5		5.0			
7	0.018			7.5		5.0			
8	0.021			7.5		5.0			
9	0.013			7.5		5.0			
10	0.024			7.5		5.0			
11	0.015								
12	0.015			7.4		5.0			
13	0.024			7.4		5.0			
14	0.014			7.4		4.8			
15	0.016			7.4		5.0			
16	0.018			7.5		5.0			
17	0.018			7.5		5.0			
18	0.018								
19	0.019			7.4		5.0			
20	0.023	< 2.0	2	7.4	< 1	4.3	14.6		
21	0.013			7.4		2.1			
22	0.018			7.4		1.6			
23	0.014			7.4		2.0			
24	0.023			7.4		2.3			
25	0.013								
26	0.013			7.4		1.1			
27	0.018			7.5		1.5			
28	0.014			7.5		3.9			
29	0.018			7.5	< 1	1.2	< 0.10		
30	0.016			7.5		1.5			
31	0.016			7.5		2.2			

**PLANT STAFFING:**

Day Shift Operator      Class: C      Certificate No: 007747      Name: Charles G. Schwades  
 Evening Shift Operator      Class: C      Certificate No: 008122      Name: DANIEL ANDERSON  
 Night Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_  
 Lead Operator      Class: C      Certificate No: 007747      Name: Charles G. Schwades  
 Type of Effluent Disposal or Reclaimed Water Reuse: Absorption Field - Evaporation / Percolation Ponds  
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable      If yes, cumulative days of wet weather discharge: \_\_\_\_\_

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



DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

635

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Utilities, Inc. of Florida (Golden Hills Quadravillas WWTP)  
 MAILING ADDRESS: 280 Weatherfield Ave. Aramonte Springs, FL 32714  
 FACILITY: Greenwood WWTP  
 LOCATION: 4497 NW 73rd Terrace Near Ocala, Sumter County  
 COUNTY: Marion

PERMIT NUMBER: FLA012680-001-DW3P  
 LIMIT: Final  
 CLASS SIZE: NA  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: C  
 NO DISCHARGE FROM SITE: [ ]

MONITORING PERIOD: 3 month rolling avg of 100% of permitted capacity  
 From: Aug-1, 2004  
 To: Aug-31, 2004  
 45% capacity

REPORT GROUP: Monthly Domestic  
 34209  
 DMR Date: 4/99  
 To: AUG-31-2004

Sample Type	Frequency of Analysis	Calculation	Rolling Annual Avg.	Sample	Measurement	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I
Sample Type	Frequency of Analysis	Ex. No.	Units	Quality or Concentration	Units	Quantity or Loading	Measurement	Measurement	Measurement	Measurement	Measurement	Measurement	Measurement	Measurement	Measurement	Measurement	Measurement	Measurement	Measurement
Rolling Annual Avg.	Calculation	0	mg/L	3.2			Sample	Measurement	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y
Grab	Monthly	0	mg/L	2.1			Sample	Measurement	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y
Rolling Annual Avg.	Calculation	0	mg/L	3.75			Sample	Measurement	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y
Grab	Monthly	0	mg/L	2.1			Sample	Measurement	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y
Grab	Monthly	0	mg/L	3			Sample	Measurement	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y
Grab	5 Days/Week	0	S.U.	7.6			Sample	Measurement	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y
Grab	5 Days/Week	0	S.U.	7.4			Sample	Measurement	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y
Rolling Annual Avg.	Calculation	0	#/100mL	1.08			Sample	Measurement	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y	STORST NO. 00012 I	STORST NO. 00012 Y

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: Charles G. Schwabes Lead Operator  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]  
 PHONE NO: 707-269-1919  
 DATE: Y/M/MD: 04/08/31

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average  
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Crownwood WWTP  
 Month/Year: AUGUST 2004

PERMIT NUMBER: FLA012680-001-DW3P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 34209

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				<1	<1	P/100ml	0	MONTHLY	Grab
STORET No. 74055 J Mon. Site No. EPA-01-13427	Permit Measurement				Report (Min. Obs. Mean)	200 (Max.)	#/100ml		Monthly	Grab
TRC for disinfection	Sample Measurement				0.9		mg/L	0	5 Days/week	Grab
STORET No. 30069 A Mon. Site No. EPA-01-13427	Permit Measurement				0.3 (Min.)		mg/L		3 Days/Week	Grab
Nitrate (as N)	Sample Measurement					<0.10 U	mg/L	0	MONTHLY	Grab
STORET No. 06630 I Mon. Site No. EPA-01-13427	Permit Measurement					12.0 (Max.)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.018	0.020	mgd				0	5 Days/week	ELAPSED Time meters
STORET No. 36050 G Mon. Site No. INF-01-34208	Permit Measurement	0.040 3 Month Rolling Avg	Report (MO Avg)	mgd					3 Days/Week	Elapsed Time Meter
CBOD5	Sample Measurement									
STORET No. 60082 G Mon. Site No. INF-01-34208	Permit Measurement					** Report Annual Sample	mg/L		Annually	Grab
TSS	Sample Measurement									
STORET No. 00530 G Mon. Site No. INF-01-34208	Permit Measurement					** Report Annual Sample	mg/L		Annually	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

\* Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.

\*\* The annual sample shall be submitted annually on the anniversary date of this permit.

**DAILY SAMPLE RESULTS - PART B**

Permit Number: **FLA012680-001-DW3P**  
 Month/Year: **AUG, 2004**

Facility Name: **Crownwood WWTP**

Three-Month Average Daily Flow: **0.018 cfs**  
 Daily Flow % of Permitted Capacity: **45%**

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon. Site	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.018								
2	0.018			7.5		1.5			
3	0.021			7.5		1.5			
4	0.013	2.1	3	7.5	<10	1.9	<0.100	-	-
5	0.022			7.5		5.0			
6	0.021			7.5		5.0			
7	0.018			7.5		5.0			
8	0.014								
9	0.014			7.4		2.0			
10	0.029			7.5		0.9			
11	0.023			7.4		2.3			
12	0.019			7.4		1.0			
13	0.023			7.5		2.5			
14	0.027			7.5		3.1			
15	0.025								
16	0.025			7.5		3.7			
17	0.020			7.5		4.1			
18	0.019			7.5		3.1			
19	0.020			7.5		3.6			
20	0.018			7.5		2.0			
21	0.020			7.5		2.5			
22	0.018								
23	0.018			7.5		3.5			
24	0.021			7.5		1.9			
25	0.016			7.5		2.5			
26	0.018			7.5		2.3			
27	0.019			7.5		4.4			
28	0.033			7.5		3.1			
29	0.018								
30	0.018			7.6		5.0			
31	0.016			7.5		4.1			

**PLANT STAFFING:**

Day Shift Operator      Class: C      Certificate No: 007747      Name: Charles G Schwades  
 Evening Shift Operator      Class: A      Certificate No: 008122      Name: Daniel Anderson  
 Night Shift Operator      Class:         Certificate No:         Name:     
 Lead Operator      Class: C      Certificate No: 007747      Name: Charles G. Schwades

Type of Effluent Disposal or Reclaimed Water Reuse: adsorption field - Evaporation/Percolation Ponds  
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable      If yes, cumulative days of wet weather discharge:   

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

**FILE COPY**

MITTEE NAME: Utilities, Inc. of Florida (Golden Hills Quadravillas WWTP)  
 BILLING ADDRESS: 200 Weathersfield Ave.  
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680-001-DW3P  
 LIMIT: Final  
 CLASS SIZE: Minor  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: C  
 NO DISCHARGE FROM SITE: [ ]  
 MONITORING PERIOD: From: Sept 1, 04

REPORT: Monthly  
 GROUP: Domestic  
 WAFR SITE NO: 34209

635

CITY: Crownwood WWTP  
 LOCATION: 4497 NW 73rd Terrace  
 Ocala, FL

To: Sept 30, 2004

COUNTY: Marion

THREE MONTH ROLLING ADF: 0.020  
 60% OF PERMITTED CAPACITY

DMR Date: 4/99

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD5	Sample Measurement			3.2	mg/L	0	CALCULATION	Rolling Annual Avg.
STORET No. 80082 Mon. Site No. EFA-01-13427	Permit Measurement			20.0 (An. Avg.)	mg/L		CALCULATION	Rolling Annual Avg.
BOD5	Sample Measurement			2.0	mg/L	0	MONTHLY	Grab
STORET No. 80082 Mon. Site No. EFA-01-13427	Permit Measurement			30.0 (Mo. Avg.)	mg/L		MONTHLY	Grab
TSS	Sample Measurement			3.75	mg/L	0	CALCULATION	Rolling Annual Avg.
STORET No. 80530 Mon. Site No. EFA-01-13427	Permit Measurement			20.0 (An. Avg.)	mg/L		CALCULATION	Rolling Annual Avg.
TSS	Sample Measurement			1	mg/L	0	MONTHLY	Grab
STORET No. 80530 Mon. Site No. EFA-01-13427	Permit Measurement			30.0 (Mo. Avg.)	mg/L		MONTHLY	Grab
pH	Sample Measurement			7.4	S.U.	0	5 DAYS/week	Grab
STORET No. 80406 Mon. Site No. EFA-01-13427	Permit Measurement			8.0 (Min.)			5 DAYS/week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.15	#/100ml	0	CALCULATION	Rolling Annual Avg.
STORET No. 74055 Mon. Site No. EFA-01-13427	Permit Measurement			200 (An. Avg.)	#/100ml		CALCULATION	Rolling Annual Avg.

\*Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charles G. Schwades Lead Operator	<i>Charles G. Schwades</i>	407-869-1919	04/09/30

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Crownwood WWTP  
 Month/Year: SEPT 04

PERMIT NUMBER: FLA012680-001-DW3P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 34209

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				< 2	< 2	#/100ml	0	monthly	GRAB
STORET No. 74055 Mon. Site No. EPA-01-13427	Permit Measurement				Report (Min. Con. Min.)	800 (Max.)	#/100ml		Monthly	Grab
TRC for disinfection	Sample Measurement				0.8		mg/L	0	5 DAYS/week	GRAB
STORET No. 30060 Mon. Site No. EPA-01-13427	Permit Measurement				0.2 (Min.)		mg/L		5 Days/Week	Grab
Nitrate (as N)	Sample Measurement					< 0.10 U	mg/L	0	monthly	GRAB
STORET No. 05610 Mon. Site No. EPA-01-13427	Permit Measurement					1.0 (Max.)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.020	0.024	mgd				0	5 DAYS/week	ELAPSED Time meters
STORET No. 10010 Mon. Site No. INF-01-34208	Permit Measurement	0.040 3 Month Rolling Avg	Report (Mo. Avg.)	mgd					5 Days/Week	Elapsed Time Meter
CBOD5	Sample Measurement									
STORET No. 10002 Mon. Site No. INF-01-34208	Permit Measurement				** Report Annual Sample		mg/L		Annually	Grab
TSS	Sample Measurement									
STORET No. 00530 Mon. Site No. INF-01-34208	Permit Measurement				** Report Annual Sample		mg/L		Annually	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

\* Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.

\*\* The annual sample shall be submitted annually on the anniversary date of this permit.

**DAILY SAMPLE RESULTS - PART B**

Permit Number: **FLA012680-001-DW3P**  
 Month/Year: **Sept/2004**

Facility Name: **Crownwood WWTP**

Three-Month Average Daily Flow: **0.026**  
 Daily Flow % of Permitted Capacity: **60%**

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon. Site	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.019			7.4		1.0			
2	0.017			7.4		0.8			
3	0.021			7.4		0.8			
4	0.020			7.5		5.0			
5	0.020								
6	0.020			7.5		1.1			
7	0.019			7.4		2.5			
8	0.018			7.4		3.2			
9	0.016			7.5		5.0			
10	0.034			7.5		1.0			
11	0.030			7.4		1.2			
12	0.032								
13	0.032			7.6		3.7			
14	0.025			7.4		0.9			
15	0.030			7.4		4.2			
16	0.027			7.5		3.5			
17	0.031			7.5		2.1			
18	0.024			7.5		3.7			
19	0.023								
20	0.023			7.6		4.0			
21	0.019	2.0	1	7.6	<2	5.0	20.100		
22	0.028			7.5		5.0			
23	0.019			7.5		1.5			
24	0.020			7.5		5.0			
25	0.020			7.5		4.0			
26	0.021								
27	0.021			7.5		3.5			
28	0.009			7.6		5.0			
29	0.036			7.5		3.0			
30	0.034			7.5		5.0			
31									

PLANT STAFFING: <sup>708</sup>

Day Shift Operator      Class: C      Certificate No: 007747      Name: Charles G. Schwedes  
 Evening Shift Operator      Class: A      Certificate No: 008132      Name: Daniel Anderson  
 Night Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_  
 Lead Operator      Class: 1      Certificate No: 007747      Name: Charles G. Schwedes

Type of Effluent Disposal or Reclaimed Water Reuse: Adsorption Field-Evaporation/Percolation Pond  
 Limited Wet Weather Discharge Activated: Yes No: (Not Applicable)      If yes, cumulative days of wet weather \_\_\_\_\_  
 Discharge: \_\_\_\_\_

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

MITTEE NAME: Utilities, Inc. of Florida (Golden Hills Quadravillas WWTP)  
 ILING ADDRESS: 200 Weathersfield Ave.  
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680-001-DW3P  
 LIMIT: Final  
 CLASS SIZE: Minor  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: C  
 NO DISCHARGE FROM SITE: [ ]  
 MONITORING PERIOD: From: Oct. 1, 2004

REPORT: Monthly  
 GROUP: Domestic  
 WAFR SITE NO: 34209

CILITY: Crownwood WWTP  
 CATION: 4497 NW 73rd Terrace  
 Ocala, FL

UNTY: Marion

THREE MONTH ROLLING ADF: 0.023 % OF PERMITTED CAPACITY

DMR Date: 4/99

635 To: Oct. 31, 2004

Parameter	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
CBODS	Sample Measurement		3.2		mg/L	0	CALCULATION	Rolling Annual Avg.
STORET No. 80082 Mon. Site No. EFA-01-13427	Permit Measurement		20.0 (An. Avg.)		mg/L		Calculation	Rolling Annual Avg.
CBODS	Sample Measurement		2.0	2.0	mg/L	0	MONTHLY	Grab
STORET No. 80082 Mon. Site No. EFA-01-13427	Permit Measurement		30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS	Sample Measurement		3.8		mg/L	0	CALCULATION	Rolling Annual Avg.
STORET No. 00530 Mon. Site No. EFA-01-13427	Permit Measurement		20.0 (An. Avg.)		mg/L		Calculation	Rolling Annual Avg.
TSS	Sample Measurement		2	2	mg/L	0	MONTHLY	Grab
STORET No. 00530 Mon. Site No. EFA-01-13427	Permit Measurement		30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement		7.4	8.1	S.U.	0	5 Days/Week	Grab
STORET No. 00406 Mon. Site No. EFA-01-13427	Permit Measurement		6.0 (Min.)				5 Day/Week	Grab
Fecal Coliform Bacteria	Sample Measurement		1.15		#/100ml	0	CALCULATION	Rolling Annual Avg.
STORET No. 74055 Mon. Site No. EFA-01-13427	Permit Measurement		200 (An. Avg.)		#/100ml		Calculation	Rolling Annual Avg.

\*Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/YY
Charles G. Schwedes Lead Operator	<i>Charles G. Schwedes</i>	407-869-1919	04/10/31

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Crownwood WWTP  
 Month/Year: October 2004

PERMIT NUMBER: FLA012680-001-DW3P DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 34209

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				<2.0	<2.0	#/100ML	0	MONTHLY	GRAB
STORET No. 24044 Mon. Site No. EPA-01-34209	Sample Measurement				Report (Rolling 3-Month Avg)	Report (Max)	#/100ML		Monthly	Grab
TRC for disinfection	Sample Measurement				1.0		mg/L	0	5 DAYS/WEEK	GRAB
STORET No. 10060 Mon. Site No. EPA-01-34209	Sample Measurement				1.0		mg/L		5 Days/Week	Grab
Nitrate (as N)	Sample Measurement					<0.10	mg/L	0	MONTHLY	GRAB
STORET No. 00620 Mon. Site No. EPA-01-34209	Sample Measurement					12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.023	0.026	mgd				0	5 DAYS/WEEK	ELAPSED TIME METER
STORET No. 50150 Mon. Site No. EPA-01-34209	Sample Measurement	Rolling 3-Month Avg	Report (Rolling 3-Month Avg)	mgd					5 Days/Week	Elapsed Time Meter
CBOD5	Sample Measurement									
STORET No. 40082 Mon. Site No. EPA-01-34209	Sample Measurement					** Report Annual Sample	mg/l		Annually	Grab
TSS	Sample Measurement									
STORET No. 40130 Mon. Site No. EPA-01-34209	Sample Measurement					** Report Annual Sample	mg/l		Annually	Grab
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									

\* Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.

\*\* The annual sample shall be submitted annually on the anniversary date of this permit.



**DAILY SAMPLE RESULTS - PART B**

Permit Number: **FLA012680-001-DW3P**  
 Month/Year: **OCTOBER 2004**

Facility Name: **Crownwood WWTP**

Three-Month Average Daily Flow: **0.023**  
 Daily Flow % of Permitted Capacity: **58%**

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon. Site	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.040			7.5		5.0			
2	0.032			7.6		5.0			
3	0.033								
4	0.033			7.4		1.0			
5	0.038			7.4		1.3			
6	0.034	<2.0u	2	7.4	<1u	3.6	<0.10u		
7	0.033			7.4		2.5			
8	0.024			7.5		5.0			
9	0.031			7.5		3.7			
10	0.025								
11	0.025			7.6		1.0			
12	0.030			7.5		1.3			
13	0.017			7.5		1.5			
14	0.022			7.5		1.7			
15	0.027			7.5		5.0			
16	0.023			7.4		1.1			
17	0.018								
18	0.018			7.4		5.0			
19	0.024			7.6		1.1			
20	0.020			7.6		5.0			
21	0.027			7.5		4.1			
22	0.018			8.0		2.0			
23	0.022			7.8		5.0			
24	0.031			7.7		5.0			
25	0.016			7.8		5.0			
26	0.027			8.0		5.0			
27	0.018			8.0		5.0			
28	0.018			7.9		5.0			
29	0.027			8.0		5.0			
30	0.019								
31	0.018			8.1		5.0			

**PLANT STAFFING:** 799

Day Shift Operator      Class: C      Certificate No: 007747      Name: Charles G. Schwades  
 Evening Shift Operator      Class: A      Certificate No: 008122      Name: DARIEL ANTONSON  
 Night Shift Operator      Class:      Certificate No:      Name:        
 Lead Operator      Class: C      Certificate No: 007747      Name: Charles G. Schwades

Type of Effluent Disposal or Reclaimed Water Reuse: Adsorption Field - EFA Perforation/Percolation Ponds  
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable      If yes, cumulative days of wet weather discharge: \_\_\_\_\_

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

635

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Utilities, Inc. of Florida (Golden Hills Quadravillas WWTP)  
 MAILING ADDRESS: 200 Weathersfield Ave.  
 Altamonte Springs, FL 32714  
 FACILITY: Crownwood WWTP  
 LOCATION: 4497 NW 73rd Terrace  
 Near Ocala, Sumter County  
 COUNTY: Marion

PERMIT NUMBER: FLA012680-001-DW3P  
 LIMIT: Final  
 CLASS SIZE: NA  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: C  
 NO DISCHARGE FROM SITE: [ ]  
 MONITORING PERIOD: 3 month  
 0.023

REPORT: Monthly  
 GROUP: Domestic

From: NOV 1, 2004  
 50% of Permitted CAPACITY  
 DMR Date: 4/99  
 To: NOV 30, 2004

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement			3.2 ✓	mg/L	0	CALCULATION	ROLLING ANNUAL AVG.
STORET No. 80082 Y Mon. Site No. EPA-01-13427	Permit Measurement			20.0 (An. Avg.) ✓	mg/L		Calculation	Rolling Annual Avg.
CBOD5	Sample Measurement			2.0 ✓ 2.0 ✓	mg/L	0	MONTHLY	GRAB
STORET No. 80082 I Mon. Site No. EPA-01-13427	Permit Measurement			30.0 (Mo. Avg.) ✓ 60.0 (Max.) ✓	mg/L		Monthly	Grab
TSS	Sample Measurement			3.9 ✓	mg/L	0	CALCULATION	ROLLING ANNUAL AVG.
STORET No. 00530 Y Mon. Site No. EPA-01-13427	Permit Measurement			20.0 (An. Avg.) ✓	mg/L		Calculation	Rolling Annual Avg.
TSS	Sample Measurement			2 ✓ 2 ✓	mg/L	0	MONTHLY	GRAB
STORET No. 00530 I Mon. Site No. EPA-01-13427	Permit Measurement			30.0 (Mo. Avg.) ✓ 60.0 (Max.) ✓	mg/L		Monthly	Grab
pH	Sample Measurement			7.6 ✓	S.U.	0	5 DAYS/WEEK	GRAB
STORET No. 00406 I Mon. Site No. EPA-01-13427	Permit Measurement			6.0 (Min.) ✓ 8.5 (Max.) ✓	S.U.		5 Days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.15 ✓	#/100ML	0	CALCULATION	ROLLING ANNUAL AVG.
STORET No. 24055 Y Mon. Site No. EPA-01-13427	Permit Measurement			200 (An. Avg.) ✓	#/100ML		Calculation	Rolling Annual Avg.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO.	DATE: YY/MM/DD
Charles G. Schwades Lead operator	<i>Charles G. Schwades</i>	407-969 1919	04/11/30

\*Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Crownwood WWTP  
 Month/Year: *November 2004*

PERMIT NUMBER: FLA012680-001-DW3P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 34209

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Colliform Bacteria	Sample Measurement				10	10	#/100ml	0	Monthly	Grab
STORET No. 74054 I Mon. Site No. EPA-01-3427	Permit Measurement				Report (3 Mo. Avg.)	100 (Max.)	#/100ml		Monthly	Grab
TRC for disinfection	Sample Measurement				1.8		mg/L	0	5 Days/Week	Grab
STORET No. 30060 A Mon. Site No. EPA-01-3427	Permit Measurement				0.3 (Min.)		mg/L		5 Days/Week	Grab
Nitrate (as N)	Sample Measurement					0.100	mg/L	0	Monthly	Grab
STORET No. 06620 I Mon. Site No. EPA-01-3427	Permit Measurement					1.0 (Max.)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.023	0.020	mgd				0	5 Days/Week	ELPAS-01 Time Meter
STORET No. 36010 O Mon. Site No. INF-01-34208	Permit Measurement	1.00 3 Month Rolling Avg.	Report (Mo. Avg.)	mgd					1 Days/Week	Elapsed Time Meter
CBOD5	Sample Measurement									
STORET No. 80082 O Mon. Site No. INF-01-34208	Permit Measurement				** Report Annual Sample		mg/L		Annually	Grab
TSS	Sample Measurement									
STORET No. 00530 O Mon. Site No. INF-01-34208	Permit Measurement				** Report Annual Sample		mg/L		Annually	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

\* Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.

\*\* The annual sample shall be submitted annually on the anniversary date of this permit.

**DAILY SAMPLE RESULTS - PART B**

Permit Number: **FLA012680-001-DW3P**  
 Month/Year: **November 2004**

Facility Name: **Crownwood WWTP**

Three-Month Average Daily Flow: **0.023**  
 Daily Flow % of Permitted Capacity: **58%**

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon. Site	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.021			8.0		5.0 <sup>+</sup>			
2	0.020			8.1		5.0			
3	0.017			8.2		5.0			
4	0.021	2.00	2	8.1	1	5.0	0.100		
5	0.018			8.0		5.0			
6	0.012			8.1		5.0			
7	0.023								
8	0.023			8.0		5.0			
9	0.016			8.0		5.0			
10	0.017			8.1		5.0			
11	0.021			8.1		5.0			
12	0.019			8.1		5.0			
13	0.019			8.0		4.1			
14	0.017								
15	0.017			8.1		5.0			
16	0.016			7.6		2.0			
17	0.021			7.6		3.2			
18	0.022			7.7		3.0			
19	0.017			7.9		5.0			
20	0.020			8.1		5.0			
21	0.017								
22	0.017			7.9		5.0			
23	0.025			7.8		5.0			
24	0.022			7.7		1.8			
25	0.027			7.7		3.5			
26	0.017			7.7		3.2			
27	0.025			7.8		4.6			
28	0.023								
29	0.023			7.6		2.0			
30	0.021			7.6		2.3			
31									

PLANT STAFFING: **516**

Day Shift Operator      Class: C      Certificate No: 007747      Name: Charles G. Schwades  
 Evening Shift Operator      Class: A      Certificate No: 008122      Name: David Andersson  
 Night Shift Operator      Class:      Certificate No:      Name:      Charles G. Schwades  
 Lead Operator      Class: C      Certificate No: 007747      Name: Charles G. Schwades

Type of Effluent Disposal or Reclaimed Water Reuse: AO Secondary Field - Evaporation/Regeneration Ponds  
 Limited Wet Weather Discharge Activated: Yes: No      Not Applicable:      If yes, cumulative days of wet weather discharge: \_\_\_\_\_

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

DMR  
635

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT PART 1**

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Utilities, Inc. of Florida (Golden Hills Quadravillas WWTP)  
 MAILING ADDRESS: 200 Weathersfield Ave.  
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680-001-DW3P  
 LIMIT: Final  
 CLASS SIZE: NA  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: C  
 NO DISCHARGE FROM SITE: [ ]

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Crownwood WWTP  
 LOCATION: 4497 NW 73rd Terrace  
 Near Ocala, Sumter County

MONITORING PERIOD From: Dec. 1, 2004 To: Dec. 31, 2004  
 3 month Rolling AOV = 0.022 55% of Permit Head CAPACITY  
 DMR Date: 4/99

COUNTY: Marion

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement			3.23		mg/L	0	CALCULATION	ROLLING ANNUAL AOV
STORET No. 80082 Y Mon. Site No. EFA-01-13427	Permit Measurement			20.0 (An. Avg.)		mg/L		Calculation	Rolling Annual Avg.
CBOD5	Sample Measurement			2.4	2.4	mg/L	0	MONTHLY	Grab
STORET No. 80082 I Mon. Site No. EFA-01-13427	Permit Measurement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS	Sample Measurement			4		mg/L	0	CALCULATION	ROLLING ANNUAL AOV
STORET No. 00530 Y Mon. Site No. EFA-01-13427	Permit Measurement			20.0 (An. Avg.)		mg/L		Calculation	Rolling Annual Avg.
TSS	Sample Measurement			2	2	mg/L	0	MONTHLY	Grab
STORET No. 00530 I Mon. Site No. EFA-01-13427	Permit Measurement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement			7.5	8.3	S.U.	0	5 Days/Week	Grab
STORET No. 00406 I Mon. Site No. EFA-01-13427	Permit Measurement			6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.25		#/100ml	0	CALCULATION	ROLLING ANNUAL AOV
STORET No. 74055 Y Mon. Site No. EFA-01-13427	Permit Measurement			200 (An. Avg.)		#/100ml		Calculation	Rolling Annual Avg.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charles G. Schwades Lead Operator	<i>Charles G. Schwades</i>	407-869-1919	04/12/31

\*Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Crownwood WWTP  
 Month/Year: December/2004

PERMIT NUMBER: FLA012680-001-DW3P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 34209

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement			2 /	2 /	0	MONTHLY	Grab
TRC for disinfection	Sample Measurement			1.1 /		0	5 DAYS/WEEK	Grab
Nitrate (as N)	Sample Measurement				0.100	0	MONTHLY	Grab
Flow	Sample Measurement	0.022 ✓	0.019 ✓	MGD		0	5 DAYS/WEEK	Elapsed Time Meter
CBOD5	Sample Measurement							
TSS	Sample Measurement							
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							

\* Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.  
 \*\* The annual sample shall be submitted annually on the anniversary date of this permit.

DAILY SAMPLE RESULTS - PART B

635 ✓

Permit Number: FLA012680-001-DW3P  
 Month/Year: December 2004

Facility Name: Crownwood WWTP

Three-Month Average Daily Flow: 0.022  
 Daily Flow % of Permitted Capacity: 55%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon. Site	INF-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.026			7.7		3.7			
2	0.019			7.6		2.1			
3	0.021			7.7		3.5			
4	0.021			7.7		4.1			
5	0.019								
6	0.019			7.8		5.0			
7	0.022			7.9		4.9			
8	0.019	2.4	2	7.7	2	3.5	0.100		
9	0.024			7.8		4.5			
10	0.022			8.0		5.0			
11	0.024			7.8		3.5			
12	0.021								
13	0.021			7.9		4.8			
14	0.018			8.1		5.0			
15	0.019			7.8		3.5			
16	0.015			8.2 <sup>8.2</sup>		5.0			
17	0.025			8.3		4.4			
18	0.018			7.9		4.0			
19	0.016								
20	0.016			7.9		4.3			
21	0.016			7.6		1.1			
22	0.023			7.6		2.0			
23	0.016			7.6		1.3			
24	0.024			7.5		2.3			
25	0.022			7.5		3.1			
26	0.017								
27	0.017			7.7		3.7			
28	0.018			7.6		5.0			
29	0.022			7.7		4.2			
30	0.017			7.7		5.0			
31	0.016			8.2		5.0			

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 007747 Name: CHARLES G. Schwades  
 Evening Shift Operator Class: A Certificate No: 009122 Name: DANIEL ANDERSON  
 Night Shift Operator Class:  Certificate No:  Name:   
 Lead Operator Class: C Certificate No: 007747 Name: CHARLES G. Schwades

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: (Not Applicable) Adsorption Field - Filtration/Percolation Ponds  
 If yes, cumulative days of wet weather

Discharge:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32309-2400

PERMITTEE NAME: Utilities, Inc. of Florida  
 MAILING ADDRESS: 200 Weathersfield Avenue  
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680  
 LIMIT: Final  
 CLASS SIZE: Minor  
 DISCHARGE POINT NUMBER: R-001  
 PLANT SIZE/TREATMENT TYPE: III/C  
 NO DISCHARGE FROM SITE: [ ]  
 MONITORING PERIOD: From: Dec. 1, 2005

REPORT: Monthly  
 GROUP: Domestic

To: Dec 31, 2005

FACILITY: Crownwood WWTF  
 LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
 Ocala, FL

COUNTY: Marion

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond	Sample Measurement	0.021		mgd				0	CALCULATION	CALCULATED Roll. 12 Mo. Avg
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.040 (12MADF) <sup>1</sup>		mgd					Calculation	Calculated Roll. 12 Mo. Avg
Flow, total plant	Sample Measurement	0.020	0.021	mgd				0	5 Days/Week	ELAPSED TIME Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	0.040 (3MADF) <sup>2</sup>	Report (Mo.Avg.)	mgd					5 Days/Week	Elapsed Time Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				52		Percent	0	MONTHLY	CALCULATED
PARM Code 00180 1 Mon.Site No. FLW-01	Permit Measurement				Report (Percent) <sup>3</sup>		Percent		Monthly	Calculated <sup>3</sup>
CBOD5	Sample Measurement				2.48		mg/L	0	CALCULATION	CALCULATED Roll. 12 Mo. Avg
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Measurement				20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll. 12 Mo. A
CBOD5	Sample Measurement				2.00	2.00	mg/L	0	Monthly	Grab
PARM Code 80082 1 Mon.Site No. EFA-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS	Sample Measurement				4.33		mg/L	0	CALCULATION	CALCULATED Roll. 12 Mo. Avg
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Measurement				20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll. 12 Mo. A
TSS	Sample Measurement				4	4	mg/L	0	Monthly	Grab
PARM Code 00530 1 Mon.Site No. EFA-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charles G. Schwantes / Lead Operator	<i>Charles G. Schwantes</i>	407-869-1919	06/01/13

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



DISCHARGE MONITORING REPORT - PART A (Continued)

WAFR SITE No.: R001

DISCHARGE POINT NUMBER: R001

PERMIT NUMBER: FLA012680

FACILITY NAME: Crownwood WWTP  
 COUNTY: Marion

Month/Year: Dec/2005

Parameter	Sample Measurement/Permit Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
PH	Sample Measurement/Permit Measurement			7.3 6.0 (Min.)	S.U.	0	5 Days/Week 5 Days/Week	Grab
PARM Code 00406 Mon. Site No. EPA-01 Fecal Coliform Bacteria	Sample Measurement/Permit Measurement			1.42 280 (12 Mo. Avg.)	MP/100 ML	0	CALCULATION Calculation	CALCULATED ROLL 12 MO. AVG. Calculated
PARM Code 74055 Mon. Site No. EPA-01 Fecal Coliform Bacteria	Sample Measurement/Permit Measurement			1 Report (No. Geo. Mean)	MP/100 ML	0	MONTHLY Monthly	Grab
PARM Code 74055 Mon. Site No. EPA-01 TRC (for disinfection)	Sample Measurement/Permit Measurement			2.5 0.5 (Min.)	Mg/L	0	5 Days/Week 5 Days/Week	Grab
PARM Code 90620 Mon. Site No. EPA-01 Nitrate (as N)	Sample Measurement/Permit Measurement			0.10 12.0 (Max.)	Mg/L	0	MONTHLY Monthly	Grab
PARM Code 80082 Mon. Site No. INF-01 TSS	Sample Measurement/Permit Measurement			MNR Report Annual Sample	Mg/L	0	MNR Annually	MNR
PARM Code 00530 Mon. Site No. INF-01	Sample Measurement/Permit Measurement			MNR Report Annual Sample	Mg/L	0	MNR Annually	MNR

- Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.
- Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.
- The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100. Reported as a percent.
- The annual sample shall be taken in the month of February.

**DAILY SAMPLE RESULTS - PART B**

Facility Name: Crownwood WWTF  
 County: Marion  
 Month/Year: Dec/2005

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

	Flow (MGD) To R001	CBODS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBODS (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00406	74055	50060	00620	80082	00530
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.023			7.7		4.5			
2	0.016			7.9		5.0			
3	0.025			7.9		3.2			
4	0.021								
5	0.021			8.0		5.0			
6	0.023	2.0 U	4	8.0	1	5.0	0.10U	MNR	MNR
7	0.021			8.0		5.0			
8	0.023			8.1		5.0			
9	0.021			7.3		2.5			
10	0.017			7.8		4.3			
11	0.025								
12	0.026			7.8		3.9			
13	0.020			7.9		4.2			
14	0.018			8.0		5.0			
15	0.020			7.9		5.0			
16	0.021			7.8		3.1			
17	0.019								
18	0.019			8.1		5.0			
19	0.025			7.9		4.5			
20	0.025			8.1		5.0			
21	0.022			8.1		5.0			
22	0.021			8.1		5.0			
23	0.020			8.1		5.0			
24	0.022			8.1		5.0			
25	0.017								
26	0.018			8.0		5.0			
27	0.026			8.0		5.0			
28	0.021			7.9		4.7			
29	0.021			8.1		5.0			
30	0.020			7.9		4.5			
31	0.005			8.0		5.0			
Total	0.642			198.5		124.7			
Mo. Ave	0.021			7.3		4.6			

**PLANT STAFFING:**

Day Shift Operator      Class: A      Certificate No: 0008122      Name: Daniel S. Anderson

Evening Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Night Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Lead Operator      Class: C      Certificate No: 0007747      Name: Charles G. Schwedes

PA File # FLA012680-002-DW3P  
 Version 3/2004

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32309-3400

PERMITTEE NAME: Utilities, Inc. of Florida  
 MAILING ADDRESS: 200 Weathersfield Avenue  
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680  
 LIMIT: Final  
 CLASS SIZE: Minor  
 DISCHARGE POINT NUMBER: R-001  
 PLANT SIZE/TREATMENT TYPE: III/C  
 NO DISCHARGE FROM SITE: [ ]  
 MONITORING PERIOD: From: Nov. 1, 2005

REPORT: Monthly  
 GROUP: Domestic

635

To: Nov. 30, 2005

FACILITY: Crownwood WWTF  
 LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
 Ocala, FL  
 COUNTY: Marion

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond	0.021			mgd				0	CALCULATION	Calculated Roll. 12 Mo. Avg
PARM Code 50050 Mon. Site No. FLW-01	0.040 (12MADF) <sup>1</sup>			mgd				0	5 Days/week	Calculated Roll. 12 Mo. Avg ELAPSED TIME Meter
Flow, total plant	0.020	0.020		mgd				0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 Mon. Site No. FLW-01	0.040 (3MADF) <sup>2</sup>		Report (Mo. Avg.)	mgd				0	Monthly	Calculated
Percent Capacity, (TMADF/Permitted Capacity) x 100					50		Percent	0	Monthly	Calculated <sup>3</sup>
PARM Code 00180 Mon. Site No. FLW-01					Report (Percent) <sup>3</sup>		Percent	0	Monthly	Calculated
CBODS						2.32	mg/L	0	Calculation	Calculated Roll. 12 Mo. Avg
PARM Code 80082 Mon. Site No. EFA-01						20.0 (12 Mo. Avg.)	mg/L	0	Calculation	Calculated Roll. 12 Mo. Avg
CBODS						2.00	mg/L	0	Monthly	Grab
PARM Code 80082 Mon. Site No. EFA-01						30.0 (Mo. Avg.)	mg/L	0	Monthly	Grab
						60.0 (Max.)	mg/L	0	Monthly	Grab
TSS						4.0	mg/L	0	Calculation	Calculated Roll. 12 Mo. Avg
PARM Code 00530 Mon. Site No. EFA-01						20.0 (12 Mo. Avg.)	mg/L	0	Calculation	Calculated Roll. 12 Mo. Avg
TSS						2	mg/L	0	Monthly	Grab
PARM Code 00530 Mon. Site No. EFA-01						30.0 (Mo. Avg.)	mg/L	0	Monthly	Grab
						60.0 (Max.)	mg/L	0	Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charles G. Schwabert / Lead Operator	<i>Charles G. Schwabert</i>	407-869-1919	05/12/13

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference an attachment if necessary)

**DISCHARGE MONI YING REPORT - PART A (Continued)**

FACILITY NAME: Greenwood WWTP  
 COUNTY: Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: R001

Month/Year: Nov. 2005

Parameter	Sample Measurement Permit	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH								
PARAM Code 004016 Mon. Site No. EPA-01 Fecal Coliform Bacteria	Sample Measurement Permit			2.4 6.9 (Min.)		0	5 DAYS/WEEK 5 Days/Week	Grab
PARAM Code 74055 Mon. Site No. EPA-01 Fecal Coliform Bacteria	Sample Measurement Permit			1.37 200 (12 Mo. Avg.)		0	CALCULATION Calculation	CALCULATED ROLL 12 MO. AVG. Calculated Roll 12 Mo. Avg.
PARAM Code 74055 Mon. Site No. EPA-01 TRC (for disinfection)	Sample Measurement Permit			< 2.0 Report (Mo. Geo. Mean)		0	MONTHLY Monthly	Grab
PARAM Code 50060 Mon. Site No. EPA-01 Nitrate (as N)	Sample Measurement Permit			1.2 0.5 (Min.)		0	5 DAYS/WEEK 5 Days/Week	Grab
PARAM Code 00620 Mon. Site No. EPA-01	Sample Measurement Permit			0.10 U 12.0 (Max.)		0	MONTHLY Monthly	Grab
CBOD5								
PARAM Code 80082 Mon. Site No. INF-01 TSS	Sample Measurement Permit			MNR Report Annual Sample			MNR Annually	MNR Grab
PARAM Code 00530 Mon. Site No. INF-01	Sample Measurement Permit			MNR Report Annual Sample			MNR Annually	MNR Grab

- Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.
- Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.
- The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100. Reported as a percent.
- The annual sample shall be taken in the month of February.

**DAILY SAMPLE RESULTS - PART B**

Facility Name: Crownwood WWTF  
 County: Marion  
 Month/Year: NOV. 30, 2005

Permit Number: FLA012680

DISCHARGE POINT NUMBER: RI 01

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00406	74055	50060	00620	80082	00530
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.011			8.1		5.0			
2	0.023			8.2		5.0			
3	0.020			8.1		4.9			
4	0.020			8.1		5.0			
5	0.018			8.0		4.5			
6	0.025								
7	0.025			8.1		5.0			
8	0.013	2.0U	2	8.2	2U	5.0	0.10U	MNR	MNR
9	0.016			8.0		4.8			
10	0.021			7.9		4.4			
11	0.021			8.1		5.0			
12	0.022			7.9		4.0			
13	0.022								
14	0.022			7.9		3.8			
15	0.016			7.9		3.7			
16	0.018			7.4		1.7			
17	0.017			7.6		3.0			
18	0.020			7.9		5.0			
19	0.020			7.9		3.9			
20	0.021								
21	0.021			8.0		5.0			
22	0.021			8.0		5.0			
23	0.021			8.0		5.0			
24	0.023			7.3		1.2			
25	0.018			7.9		4.1			
26	0.014			8.0		5.0			
27	0.021								
28	0.021			8.0		5.0			
29	0.023			7.4		2.2			
30	0.023			7.6		4.3			
31									
Total	0.597	2.0U	2	205.5	2U	110.5			
Mo. Ave	0.020	2.0U	2	7.9	2U	4.25	0.10U		

**PLANT STAFFING:**

Day Shift Operator      Class: A      Certificate No: 008122      Name: Daniel Anderson

Evening Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Night Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Lead Operator      Class: C      Certificate No: 007747      Name: Charles G. Schwades

PA File # FLA012680-002-DW3P  
 Version 3/2004



**AQUA PURE WATER & SEWAGE SERVICE, INC.**

10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822  
FAX (352) 625-6638

**Laboratory Analytical Report**  
Florida DOH Laboratory Certification # E83285

Utilities Incorporated

200 Weathers Field Ave  
Altamonte Springs, Florida 32714

Submission Number: 0512587

System Name: Crownwood WWTP  
Sampler Name: Daniel S. Anderson  
Date Sample Received: 11/08/05  
Time Sample Received: 10:50 AM

Sample Number	Sample Location	Date Collected	Time Collected	Parameter / (mdl) Units / Method	Result	DQ	Analysis Date	Analysis Time	Technician
0512587	Effluent Faecal	11/08/05	0907 hrs	Faecal Coliform In (1 colony) #/100mLs by SM9222D	2	U	11/08/05	11:45 AM	HP
0512588	Effluent	11/08/05	0912 hrs	TSS in (1) mg/L by SM2540D	2		11/10/05		DA
				CBOD(5 day) in (2.0) mg/L by SM5210B	2.0	U	11/09/05	12:40 PM	V/L
				Nitrate as N In (0.10) mg/L by EPA353.2	0.10	U	11/08/05	3:52 PM	V/L

U - The parameter was analyzed but not detected.  
Detection limit for fecal coliform elevated due to sample dilution.

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).

This document and the associated reported results meet NELAC standards or are qualified accordingly. DQ = Data Qualifier

If you have questions regarding this report please call Lisa Saupp at (352) 625-2822.

Respectfully Submitted by: Michael Morse  
Lisa K. Saupp, Charles B. Saupp, or Michael Morse Technical Director

Date: November 16, 2005

# FILE COPY

635

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Utilities, Inc. of Florida  
 MAILING ADDRESS: 200 Weathersfield Avenue  
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680  
 LIMIT: Final  
 CLASS SIZE: Minor  
 DISCHARGE POINT NUMBER: R-001  
 PLANT SIZE/TREATMENT TYPE: IWC  
 NO DISCHARGE FROM SITE: [ ]  
 MONITORING PERIOD: From: OCT. 1, 2005

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Crownwood WWTF  
 LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
 Ocala, FL

To: OCT. 31, 2005

COUNTY: Marion

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond	Sample Measurement	0.021		mgd				0	Calculation	Calculated
PARM Code 50050 Mon.Site No. FLW-01	Permit Measurement	0.040 (12MADF) <sup>1</sup>		mgd					Calculation	Roll 12 Mo. Avg. Calculated Roll. 12 Mo. Avg. <sup>1</sup>
Flow, total plant	Sample Measurement	0.020	0.020	mgd				0	5 Days/Week	ELAPSED Time Meter
PARM Code 50050 Mon.Site No. FLW-01	Permit Measurement	0.040 (3MADF) <sup>1</sup>	Report (Mo.Avg.)	mgd					5 Days/Week	Elapsed Time Meter
Percent Capacity, (TMA DF/Permitted Capacity) x 100	Sample Measurement				50		Percent	0	MONTHLY	Calculated
PARM Code 00180 Mon.Site No. FLW-01	Permit Measurement				Report (Percent) <sup>1</sup>		Percent		Monthly	Calculated <sup>1</sup>
CBODS	Sample Measurement				2.31		mg/L	0	Calculation	Cal. Roll 12 Mo. Avg
PARM Code 80082 Mon.Site No. EFA-01	Permit Measurement				20.0 (12 Mo. Avg.)		mg/L		Calculation	Calculated Roll. 12 Mo. Avg. <sup>1</sup>
CBODS	Sample Measurement				2.2	2.2	mg/L	0	MONTHLY	Grab
PARM Code 80082 Mon.Site No. EFA-01	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS	Sample Measurement				4.0		mg/L	0	Calculation	Calculated Roll. 12 Mo. Avg
PARM Code 00530 Mon.Site No. EFA-01	Permit Measurement				20.0 (12 Mo. Avg.)		mg/L		Calculation	Calculated Roll. 12 Mo. Avg. <sup>1</sup>
TSS	Sample Measurement				2	2	mg/L	0	MONTHLY	Grab
PARM Code 00530 Mon.Site No. EFA-01	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charles G. Schwab's / Lead Operator	<i>Charles G. Schwab's</i>	407-869 1919	05/11/14

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Crownwood WWTF  
 COUNTY: Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: R001

Month/Year: OCT. 2005

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type		
pH PARM Code 00406 Mon. Site No. EPA-01	Sample Measurement			7.1		8.2	S.U.	0	5 Days/Week	Grab
	Permit Measurement			6.0 (Min.)		8.5 (Max.)	S.U.		5 Days/Week	Grab
Fecal Coliform Bacteria PARM Code 74055 Mon. Site No. EPA-01	Sample Measurement			1.25			#/100mL	0	CALCULATION	CALCULATED
	Permit Measurement			200 (12 Mo. Avg.)			#/100mL		Calculation	Roll. 12 Mo. Avg. Calculated Roll. 12 Mo. Avg. <sup>1</sup>
Fecal Coliform Bacteria PARM Code 74055 Mon. Site No. EPA-01	Sample Measurement			<1U		1U	#/100mL	0	Monthly	Grab
	Permit Measurement			Report (Mo. Geo. Mean)		800 (Max.)	#/100mL		Monthly	Grab
TRC for disinfection PARM Code 50060 Mon. Site No. EPA-01	Sample Measurement			1.0			mg/L	0	5 Days/Week	Grab
	Permit Measurement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrate (as N) PARM Code 00620 Mon. Site No. EPA-01	Sample Measurement					0.10 U	mg/L	0	Monthly	Grab
	Permit Measurement					12.0 (Max.)	mg/L		Monthly	Grab
CBOD5 PARM Code 80082 Mon. Site No. INF-01	Sample Measurement					MNR	MNR		MNR	MNR
	Permit Measurement					Report Annual Sample	mg/L		Annually <sup>4</sup>	Grab
TSS PARM Code 00530 Mon. Site No. INF-01	Sample Measurement					MNR	MNR		MNR	MNR
	Permit Measurement					Report Annual Sample	mg/L		Annually <sup>4</sup>	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

- 1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.
- 2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.
- 3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.
- 4 The annual sample shall be taken in the month of February.

0007170777 1177 0007107100



**DAILY SAMPLE RESULTS - PART B**

Facility Name: Crownwood WWTF  
 County: Manion  
 Month/Year: October 2005

Permit Number: FLA012680

DISCHARGE POINT NUMBER: 1001

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00406	74055	50060	00620	80082	00530
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.016			8.1		5.0			
2	0.023								
3	0.023			7.8		5.0			
4	0.016			8.0		5.0			
5	0.017			8.0		4.8			
6	0.016			7.3		1.2			
7	0.019			7.5		2.5			
8	0.021			7.1		1.0			
9	0.022								
10	0.022			7.6		2.9			
11	0.016			7.7		3.7			
12	0.020	2.2	2	8.1	1 U	5.0	0.10 U	MNR	MNR
13	0.018			8.1		5.0			
14	0.022			8.0		5.0			
15	0.021			8.1		5.0			
16	0.021								
17	0.022			8.2		5.4			
18	0.015			7.8		3.6			
19	0.019			7.7		3.4			
20	0.020			7.9		4.0			
21	0.020			8.1		5.0			
22	0.023			8.1		5.0			
23	0.022								
24	0.023			8.0		4.5			
25	0.016			8.0		4.2			
26	0.020			7.9		2.6			
27	0.017			7.9		1.9			
28	0.020			8.1		5.0			
29	0.023			8.1		2.4			
30	0.023								
31	0.023			8.0		3.2			
Total	0.619	2.2	2	219.4	205.2	10	101.3	0.10 U	
Mo. Ave	0.020	2.2	2	7.4	7.9	10	3.9	0.10 U	

**PLANT STAFFING:**

Day Shift Operator      Class: A      Certificate No: 0008122      Name: Daniel S. Anderson

Evening Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Night Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Lead Operator      Class: C      Certificate No: 007747      Name: Charles G. Schwedes

PA File # FLA012680-002-DW3P  
 Version 3/2004



**AQUA PURE WATER & SEWAGE SERVICE, INC.**

10866 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822  
FAX (352) 625-6838

**Laboratory Analytical Report**  
Florida DOH Laboratory Certification # E83265

Utilities Incorporated

200 Weathers Field Ave  
Altamonte Springs, Florida 32714

Submission Number: 0511756

System Name: Crownwood WWTP  
Sampler Name: Daniel S. Anderson  
Date Sample Received: 10/12/05  
Time Sample Received: 12:35 PM

Sample Number	Sample Location	Date Collected	Time Collected	Parameter / (mdl) Units / Method	Result	DQ	Analysis Date	Analysis Time	Tec 1
0511756	Effluent	10/12/05	1014 hrs	CBOD(5 day) In (2.0) mg/L by SM5210B	2.2		10/13/05	3:25 PM	J I
				TSS in (1) mg/L by SM2540D	2		10/14/05		W .
				Nitrate as N in (0.10) mg/L by EPA363.2	0.10	U	10/12/05	4:17 PM	W .
0511757	Effluent Sact	10/12/05	1014 hrs	Fecal Coliform in (1 colony) #/100mLs by SM9222D	1	U	10/12/05	1:25 PM	K .

U - The parameter was analyzed but not detected.

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).

This document and the associated reported results meet NELAC standards or are qualified accordingly. DQ = Data Qualifier

If you have questions regarding this report please call Lisa Saupp at (352) 625-2822.

Respectfully Submitted by: *Lisa Saupp*  
Lisa K. Saupp, Charles B. Saupp, or Michael Morse Technical Director

Date: October 20, 2005

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

**FILE COPY**

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Utilities, Inc. of Florida  
 MAILING ADDRESS: 200 Weathersfield Avenue  
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680  
 LIMIT: Final  
 CLASS SIZE: Minor  
 DISCHARGE POINT NUMBER: R-001  
 PLANT SIZE/TREATMENT TYPE: I/C  
 NO DISCHARGE FROM SITE: [ ]  
 MONITORING PERIOD: From: Sept. 1, 2005

REPORT: Monthly  
 GROUP: Domestic

633

To: SEPT 30, 2005

FACILITY: Crownwood WWTF  
 LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
 Ocala, FL

COUNTY: Marion

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond PARM Code 50050 Y Mon.Site No. FLW-01	Sample Measurement	0.022	mgd			0	CALCULATION	CALCULATION ROLL 12 MO. AVG
	Permit Measurement	0.040 (12MADF) <sup>1</sup>	mgd				Calculation	Calculated Roll. 12 Mo. Avg
Flow, total plant PARM Code 50050 I Mon.Site No. FLW-01	Sample Measurement	0.021	0.019	mgd		0	5 DAY/WEEK	ELAPSED TIME Meter
	Permit Measurement	0.040 (3MADF) <sup>2</sup>	Report (Mo.Avg.)	mgd			5 Days/Week	Elapsed Time Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. FLW-01	Sample Measurement			40		0	MONTHLY	CALCULATED
	Permit Measurement			Report (Percent) <sup>3</sup>			Monthly	Calculated <sup>3</sup>
CBOD5 PARM Code 80082 Y Mon.Site No. EFA-01	Sample Measurement			2.3	mg/L	0	CALCULATION	CALCULATION ROLL 12 MO. AVG
	Permit Measurement			20.0 (12 Mo.Avg.)	mg/L		Calculation	Calculated Roll. 12 Mo. Avg
CBOD5 PARM Code 80082 I Mon.Site No. EFA-01	Sample Measurement			2.2	mg/L	0	MONTHLY	Grab
	Permit Measurement			30.0 (Mo.Avg.) 60.0 (Max.)	mg/L		Monthly	Grab
TSS PARM Code 00530 Y Mon.Site No. EFA-01	Sample Measurement			4.0	mg/L	0	CALCULATION	CALCULATION ROLL 12 MO. AVG
	Permit Measurement			20.0 (12 Mo.Avg.)	mg/L		Calculation	Calculated Roll. 12 Mo. Avg
TSS PARM Code 00530 I Mon.Site No. EFA-01	Sample Measurement			2	mg/L	0	MONTHLY	Grab
	Permit Measurement			30.0 (Mo.Avg.) 60.0 (Max.)	mg/L		Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charles G. Schwabes Lead operator	<i>Charles G. Schwabes</i>	407 869-1919	05/10/17

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: R001

FACILITY NAME: Crownwood WWTF  
 COUNTY: Marion

Month/Year: SEPT./2005

PAGE 02

GOLDEN HILLS

3526227090

09:49

10/12/2005

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type	
pH	Sample Measurement				7.5		8.1	S.U.	0	5 DAY/week	Grab
	Permit Measurement				6.0 (Min.)		8.5 (Max.)	S.U.		5 Days/Week	Grab
Fecal Coliform Bacteria PARM Code 74055 Y Mon.Site No. EFA-01	Sample Measurement					1.25		#/100mL	0	CALCULATION	Calculated Roll 12 Mo. Avg.
	Permit Measurement					200 (12 Mo.Avg.)		#/100mL		Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
Fecal Coliform Bacteria PARM Code 74055 I Mon.Site No. EFA-01	Sample Measurement				<10		10	#/100mL	0	Monthly	Grab
	Permit Measurement				Report (Mo. Geo. Mean)		800 (Max.)	#/100mL		Monthly	Grab
TRC for disinfection PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement				1.2			mg/L	0	5 Days/week	Grab
	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrate (as N) PARM Code 00620 I Mon.Site No. EFA-01	Sample Measurement						0.100	mg/L	0	monthly	Grab
	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
CBOD5 PARM Code 80082 G Mon.Site No. INF-01	Sample Measurement					MNR		MNR		MNR	MNR
	Permit Measurement					Report Annual Sample		mg/L		Annually <sup>4</sup>	Grab
TSS PARM Code 00530 G Mon.Site No. INF-01	Sample Measurement					MNR		MNR		MNR	MNR
	Permit Measurement					Report Annual Sample		mg/L		Annually <sup>4</sup>	Grab
	Sample Measurement										
	Permit Measurement										
	Sample Measurement										
	Permit Measurement										

- 1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.
- 2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.
- 3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.
- 4 The annual sample shall be taken in the month of February.

DAILY SAMPLE RESULTS - PART B

Facility Name: Crownwood WWTF  
 County: Marion  
 Month/Year: Sept. 2005

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00406	74055	50060	00620	80082	00530
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.025			7.8		5.0			
2	0.022			7.8		5.0			
3	0.024			7.8		5.0			
4	0.018								
5	0.018			7.6		3.5			
6	0.017			7.9		5.0			
7	0.015			8.0		5.0			
8	0.013			7.5		1.2			
9	0.010			8.1		5.0			
10	0.025			8.1		5.0			
11	0.017								
12	0.017			7.9	1U	5.0	0.10U		
13	0.015	2.2		7.9		4.2			
14	0.016		2	7.7		2.7			
15	0.018			7.6		1.1			
16	0.018			7.9		4.5			
17	0.020			7.7		1.5			
18	0.021								
19	0.021			7.7		3.5			
20	0.015			7.6		1.2			
21	0.017			7.9		4.8			
22	0.020			7.9		4.6			
23	0.022			7.9		4.5			
24	0.020			7.6		1.3			
25	0.023								
26	0.023			7.7		2.8			
27	0.013			7.7		1.5			
28	0.015			7.8		3.4			
29	0.021			7.9		4.5			
30	0.017			8.1		5.0			
31									
Total	0.556			203.1		95.8			
Mo. Ave	0.019			7.8		3.7			

PLANT STAFFING:

Day Shift Operator Class: A Certificate No: 0008122 Name: DANIEL S. ANDERSON

Evening Shift Operator Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Night Shift Operator Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Lead Operator Class: C Certificate No: 007747 Name: CHARLES G. SCHWABES

PA File # FLA012680-002-DW3P  
 Version 3/2004



**AQUA PURE WATER & SEWAGE SERVICE, INC.**

10865 East State Road 40 - Silver Springs, Florida 34488-2349

Laboratory Analytical Report  
Florida DOH Laboratory Certification # E63265

(352) 625-2822  
FAX (352) 625-6838

Utilities Incorporated

200 Weathers Field Ave  
Altamonte Springs, Florida 32714

Submission Number: 0511756

System Name: Crownwood WWTP  
Sampler Name: Daniel S. Anderson  
Date Sample Received: 10/12/05  
Time Sample Received: 12:35 PM

Sample Number	Sample Location	Date Collected	Time Collected	Parameter / (mdl) Units / Method	Result	DQ	Analysis		Tech
							Date	Time	
0511756	Effluent	10/12/05	1014 hrs	CBOD(5 day) in (2.0) mg/L by SM5210B	2.2		10/13/05	3:25 PM	JJ
				TSS in (1) mg/L by SM2540D	2		10/14/05		WL
				Nitrate as N in (0.10) mg/L by EPA353.2	0.10	U	10/12/05	4:17 PM	WL
0511757	Effluent Bact	10/12/05	1014 hrs	Fecal Coliform in (1 colony) #/100mLs by SM9222D	1	U	10/12/05	1:25 PM	KL

U - The parameter was analyzed but not detected.

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).  
This document and the associated reported results meet NELAC standards or are qualified accordingly. DQ = Data Qualifier  
If you have questions regarding this report please call Lisa Saupp at (352) 625-2822.

Respectfully Submitted by: *Lisa K. Saupp*  
Lisa K. Saupp, Charles B. Saupp, or Michael Morse / Technical Director  
Date: October 20, 2005

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

635

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Utilities, Inc. of Florida  
 MAILING ADDRESS: 200 Weathersfield Avenue  
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680  
 LIMIT: Final  
 CLASS SIZE: Minor  
 DISCHARGE POINT NUMBER: R-001  
 PLANT SIZE/TREATMENT TYPE: III/C  
 NO DISCHARGE FROM SITE: [ ]  
 MONITORING PERIOD

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Crownwood WWTF  
 LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
 Ocala, FL

From: AUGUST 1, 2005

To: AUGUST 31, 2005

COUNTY: Marion

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond	Sample Measurement	0.022		mgd				0	CALCULATION	CAL. Roll 12 Mo. Avg.
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.040 (12MADF) <sup>1</sup>		mgd					Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
Flow, total plant	Sample Measurement	0.022	0.022	mgd				0	5 DAYS/week	ELAPSED Time Meter
PARM Code 50050 I Mon.Site No. FLW-01	Permit Measurement	0.040 (3MADF) <sup>2</sup>	Report (Mo.Avg.)	mgd					5 Days/Week	Elapsed Time Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				55		Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-01	Permit Measurement				Report (Percent) <sup>3</sup>		Percent		Monthly	Calculated <sup>3</sup>
CBODS	Sample Measurement				2.3		mg/L	0	CALCULATION	Calculated Roll 12 Mo. Avg.
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Measurement				20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
CBODS	Sample Measurement				2.0 U	2.0 U	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS	Sample Measurement				3.9		mg/L	0	CALCULATION	Calculated Roll 12 Mo. Avg.
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Measurement				20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
TSS	Sample Measurement				4	4	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charles G. Schwades / lead operator	<i>Charles G. Schwades</i>	1-407-869-1919	05/09/14

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Crownwood WWTF  
 COUNTY: Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: R001

PAGE 03

Month/Year: August/2005

GOLDEN HILLS

35262227090

09/13/2005 12:05

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00406 1 Mon.Site No. EFA-01	Sample Measurement			7.3	7.8	S.U.	0	5 Days/Week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Grab
Fecal Coliform Bacteria PARM Code 74055 Y Mon.Site No. EFA-01	Sample Measurement			1.3		#/100mL	0	CAL	CAL. Roll 12 Mo. Avg.
	Permit Measurement			200 (12 Mo.Avg.)		#/100mL		Calculation	Calculated Roll. 12 Mo. Avg. <sup>1</sup>
Fecal Coliform Bacteria PARM Code 74055 1 Mon.Site No. EFA-01	Sample Measurement			<1 U	1	#/100mL	0	Monthly	Grab
	Permit Measurement			Report (Mo.Geo.Mean)	800 (Max.)	#/100mL		Monthly	Grab
TRC for disinfection PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement			1.9		mg/L	0	5 Days/Week	Grab
	Permit Measurement			0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrate (as N) PARM Code 00620 1 Mon.Site No. EFA-01	Sample Measurement				0.28	mg/L	0	Monthly	Grab
	Permit Measurement				12.0 (Max.)	mg/L		Monthly	Grab
CBOD5 PARM Code 80082 G Mon.Site No. INF-01	Sample Measurement			MNR		MNR		MNR	MNR
	Permit Measurement			Report Annual Sample		mg/L		Annually <sup>4</sup>	Grab
TSS PARM Code 06530 G Mon.Site No. INF-01	Sample Measurement			MNR		MNR		MNR	MNR
	Permit Measurement			Report Annual Sample		mg/L		Annually <sup>4</sup>	Grab
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								

- 1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.
- 2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.
- 3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.
- 4 The annual sample shall be taken in the month of February.



DAILY SAMPLE RESULTS - PART B

Facility Name: Crownwood WWTF  
 County: Marion  
 Month/Year: August/2005

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001..

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00406	74055	50060	00620	80082	00530
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.020			7.3		1.9			
2	0.021	2.0 U	4	7.6	1	5.0	0.28		
3	0.021			7.5		4.2			
4	0.025			7.6		5.0			
5	0.023			7.6		5.0			
6	0.025			7.6		5.0			
7	0.023								
8	0.023			7.6		5.0			
9	0.019			7.7		5.0			
10	0.023			7.8		5.0			
11	0.023			7.8		5.0			
12	0.025			7.8		2.5			
13	0.025			7.8		5.0			
14	0.024								
15	0.024			7.7		4.5			
16	0.025			7.8		5.0			
17	0.017			7.8		4.9			
18	0.021			7.7		4.2			
19	0.020			7.6		4.0			
20	0.025			7.6		4.5			
21	0.019								
22	0.019			7.7		4.9			
23	0.021			7.8		5.0			
24	0.019			7.8		3.8			
25	0.020			7.7		3.5			
26	0.021			7.7		4.0			
27	0.022			7.7		4.2			
28	0.020								
29	0.020			7.6		3.6			
30	0.022			7.8		5.0			
31	0.015			7.7		3.4			
Total	0.67								
Mo. Ave	0.022			7.6		4.4			

PLANT STAFFING:

Day Shift Operator      Class: A      Certificate No: 0008122      Name: DANIEL S. ANDERSON  
 Evening Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_  
 Night Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_  
 Lead Operator      Class: C      Certificate No: 007747      Name: CHARLES G. SCHWADES  
 PA File # FLA012680-002-DW3P  
 Version 3/2004


**AQUA PURE WATER & SEWAGE SERVICE, INC.**

10865 East State Road 40 • Silver Springs, Florida 34486-2349

(352) 625-2822  
FAX (352) 625-6638
**Laboratory Analytical Report**  
Florida DOH Laboratory Certification # E83265

Utilities Incorporated

200 Weathers Field Ave  
Altamonte Springs, Florida 32714

Submission Number: 058410

 System Name: Crownwood WWTP  
 Sampler Name: Daniel S. Anderson  
 Date Sample Received: 08/02/05  
 Time Sample Received: 11:40 AM

Sample Number	Sample Location	Date Collected	Time Collected	Parameter / (mdl) Units / Method	Result	DQ	Analysis		Tech
							Date	Time	
058410	Effluent Fecal	08/02/05	1037 hrs	Fecal Coliform in (1 colony) #/100mLs by SM9222D	1		08/02/05	2:45 PM	KL
058411	Effluent	08/02/05	1043 hrs	CBOD(5 day) in (2.0) mg/L by SM5210B	2.0	U	08/03/05	3:15 PM	JJ
				TSS in (1) mg/L by SM2540D	4		08/03/05		WL
				Nitrate as N in (0.10) mg/L by EPA353.2	0.28	I	08/02/05	3:51 PM	WL

U - The parameter was analyzed but not detected.

I - Analyte detected below quantitation limits / below calibration range.

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).

This document and the associated reported results meet NELAC standards or are qualified accordingly. DQ = Data Qualifier

If you have questions regarding this report please call Lisa Saupp at (352) 625-2822.

Respectfully Submitted by: \_\_\_\_\_

Lisa K. Saupp, Charles B. Saupp, or Michael Morse Technical Director

Date: August 12, 2005

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

835

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Utilities, Inc. of Florida  
 MAILING ADDRESS: 200 Weathersfield Avenue  
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680  
 LIMIT: Final  
 CLASS SIZE: Minor  
 DISCHARGE POINT NUMBER: R-001  
 PLANT SIZE/TREATMENT TYPE: III/C  
 NO DISCHARGE FROM SITE: [ ]  
 MONITORING PERIOD: From: JULY 1, 2005

REPORT: Monthly  
 GROUP: Domestic


FACILITY: Crownwood WWTF  
 LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
 Ocala, FL

To: JULY 31, 2005

COUNTY: Marion

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond PARM Code 50050 Y Mon.Site No. FLW-01	Sample Measurement	0.022		mgd				0	Calculation	Calculated Roll 12 Mo. Avg.
	Permit Measurement	0.040 (12MADF) <sup>1</sup>		mgd					Calculation	Calculated Roll 12 Mo. Avg.
Flow, total plant PARM Code 50050 I Mon.Site No. FLW-01	Sample Measurement	0.021	0.023	mgd				0	5 Days/week	ELAPSED Time Meter
	Permit Measurement	0.040 (3MADF) <sup>2</sup>	Report (Mo.Avg.)	mgd					5 Days/Week	Elapsed Time Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. FLW-01	Sample Measurement				57.5		Percent	0	monthly	Calculated
	Permit Measurement				Report (Percent) <sup>3</sup>		Percent		Monthly	Calculated <sup>3</sup>
CBOD5 PARM Code 80082 Y Mon.Site No. EFA-01	Sample Measurement				2.3		mg/L	0	Calculation	Calculated Roll 12 Mo. Avg.
	Permit Measurement				20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll 12 Mo. Avg.
CBOD5 PARM Code 80082 I Mon.Site No. EFA-01	Sample Measurement				2.3	2.3	mg/L	0	monthly	Grab
	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS PARM Code 00530 Y Mon.Site No. EFA-01	Sample Measurement				3.8		mg/L	0	Calculation	Calculated Roll 12 Mo. Avg.
	Permit Measurement				20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll 12 Mo. Avg.
TSS PARM Code 00530 I Mon.Site No. EFA-01	Sample Measurement				4	4	mg/L	0	Monthly	Grab
	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charles G. Schwabes / Lead Operator		1-800-272 1919	05/07/15

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Crownwood WWTF  
 COUNTY: Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: R001

Month/Year: JULY 2005

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type		
pH PARM Code 00406 I Mon.Site No. EFA-01	Sample Measurement			7.2		7.7	S.U.	0	5 DAYS/week	Grab
	Permit Measurement			6.0 (Min.)		8.5 (Max.)	S.U.		5 Days/Week	Grab
Fecal Coliform Bacteria PARM Code 74055 Y Mon.Site No. EFA-01	Sample Measurement			1.2			#/100mL	0	CALCULATION	CALCULATED ROLL 12 Mo. AVG.
	Permit Measurement			200 (12 Mo.Avg.)			#/100mL		Calculation	Calculated Roll. 12 Mo. Avg. <sup>1</sup>
Fecal Coliform Bacteria PARM Code 74055 I Mon.Site No. EFA-01	Sample Measurement			< 1 U		2	#/100mL	0	MONTHLY	Grab
	Permit Measurement			Report (Mo.Geo.Mean)		800 (Max.)	#/100mL		Monthly	Grab
TRC for disinfection PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement			1.1			mg/L	0	5 DAYS/week	Grab
	Permit Measurement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrate (as N) PARM Code 00620 I Mon.Site No. EFA-01	Sample Measurement					< 0.10 U	mg/L	0	MONTHLY	Grab
	Permit Measurement					12.0 (Max.)	mg/L		Monthly	Grab
CBOD5 PARM Code 80082 G Mon.Site No. INF-01	Sample Measurement					MNR	MNR		MNR	MNR
	Permit Measurement					Report Annual Sample	mg/L		Annually <sup>1</sup>	Grab
TSS PARM Code 00530 G Mon.Site No. INF-01	Sample Measurement					MNR	MNR		MNR	MNR
	Permit Measurement					Report Annual Sample	mg/L		Annually <sup>1</sup>	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.  
 2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.  
 3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.  
 4 The annual sample shall be taken in the month of February.

DAILY SAMPLE RESULTS - PART B

Facility Name: Crownwood WWTF  
 County: Marion  
 Month/Year: JULY 2005

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00406	74055	50060	00620	80082	00530
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.021			7.6		4.5			
2	0.024			7.6		5.0			
3	0.021								
4	0.024			7.5		2.8			
5	0.021			7.5		3.5			
6	0.020			7.4		2.0			
7	0.024			7.6		5.0			
8	0.020			7.6		5.0			
9	0.022			7.5		5.0			
10	0.024								
11	0.025			7.5		4.4			
12	0.029	2.3	4	7.5	2	5.0	<0.10U		
13	0.023			7.5		5.0			
14	0.025			7.5		5.0			
15	0.022			7.5		5.0			
16	0.024			7.5		4.3			
17	0.026								
18	0.026			7.5		5.0			
19	0.031			7.6		5.0			
20	0.018			7.5		5.0			
21	0.027			7.4		5.0			
22	0.027			7.4		5.0			
23	0.027			7.7		5.0			
24	0.017								
25	0.017			7.5		5.0			
26	0.018			7.7		5.0			
27	0.022			7.4		3.7			
28	0.022			7.2		1.1			
29	0.023			7.2		1.3			
30	0.024			7.3		2.2			
31	0.020								
Total	0.714	2.3	4	194.7	2	109.8	<0.10U		
Mo. Ave	0.023	2.3	4	7.5	2	4.2	<0.10U		

PLANT STAFFING:

Day Shift Operator      Class: C      Certificate No: 007747      Name: Charles G. Schwades

Evening Shift Operator      Class: A      Certificate No: 008122      Name: DANIEL S. ANDERSON

Night Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Lead Operator      Class: C      Certificate No: 007747      Name: Charles G. Schwades

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Utilities, Inc. of Florida  
 MAILING ADDRESS: 200 Weathersfield Avenue  
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680  
 LIMIT: Final  
 CLASS SIZE: Minor  
 DISCHARGE POINT NUMBER: R-001  
 PLANT SIZE/TREATMENT TYPE: III/C  
 NO DISCHARGE FROM SITE: [ ]  
 MONITORING PERIOD

REPORT: 635 Monthly  
 GROUP: Domestic

FACILITY: Crownwood WWTF  
 LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
 Ocala, FL

COUNTY: Marion

From: June 1, 2005 **FILE COPY** To: June 30, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond	Sample Measurement	0.021		mgd				0	CALCULATION	CAL Roll. 12 Mo. Avg
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.040 (12MADF) <sup>1</sup>		mgd					Calculation	Calculated Roll. 12 Mo. Avg
Flow, total plant	Sample Measurement	0.021	0.021	mgd				0	5 DAY/week	ELAPSED Time Meter
PARM Code 50050 I Mon.Site No. FLW-01	Permit Measurement	0.040 (3MADF) <sup>2</sup>	Report (Mo.Avg.)	mgd					5 Days/Week	Elapsed Time Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				52%		Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-01	Permit Measurement				Report (Percent) <sup>3</sup>		Percent		Monthly	Calculated <sup>3</sup>
CBOD5	Sample Measurement				2.1		mg/L	0	CALCULATION	CALCULATED Roll. 12 Mo. Avg
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Measurement				20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll. 12 Mo. Avg
CBOD5	Sample Measurement				2.0	2.0	mg/L	0	Monthly	Grab
PARM Code 80082 I Mon.Site No. EFA-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS	Sample Measurement				3.0		mg/L	0	CALCULATION	CALCULATED Roll. 12 Mo. Avg
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Measurement				20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll. 12 Mo. Avg
TSS	Sample Measurement				4	4	mg/L	0	Monthly	Grab
PARM Code 00530 I Mon.Site No. EFA-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charles G. Schwades / lead operator	<i>Charles G. Schwades</i>	407-869 1919	05/06/30

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Crownwood WWT  
 COUNTY: Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: R001

Month/Year: JUNE 2005

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00406 Mon.Site No. EFA-01	Sample Measurement				7.5	7.8	S.U.	0	50 DAYS/WEEK	Grab
	Permit Measurement				6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Grab
Fecal Coliform Bacteria PARM Code 74055 Mon.Site No. EFA-01	Sample Measurement				1.16		#/100ML	0	CAL	CAL Roll 12 Mo. Avg.
	Permit Measurement				200 (12 Mo. Avg.)		#/100ML		Calculation	Calculated Roll. 12 Mo. Avg. <sup>1</sup>
Fecal Coliform Bacteria PARM Code 74055 Mon.Site No. EFA-01	Sample Measurement				< 1	2	#/100ML	0	MONTHLY	Grab
	Permit Measurement				Report (Mo. Geo. Mean)	800 (Max.)	#/100ML		Monthly	Grab
TRC for disinfection PARM Code 50060 Mon.Site No. EFA-01	Sample Measurement				1.2		mg/L		50 DAYS/WEEK	Grab
	Permit Measurement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrate (as N) PARM Code 00620 Mon.Site No. EFA-01	Sample Measurement					0.10 U	mg/L		MONTHLY	Grab
	Permit Measurement					12.0 (Max.)	mg/L		Monthly	Grab
CBOD5 PARM Code 80082 Mon.Site No. INF-01	Sample Measurement						mg/L		Annually <sup>4</sup>	Grab
	Permit Measurement				Report Annual Sample		mg/L		Annually <sup>4</sup>	Grab
TSS PARM Code 00530 Mon.Site No. INF-01	Sample Measurement						mg/L		Annually <sup>4</sup>	Grab
	Permit Measurement				Report Annual Sample		mg/L		Annually <sup>4</sup>	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

- 1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.
- 2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.
- 3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.
- 4 The annual sample shall be taken in the month of February.

DAILY SAMPLE RESULTS - PART B

Facility Name: Crownwood WWTF  
 County: Marion  
 Month/Year: JUNE 2005

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00406	74055	50060	00620	80082	00530
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.019	2.0	4	7.5	2	3.1	0.100		
2	0.021			7.5		2.5			
3	0.027			7.6		3.2			
4	0.013			7.6		3.5			
5	0.038			7.7		4.1			
6	0.019			7.6		2.5			
7	0.016			7.6		3.7			
8	0.023			7.5		3.1			
9	0.016			7.5		2.3			
10	0.023			7.5		4.5			
11	0.016			7.6		5.0			
12	0.029								
13	0.029			7.6		5.0			
14	0.021			7.5		2.1			
15	0.023			7.7		4.2			
16	0.023			7.6		3.9			
17	0.022			7.5		4.3			
18	0.024			7.7		5.0			
19	0.018								
20	0.019			7.6		4.7			
21	0.019			7.6		5.0			
22	0.025			7.5		4.1			
23	0.023			7.8		5.0			
24	0.013			7.5		1.7			
25	0.021			7.6		2.1			
26	0.020								
27	0.020			7.5		1.2			
28	0.016			7.6		2.2			
29	0.023			7.6		4.4			
30	0.020			7.6		2.5			
31									
Total	0.629								
Mo. Ave	0.021								

PLANT STAFFING:  
 Day Shift Operator

Class: C

Certificate No: 007747

Name: Charles G. Schwades

Evening Shift Operator

Class: A

Certificate No: 008122

Name: DANIEL ANDERSON

Night Shift Operator

Class: C

Certificate No: 007747

Name: Charles G. Schwades

Lead Operator

PA File # FLA012680-002-DW3P  
 Version 3/2004





**AQUA PURE WATER & SEWAGE SERVICE, INC.**

10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822  
FAX (352) 625-6638

Laboratory Analytical Report  
Florida DOH Laboratory Certification # E83265

Utilities Incorporated

200 Weathers Field Ave  
Altamonte Springs, Florida 32714

Submission Number: 055840

System Name: Crownwood  
Sampler Name: Chuck Schwades  
Date Sample Received: 06/01/05  
Time Sample Received: 10:30 AM

Sample Number	Sample Location	Date Collected	Time Collected	Parameter / (mdl) Units / Method	Result	DQ	Analysis		Tech
							Date	Time	
055840	Effluent	06/01/05	0915	CBOD(5 day) in (2.0) mg/L by SM5210B	2.0	U	06/01/05	3:25 PM	JJ
				TSS in (1) mg/L by SM2540D	4		06/01/05		WL
				Nitrate as N in (0.10) mg/L by EPA353.2	0.10	U	06/01/05	3:51 PM	WL
055841	Effluent	06/01/05	0815	Fecal Coliform in (1 colony) #/100mLs by SM9222D	2		06/01/05	12:30 PM	KL

U - The parameter was analyzed but not detected.

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).  
This document and the associated reported results meet NELAP standards or are qualified accordingly. DQ = Data Qualifier  
If you have questions regarding this report please contact Lisa Saupp at (352) 625-2822.

Respectfully Submitted by:

Lisa K. Saupp

Laboratory Director

Date: June 9, 2005

**COPY**

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

635

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Utilities, Inc. of Florida  
 MAILING ADDRESS: 200 Weathersfield Avenue  
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680  
 LIMIT: Final  
 CLASS SIZE: Minor  
 DISCHARGE POINT NUMBER: R-001  
 PLANT SIZE/TREATMENT TYPE: III/C  
 NO DISCHARGE FROM SITE: [ ]  
 MONITORING PERIOD: From: MAY 4, 2005

FILE COPY  
 REPORT: Monthly  
 GROUP: Domestic

FACILITY: Crownwood WWTF  
 LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
 Ocala, FL

To: MAY 31, 2005

COUNTY: Marion

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond PARM Code 50050 Y Mon.Site No. FLW-01	Sample Measurement	0.020		mgd				0	CALCULATION	CALCULATED Roll. 12 Mo. Avg.
	Permit Measurement	0.040 (12MADF) <sup>1</sup>		mgd					Calculation	Calculated Roll. 12 Mo. Avg.
Flow, total plant PARM Code 50050 1 Mon.Site No. FLW-01	Sample Measurement	0.022	0.020	mgd				0	5 DAYS/Week	ELAPSED Time Meter
	Permit Measurement	0.040 (3MADF) <sup>2</sup>	Report (Mo.Avg.)	mgd				0	5 Days/Week	Elapsed Time Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon.Site No. FLW-01	Sample Measurement				50		Percent	0	Monthly	CALCULATED
	Permit Measurement				Report (Percent) <sup>3</sup>		Percent		Monthly	Calculated <sup>3</sup>
CBOD5 PARM Code 80082 Y Mon.Site No. EFA-01	Sample Measurement				2.3		mg/L	0	CALCULATION	CALCULATED Roll. 12 Mo. Avg.
	Permit Measurement				20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll. 12 Mo. Avg.
CBOD5 PARM Code 80082 1 Mon.Site No. EFA-01	Sample Measurement				2.7	2.7	mg/L	0	Monthly	Grab
	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS PARM Code 00530 Y Mon.Site No. EFA-01	Sample Measurement				3.5		mg/L	0	CALCULATION	CALCULATED Roll. 12 Mo. Avg.
	Permit Measurement				20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll. 12 Mo. Avg.
TSS PARM Code 00530 1 Mon.Site No. EFA-01	Sample Measurement				6	6	mg/L	0	Monthly	Grab
	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charles G. Schwades / Lead Operator	<i>Charles G. Schwades</i>	407-869 1919	05/06/01

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Crownwood WWTF  
 COUNTY: Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: R001

Month/Year: MAY 2005

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00406 1 Mon.Site No. EFA-01	Sample Measurement				7.2	7.8	S.U.	0	5DAYS/week	Grab
	Permit Measurement				6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Grab
Fecal Coliform Bacteria PARM Code 74055 Y Mon.Site No. EFA-01	Sample Measurement				1.17		#/100mL	0	CALCULATION	CALCULATION
	Permit Measurement				200 (12 Mo.Avg.)		#/100mL		Calculation	Roll 12 Mo. Avg. <sup>1</sup>
Fecal Coliform Bacteria PARM Code 74055 1 Mon.Site No. EFA-01	Sample Measurement				<1	<1	#/100mL	0	MONTHLY	Grab
	Permit Measurement				Report (Mo.Geo.Mean)	800 (Max.)	#/100mL		Monthly	Grab
TRC for disinfection PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement				1.0		mg/L	0	5DAYS/week	Grab
	Permit Measurement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrate (as N) PARM Code 00620 1 Mon.Site No. EFA-01	Sample Measurement					0.10 U	mg/L	0	MONTHLY	Grab
	Permit Measurement					12.0 (Max.)	mg/L		Monthly	Grab
CBOD5 PARM Code 80082 G Mon.Site No. INF-01	Sample Measurement									
	Permit Measurement					Report Annual Sample	mg/L		Annually <sup>4</sup>	Grab
TSS PARM Code 00530 G Mon.Site No. INF-01	Sample Measurement									
	Permit Measurement					Report Annual Sample	mg/L		Annually <sup>4</sup>	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.  
 2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.  
 3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.  
 4 The annual sample shall be taken in the month of February.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Utilities, Inc. of Florida  
 MAILING ADDRESS: 200 Weathersfield Avenue  
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680  
 LIMIT: Final  
 CLASS SIZE: Minor  
 DISCHARGE POINT NUMBER: R-001  
 PLANT SIZE/TREATMENT TYPE: III/C  
 NO DISCHARGE FROM SITE: [ ]  
 MONITORING PERIOD: From: APRIL 1, 2005

REPORT: Monthly  
 GROUP: Domestic

635  
 To: APRIL 30, 2005

FACILITY: Crownwood WWTF  
 LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
 Ocala, FL

COUNTY: Marion

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond	Sample Measurement	0.021		mgd				0	CALCULATION	CALCULATED Roll. 12 Mo. Avg.
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.040 (12MADF) <sup>1</sup>		mgd					Calculation	Calculated Roll. 12 Mo. Avg.
Flow, total plant	Sample Measurement	0.023	0.023	mgd				0	5 DAYS/week	ELAPSED TIME Meter
PARM Code 50050 I Mon.Site No. FLW-01	Permit Measurement	0.040 (3MADF) <sup>2</sup>	Report (Mo.Avg.)	mgd					5 Days/Week	Elapsed Time Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				58		Percent	0	MONTHLY	CALCULATED
PARM Code 00180 I Mon.Site No. FLW-01	Permit Measurement				Report (Percent) <sup>3</sup>		Percent		Monthly	Calculated <sup>3</sup>
CBODS	Sample Measurement				2.02		mg/L	0	CALCULATION	CALCULATED Roll. 12 Mo. Avg.
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Measurement				20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll. 12 Mo. Avg.
CBODS	Sample Measurement				2.8	2.8	mg/L	0	MONTHLY	Grab
PARM Code 80082 I Mon.Site No. EFA-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS	Sample Measurement				2.33		mg/L	0	CALCULATION	CALCULATED Roll. 12 Mo. Avg.
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Measurement				20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll. 12 Mo. Avg.
TSS	Sample Measurement				4	4	mg/L	0	MONTHLY	Grab
PARM Code 00530 I Mon.Site No. EFA-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charles G Schwades / Lead Operator	Charles G Schwades	407 869-1919	05/05/06

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Crownwood WWTF  
 COUNTY: Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: R001

Month/Year: April 2005

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00406 I Mon.Site No. EFA-01	Sample Measurement				7.2	7.7	S.U.	0	5 DAYS/week	Grab
	Permit Measurement				6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Grab
Fecal Coliform Bacteria PARM Code 74055 Y Mon.Site No. EFA-01	Sample Measurement				1.16		#/100mL	0	CALCULATION	CALCULATION Roll. 12 Mo. Avg. <sup>1</sup>
	Permit Measurement				200 (12 Mo. Avg.)		#/100mL		Calculation	Calculated Roll. 12 Mo. Avg. <sup>1</sup>
Fecal Coliform Bacteria PARM Code 74055 I Mon.Site No. EFA-01	Sample Measurement				<1	<1	#/100mL	0	Monthly	Grab
	Permit Measurement				Report (Mo. Geo. Mean)	800 (Max.)	#/100mL		Monthly	Grab
TRC for disinfection PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement				1.2		mg/L	0	5 DAYS/week	Grab
	Permit Measurement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrate (as N) PARM Code 00620 I Mon.Site No. EFA-01	Sample Measurement					0.10 U	mg/L	0	Monthly	Grab
	Permit Measurement					12.0 (Max.)	mg/L		Monthly	Grab
CBOD5 PARM Code 80082 G Mon.Site No. INF-01	Sample Measurement									
	Permit Measurement					Report Annual Sample	mg/L		Annually <sup>4</sup>	Grab
TSS PARM Code 00530 G Mon.Site No. INF-01	Sample Measurement									
	Permit Measurement					Report Annual Sample	mg/L		Annually <sup>4</sup>	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.  
 2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.  
 3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.  
 4 The annual sample shall be taken in the month of February.

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Utilities, Inc. of Florida  
 MAILING ADDRESS: 200 Weathersfield Avenue  
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680  
 LIMIT: Final  
 CLASS SIZE: Minor  
 DISCHARGE POINT NUMBER: R-001  
 PLANT SIZE/TREATMENT TYPE: III/C  
 NO DISCHARGE FROM SITE: [ ]  
 MONITORING PERIOD: From: March 1, 2005

**FILE COPY**  
 REPORT: Monthly  
 GROUP: Domestic

*635*

To: MARCH 31, 2005

FACILITY: Crownwood WWTF  
 LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
 Ocala, FL

COUNTY: Marion

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond PARM Code 50050 Y Mon.Site No. FLW-01	Sample Measurement	0.011		mgd				0	CALCULATION	CALCULATED
	Permit Measurement	0.040 (12MADF) <sup>1</sup>		mgd					Calculation	Calculated Roll. 12 Mo. Avg
Flow, total plant PARM Code 50050 I Mon.Site No. FLW-01	Sample Measurement	0.022	0.024	mgd				0	5 Days/Week	Elapsed Time Meter
	Permit Measurement	0.040 (3MADF) <sup>2</sup>	Report (Mo.Avg.)	mgd					5 Days/Week	Elapsed Time Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. FLW-01	Sample Measurement				60		%	0	MONTHLY	CALCULATED
	Permit Measurement				Report (Percent) <sup>3</sup>		Percent		Monthly	Calculated <sup>3</sup>
CBOD5 PARM Code 80082 Y Mon.Site No. EFA-01	Sample Measurement				2.2		mg/L	0	CALCULATION	CALCULATED Roll. 12 Mo. Avg
	Permit Measurement				20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll. 12 Mo. Avg
CBOD5 PARM Code 80082 I Mon.Site No. EFA-01	Sample Measurement				3.1	3.1	mg/L	0	MONTHLY	Grab
	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS PARM Code 00530 Y Mon.Site No. EFA-01	Sample Measurement				3.0		mg/L	0	CALCULATION	CALCULATED Roll. 12 Mo. Avg
	Permit Measurement				20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll. 12 Mo. Avg
TSS PARM Code 00530 I Mon.Site No. EFA-01	Sample Measurement				6	6	mg/L	0	MONTHLY	Grab
	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
<i>Charles G. Schwade / Lead Operator</i>	<i>Charles G. Schwade</i>	407 869-1919	05/04/05

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Crownwood WWTF  
 COUNTY: Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: R001

Month/Year: MARCH 2005

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00406 I Mon.Site No. EFA-01	Sample Measurement				7.2	8.0	S.U.	0	5 Days/Week	Grab
	Permit Measurement				6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Grab
Fecal Coliform Bacteria PARM Code 74055 Y Mon.Site No. EFA-01	Sample Measurement				1.16		#/100mL	0	CALCULATION	Calculated
	Permit Measurement				200 (12 Mo.Avg.)		#/100mL		Calculation	Roll. 12 Mo. Avg. <sup>1</sup> Calculated
Fecal Coliform Bacteria PARM Code 74055 I Mon.Site No. EFA-01	Sample Measurement				<1	<1	#/100mL	0	Monthly	Grab
	Permit Measurement				Report (Mo.Geo.Mean)	800 (Max.)	#/100mL		Monthly	Grab
TRC for disinfection PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement				0.6		mg/L	0	5 Days/Week	Grab
	Permit Measurement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrate (as N) PARM Code 00620 I Mon.Site No. EFA-01	Sample Measurement					0.10 U	mg/L	0	Monthly	Grab
	Permit Measurement					12.0 (Max.)	mg/L		Monthly	Grab
CBOD5 PARM Code 80082 G Mon.Site No. INF-01	Sample Measurement						mg/L		Annually <sup>4</sup>	Grab
	Permit Measurement					Report Annual Sample				
TSS PARM Code 00530 G Mon.Site No. INF-01	Sample Measurement						mg/L		Annually <sup>4</sup>	Grab
	Permit Measurement					Report Annual Sample				
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

- 1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.
- 2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.
- 3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.
- 4 The annual sample shall be taken in the month of February.

DAILY SAMPLE RESULTS - PART B

Facility Name: Crownwood WWTF  
 County: Marion  
 Month/Year: MAR 2005

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00406	74055	50060	00620	80082	00530
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.018			7.6		5.0			
2	0.023			7.5		3.7			
3	0.020			7.4		3.4			
4	0.020			7.9		0.8			
5	0.025			7.7		4.0			
6	0.023								
7	0.024			7.3		3.7			
8	0.026			7.3		3.1			
9	0.020			7.2		2.3			
10	0.028			7.4		1.5			
11	0.016			8.0		3.5			
12	0.025			8.0		3.0			
13	0.029								
14	0.030	3.1	6	7.4	1 U	3.6	0.10 U		
15	0.025			7.4		3.1			
16	0.024			7.4		1.4			
17	0.020			7.3		0.8			
18	0.017			7.2		0.6			
19	0.031			7.3		3.8			
20	0.024								
21	0.025			7.9		1.1			
22	0.017			7.8		1.0			
23	0.022			7.7		2.8			
24	0.020			7.4		3.5			
25	0.018			7.3		0.9			
26	0.037			7.2		0.7			
27	0.028								
28	0.028			7.3		3.8			
29	0.026			7.7		4.3			
30	0.028			7.3		5.0			
31	0.020			7.3		5.0			
Total	0.737								
Mo. Ave	0.024								

737

PLANT STAFFING:  
 Day Shift Operator      Class: C      Certificate No: 007747      Name: Charles G. Schwades  
 Evening Shift Operator      Class: A      Certificate No: 008122      Name: DANIELS ANDERSON  
 Night Shift Operator      Class: C      Certificate No: 007279      Name: WILLIAM H. COATS  
 Lead Operator      Class: C      Certificate No: 007747      Name: Charles G. Schwades  
 PA File # FLA012680-002-DW3P  
 Version 3/2004





# AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822  
FAX (352) 625-6638

## Laboratory Analytical Report Florida DOH Laboratory Certification # E83265

Utilities Incorporated

8021 NW 49th Street Road  
Ocala, Florida 34482

Submission Number: **052735**

System Name: **Crownwood WWTP**

Sampler Name: **Chuck Schwades**

Date Sample Received: **03/14/05**

Time Sample Received: **11:55 AM**

Sample Number	Sample Location	Date Collected	Time Collected	Parameter / (mdl) Units / Method	Result	DQ	Analysis		Tech
							Date	Time	
052735	Effluent	03/14/05	1100	CBOD(5 day) in (2.0) mg/L by SM5210B	3.1		03/14/05	3:40 PM	JJ
				TSS in (1) mg/L by SM2540D	6		03/18/05		JJ
				Nitrate as N in (0.10) mg/L by EPA353.2	0.10	U	03/14/05	3:42 PM	WL
052736	Effluent	03/14/05	1100	Fecal Coliform in (1 colony) #/100mLs by SM9222D	1	U	03/14/05	3:15 PM	RP

U - The parameter was analyzed but not detected.

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).

This document and the associated reported results meet NELAC standards or are qualified accordingly. DQ = Data Qualifier

If you have questions regarding this report please call Lisa Saupp at (352) 625-2822.

Respectfully Submitted by:

Lisa K. Saupp

Laboratory Director

Date: March 28, 2005

OPERATOR D. M.

Date	TIME IN	TIME OUT
1	0800	0900
2	0800	0900
3	0800	0900
4	0800	0900
5	0800	0900
6	0800	0900
7	0800	0900
8	0800	0900
9	0800	0900
10	0800	0900
11	0800	0900
12	0800	0900
13	0800	0900
14	0800	0900
15	0800	0900
16	0800	0900
17	0800	0900
18	0800	0900
19	0800	0900
20	0800	0900
21	0800	0900
22	0800	0900
23	0800	0900
24	0800	0900
25	0800	0900
26	0800	0900
27	0800	0900
28	0800	0900
29	0800	0900
30	0800	0900
31	0800	0900

*CORRECTED COPY.*  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Utilities, Inc. of Florida  
 MAILING ADDRESS: 200 Weathersfield Avenue  
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680  
 LIMIT: Final  
 CLASS SIZE: Minor  
 DISCHARGE POINT NUMBER: R-001  
 PLANT SIZE/TREATMENT TYPE: III/C  
 NO DISCHARGE FROM SITE: [ ]  
 MONITORING PERIOD: From: February 1, 2005

**FILE COPY**  
 REPORT: Monthly  
 GROUP: Domestic

FACILITY: Crownwood WWTF  
 LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
 Ocala, FL

COUNTY: Marion

To: Feb. 29, 2005

*635*

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond	Sample Measurement	0.041		mgd				0	CALCULATION	CALCULATED
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.040 (12MADF) <sup>1</sup>		mgd					Calculation	Calculated Roll. 12 Mo. Avg.
Flow, total plant	Sample Measurement	0.020	<del>0.022</del> <del>0.021</del>	MGD				0	5 Days/Week	ELAPSED TIME meter
PARM Code 50050 I Mon.Site No. FLW-01	Permit Measurement	0.040 (3MADF) <sup>2</sup>	Report (Mo.Avg.)	mgd					5 Days/Week	Elapsed Time Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. FLW-01	Sample Measurement				53		%	0	MONTHLY	CALCULATED
	Permit Measurement				Report (Percent) <sup>3</sup>		Percent		Monthly	Calculated <sup>3</sup>
CBOD5	Sample Measurement				2.2		mg/L	0	CALCULATION	CALCULATED
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Measurement				20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll. 12 Mo. Avg.
CBOD5	Sample Measurement				2.1		mg/L	0	MONTHLY	Grab
PARM Code 80082 I Mon.Site No. EFA-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS	Sample Measurement				2.75		mg/L	0	CALCULATION	CALCULATED
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Measurement				20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll. 12 Mo. Avg.
TSS	Sample Measurement				8		mg/L	0	MONTHLY	Grab
PARM Code 00530 I Mon.Site No. EFA-01	Permit Measurement				30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
<i>Charles G. Schwades / lead operator</i>	<i>Charles G. Schwades</i>	407-969-1919	05/03/01

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Crownwood WWTF  
 COUNTY: Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: R001

Month/Year: *February*  
~~February~~ *2005*

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00406 I Mon.Site No. EFA-01	Sample Measurement				7.3	7.6	S.U.	0	5 DAYS/week	Grab
	Permit Measurement				6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Grab
Fecal Coliform Bacteria PARM Code 74055 Y Mon.Site No. EFA-01	Sample Measurement				1.17		#/100ml	0	CALCULATION	CALCULATED ROLL. 12 MO. AVG.
	Permit Measurement				200 (12 Mo.Avg.)		#/100mL		Calculation	Calculated Roll. 12 Mo. Avg. <sup>1</sup>
Fecal Coliform Bacteria PARM Code 74055 I Mon.Site No. EFA-01	Sample Measurement					800	#/100mL	0	MONTHLY	Grab
	Permit Measurement				Report (Mo.Geo.Mean)	(Max.)	#/100mL		Monthly	Grab
TRC for disinfection PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement				1.1		mg/L	0	5 DAYS/week	Grab
	Permit Measurement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrate (as N) PARM Code 00620 I Mon.Site No. EFA-01	Sample Measurement					0.10 U	mg/L	0	MONTHLY	Grab
	Permit Measurement					12.0 (Max.)	mg/L		Monthly	Grab
CBOD5 PARM Code 80082 G Mon.Site No. INF-01	Sample Measurement				REPORT ANNUAL SAMPLE	200	mg/L	0	ANNUALLY	Grab
	Permit Measurement				Report Annual Sample		mg/L		Annually <sup>1</sup>	Grab
TSS PARM Code 00530 G Mon.Site No. INF-01	Sample Measurement				REPORT ANNUAL SAMPLE	160	mg/L	0	ANNUALLY	Grab
	Permit Measurement				Report Annual Sample		mg/L		Annually <sup>1</sup>	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

- Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.
- Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.
- The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.
- The annual sample shall be taken in the month of February.

DAILY SAMPLE RESULTS - PART B

Facility Name: Crownwood WWTF  
 County: Marion  
 Month/Year: Feb 2005

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00406	74055	50060	00620	80082	00530
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.020			7.4		5.0			
2	0.018			7.5		5.0			
3	0.030			7.4		4.2			
4	0.019			7.4		5.0			
5	0.023			7.3		4.5			
6	0.017								
7	0.017			7.6		4.1			
8	0.021			7.4		1.2			
9	0.018	2.1	8	7.5	<10	4.0	0.10 U	200	160
10	0.023			7.3		3.6			
11	0.014			7.6		5.0			
12	0.023			7.4		4.3			
13	0.026								
14	0.026			7.5		5.0			
15	0.016			7.4		3.6			
16	0.020			7.4		3.9			
17	0.022			7.6		1.7			
18	0.023			7.6		4.5			
19	0.024			7.5		5.0			
20	0.022								
21	0.022			7.3		1.8			
22	0.028			7.4		1.5			
23	0.016			7.5		5.0			
24	0.030			7.4		3.1			
25	0.020			7.3		5.0			
26	0.027			7.4		1.1			
27	0.022								
28	0.019			7.3		1.5			
29									
30									
31									
Total	0.5990	606							
Mo. Ave	0.021	0.022							

606

PLANT STAFFING:

Day Shift Operator      Class: C      Certificate No: 7747      Name: Charles G. Schwades  
 Evening Shift Operator      Class: A      Certificate No: 8122      Name: Daniel S. Anderson  
 Night Shift Operator      Class: C      Certificate No: 7279      Name: William H. Coats  
 Lead Operator      Class: C      Certificate No: 7747      Name: Charles G. Schwades



## AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822  
FAX (352) 625-6638

**Laboratory Analytical Report**  
Florida DOH Laboratory Certification # E83265

Utilities Incorporated

8021 NW 49th Street Road  
Ocala, Florida 34482

Submission Number: **051653**

System Name: **Crownwood**  
Sampler Name: **Chuck Schwades**  
Date Sample Received: **02/09/05**  
Time Sample Received: **2:10 PM**

Sample Number	Sample Location	Date Collected	Time Collected	Parameter / (mdl) Units / Method	Result	Analysis Date	Analysis Time	Tech
051653	Influent	02/09/05	1330	CBOD(5 day) in (2.0) mg/L by SM5210B	200	02/10/05	10:45 AM	JJ
				TSS in (1) mg/L by SM2540D	160	02/11/05	JJ	
051654	Effluent	02/09/05	1325	CBOD(5 day) in (2.0) mg/L by SM5210B	2.1	02/10/05	10:45 AM	JJ
				TSS in (1) mg/L by SM2540D	8	02/11/05	JJ	
				Nitrate as N in (0.10) mg/L by EPA353.2	0.10 U	02/10/05	2:07 PM	WL
051655	Effluent	02/09/05	1325	Fecal Coliform in (1 colony) #/100mLs by SM9222D	1 U	02/09/05	4:25 PM	RP

U - The parameter was analyzed but not detected.

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).

This document and the associated reported results meet NELAC standards or are qualified accordingly.

If you have questions regarding this report please call Lisa Saupp at (352) 625-2822.

Respectfully Submitted by:

Lisa K. Saupp

Laboratory Director

Date: February 18, 2005

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Utilities, Inc. of Florida (Golden Hills Quadravillas WWTP)  
 MAILING ADDRESS: 200 Weathersfield Ave.  
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680-001-DW3P  
 LIMIT: Final  
 CLASS SIZE: NA  
 DISCHARGE POINT NUMBER: R001  
 PLANT SIZE/TREATMENT TYPE: C  
 NO DISCHARGE FROM SITE: [ ]

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Crownwood WWTP  
 LOCATION: 4497 NW 73rd Terrace  
 Near Ocala, Sumter County

COUNTY: Marion

MONITORING PERIOD From: JAN. 1, 2005  
 3 month Rolling 10F 0.020


To: JAN. 31, 2005

DMR Date: 4/99

50% OF Permitted CAPACITY

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5 STORET No. 80082 Y Mon Site No. EPA-01-13427	Sample Measurement			3.25		mg/L	0	CALCULATION	Rolling Annual Avg.
	Permit Measurement			20.0 (An. Avg.)		mg/L		Calculation	Rolling Annual Avg.
CBOD5 STORET No. 80082 I Mon Site No. EPA-01-13427	Sample Measurement			2.2	2.2	mg/L	0	Monthly	Grab
	Permit Measurement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS STORET No. 00530 Y Mon Site No. EPA-01-13427	Sample Measurement			4.25		mg/L	0	CALCULATION	Rolling Annual Avg.
	Permit Measurement			20.0 (An. Avg.)		mg/L		Calculation	Rolling Annual Avg.
TSS STORET No. 00530 I Mon Site No. EPA-01-13427	Sample Measurement			4	4	mg/L	0	Monthly	Grab
	Permit Measurement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
pH STORET No. 00406 I Mon Site No. EPA-01-13427	Sample Measurement			7.2	7.9	S.U.	0	5 Days/Week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Grab
Fecal Coliform Bacteria STORET No. 74055 Y Mon Site No. EPA-01-13427	Sample Measurement			1.23		#/100ML	0	CALCULATION	Rolling Annual Avg.
	Permit Measurement			200 (An. Avg.)		#/100ml		Calculation	Rolling Annual Avg.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charles G. Schwades Lead OPERATOR		407-869-1919	05/01/31

\*Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY NAME: Crownwood WWTP  
 Month/Year: JANUARY 2005

PERMIT NUMBER: FLA012680-001-DW3P

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 34209

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				1	1	#/100ml	0	Monthly	Grab
STORET No. 74055 I Mon. Site No. EFA-01-13427	Permit Measurement				Report (Min. Gen. Mean)	800 (Max.)	#/100ml		Monthly	Grab
TRC for disinfection	Sample Measurement				1.0		mg/L	0	5 DAYS/week	Grab
STORET No. 50060 A Mon. Site No. EFA-01-13427	Permit Measurement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrate (as N)	Sample Measurement					0.25	mg/L	0	Monthly	Grab
STORET No. 00620 I Mon. Site No. EPA-01-13427	Permit Measurement					12.0 (Max.)	mg/l		Monthly	Grab
Flow	Sample Measurement	0.020	0.020	mgd				0	5 DAYS/week	ELAPSED TIME Meter
STORET No. 50050 G Mon. Site No. INF-01-34208	Permit Measurement	0.040 3 Month Rolling Avg.	Report (Mo. Avg.)	mgd					5 Days/Week	Elapsed Time Meter
CBOD5	Sample Measurement									
STORET No. 80082 G Mon. Site No. INF-01-34208	Permit Measurement				** Report Annual Sample		mg/L		Annually	Grab
TSS	Sample Measurement									
STORET No. 00530 G Mon. Site No. INF-01-34208	Permit Measurement				** Report Annual Sample		mg/L		Annually	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

\* Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.

\*\* The annual sample shall be submitted annually on the anniversary date of this permit.



Golden Hills

Docket No. 060253-WS

25.30-440(5)  
Inspection Reports

Test Year Ended December 31, 2005

**UTILITIES, INC. OF FLORIDA**

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE  
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:  
2335 Sanders Road  
Northbrook, Illinois 60062  
Telephone: 847-498-6440

Telephone: 407-869-1919  
Florida: 800-272-1919  
Fax: 407-869-6961  
florida@utilitiesinc-usa.com

July 29, 2005

Ms. Cari Butler, Environmental Specialist  
Florida Department of Environmental Protection  
Southwest District Office  
3804 Coconut Palm Drive  
Tampa, FL 33619

RE: Compliance Inspection  
Golden Hills Golf & Turf  
PWS ID No. 642-4076  
Marion County

Dear Ms. Butler:

This office is in receipt of your correspondence dated July 19, 2005 regarding the above referenced facility.

At the time of inspection the concrete apron that surrounds well #1 was found to be cracked. This correspondence serves to inform you that this item has been corrected as of the date of this letter.

Should you have any concerns or questions, I can be reached directly at 407.869.8588, extension 226.

Sincerely,

UTILITIES, INC. OF FLORIDA



Bryan K. Gongre  
Assistant Operations Manager



# Department of Environmental Protection

Jeb Bush  
Governor

Southwest District  
3804 Coconut Palm Drive  
Tampa, Florida 33619

ORIGINAL BG  
CCPF.BC  
(W)

Colleen M. Castille  
Secretary

July 19, 2005

7/29/05 See attached response  
*[Signature]*

Mr. Patrick Flynn  
Utilities, Inc. of Florida  
200 Weathersfield Avenue  
Altamonte Springs, FL 32714

Re: Compliance Inspection  
Golden Hills Golf and Turf  
PWS-ID No. 642-4076  
Marion County

Dear Mr. Flynn:

The attached compliance inspection was conducted on the referenced public water system. You are requested to correct all listed deficiencies and to notify this office within 30 days, in writing, of your action.

If you have any questions, please contact me at (813) 744-6100, extension 461.

Sincerely,

Cari Butler  
Environmental Specialist  
Drinking Water Section

CB

Attachment

# COMPLIANCE INSPECTION

**OWNER/ADDRESS**

Mr. Patrick Flynn  
Utilities, Inc. of Florida  
200 Weathersfield Avenue  
Altamonte Springs, FL 32714

**SYSTEM NAME**

Golden Hills Golf and Turf  
**COUNTY** Marion  
**SYSTEM TYPE** C

ID# 642-4076

**DATE OF INSPECTION:** 7/12/05

**SUPERVISOR:** Gerald Foster

**INSPECTOR:** Cari Butler

**Check List:**

- Well Protection - Housing  Security Fencing
- Well Abandonment
- \* Sanitary Seal  Disinfection Port  Conduit Piping
- \* 6' x 6' x 4" Concrete Apron - Cracked  Missing  Inadequate size
- Raw Water Tap - Missing  Threaded  Wrong location
- \* Check Valve - Inoperable  Missing  Wrong location
- Time Clock / Flow Meter - Missing  Broken  Make Badger
- \* Sanitary Hazard \_\_\_\_\_
- Water Pressure Gauge - Missing  Broken/Cracked
- Water Pressure Adequate On/Off \_\_\_\_\_ P.S.I.
- \* Disinfection Free Cl<sub>2</sub> - Residual Plant \_\_\_\_\_ mg/l Remote 1.55 mg/l  
A minimum of 0.2 mg/l chlorine residual must be maintained at all times throughout the distribution system Chlorinator make Stenner \_\_\_\_\_ gpd
- \* Gas Chlorination: Need Separate Room  Cross-Ventilation   
Scales; Safety Equipment; Dual Gas; Cylinders Chained; Breathing Apparatus;  
Ammonia; Wrenches Auto Switch Over; Lack of Chlorination Capability Alarm
- \* Alarm Requirements Of New/Modified Systems After 1/1/93 \_\_\_\_\_
- \* Cross-Connection - Location: \_\_\_\_\_
- \* Auxiliary Power/Second Well (For 350 persons/150 connections) \_\_\_\_\_ Generator  
Needs Auto Start  Operated Monthly - Yes  No
- \* Certified Operator Name: Chuck Schwades Number C-7368
- Maintenance Logs \_\_\_\_\_
- NSF or UL Approved Chlorine Yes  No
- OTHER TREATMENT - Softeners  Filters  Aerators  Other \_\_\_\_\_
- Miscellaneous \_\_\_\_\_
- NO DEFICIENCIES THIS DATE

\***(X) REQUIRES REINSPECTION**

**COMMENTS**

**Well pad for well #1 has small cracks that need to be sealed.**

**Enclosed are 12 warning point stickers that were requested by the operator.**

Golden Hills

Docket No. 060253-WS

25.30-440(6)  
Permits

Test Year Ended December 31, 2005



# Department of Environmental Protection

Jeb Bush  
Governor

Southwest District  
3804 Coconut Palm Drive  
Tampa, Florida 33619

David B. Struhs  
Secretary

In the Matter of an  
Application for Permit by:

March 23, 2004

Utilities, Inc. of Florida  
Mr. Patrick Flynn  
Regional Director  
200 Weathersfield Avenue  
Altamonte Springs, FL 32714

PA File No. FLA012680-002-DW3P  
Marion County  
Crownwood WWTF

## NOTICE OF PERMIT ISSUANCE

Enclosed is Permit Number FLA012680 to operate a domestic wastewater treatment facility issued pursuant to Chapter 403, F.S., Chapters 62-4, 62-600, 62-601, 62-602, 62-610, 62-620, 62-640, and 62-699, F.A.C.

The Department's proposed agency action shall become final unless a timely petition for an administrative hearing is filed under Sections 120.569 and 120.57, Florida Statutes, within fourteen days of receipt of notice. The procedures for petitioning for a hearing are set forth below.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative proceeding (hearing) under Sections 120.569 and 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received by the clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Under Rule 62-110.106(4), Florida Administrative Code, a person may request enlargement of the time for filing a petition for an administrative hearing. The request must be filed (received by the clerk) in the Office of General Counsel before the end of the time period for filing a petition for an administrative hearing.

Petitions by the applicant or any of the persons listed below must be filed within fourteen days of receipt of this written notice. Petitions filed by any persons other than those entitled to written notice under Section 120.60(3), Florida Statutes, must be filed within fourteen days of publication of the notice or within fourteen days of receipt of the written notice, whichever occurs first. Under Section 120.60(3), Florida Statutes, however, any person who has asked the Department for notice of agency action may file a petition within fourteen days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition within fourteen days of receipt of notice shall

Utilities, Inc. of Florida  
Crownwood WWTF  
PA File No. FLA012680-002-DW3P/NR

constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57, Florida Statutes. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205, Florida Administrative Code.

A petition that disputes the material facts on which the Department's action is based must contain the following information:

- (a) The name, address, and telephone number of each petitioner; the name, address, and telephone number of the petitioner's representative, if any; the Department permit identification number and the county in which the subject matter or activity is located;
- (b) A statement of how and when each petitioner received notice of the Department action;
- (c) A statement of how each petitioner's substantial interests are affected by the Department action;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A statement of facts that the petitioner contends warrant reversal or modification of the Department action;
- (f) A concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle the petitioner to relief; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wants the Department to take.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that 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 such final decision of the Department have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

Mediation under Section 120.573, Florida Statutes, is not available for this proceeding.

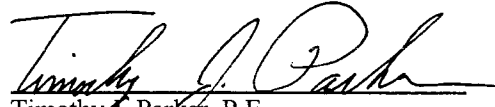
This permit action is final and effective on the date filed with the clerk of the Department unless a petition is filed in accordance with the above. Upon the timely filing of a petition this permit will not be effective until further order of the Department.

Any party to the permit has the right to seek judicial review of the permit action under Section 120.68, Florida Statutes, by the filing of a notice of appeal under Rules 9.110 and 9.190, Florida Rules of Appellate Procedure, with the clerk of the Department in the Office of General Counsel, Mail Station 35, 3900 Commonwealth Boulevard, Tallahassee, Florida, 32399-3000; and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when this permit action is filed with the clerk of the Department.

Utilities, Inc. of Florida  
Crownwood WWTF  
PA File No. FLA012680-002-DW3P/NR

Executed in Tampa, FL

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL PROTECTION



Timothy J. Parker, P.E.  
Water Facilities Administrator  
Southwest District  
3804 Coconut Palm Drive  
Tampa, FL 33619-1352

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before the close of business on 3/23/04 to the listed persons.

FILING AND ACKNOWLEDGMENT

FILED, on this date, pursuant to s. 120.52, Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Aminda Bueler March 23, 2004  
(Clerk) (Date)

Copies Furnished To:

George J. McDonald, P.E., McDonald Group International, Inc.  
Daniel S. Anderson, Utilities, Inc. of Florida, Operator  
FDEP - Pete Burghardt, Environmental Specialist





# Department of Environmental Protection

Jeb Bush  
Governor

Southwest District  
3804 Coconut Palm Drive  
Tampa, Florida 33619

David B. Struhs  
Secretary

## STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

**PERMITTEE:**

Utilities, Inc. of Florida

**PERMIT NUMBER:** FLA012680  
**PA FILE NUMBER:** FLA012680-002-DW3P  
**ISSUANCE DATE:** March 23, 2004  
**EXPIRATION DATE:** March 22, 2009

**RESPONSIBLE AUTHORITY:**

Mr. Patrick Flynn  
Regional Director  
200 Weathersfield Avenue  
Altamonte Springs, FL 32714  
(407) 869-1919

**FACILITY:**

Crownwood WWTF  
4497 NW 73<sup>rd</sup> Terrace  
Ocala, FL  
Marion County

Latitude: 29° 14' 02" N Longitude: 82° 14' 26" W

This permit is issued under the provisions of Chapter 403, Florida Statutes, and applicable rules of the Florida Administrative Code. 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:**

Operation of an existing 0.040 mgd three month average daily flow (3MADF), Type III, extended aeration domestic wastewater treatment plant consisting of: four (4) aeration basins of 37,200 gallons, one (1) clarifier of 6,500 gallons volume and 86 ft<sup>2</sup> surface area, one (1) chlorine contact chamber of 1,400 gallons volume and one (1) digester of 3,500 gallons volume. This plant is operated to provide secondary treatment with basic disinfection.

**REUSE:**

Land Application: An existing 0.040 mgd twelve month average daily flow (12MADF) permitted capacity rapid infiltration basin system (R001). R001 consists of a two (2) cell percolation/evaporation pond system of 23,350 square feet total bottom area. Land application system R001 is located approximately at latitude 29° 14' 02" N, longitude 82° 14' 26" W.

**IN ACCORDANCE WITH:** The limitations, monitoring requirements and other conditions set forth in Pages 1 through 15 of this permit and the accompanying Discharge Monitoring Report (DMR).

*"Where It's Better To Have Less Progress"*

*Printed on recycled paper.*

FACILITY: Crownwood WWTF  
 PERMITTEE: Utilities, Inc. of Florida

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 COUNTY: Marion

**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 R001. Such reclaimed water shall be limited and monitored by the permittee as specified below:

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow	mgd	Maximum	0.040 12MADF <sup>1</sup>	-	-	-	5 Days/Week	Calculated Rolling 12 Mo. Avg. <sup>1</sup>	FLW-01	See Cond.I.A. 3 & 4
BOD, Carbonaceous 5 day, 20C	mg/l	Maximum	20.0	30.0	-	60.0	Monthly	Grab	EFA-01	
Solids, Total Suspended	mg/l	Maximum	20.0	30.0	-	60.0	Monthly	Grab	EFA-01	
pH	s.u.	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-01	
Coliform, Fecal	#/100ml	Maximum	See Permit Condition I.A.5.				Monthly	Grab	EFA-01	
Total Residual Chlorine (For Disinfection)	mg/l	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-01	See Cond.I.A.6
Nitrogen, Nitrate, Total (as N)	mg/l	Maximum	-	-	-	12.0	Monthly	Grab	EFA-01	

<sup>1</sup>Rolling 12 Month Average is the average of the current monthly average and the preceding 11 months' monthly average

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

Monitoring Location	Description of Monitoring Location
EFA-01	After disinfection and prior to discharge to the two (2) cell percolation/evaporation pond system.
FLW-01	Elapsed time meters at the master lift station.

3. The twelve-month average daily flow to reuse system R001 [measured at the master lift station] shall not exceed 0.040 mgd calculated as a rolling average. [62-600.400(3)(b)]
4. A designated elapsed time meter for each pump and a known pumping rate for each pump shall be utilized to measure flow. The meters and the rate for each pump shall be calibrated at least annually. [62-601.200(17)]
5. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 mL of reclaimed water sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of reclaimed water, each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. No more than 10 percent of the samples collected (the 90th percentile value) during a period of 30 consecutive days shall exceed 400 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. Note: To report the 90th percentile value, list the fecal coliform values obtained during the month in ascending order. Report the value of the sample that corresponds to the 90th percentile (multiply the number of samples by 0.9). For example, for 30 samples, report the corresponding fecal coliform number for the 27th value of ascending order. [62-610.510 and 62-600.440(4)(c)]
6. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. [62-610.510 and 62-600.440(4)(b)]

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**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:

Parameter	Units	Max/Min	Limitations				Monitoring Requirements				Notes
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number		
Flow	mgd	Maximum	-	0.040 3MADE <sup>1</sup>	-	-	5 Days/Week	Elapsed time meters on pumps	FLW-01	See Cond.I.B.3, 5	
Percent Capacity, (TMADE/Permitted Capacity) x 100	Percent	Maximum	-	Report (Mo.Total)	-	-	Monthly	Calculated	FLW-01		
BOD, Carbonaceous 5 day, 20C	mg/l	Maximum	-	Report	-	-	Annually <sup>2</sup>	Grab	INF-01	See Cond.I.B.4, 7	
Solids, Total Suspended	mg/l	Maximum	-	Report	-	-	Annually <sup>2</sup>	Grab	INF-01	See Cond.I.B.4, 7	

<sup>1</sup>Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.

<sup>2</sup>The annual sample shall be taken in the month of February.

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

Monitoring Location	Description of Monitoring Location
INF-01	At headworks, prior to treatment and ahead of return activated sludge line.
FLW-01	Elapsed time meters at the master lift station.

3. The three-month average daily flow to the treatment plant shall not exceed 0.040 mgd.
4. 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)]
5. A designated elapsed time meter for each pump and a known pumping rate for each pump shall be utilized to measure flow. The meters and the rate for each pump shall be calibrated at least annually. [62-601.200(17)]
6. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method in accordance with 40 CFR Part 136. Parameters which must be monitored as a result of a ground water discharge (i.e., underground injection or land application system) shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18)]
7. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]
8. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

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

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department at the address specified in Permit Condition I.B. 9. postmarked by the twenty-eighth (28th) of the month following the month of operation.

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

9. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department on a monthly basis Discharge Monitoring Report(s) (DMR), Form 62-620.910(10), as attached to this permit. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department by the twenty-eighth (28th) of the month following the month of operation at the address specified below: [62-620.610(18)][62-601.300(1), (2), and (3)]

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Florida Department of Environmental Protection  
Wastewater Facilities Regulation Section, Mail Station 3551  
Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

10. Unless specified otherwise in this permit, all reports and notifications required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's Southwest District Office at the address specified below:

Florida Department of Environmental Protection  
Southwest District Office  
3804 Coconut Palm Drive  
Tampa, Florida 33619-1352

Phone Number - (813) 744-6100  
FAX Number - (813) 744-8198 Water Facilities,  
All FAX copies shall be followed by original copies.  
Email to: [employeefirstname.lastname@dep.state.fl.us](mailto:employeefirstname.lastname@dep.state.fl.us)

## II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this Facility is transport to Central Process RMF (FLA010776) for further treatment or disposal in a Class I or II solid waste landfill. Transportation of the residuals to an alternative RMF does not require a permit modification, however, use of an alternative RMF requires a copy of the agreement pursuant to Chapter 62-640.880(1)(c) along with a written notification to the Department at least 30 days before transport of the residuals.
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. Disposal of screenings and grit from preliminary treatment components of wastewater treatment facilities, solids from sewer line cleaning operations, and solids from lift stations and pump stations shall be in accordance with Chapter 62-701, F.A.C. and may not be processed at a permitted residuals management facility. [62-640.100(6)(k)8 and 62-701.300(1)(a)]
7. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

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

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)]

8. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department if the storage lasts longer than 30 days. [62-640.300(4)]

### III. GROUND WATER REQUIREMENTS

Section III is not applicable to this facility.

### IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

#### Part IV Rapid Infiltration Basins (R001)

1. All ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. The zone of discharge for this project shall extend horizontally 100 feet from the application site or to the facility's property line, whichever is less, and vertically to the base of the surficial aquifer. [62-520.200(23)] [62-522.400 and 62-522.410]
2. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518]
3. The annual average hydraulic loading rate to the rapid infiltration basins shall be limited to a maximum of 2.75 inches per day (as applied to the entire bottom area). [62-610.523(3)]
4. Rapid infiltration basins normally shall be loaded for 7 days and shall be rested for 7 days. Infiltration ponds, basins, or trenches shall be allowed to dry during the resting portion of the cycle. [62-610.523(4)]
5. Rapid infiltration basins shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottoms shall be maintained to be level. [62-610.523(6) and (7)]
6. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.514 and 62-610.414]

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7. Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as an abnormal event to the Department's Southwest 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 for ½ hour/day for 5 days per week and a weekend visit. The lead operator must be a Class C operator, or higher.

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

2. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. Daily checks of the plant shall be performed by the permittee, or supplier, or his representative or agent 5 days per week. On those days when the facility is not staffed by a certified operator, the permittee shall ensure that flow, pH and total residual chlorine (for disinfection) are monitored in accordance with Part I of this permit. *[62-699.311(1)]*
3. A certified operator shall be on-site and in charge of each required shift and for periods of required staffing time when the lead operator is not on-site. A certified operator shall be on call during periods the plant is unattended. *[62-699.311(5)]*
4. 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)]*
5. The Reduced Pressure Zone (RPZ) backflow preventer (s) shall be installed on all potable water lines to the treatment plant and tested annually. *[62-555]*
6. 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)]*
7. 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;



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- 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

There are no scheduled events at the time of issuance.

#### 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. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal, using Department Forms 62-620.910(1) and (2), no later than one-hundred and eighty days (180) prior to the expiration date of this permit. *[62-620.410(5)]*
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)] [62-640.700(2)(b)]*
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)]*

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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 treatment plant discharges having temperatures above 40°C.

*[62-604.130(4)]*

7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. *[62-610.518(1)] [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 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 Southwest. *[62-620.610(2)]*
3. As provided in Subsection 403.087(6), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of

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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 Southwest 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 Southwest may be used by the Department Southwest 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)]

FACILITY: Crownwood WWTF  
PERMITTEE: Utilities, Inc. of Florida

PERMIT NUMBER: FLA012680  
COUNTY: Marion

11. When requested by the Department Southwest, 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 Southwest 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 Southwest, 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, 62-620.420 or 62-620.450, F.A.C., as applicable, at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.300 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 Southwest 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).

FACILITY: Crownwood WWTF  
PERMITTEE: Utilities, Inc. of Florida

PERMIT NUMBER: FLA012680  
COUNTY: Marion

- 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. Any laboratory test required by this permit for domestic wastewater facilities shall be performed by a laboratory that has been certified by the Department of Health (DOH) under Chapter 64E1, F.A.C., to perform the test. On-site tests for dissolved oxygen, pH, and total chlorine residual shall be performed by a laboratory certified to test for those parameters or under the direction of an operator certified under Chapter 62-602, F.A.C.
- e. Under Chapter 62-160, F.A.C., sample collection shall be performed by following the protocols outlined in "DER Standard Operating Procedures for Laboratory Operations and Sample Collection Activities" (DER-QA-001/92). Alternatively, sample collection may be performed by an organization who has an approved Comprehensive Quality Assurance Plan (CompQAP) on file with the Department. The CompQAP shall be approved for collection of samples from the required matrices and for the required tests.

*[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 **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:

FACILITY: Crownwood WWTF  
PERMITTEE: Utilities, Inc. of Florida

PERMIT NUMBER: FLA012680  
COUNTY: Marion

- 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. 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 Southwest 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.

FACILITY: Crownwood WWTF  
PERMITTEE: Utilities, Inc. of Florida

PERMIT NUMBER: FLA012680  
COUNTY: Marion

- 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 permittee seeking to establish the occurrence of an upset has the burden of proof.
- c. Before an enforcement proceeding is instituted, no representation made during the Department Southwest review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL PROTECTION



Timothy J. Parker, P. E.  
Water Facilities Administrator  
Southwest District  
3804 Coconut Palm Drive  
Tampa, FL 33619-1352

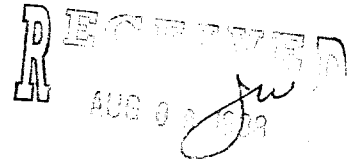
SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT  
2379 BROAD STREET (U.S. 41 SOUTH) BROOKSVILLE, FLORIDA 34609-6899  
(352)796-7211 OR 1-800-423-1476 (FLORIDA ONLY) (SUNCOM 628-4150)

PLEASE ATTACH TO THE FACE OF YOUR PERMIT

07/28/98

UTILITIES INC OF FLORIDA

200 WEATHERSFIELD AVE  
ALTAMONTE SPRINGS, FL 32714-4099



SUBJECT: EXTENSION - WATER USE PERMIT NO. 5643.04

*(Golden Hills)*

DEAR PERMITTEE:

WE ARE PLEASED TO INFORM YOU THAT THE EXPIRATION DATE OF YOUR ABOVE REFERENCED WATER USE PERMIT HAS BEEN EXTENDED TO 12/23/15. THROUGH A PROCESS OF RANDOM SELECTIONS BY COMPUTER, THE DISTRICT HAS EXTENDED THE EXPIRATION DATE OF CERTAIN PERMITS WITH ANNUAL AVERAGE DAILY WITHDRAWALS OF LESS THAN 500,000 GALLONS. THIS PROCESS WILL ENSURE THAT THE NUMBER OF RENEWAL APPLICATIONS RECEIVED IN ANY ONE YEAR DOES NOT EXCEED OUR CAPACITY TO EVALUATE AND PROCESS THE APPLICATIONS.

THIS EXTENSION OF PERMIT DURATION DOES NOT REQUIRE ANY ACTION ON YOUR PART AND IS AT NO COST TO YOU. HOWEVER, YOU WILL NEED TO UPDATE YOUR RECORDS SO THAT YOU WILL FILE AN APPLICATION FOR RENEWAL DURING THE YEAR PRIOR TO THE NEW EXPIRATION DATE.

ALTHOUGH THE EXPIRATION DATE OF YOUR PERMIT HAS BEEN EXTENDED, YOU ARE STILL REQUIRED TO COMPLY WITH ALL THE TERMS AND CONDITIONS OF YOUR PERMIT. FOR EXAMPLE, IF YOUR PERMIT WAS ISSUED WITH CONDITIONS REQUIRING DATA, REPORTS, ETC. TO BE SUBMITTED, YOU MUST CONTINUE TO SUBMIT ALL SUCH REQUIRED INFORMATION AT THE REGULAR INTERVALS SPECIFIED IN THE CONDITIONS OF YOUR PERMIT. FOR ANY PERMIT CONDITION THAT HAS THE EXPIRATION DATE AS THE DATE BY WHICH ACTION, REPORT SUBMISSION OR OTHER COMPLIANCE IS REQUIRED, THE PREVIOUS EXPIRATION DATE APPLIES, NOT THE NEWLY EXTENDED EXPIRATION DATE.

AS A FURTHER REMINDER, YOUR EXTENDED PERMIT IS STILL SUBJECT TO AND MUST COMPLY WITH ALL APPLICABLE DISTRICT RULES, INCLUDING THOSE RELATING TO:

- THE CONDITIONS OF ISSUANCE FOR WATER USE PERMITS, AND
  - RELEVANT ESTABLISHED MINIMUM FLOWS AND LEVELS AND ASSOCIATED PREVENTION AND RECOVERY STRATEGIES,
- AND CAN BE MODIFIED OR REVOKED FOR NONCOMPLIANCE WITH THE PERMIT, DISTRICT RULES, AND CHAPTER 373, FLORIDA STATUTES.



PAGE 2

IF THE WITHDRAWALS ON THE REFERENCED PERMIT ARE NO LONGER IN USE OR IF YOU HAVE SOLD THE PROPERTY, PLEASE INFORM US BY RETURN LETTER. ALSO, PLEASE PROVIDE THE NAME AND MAILING ADDRESS OF THE NEW OWNER.

IF YOU HAVE ANY QUESTIONS ABOUT THIS ONE-TIME EXTENSION OF YOUR PERMIT DURATION, PLEASE CONTACT STEVE DESMITH IN OUR BROOKSVILLE REGULATION DEPARTMENT AT (352)796-7211 OR 1-800-423-1476 (FLORIDA ONLY).

PLEASE KEEP THIS LETTER ATTACHED TO THE FACE OF YOUR PERMIT AT ALL TIMES, INDICATING THAT YOUR PERMIT EXPIRATION DATE IS NOW 12/23/15. WE APPRECIATE YOUR ASSISTANCE IN THIS MATTER AND IT WILL HELP US TO SERVE YOU BETTER IN THE FUTURE WHEN YOU SUBMIT YOUR RENEWAL APPLICATION.

SINCERELY,

(SIGNED)  
BJ JARVIS, DIRECTOR  
RECORDS AND DATA DEPARTMENT

BJJ/

CC: FILE OF RECORD - WATER USE PERMIT NO. 5643.04



An Equal Opportunity Employer

# Southwest Florida Water Management District

2379 Broad Street • Brooksville, Florida 34609-6899 • 1-800-423-1476 (Florida Only) or (904) 796-7211 • SUNCOM 628-4150 • T.D.D. Number Only (Florida Only): 1-800-237-6103

7601 Highway 301 North  
Tampa, Florida 33637-6759  
(813) 985-7461 SUNCOM 578-2070

170 Century Boulevard  
Bartow, Florida 33830-7700  
(813) 534-1448 SUNCOM 572-6200

111 Corporation Way  
Venice, Florida 34292-3524  
(813) 483-5970 SUNCOM 549-5970

2303 Highway 44 West  
Inverness, Florida 34453-3609  
(904) 637-1360

*Golden Hills*  
**REC'D**  
DEC 15 1993

December 10, 1993

- Charles A. Black  
Chairman, Crystal River
- Roy G. Harrell, Jr.  
Vice Chairman, St. Petersburg
- Sally Thompson  
Secretary, Tampa
- Joe L. Davis, Jr.  
Treasurer, Wauchula
- Ramon F. Campo  
Brandon
- James L. Cox  
Lakeland
- Rebecca M. Eger  
Sarasota
- John T. Hamner  
Bradenton
- Curtis L. Law  
Land O' Lakes
- James E. Martin  
St. Petersburg
- Margaret W. Sistrunk  
Ocala

- Peter G. Hubbell  
Executive Director
- Mark D. Farrell  
Assistant Executive Director
- Edward B. Heivenston  
General Counsel

Mr. Donald Rasmussen, Vice President  
Utilities Inc., of Florida  
200 Weathersfield Avenue  
Altamonte Springs, Florida 32714

Subject: **PERMIT MODIFICATION BY LETTER**  
Permittee Name: Utilities Inc., of Florida  
Water Use Permit No. 205643.04  
County: Marion

Reference: Chapter 40D-2, Florida Administrative Code  
(F.A.C.); Section 40D-2.331(2) (b), F.A.C.

Dear Mr. Rasmussen:

The request for letter modification of Water Use Permit No. 205643.03 has been evaluated, and we are pleased to notify you that the modification is authorized based on the criteria and conditions indicated on the attached "Permit Modification By Letter" number 205643.04. **Please attach the Letter Modification document to your copy of Water Use Permit No. 205643.03.** The modification to the Water Use Permit may require various activities to be performed by the Permittee, and compliance with all of the terms and conditions of Water Use Permit No. 205643.03 shall continue, except as changed by the Letter Modification.

The authorized changes to the permit are summarized and stated in detail in the Permit Modification By Letter document. Please read it carefully. If we may be of further assistance, please contact either Vivian J. Bielski, WUP Hydrologist, at 904-796-7211, extension 4328, or John W. Parker, P.E., WUP Supervisor, extension 4332.

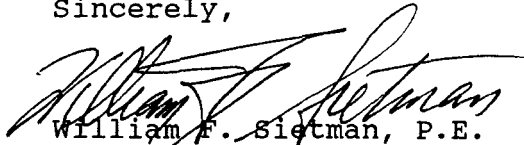
Any person who is substantially affected by the District's Final Agency action concerning a permit may challenge this action by requesting an Administrative Hearing in accordance with Section 120.57, Florida Statutes (F.S.) and Part V of Chapter 40D-1 F.A.C. A request for hearing must be filed with (received by) the Agency Clerk of the District at the

*Excellence  
Through  
Quality  
Service*

Mr. Donald Rasmussen, Vice President  
Page 2  
December 10, 1993

address above within 14 days after the date of receipt of this notice of Final Agency Action. When actual receipt cannot be determined, receipt is deemed to be the fifth day after the date on which the notice is deposited in the United States mail. Failure to file a request for hearing within this time period shall constitute a waiver of said right such person may have to request a hearing under Section 120.57, F.S.

Sincerely,



William F. Sietman, P.E.  
Director  
Brooksville Permitting Department  
Resource Regulation

VJB:ml-367

Enclosure: Permit Modification by Letter No. 205643.04

cc: File of Record WUP No. 205643.04

John Parker, P.G., SWFWMD

Patricia Cooke, SWFWMD

Deanna Naugler, SWFWMD

Tony Gilboy, P.G., SWFWMD

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

PERMIT MODIFICATION BY LETTER NO. 205643.04  
THIS DOCUMENT IS AN ATTACHMENT TO WATER USE PERMIT NO. 205643.03  
Permittee: Utilities Inc., of Florida

LETTER MODIFICATION DATE: November 23, 1993

EXPIRATION DATE: December 23, 2001

This permit modification by letter is issued by the Brooksville Permitting Department under the provisions of Chapter 40D-2.331(2)(b). This document authorizes modifications to the Water Use Permit, and it may require various activities to be performed by the Permittee. Compliance with all of the terms and conditions of Water Use Permit No. 205643.03 shall continue, except as modified below. Please attach this document to your copy of Water Use Permit No. 205643.03.

SUMMARY:

The purpose of the permit modification is to replace District ID No. 3, an existing 8-inch standby production well, with District ID No. 4, a proposed 8-inch well for standby purposes. District ID No. 3 is proposed to be properly abandoned. The modifications include: installation of a meter on District ID No.4; required monthly pumpage reports from District ID No. 4; required water quality profile sampling during construction of District ID No. 4; removal of District ID No. 3 from metering and pumpage report requirements; and proper abandonment of District ID No. 3.

MODIFIED AND NEW TERMS AND CONDITIONS OF THE PERMIT ARE AS FOLLOWS:  
MODIFIED TERMS AND CONDITIONS:

TOTAL QUANTITIES AUTHORIZED UNDER THE PERMIT (in gpd):

AVERAGE: 277,000      PEAK MONTHLY: 442,000

TABLE OF WITHDRAWAL POINTS      GALLONS PER DAY

I.D. NO. USER/DIST	LOCATION LAT/LONG	USE	AVERAGE	PEAK MO	CROP PROTECTION
1 / 1	291419/821513	PS	152,000	243,000	N/A
2 / 2	291418/821513	PS	125,000	199,000	N/A
4 / 4	291403/821435	PS	125,000	199,000	N/A

PS=Public Supply

MODIFIED SPECIAL CONDITIONS:

3. The Permittee shall continue to maintain and operate the existing flow meters or other flow measuring devices as approved by the Director, Brooksville Permitting Department, Resource Regulation, for District I.D. Nos. 1 and 2.
- 3A. Within 90 days of permit issuance, completion of construction of the withdrawal facility or prior to activation of a stand-by source, District ID No. 4, Permittee ID No. 4 shall be equipped with a non-resettable, totalizing flow meter, or other measuring device as approved in writing by the Permitting Department Director, Resource Regulation, unless an extension is granted by the Director. Such device shall have and maintain an accuracy within five percent of the actual flow as installed. Total withdrawal and meter readings from each metered withdrawal shall be recorded on a monthly basis and reported to the Permits Data Section (using District forms) on or before the tenth day of the following month. If a metered withdrawal is not utilized during a given month, a report shall be submitted to the Permits Data Section indicating zero gallons. Prior to meter installation, non-use shall be documented with monthly pumpage reports indicating zero gallons withdrawn.

PERMIT MODIFICATION BY LETTER NO. 205643.04  
THIS DOCUMENT IS AN ATTACHMENT TO WATER USE PERMIT NO. 205643.03  
Permittee: Utilities Inc., of Florida

9. By February 21, 1994, District ID No. 3, Permittee ID No. 3, shall be properly abandoned (plugged bottom to top) by a licensed water well contractor in accordance with Chapter 17-532.500(4), F.A.C., under a Well Abandonment Permit issued by the District unless an extension of time is granted by the Permitting Department Director, Resource Regulation.
10. During drilling of District ID No. 4, Permittee ID No. 4, water quality samples shall be collected at intervals of 5 feet or less, from 175 feet to maximum depth of five feet above the bottom of the well. Samples shall be collected during reverse air drilling, or other appropriate method with prior approval by the Brooksville Permitting Department Director, Resource Regulation, which will allow representative samples for each depth to be collected.

Samples shall be analyzed by a certified laboratory for Chloride, Sulfate, and Total Dissolved Solids. The Permittee's sampling procedure shall follow the handling and chain of custody procedures designated by the certified laboratory which will undertake the analysis. Reports of the analyses shall be submitted to the Permits Data Section (using District forms) within thirty days of sampling, and shall include the signature of an authorized representative and the certification number of the Department of Health and Rehabilitative Services (DHRS) certified laboratory under Environmental Laboratory Certification General Category "1" which undertook the analysis.

Analyses shall be performed according to procedures outlined in the current edition of Standard Methods for the Examination of Water and Wastewater by the American Public Health Association-American Water Works Association-Water Pollution Control Federation (APHA-AWWA-WPCF) or by Methods for Chemical Analyses of Water and Wastes by the U.S. Environmental Protection Agency (EPA).

GOLDEN HILLS



# Southwest Florida Water Management District

2379 Broad Street (U.S. 41 South) Brooksville, Florida 34609-6899  
Phone (904) 796-7211 or 1-800-423-1476 SUNCOM 628-4150

December 23, 1991

BARTOW 813-534-7080  
BROOKSVILLE (Listed)  
TAMPA 813-985-7481  
VENICE 813-488-4666

Charles A. Black  
Chairman, Crystal River  
Roy G. Harrell, Jr.  
Vice Chairman, St. Petersburg  
Sally Thompson  
Secretary, Tampa  
Rita J. Roehr  
Treasurer, Sarasota  
Ramon F. Campo  
Brandon  
James L. Cox  
Lakeland  
Joe L. Davis, Jr.  
Wauchula  
John T. Hamner  
Bradenton  
Curtis L. Law  
Land O' Lakes  
James E. Martin  
St. Petersburg  
Margaret W. Sistrunk  
Odessa  
  
Peter G. Hubbell  
Executive Director  
Mark D. Farrell  
Assistant Executive Director  
Kent A. Zaiser  
General Counsel

Utilities, Inc. of Florida  
200 Weathersfield Avenue  
Altamonte Springs, FL 32714

**Subject: Final Agency Action Transmittal Letter  
General Water Use Permit No. 205643.03**

Your Water Use Permit(s) has been approved contingent on no objections being received within 14 days after receipt of this notice of Final Agency Action. Your Permit has been approved subject to all terms and conditions set forth in the approved Permit(s).

Any person who is substantially affected by the District's Final Agency Action concerning a Permit may challenge this Permit by requesting an Administrative Hearing in accordance with Section 120.57, Florida Statutes (F.S.), and Part V of Chapter 40D-1, Florida Administrative Code (F.A.C.). A request for hearing must be filed with (received by) the Agency Clerk of the District at the address above within 14 days of receipt of this notice of Final Agency Action. Receipt is deemed to be the fifth day after the date on which this notice is deposited in the United States mail. Failure to file a request for hearing within this time period shall constitute a waiver of any right such person may have to request a hearing under Section 120.57, F.S.

Please be advised that the Governing Board has formulated a water shortage plan as referenced in Condition 4 of the Permit, and will implement such a plan during periods of water shortage. You will be notified during a declared water shortage of any change in the conditions of your Permit(s) or any suspension of your Permit(s), or of any restriction on your use of water for the duration of any declared water shortage. Please further note that water conservation is a condition of your Permit(s) and should be practiced at all times.

One of the enclosed ID tags must be affixed in a prominent location on each permitted withdrawal facility. The necessary tag(s) and instructions are enclosed. If you have any questions or concerns about your Permit, please contact the Permitting Department or contact this office at Extension 4338.

Sincerely,

*Annie L. Taylor*  
ANNIE L. TAYLOR  
Processing & Records Manager

ALT:ag

- Enclosures:
1. Approved Permit
  2. Surface Water and/or Well Tags w/Instructions (3)
  3. Rule 40D-1.521, F.A.C.

FAAWUPGE.TL  
R.10-29-91

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT  
WATER USE  
GENERAL  
PERMIT NO. 205643.03

EXPIRATION DATE: December 23, 2001

PERMIT ISSUE DATE: December 23, 1991

This permit, issued under the provisions of Chapter 373, Florida Statutes, and Florida Administrative Code 40D-2 authorizes the permittee to withdraw the quantities outlined herein, and may require various activities to be performed by the Permittee as outlined by the Special Conditions. This permit, subject to all terms and conditions, meets all District permitting criteria.

GRANTED TO: Utilities, Inc. of Florida  
200 Weathersfield Avenue  
Altamonte Springs, FL 32714

TOTAL QUANTITIES AUTHORIZED UNDER THIS PERMIT (in gpd):

AVERAGE: 277,000 PEAK MONTHLY: 442,000 FROST/FREEZE: N/A

<u>Use</u>	<u>Average</u>	<u>Peak Monthly</u>	<u>Frost/Freeze</u>
Public Supply:	277,000 gpd	442,000 gpd	N/A
Recreation or Aesthetic:	125,000 gpd	199,000 gpd	N/A

See Withdrawal Table for quantities permitted for each withdrawal point.

PROPERTY LOCATION: Marion County, approximately 6 miles west of Ocala

ACRES: 3 Owned, 1036 Serviced

WATER USE CAUTION AREA: N/A

TYPE OF APPLICATION: Renewal

DATE APPLICATION FILED: November 27, 1991

AMENDED DATE: N/A

Permit No.: 205643.03  
 Permittee: Utilities, Inc. of Florida

WATER USE:

<u>PUBLIC SUPPLY</u>	<u>SERVICE AREA NAME</u>	<u>POPULATION SERVED</u>	<u>PER CAPITA RATE</u>
	Golden Hills/Crownwood Subdivision	1,820	130
	Golden Hills/Crownwood Subdivision	180	130

WATER USE:

<u>RECREATION OR AESTHETIC</u>	<u>FACILITY NAME</u>	<u>ACRES</u>	<u>IRRIGATION RATE</u>
	Golden Hills/Crownwood Subdivision	8	28"/yr.

<u>I.D. NO.</u>	<u>LOCATION</u>	<u>DIAM.</u>	<u>DEPTH</u>	<u>USE</u>	<u>GALLONS PER DAY</u>			<u>FROST/FREEZE</u>
					<u>AVERAGE</u>	<u>PEAK MO</u>	<u>STAND/BY</u>	
<u>USER/DIST</u>	<u>LAT/LONG</u>	<u>(INCHES)</u>	<u>TOTAL/CASED</u>					
1 / 1	291419/821513	6	157/84	PS	152,000	243,000		N/A
2 / 2	291418/821513	8	268/83	PS	125,000	199,000		N/A
3 / 3	291403/821435	8	190/104	R/A	125,000	199,000		N/A

PS - Public Supply  
 R/A - Recreation or Aesthetic

SPECIAL CONDITIONS:

- All reports of data required by the permit shall be submitted to the District on or before the tenth day of each month and shall be addressed to:  
 Permits Data Group  
 Southwest Florida Water Management District  
 2379 Broad Street  
 Brooksville, Florida 34609-6899
- Unless otherwise indicated, three copies of each report are required by the permit and shall be provided to the Director, Brooksville Permitting Department, Resource Regulation, by the Permittee.
- The Permittee shall continue to maintain and operate the existing flow meters or other flow measuring devices as approved by the Director, Brooksville Permitting Department, Resource Regulation, for District I.D. Nos. 1, 2 and 3.
- Total withdrawal from each monitored source shall be recorded on a monthly basis and reported to the District (using District forms) on or before the tenth day of the following month.

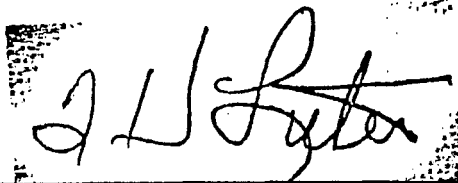


Permit No.: 205643.03  
Permittee: Utilities, Inc. of Florida

5. Any wells not in use and in which pumping equipment is not installed shall be capped or valved in a water-tight manner in accordance with Chapter 17-532.500(3), F.A.C.
6. The Permittee shall limit daytime irrigation to the greatest extent practicable to reduce losses from evaporation. Daytime irrigation for purposes of system maintenance, control of heat stress, frost/freeze protection, plant establishment, or for other reasons which require daytime irrigation are permissible but should be limited to the minimum amount necessary as indicated by best management practices.
7. The Permittee shall implement a leak detection and repair program as an element of an ongoing system maintenance program. This program shall include a system-wide inspection at least once per year.
8. The Permittee shall evaluate the feasibility of improving the efficiency of the current irrigation system or converting to a more efficient system. This condition includes implementation of the improvement(s) or conversion when determined to be operationally and economically feasible.

STANDARD CONDITIONS:

1. The Permittee shall comply with the Standard Conditions attached hereto, incorporated herein by reference as Exhibit "A" and made a part hereof.



Authorized Signature  
SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

INSTRUCTIONS FOR APPLYING WATER USE TAG

Enclosed are the necessary metal tags for the withdrawal points as indicated on your permit. Please display tags in a visible location.

The tags are to be permanently affixed by using the enclosed wire or by bolting or gluing to structure. Each withdrawal - well or surface - has been numbered in the same order as that shown on the permit column labeled District ID Number.

Proper care should be taken in the placing of these tags. We suggest the following:

1. Apply tag to the electrical panel box if one is located adjacent to the facility, or to a permanent structure next to withdrawal (block wall, post, etc.)
2. Apply tag to the base of the pump - that portion of the pump installation that is not normally removed for servicing the pump.
3. Apply tag to the well casing only when sufficient space is available between the ground surface and the base of the pump.
4. The tag must be placed on the pump of a portable facility.
5. Apply tag where other licenses or permits are displayed on public supply systems.

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT  
PROCESSING AND RECORDS  
(904) 796-7211

SUBPART B - FORMAL PROCEEDINGS

40D-1.521 Initiation of Formal Proceedings

(1) Formal proceedings shall be initiated by petition to the District. The term petition as used herein includes any application or other document which expresses a request for formal proceedings. Each petition should be printed, typewritten or otherwise duplicated in legible form on white paper of standard letter size and signed by the petitioner or his representative. Unless printed, the impression shall be on one side of the paper only and lines shall be double-spaced and indented.

(2) All petitions filed under these rules shall contain:

(a) The name and address of the District and the District's file or identification number, if known;

(b) The name and address of the petitioner or petitioners;

(c) An explanation of how each petitioner's substantial interests will be affected by the District's determination;

(d) A statement of when and how petitioner received Notice of the District's Proposed or Final Agency Action;

(e) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;

(f) A concise statement of the ultimate facts which petitioner believes entitle him to relief sought as well as the rules and statutes which support petitioner's claim for relief;

(g) A statement of preference of presiding officer;

(h) A demand for the relief to which the petitioner deems himself entitled; and

(i) Other information which the petitioner contends is material.

(3) Upon receipt of a petition for formal proceedings the District shall review the petition and shall provide a statement of compliance of the petition which the requirements of this rule to the Board and the petitioner. The Board shall accept those petitions in substantial compliance with this rule which have been timely filed and which state a dispute which is within the jurisdiction of the District to resolve. If the petition is accepted the Board shall designate the presiding office. The District shall promptly give written notice to all parties of the action taken on the petition, and shall state with particularity its reasons therefor.

(4) If the Board designates a Hearing Officer assigned by the Division of Administrative Hearings as the presiding officer, the Agency Clerk shall forward the petition and all materials filed with the District to the Division of Administrative Hearings, and shall notify all parties of such action.

(5) Petitioners entitled to a hearing pursuant to Subsection 120.57(1), Florida Statutes, may waive their right to a formal hearing and request an informal hearing before the Board pursuant to Subsection 120.57(2), Florida Statutes, which may be granted at the option of the District.

Golden Hills

Docket No. 060253-WS

25.30-440(7)  
Notices

Test Year Ended December 31, 2005

NOTICES

None

Golden Hills

Docket No. 060253-WS

25.30-440(8)  
Field Employees

Test Year Ended December 31, 2005

**Employees Involved in Utilities, Inc. of Florida Operations  
During Test Year 2005:**

Patrick Flynn, Regional Director: Oversees all operations and employees in Florida.

Bryan Gongre, Regional Manager: Manages operations and employees for all Central Florida systems.

Rick Retz, Regional Manager: Manages operations and employees for all West Coast operations. West Coast operations include all systems located in South Florida and West Florida.

Bill Coates, Project Manager: Lake and Marion County systems.

Tony Wierzbicki, Project Manager: Manages capital projects and developer activity within the West Coast and South Florida Operations areas

[Open], Project Manager: Seminole and Orange County systems.

Kathy Sillitoe, Area Manager: Seminole and Orange County Plants.

John Marinelli, Area Manager: Seminole and Orange County Field Maintenance.

Chuck Schwades, Area Manager: Lake and Marion County Field Maintenance.

Michael T. Dunn, Regional Manager

Scotty Lee Haws, Regional Manager

John G Holdman, Area Manager

Gaary Wade Musselwhite Jr., Area Manager

***Field Employees:***

Pasco and Pinellas Counties:

Steve Habery, Lead Operator ("C" Water License and "C" Wastewater License)

Jack Adkins, Operator ("C" Water License)

Marion County:

Daniel Anderson, Operator ("A" Water License and "A" Wastewater License)

Seminole and Orange Counties:

Allan Finch, Operator ("C" Water License)

Chris Phillips, Meter Reader  
Terry Sillitoe, Operator, Part Time ("A" Water License and "A" Wastewater License)

Thomas W Abendroth, Field tech  
James Roger Adlay, Operator  
Robert K Cooper, Field Tech  
Robb Douglas Crow, Operator  
Michael John Gavaletz, Operator  
Jimmie H. Hollister, Field Tech  
Alexander Lorenzo, Operator  
Roy Mericle, Operator  
Raymond Alan Parrish, Operator  
Jeffrey Pinder, Field Supervisor  
Frederick E Quinlan II, Field Tech  
Roberto Remigio, Meter Reader  
Mickey A Shue, Field Tech  
Ronald D. White, Field Supervisor  
William B Willingham, Field Tech  
James Dennis Yingling, PT Field Tech  
James Howard Pendarvis, Field Tech  
Preston S Boardway, PT Field Tech  
James Edward Carroll, Operator  
Leonard E Ledwell, Operator  
David Ryniak, Operator



***Facilities:***

The minimum staffing requirement at all Utilities, Inc. of Florida water systems is 6 visits per week provided by a minimum class "C" operator. The minimum staffing requirement at the Crownwood wastewater treatment plant in Marion County is ½ hour per day, 6 days per week.

***Duties and Responsibilities:***

- a) Responsible for performing treatment plant, collection system and transmission system operation and maintenance. Duties are to be completed in a reasonable and professional manner consistent with standard operating practices in order to comply with state and local regulatory rules and requirements. Must perform duties consistent with the protection of the public health and the environment.
- b) Perform responsible, efficient, and effective on-site management and supervision of all system functions.
- c) Submit complete, accurate and timely periodic plant operating reports.
- d) Report to the Permittee and the Department of Environmental Protection any serious plant or system breakdown or condition causing or likely to cause serious, inefficient or unsafe treatment or discharge of wastewater in a manner not authorized by the current permit.
- e) Submit accurate reports relative to treatment plant, collection system, and transmission system operation, including sampling and laboratory analysis.
- f) Maintain an operation and maintenance log for the plant, current to the last operation and maintenance task performed.
- g) Perform required preventative maintenance in conformance with equipment manufacturer recommendations. Repair or replace plant equipment and collection system components as needed to keep the facilities operating as permitted.
- h) Perform various service order functions including but not limited to the following: customer complaints; reading and checking meters; cross-connection inspections; installing or repairing the collection and disposal systems.
- i) Maintain the visual aesthetics of the facilities in compliance with company standards, including grounds maintenance, fence repairs, site security, lighting fixtures, and general building upkeep.

Golden Hills

Docket No. 060253-WS

25.30-440(9)  
Vehicles

Test Year Ended December 31, 2005

**FL Vehicles as of 5-5-06**

Veh. #	Yr/Make/Model	VIN	Driver Assigned	Cost	Company Name
9934	99 DODGE DAKOTA	1B7FL26X6XS261957	CORY SUDOL	\$15,678.58	Alafaya Utilities, Inc.
9932	99 DODGE DAKOTA	1B7FL26XXXS277898	NO DRIVER YET	\$15,467.19	Alafaya Utilities, Inc.
636	06 CHEV COLORADO	1GCCS146568234592	JEROME HAMPTON	\$16,622.26	Alafaya Utilities, Inc.
221	02 CHEVY S-10	1GCCS14W428209130	ROGER GRAY	\$13,356.21	Alafaya Utilities, Inc.
19	00 CHEV CS10803	1GCCS14W9YK196208	CARL ZUBEK	\$15,363.17	Alafaya Utilities, Inc.
610	06 CHEV C15 V-8	1GCEC14V86Z103857	MICHAEL OVERTON	\$18,681.44	Alafaya Utilities, Inc.
311	03 CHEV C15 FULL	1GCEC14X23Z114639	EDWARD ROBERTS	\$19,053.10	Alafaya Utilities, Inc.
308	03 CHEV C15 FULL	1GCEC14X83Z115665	SCOTT LEARNED	\$19,053.10	Alafaya Utilities, Inc.
431	04 CHEV C25	1GCHK24U04E296751	DON TAYLOR	\$25,036.88	Alafaya Utilities, Inc.
24	00 CHEV S-10	1GCCS14W9YK229577	ALVIN BISHOP	\$15,099.10	Bayside Utility Services, Inc.
638	06 CHEV C15	1GCEC14V86E197990	ALVIN BISHOP	\$18,923.65	Bayside Utility Services, Inc.
8691	86 INTERNATIONAL	1HTLDTVN2GHA45725	VACUUM TRUCK	\$11,026.85	Bayside Utility Services, Inc.
223	02 CHEVY S-10	1GCCS14W628209453	WILLIAM NEAL	\$13,356.21	Cypress Lakes, Utilities, Inc.
608	06 CHEV C15 V-8	1GCEC14V26Z102011	DAVID SHOFFSTALL	\$18,681.44	Cypress Lakes, Utilities, Inc.
16	00 CHEV CS10803	1GCCS14W2YK195806	HARRY HOFF	\$15,363.17	Eastlake Water Service, Inc.
9808	98 DODGE DAKOTA	1B7FL26X6WS604943	JAMES ESKEW	\$15,312.81	Labrador Utilities, Inc.
427	04 CHEV C15 FULL	1GCEC14X94Z275720	SHANTAVIOUS RAINEY	\$17,763.05	Labrador Utilities, Inc.
508	05 CHEV C25 4X4	1GBHK24UXSE233792	VARIOUS	\$24,607.70	Mid-County
103	01 CHEV S10	1GCCS14W01K129325	MATTHEW GUNTHER	\$15,053.85	Mid-County
9833	98 CHEV S-10	1GCCS14X2WK245013	STEVEN SZCZEPKOWSKI	\$16,047.78	Mid-County
111	01 CHEV 1500	1GCEC14W81Z185977	SPARE	\$16,965.92	Mid-County
461	04 CHEV C15	1GCEC14X24Z336714	ROBERT BUONO	\$16,588.04	Mid-County
9928	99 DODGE DAKOTA	1B7FL26X4XS261955	LENNY GODWIN	\$15,493.25	Sandalhaven
426	04 CHEV C15 FULL	1GCEC14X44Z274751	MIKE MONAT	\$17,763.05	Sandalhaven
9935	99 DODGE DAKOTA	1B7FL26X1XS277899	HAROLD EBERT	\$16,056.16	Sanlando Utilities, Inc.
9933	99 DODGE DAKOTA	1B7FL26X4XS277900	NO DRIVER YET	\$15,659.79	Sanlando Utilities, Inc.
9931	99 DODGE DAKOTA	1B7FL26X6XS261956	RAY HOGUE	\$15,493.25	Sanlando Utilities, Inc.
9927	99 DODGE DAKOTA	1B7FL26XXXS261958	JIM SWEGHEIMER	\$15,792.00	Sanlando Utilities, Inc.
9602	96 FORD RANGER REGULAR	1FTCR10X1TUB67972	SPARE	\$16,085.99	Sanlando Utilities, Inc.
516	05 CHEV COLORADO	1GCCS146358238591	DOUG GOODWIN	\$18,484.14	Sanlando Utilities, Inc.
101	01 CHEV S10	1GCCS14W01K129261	ROBERTO REMIGIO	\$15,053.85	Sanlando Utilities, Inc.
220	02 CHEVY S-10	1GCCS14W128209201	ROY MERICLE	\$13,356.21	Sanlando Utilities, Inc.
14	00 CHEV CS10803	1GCCS14W1YK195845	ALEXANDER LORENZO	\$15,363.17	Sanlando Utilities, Inc.
102	01 CHEV S10	1GCCS14W71K129239	ELISA STEGER	\$15,516.86	Sanlando Utilities, Inc.
9835	98 CHEV S-10	1GCCS14X0WK247116	SPARE	\$16,290.61	Sanlando Utilities, Inc.
9834	98 CHEV S-10	1GCCS14X6WK246309	THOMAS KEYS	\$16,143.89	Sanlando Utilities, Inc.
110	01 CHEV 1500	1GCEC14V11E249162	KEVIN COOPER	\$18,690.29	Sanlando Utilities, Inc.
109	01 CHEV 1500	1GCEC14V31E249471	JEFF PINDER	\$19,066.93	Sanlando Utilities, Inc.
217	02 CHEVY C15 FULL	1GCEC14V32Z313941	DALE WHITE	\$17,238.08	Sanlando Utilities, Inc.
18	00 CHEV 1500	1GCEC14V6YE249071	THOMAS ABENDROTH	\$19,049.81	Sanlando Utilities, Inc.
108	01 CHEV 1500	1GCEC14V91E265755	MATTHEW MORRELL	\$18,735.55	Sanlando Utilities, Inc.
113	01 CHEV 1500	1GCEC14W21Z187837	JIMMIE HOLLISTER	\$17,472.60	Sanlando Utilities, Inc.
107	01 CHEV 1500	1GCEC14W71Z185310	JAMES PENDARVIS	\$17,227.78	Sanlando Utilities, Inc.
112	01 CHV 1500	1GCEC14W81Z183727	SHAWN EBERT	\$16,965.92	Sanlando Utilities, Inc.
312	03 CHEV C15 FULL	1GCEC14X03Z114378	MICK SHUE	\$19,053.10	Sanlando Utilities, Inc.
305	03 CHEV C15 FULL	1GCEC14X63Z115177	FRED QUINLAN	\$22,478.87	Sanlando Utilities, Inc.
433	04 FORD F-750	3FRXF75424V600407	SANLANDO DUMP TRUCK	\$63,896.30	Sanlando Utilities, Inc.
304	03 CHEV C15 FULL	1GCEC14X23Z115810	JERRY HAHN	\$19,372.92	Tierre Verde
8926	89 FORD F-350	1FDKF37G5KNA56982	DUMP TRUCK	\$31,061.22	Utilities, Inc. of Florida
9765	97 PONTIAC GRAND AM	1G2WPS216WF270000	NO DRIVER YET	\$15,000.00	Utilities, Inc. of Florida
35	00 CHEV C25 BOOM	1GBGK24R5YF484662	CENTRAL FL BOOM TRUCK	\$35,922.85	Utilities, Inc. of Florida
503	05 CHEV COLORADO	1GCCS146658179178	CHRIS PHILLIPS	\$16,750.47	Utilities, Inc. of Florida
612	06 CHEV COLORADO	1GCCS146768129150	CHRIS ALDAY	\$16,471.74	Utilities, Inc. of Florida
637	06 CHEV C15	1GCEC14V96E197609	JEFF FINEHIRSH	\$18,923.65	Utilities, Inc. of Florida
222	02 CHEVY C15 FULL	1GCEC14W12Z314210	CHARLES SCHWADES	\$16,461.98	Utilities, Inc. of Florida
424	03 CHEV C15 FULL	1GCEC14X04Z274231	ALLEN FINCH	\$17,763.05	Utilities, Inc. of Florida
436	04 CHEV C15 FULL	1GCEC14X24Z201474	JACK ADKINS	\$17,503.53	Utilities, Inc. of Florida
301	03 CHEV C15 FULL	1GCEC14X63Z115146	STEVE HABERY	\$19,053.10	Utilities, Inc. of Florida
422	04 CHEV C15 EXT CAB	1GCEC19VX4Z270758	RICHARD RETZ	\$21,654.48	Utilities, Inc. of Florida
509	05 CHEV C15 4X4 EXT	1GCEK19T35E230984	JOHN MARINELLI	\$28,037.52	Utilities, Inc. of Florida
639	06 CHEV C15 4X4 EXT	1GCEK19Z26Z225726	BILL COATES	\$24,891.62	Utilities, Inc. of Florida
428	04 CHEV S10 TRAILBLAZER	1GNLT13S442340667	BRYAN GONGRE	\$27,109.73	Utilities, Inc. of Florida
512	05 CHEV TAHOE	1GNEC13T85R199267	PATRICK FLYNN	\$37,478.51	Utilities, Inc. of Florida
650	06 CHEV TAHOE 4X4	1GNEK13TX6R146941	JOHN HOY	\$32,505.83	Utilities, Inc. of Florida
9250	92 DODGE	2B7GB11X5NK163811	SEWER VIDEO EQUIP VAN	\$0.00	Utilities, Inc. of Florida
242	02 CHEVY IMPALA	2G1WF55E329381533	SCOTTY HAWS	\$19,351.00	Utilities, Inc. of Florida
9925	99 CHEV LUMINA	2G1WLS2M1X9177423	KATHY SILLITOE	\$17,132.82	Utilities, Inc. of Florida
453	04 CHEV C15 EXT CAB	2GCEC19T341374628	TONY WIERZBICKI	\$22,987.16	Utilities, Inc. of Florida
609	06 CHEV C25	2GCEC19VX61115736	SCOTT STEWART	\$22,387.19	Utilities, Inc. of Florida
129	01 CHEV FULL 1500 4WD	2GCEK19T111381348	WILLIAM NEAL	\$24,967.07	Utilities, Inc. of Florida
33	00 DODGE DAKOTA	1B7GG22X7YS753556	SPARE	\$20,427.35	Utilities, Inc. of Pennbrooke

105 01 CHEV S10  
314 03 CHEV C15 FULL  
511 05 CHEV C15 REG CAB

1GCCS14WX18159350 JAMES YINGLING  
1GCEC14X43Z114271 STEVEN PFOUTS  
1GCEC14X75Z230180 DAN ANDERSON

\$15,998.46 Utilities, Inc. of Pennbrooke  
\$19,053.10 Utilities, Inc. of Pennbrooke  
\$18,064.18 Utilities, Inc. of Pennbrooke

Golden Hills

Docket No. 060253-WS

25.30-440(10)  
Customer Complaints

Test Year Ended December 31, 2005

CUSTOMER COMPLAINTS

Please refer to the CD provided to the  
Commission Clerk with the filing.