

**PASCO COUNTY**

**Jasmine Lakes WTF  
Jasmine Lakes WWTF**

Docket No. 080121-WS

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

Florida

**Volume 5  
Book 2  
Set 10 of 16**

**Part 1 of 2**

**Containing:**

Monthly Operating Reports  
Monthly Discharge Reports  
Sample Results  
Permits  
Correspondence

DOCUMENT NUMBER - DATE

04322 MAY 22 8

FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc.

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



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** January, 2007

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

PWS Name: Jasmine Lakes		PWS Identification Number: 6512070	
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: 1540		Total Population Served at End of Month: 3,311	
PWS Owner: Aqua Utilities Florida			
Contact Person: Don Hostetler		Contact Person's Title: Senior Facilities Operator	
Contact Person's Mailing Address: 7616 Arbordale Drive Port Richey, Fl. 34668		City: Port Richey	State: Florida
		Zip Code: 34668	
Contact Person's Telephone Number: (727) 919-0674		Contact Person's Fax Number: (727) 697-3137	
Contact Person's E-Mail Address:			

**B. Water Treatment Plant Information**

Plant Name: Jasmine Lakes		Plant Telephone Number: (352) 302-9713	
Plant Address: 7612 Pineapple Lane		City: Port Richey	State: Florida
		Zip Code: 34668	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 600,000			
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
Lead/Chief Operator:	Don Hostetler	C	14147
			Days 1st Shift
Other Operators:			

**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.

*Don Hostetler* 4-27-08  
 Signature and Date

DOCUMENT NUMBER DATE  
 Don Hostetler  
 Printed or Typed Name

C-14147  
 License Number

04322 MAY 22 8

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

PWS Identification Number: 6512070 Plant Name: Jasmine Lakes

III. Daily Data for the Month/Year of: January, 2007

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										POLY PHOSPHATE P.O.E.	POLY PHOSPHATE REMOTE Sample Locatons 14	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, 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	24.0	546,480		1.2					7.8			0.5	1.4	1.4	
2	X	24.0	233,620		1.2								0.5			
3	X	24.0	215,610		1.4								0.7			
4	X	24.0	245,620		1.0								0.5			
5	X	24.0	258,520		1.2								0.7			
6	X	24.0	251,950		1.2								0.7			
7		24.0	255,790													
8	X	24.0	255,790		1.2					7.9			0.7	1.4	1.4	
9	X	24.0	270,090		1.3								0.7			
10	X	24.0	226,280		1.0								0.5			
11	X	24.0	274,930		1.3								0.7			
12	X	24.0	252,120		1.2								0.7			
13	X	24.0	264,240		1.2								0.7			
14		24.0	255,915													
15	X	24.0	255,915		1.2					8			0.7	1.4	1.4	
16	X	24.0	318,760		1.2								0.7			
17	X	24.0	252,640		1.2								0.7			
18	X	24.0	264,100		1.2								0.7			
19	X	24.0	284,780		1.0								0.5			
20	X	24.0	569,950		1.2								0.7			
21		24.0	148,035													
22	X	24.0	148,035		1.2					8			0.7	1.4	1.4	
23	X	24.0	255,510		1.2								0.7			
24	X	24.0	239,490		1.2								0.7			
25	X	24.0	257,350		1.2								0.7			
26	X	24.0	260,000		1.0								0.5			
27	X	24.0	61,655		1.2								0.7			
28		24.0	253,750													
29	X	24.0	253,750		1.2					8			0.7	1.4	1.4	
30	X	24.0	238,560		1.2								0.7			
31	X	24.0	238,830		1.2								0.7			
Total			8,108,065													
Average			261,550													
Maximum			569,950													

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



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

PWS Identification Number: 6512070 Plant Name: Jasmine Lakes

III. Daily Data for the Month/A car of: February, 2007

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	POLY PHOSPHATE P.O.E.	POLY PHOSPHATE REMOTE Sample Locations 14	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		24.0	246,740		1.2							0.7			
2	x	24.0	249,910		1.2							0.7			
3	x	24.0	254,760		1.4							0.7			
4	x	24.0	273,661												
5	x	24.0	273,661		1.4				8			0.7	1.4	1.4	
6	x	24.0	203,252		1.2							0.7			
7	x	24.0	248,548		1.4							0.7			
8	x	24.0	290,755		1.2							0.7			
9	x	24.0	257,978		1.2							0.7			
10	x	24.0	276,780		1.2							0.7			
11	x	24.0	279,901												
12	x	24.0	279,901		1.2				7.9			0.7	1.4	1.4	
13	x	24.0	269,067		1.4							0.7			
14	x	24.0	257,404		1.2							0.7			
15	x	24.0	220,197		1.2							0.7			
16	x	24.0	267,270		1.4							0.7			
17	x	24.0	330,407									0.8			
18		24.0	216,127		1.4										
19	x	24.0	216,127		1.4				7.8			0.9	1.4	1.4	
20	x	24.0	364,327		1.2							0.7			
21	x	24.0	249,976		1.2							0.5			
22	x	24.0	285,734		1.2							0.7			
23	x	24.0	256,967		1.2							0.7			
24	x	24.0	269,616		1.2							0.7			
25	x	24.0	278,605												
26	x	24.0	278,605		1.0				8			0.7	1.4	1.4	
27	x	24.0	238,742		1.2							0.7			
28	x	24.0	295,305		1.4							0.7			
29	#REF!	24.0	#REF!		#REF!				#REF!			#REF!	#REF!	#REF!	
30	#REF!	24.0	#REF!		#REF!				#REF!			#REF!	#REF!	#REF!	

Total	7,430,322
Average	265,269
Maximum	364,327

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

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



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** March, 2007

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

PWS Name:	Jasmine Lakes	PWS Identification Number:	6512070
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:	1540	Total Population Served at End of Month:	3,311
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Don Hostetler	Contact Person's Title:	Senior Facilities Operator
Contact Person's Mailing Address:	7616 Arbordale Drive Port Richey, Fl. 34668	City:	Port Richey State: Florida Zip Code: 34668
Contact Person's Telephone Number:	(727) 919-0674	Contact Person's Fax Number:	(727) 697-3137
Contact Person's E-Mail Address:			

**B. Water Treatment Plant Information**

Plant Name:	Jasmine Lakes	Plant Telephone Number:	(352) 302-9713	
Plant Address:	7612 Pineapple Lane	City:	Port Richey State: Florida Zip Code: 34668	
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	600,000			
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:	Don Hostetler	C	14147	Days 1st Shift
Other Operators:				

**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.

*Don Hostetler* 3-4-07  
 Signature and Date

Don Hostetler  
 Printed or Typed Name

C-14147  
 License Number

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

PWS Identification Number: 6512070 Plant Name: Jasmine Lakes

III. Daily Data for the Month/Year of: March, 2007

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 Demstrate Four-Log Virus Inactivation, if Applicable*										POLY PHOSPHATE P.O.E.	POLY PHOSPHATE REMOTE Sample Locations 14	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	24.0	268,300		1.4								0.7			
2	X	24.0	293,230		1.4								0.7			
3	X	24.0	252,646		1.2								0.5			
4		24.0	337,107													
5	X	24.0	337,107		1.4								0.7			
6	X	24.0	272,234		1.4				8				0.7	1.4	1.4	
7	X	24.0	250,178		1.4								0.7			
8	X	24.0	248,387		1.5								0.7			
9	X	24.0	264,662		1.3								0.7			
10		24.0	336,076		1.2								0.5			
11		24.0	285,234													
12	X	24.0	285,234		1.4				8				0.7	1.3	1.3	
13	X	24.0	285,954		1.3								0.5			
14	X	24.0	252,648		1.4								0.7			
15	X	24.0	290,123		1.2								0.5			
16	X	24.0	280,307		1.2								0.5			
17		24.0	282,334													
18	X	24.0	282,334		1.2				8				0.5	1.4	1.4	
19	X	24.0	251,897		1.2								0.5			
20	X	24.0	236,161		1.4								0.7			
21	X	24.0	326,966		1.2								0.5			
22	X	24.0	275,764		1.2								0.5			
23	X	24.0	319,318		1.2								0.5			
24	X	24.0	243,470		1.2								0.5			
25		24.0	341,794													
26	X	24.0	341,794		1.2								0.5			
27	X	24.0	291,310		1.2				8				0.5	1.4	1.4	
28	X	24.0	297,558		1.4								0.7			
29	X	24.0	305,543		1.2								0.5			
30	X	24.0	314,832		1.2								0.5			
31	X	24.0	305,524		1.2								0.5			
Total			8,956,064													
Average			288,905													
Maximum			341,794													

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





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

PWS Identification Number: 6512070 | Plant Name: Jasmine Lakes

III. Daily Data for the Month/Year of: April, 2007

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										POLY PHOSPHATE P.O.E.	POLY PHOSPHATE REMOTE Sample Locations 14	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		24.0	333,338													
2		24.0	333,338		1.2					7.8				0.7	1.4	1.4
3		24.0	376,149		1.2									0.5		
4		24.0	330,607		1.2									0.7		
5		24.0	358,484		1.2									0.5		
6		24.0	298,420											0.7		
7		24.0	281,823		1.2									0.5		
8		24.0	328,000		1.2											
9		24.0	328,000		1.2					7.9				0.7	1.4	1.4
10		24.0	293,436		1.4									0.7		
11		24.0	260,995		1.2									0.5		
12		24.0	287,790		1.2									0.7		
13		24.0	310,397		1.2									0.7		
14		24.0	231,352		1.2									0.5		
15		24.0	300,557													
16		24.0	300,557		1.2					8				0.7	1.4	1.4
17		24.0	250,725		1.2									0.5		
18		24.0	250,863		1.2									0.7		
19		24.0	320,725		1.2									0.5		
20		24.0	299,856		1.2									0.7		
21		24.0	222,680		1.2									0.7		
22		24.0	365,780													
23		24.0	365,780		1.2					7.9				0.7	1.4	1.4
24		24.0	253,556		1.2									0.7		
25		24.0	353,652		1.2									0.7		
26		24.0	335,439		1.2									0.7		
27		24.0	304,115		1.2									0.7		
28		24.0	313,453													
29		24.0	313,453													
30		24.0	313,453													
<b>Total</b>			9,216,772													
<b>Average</b>			307,226													
<b>Maximum</b>			376,149													

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



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

PWS Identification Number: 6512070 Plant Name: Jasmine Lakes

III. Daily Data for the Month/Year of: May, 2007

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										POLY PHOSPHATE P.O.E.	POLY PHOSPHATE REMOTE Sample Locations 14	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	24.0	396,874		1.2									0.7		
2	X	24.0	328,298		1.0									0.5		
3	X	24.0	354,580		1.2									0.7		
4	X	24.0	320,064		1.0									0.7		
5	X	24.0	274,001		1.2									0.7		
6		24.0	322,066													
7	X	24.0	322,066		1.0					8				0.5	1.4	1.4
8	X	24.0	303,083		1.2									0.7		
9	X	24.0	279,040		0.7									0.4		
10	X	24.0	302,100		1.2									0.7		
11		24.0	223,771		1.2									0.7		
12		24.0	291,969		1.2									0.7		
13		24.0	317,098													
14	X	24.0	317,098		1.2					8				0.7	1.4	1.4
15	X	24.0	346,755		1.2									0.7		
16	X	24.0	289,071		1.2									0.7		
17	X	24.0	318,682		1.2									0.7		
18	X	24.0	408,062		1.2									0.7		
19	X	24.0	282,873		1.2									0.7		
20		24.0	349,298													
21	X	24.0	349,298		1.2					8.1				0.7	1.4	1.4
22	X	24.0	302,463		1.2									0.7		
23	X	24.0	325,034		1.0									0.5		
24	X	24.0	308,509		1.2									0.7		
25	X	24.0	439,801		1.0									0.7		
26	X	24.0	189,386		1.1									0.8		
27		24.0	441,950													
28	X	24.0	441,950		1.2					8				0.7	1.4	1.4
29	X	24.0	225,998		1.2									0.7		
30	X	24.0	355,834		1.2									0.7		
31	X	24.0	317,169		1.0									0.5		
<b>Total</b>			<b>10,046,239</b>													
<b>Average</b>			<b>324,072</b>													
<b>Maximum</b>			<b>441,950</b>													

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



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

PWS Identification Number: 6512070 Plant Name: Jasmine Lakes

III. Daily Data for the Month/Year of: June, 2007

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 Demstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	POLY PHOSPHATE P.O.E.	POLY PHOSPHATE REMOTE Sample Locations 14	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		24.0	302,092		1.0							0.5			
2		24.0	221,226		1.2							0.7			
3		24.0	290,963												
4		24.0	290,963		1.0				8.1			0.5	1.4	1.4	
5		24.0	252,981		1.2							0.7			
6		24.0	321,917		1.2							0.7			
7		24.0	279,006		1.0							0.5			
8		24.0	322,631		1.0							0.5			
9		24.0	259,505		1.0							0.5			
10		24.0	585,270												
11		24.0	585,270		1.0				8			0.5	1.4	1.4	
12		24.0	321,523		1.3							0.7			
13		24.0	329,481		1.2							0.7			
14		24.0	325,421		1.0							0.5			
15		24.0	353,355		1.0							0.5			
16		24.0	232,955		1.0							0.5			
17		24.0	328,731												
18		24.0	328,731		1.0				8.1			0.5	1.4	1.4	
19		24.0	297,110		1.2							0.7			
20		24.0	317,056		1.0							0.5			
21		24.0	239,236		1.0							0.5			
22		24.0	453,187		1.1							0.6			
23		24.0	126,024		1.2							0.8			
24		24.0	316,354												
25		24.0	316,354		1.0				8			0.7	1.4	1.4	
26		24.0	278,621		1.0							0.5			
27		24.0	241,850		1.1							0.5			
28		24.0	275,907		1.0							0.7			
29		24.0	226,275		1.0							0.5			
30		24.0	237,196		1.0							0.5			
Total			9,257,189												
Average			308,573												
Maximum			585,270												

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

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



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** July, 2007

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

PWS Name:	Jasmine Lakes	PWS Identification Number:	6512070
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:	1540	Total Population Served at End of Month:	3,311
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Don Hostetler	Contact Person's Title:	Senior Facilities Operator
Contact Person's Mailing Address:	7616 Arbordale Drive Port Richey, Fl. 34668	City:	Port Richey State: Florida Zip Code: 34668
Contact Person's Telephone Number:	(727) 919-0674	Contact Person's Fax Number:	(727) 697-3137
Contact Person's E-Mail Address:			

**B. Water Treatment Plant Information**

Plant Name:	Jasmine Lakes	Plant Telephone Number:	(352) 302-9713	
Plant Address:	7612 Pineapple Lane	City:	Port Richey State: Florida Zip Code: 34668	
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	600,000			
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:	Don Hostetler	C	14147	Days 1st Shift
Other Operators:				

**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.

*Don Hostetler*  
Signature and Date

Don Hostetler  
Printed or Typed Name

C-14147  
License Number

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

PWS Identification Number: 6512070 Plant Name: Jasmine Lakes

III. Daily Data for the Month/Year of: July, 2007

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*										POLY PHOSPHATE P.O.E.	POLY PHOSPHATE REMOTE Sample Locations 14	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		24.0	271,262													
2	X	24.0	271,262		1.0					8			0.7	1.4	1.4	
3	X	24.0	258,177		1.0								0.5			
4	X	24.0	263,295		1.0								0.7			
5	X	24.0	270,076		1.0								0.5			
6	X	24.0	251,819		1.0								0.7			
7	X	24.0	253,977		1.0								0.7			
8		24.0	300,510													
9	X	24.0	300,510		1.0					8			0.7	1.4	1.4	
10	X	24.0	264,758		1.0								0.7			
11	X	24.0	269,080		1.0								0.7			
12	X	24.0	354,981		1.0								0.5			
13	X	24.0	284,246		1.0								0.7			
14	X	24.0	265,984		1.0								0.7			
15		24.0	250,000													
16	X	24.0	250,000		1.2					8			0.7	1.4	1.4	
17	X	24.0	268,477		1.2								0.7			
18	X	24.0	309,501		1.0								0.5			
19	X	24.0	272,000		1.0								0.7			
20	X	24.0	393,744		1.0								0.5			
21	X	24.0	301,813		1.1								0.6			
22		24.0	313,914													
23	X	24.0	313,914		0.8					8			0.5	1.4	1.4	
24	X	24.0	189,287		1.2								0.7			
25	X	24.0	278,971		1.2								0.7			
26	X	24.0	272,482		1.2								0.7			
27	X	24.0	281,092		1.2								0.7			
28	X	24.0	280,845		1.2								0.7			
29		24.0	287,600													
30	X	24.0	287,600		1.0								0.5			
31	X	24.0	284,836		1.2								0.7			
<b>Total</b>			8,716,012													
<b>Average</b>			281,162													
<b>Maximum</b>			393,744													

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





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

PWS Identification Number: 6512070 Plant Name: Jasmine Lakes

III. Daily Data for the Month/Year of: August, 2007

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	POLY PHOSPHATE P.O.E.	POLY PHOSPHATE REMOTE Sample Locations 14	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose								
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>					
1	X	24.0	252,355		1.2								0.7				
2	X	24.0	221,650		1.2								0.7				
3	X	24.0	254,008		1.2								0.7				
4	X	24.0	373,406		1.2								0.7				
5		24.0	295,757														
6	X	24.0	295,757		1.2				7.8				0.7	1.4	1.4		
7	X	24.0	270,948		1.2								0.7				
8	X	24.0	266,381		1.2								0.7				
9	X	24.0	281,321		1.2								0.7				
10	X	24.0	266,736		0.8								0.4				
11	X	24.0	265,587		0.8								0.4				
12		24.0	251,679														
13	X	24.0	251,679		1.2				7.8				0.7	1.4	1.4		
14	X	24.0	272,333		1.2								0.7				
15	X	24.0	311,603		1.2								0.7				
16	X	24.0	224,358		1.2								0.7				
17	X	24.0	326,674		1.2								0.7				
18	X	24.0	204,999		1.0								0.5				
19		24.0	247,500														
20	X	24.0	247,500		1.0				7.8				0.5	1.4	1.4		
21	X	24.0	256,017		1.0								0.5				
22	X	24.0	365,080		1.0								0.5				
23	X	24.0	310,250		1.0								0.5				
24	X	24.0	282,445		1.0								0.5				
25	X	24.0	282,445		1.2								0.7				
26		24.0	237,967														
27	X	24.0	237,967		1.2				7.8				0.7	1.4	1.4		
28	X	24.0	254,562		1.2								0.7				
29	X	24.0	253,477		1.2								0.7				
30	X	24.0	253,477		1.2								0.7				
31	X	24.0	289,673		1.2								0.7				
<b>Total</b>			<b>8,405,988</b>														
<b>Average</b>			<b>271,161</b>														
<b>Maximum</b>			<b>373,406</b>														

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



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

PWS Identification Number: 6512070 Plant Name: Jasmine Lakes

III. Daily Data for the Month/Year of: September, 2007

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 by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	POLY PHOSPHATE P.O.E.	POLY PHOSPHATE REMOTE Sample Locations 14	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		24.0	237,665												
2		24.0	250,543												
3		24.0	250,543		1.2					7.8		0.7	1.4	1.4	
4		24.0	282,972		1.2							0.7			
5		24.0	255,593		1.2							0.7			
6		24.0	265,348		1.0							0.7			
7		24.0	294,634		1.2							0.7			
8		24.0	248,898		1.2							0.7			
9		24.0	252,959												
10		24.0	252,959		1.2					7.8		0.7	1.4	1.4	
11		24.0	248,495		1.2							0.7			
12		24.0	238,742		1.2							0.7			
13		24.0	223,358		1.1							0.8			
14		24.0	288,154		1.2							0.7			
15		24.0	227,074		1.0							0.5			
16		24.0	254,475												
17		24.0	254,475		1.0					7.8		0.5	1.4	1.4	
18		24.0	278,409		1.2							0.7			
19		24.0	227,379		1.2							0.7			
20		24.0	231,943		1.2							0.7			
21		24.0	237,272		1.0							0.7			
22		24.0	180,761		1.0							0.7			
23		24.0	273,505												
24		24.0	273,505		1.0					7.8		0.7	1.4	1.4	
25		24.0	198,365		1.2							0.7			
26		24.0	263,616		1.3							0.7			
27		24.0	244,300		1.0							0.7			
28		24.0	235,225		1.0							0.7			
29		24.0	245,325												
30		24.0													
Total			7,216,491												
Average			248,845												
Maximum			294,634												

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



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

PWS Identification Number: 6512070 Plant Name: Jasmine Lakes

III. Daily Data for the Month/Year of: October, 2007

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										POLY PHOSPHATE P.O.E.	POLY PHOSPHATE REMOTE Sample Locations 14	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	24.0	598,665		1.2					7.8				0.7	1.4	1.4	
2	X	24.0	255,724		1.2									0.7			
3	X	24.0	226,824		1.2									0.7			
4	X	24.0	256,709		1.2									0.7			
5	X	24.0	220,380		1.0									0.7			
6	X	24.0	206,893		1.0									0.7			
7		24.0	266,651														
8	X	24.0	266,651		1.0					7.9				0.7	1.4	1.4	
9	X	24.0	240,831		1.2									0.7			
10	X	24.0	264,626		1.3									0.7			
11	X	24.0	221,306		1.2									0.7			
12	X	24.0	275,018		1.2									0.8			
13	X	24.0	304,658		1.1									0.7			
14		24.0	267,638														
15	X	24.0	267,638		1.2					7.8				0.7	1.4	1.4	
16	X	24.0	272,248		1.2									0.7			
17	X	24.0	240,826		1.3									0.7			
18	X	24.0	309,556		1.2									0.7			
19	X	24.0	287,715		1.2									0.7			
20	X	24.0	217,516		1.0									0.7			
21		24.0	279,506														
22	X	24.0	279,506		1.0					7.8				0.7	1.4	1.4	
23	X	24.0	241,451		1.0									0.7			
24	X	24.0	236,228		1.0									0.7			
25	X	24.0	224,894		1.0									0.7			
26	X	24.0	247,006		1.0									0.7			
27	X	24.0	199,430		1.0									0.7			
28		24.0	272,894														
29	X	24.0	272,894		1.0					7.7				0.7	1.4	1.4	
30	X	24.0	242,639		1.0									0.7			
31	X	24.0	251,430		1.0									0.7			
Total			8,215,949														
Average			265,031														
Maximum			598,665														

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



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

PWS Identification Number: 6512070 Plant Name: Jasmine Lakes

III. Daily Data for the Month/Year of: November, 2007

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	POLY PHOSPHATE P.O.E.	POLY PHOSPHATE REMOTE Sample Locations 14	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	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>					
1		24.0	227,253		1.0							0.7			
2		24.0	256,911		1.0							0.7			
3		24.0	209,543		1.0							0.7			
4		24.0	322,364									0.7			
5		24.0	322,364		1.0					7.8		0.7	1.4	1.4	
6		24.0	245,750		1.0							0.7			
7		24.0	257,200		1.0							0.7			
8		24.0	276,780		1.0							0.7			
9		24.0	277,711		1.0							0.7			
10		24.0	285,532		1.0							0.7			
11		24.0	329,838									0.7			
12		24.0	329,838		1.0					8		0.7	1.4	1.4	
13		24.0	303,614		1.0							0.7			
14		24.0	276,234		1.0							0.7			
15		24.0	225,577		1.0							0.7			
16		24.0	353,541		1.0							0.7			
17		24.0	233,813		1.0							0.7			
18		24.0	289,678									0.7			
19		24.0	289,678		1.0					7.9		0.7	1.4	1.4	
20		24.0	288,231		1.0							0.7			
21		24.0	284,113		1.0							0.7			
22		24.0	275,524		1.0							0.7			
23		24.0	289,816		1.0							0.7			
24		24.0	216,771		1.0							0.7			
25		24.0	315,341									0.7			
26		24.0	315,341		1.0					7.8		0.5	1.4	1.4	
27		24.0	285,570		1.0							0.5			
28		24.0	275,751		1.0							0.7			
29		24.0	276,820		1.0							0.7			
30		24.0	268,589		1.0							0.7			
Total:			8,405,083												
Average:			280,169												
Maximum:			353,541												

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

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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** December, 2007

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

PWS Name: Jasmine Lakes		PWS Identification Number: 6512070	
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: 1540		Total Population Served at End of Month: 3,311	
PWS Owner: Aqua Utilities Florida			
Contact Person: Don Hostetler		Contact Person's Title: Senior Facilities Operator	
Contact Person's Mailing Address: 7616 Arbordale Drive Port Richey, Fl. 34668		City: Port Richey State: Florida Zip Code: 34668	
Contact Person's Telephone Number: (727) 919-0674		Contact Person's Fax Number: (727) 697-3137	
Contact Person's E-Mail Address:			

**B. Water Treatment Plant Information**

Plant Name: Jasmine Lakes		Plant Telephone Number: (352) 302-9713																																																								
Plant Address: 7612 Pineapple Lane		City: Port Richey State: Florida Zip Code: 34668																																																								
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water																																																										
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 600,000		Plant Class (per subsection 62-699.310(4), F.A.C.):																																																								
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):																																																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Licensed Operators</th> <th style="width: 35%;">Name</th> <th style="width: 15%;">License Class</th> <th style="width: 15%;">License Number</th> <th style="width: 20%;">Day(s) / Shift(s) Worked</th> </tr> </thead> <tbody> <tr> <td>Lead/Chief Operator:</td> <td>Don Hostetler</td> <td>C</td> <td>14147</td> <td>Days 1st Shift</td> </tr> <tr> <td>Other Operators:</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	Lead/Chief Operator:	Don Hostetler	C	14147	Days 1st Shift	Other Operators:																																												
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked																																																						
Lead/Chief Operator:	Don Hostetler	C	14147	Days 1st Shift																																																						
Other Operators:																																																										

**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.

	Don Hostetler Printed or Typed Name	C-14147 License Number
Signature and Date		



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

PWS Identification Number: 6512070 Plant Name: Jasmine Lakes

III. Daily Data for the Month/Year of: December, 2007

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										POLY PHOSPHATE P.O.E.	POLY PHOSPHATE REMOTE Sample Locations 14	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		24.0	283,011													
2	X	24.0	283,011		1.0					7.8				0.7	1.4	1.4
3	X	24.0	267,160		1.0									0.7		
4	X	24.0	256,523		1.0									0.7		
5	X	24.0	266,486		1.0									0.7		
6	X	24.0	271,103		1.0									0.7		
7	X	24.0	231,402		1.1									0.9		
8	X	24.0	323,294		0.5									0.4		
9		24.0	275,484													
10	X	24.0	275,484		1.0					8				0.7	1.4	1.4
11	X	24.0	222,924		1.0									0.7		
12	X	24.0	242,531		1.0									0.7		
13	X	24.0	257,200		1.0									0.5		
14	X	24.0	202,499		1.0									0.5		
15	X	24.0	230,694		1.0									0.5		
16		24.0	350,000													
17	X	24.0	350,000		1.0					8.1				0.7	1.4	1.4
18	X	24.0	200,452		1.0									0.7		
19	X	24.0	270,991		1.0									0.7		
20	X	24.0	214,738		1.0									0.7		
21	X	24.0	287,370		1.0									0.7		
22	X	24.0	242,189		1.0									0.7		
23		24.0	282,888													
24	X	24.0	282,888		1.1					8				0.6	1.4	1.4
25	X	24.0	279,842		0.6									0.4		
26	X	24.0	212,503		1.0									0.8		
27	X	24.0	239,890		1.1									0.8		
28	X	24.0	290,190		1.0									0.7		
29	X	24.0	268,516		1.3									0.8		
30		24.0	252,252													
31	X	24.0	252,252		1.2									0.9		
Total			8,165,764													
Average			263,412													
Maximum			350,000													

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



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

PWS Identification Number: 6512070 Plant Name: Jasmine Lakes

III. Daily Data for the Month/Year of: January, 2006

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										POLY-PHOSPHATE P.O.E.	POLY-PHOSPHATE REMOTE Sample Locations	Emergency or Abnormal Operating Conditions (Repair or Maintenance Work that Involves Taking Water System Components Out of Operation)
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or after 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			
		24.0	324,000		1.0								0.8			
X		24.0	324,000		1.0					7.6			0.7	1.4	1.4	
X		24.0	432,000		1.0								0.8			
X		24.0	230,000		1.0								0.9			
X		24.0	344,000		0.9								0.7			
X		24.0	282,000		0.8								0.6			
X		24.0	317,000													
		24.0	356,500		0.9								0.6			
X		24.0	356,500		0.8					7.6			0.6	1.4	1.4	
X		24.0	261,000		1.1								0.9			
X		24.0	412,000		1.2								0.9			
X		24.0	325,000		0.8								0.5			
X		24.0	359,000		0.8								0.6			
X		24.0	321,000													
		24.0	421,500		0.8								0.5			
X		24.0	421,500		0.9					7.6			0.6	1.5	1.5	
X		24.0	351,000		0.8								0.5			
X		24.0	290,000		0.8								0.5			
X		24.0	298,000		1.0								0.8			
X		24.0	426,000		1.0								0.8			
X		24.0	367,000													
		24.0	357,500		1.0								0.8			
X		24.0	357,500		0.8					7.6			0.6	1.4	1.4	
X		24.0	340,000		1.5								1.2			
X		24.0	440,000		0.9								0.7			
X		24.0	336,000		1.0								0.8			
X		24.0	328,000		0.7								0.4			
X		24.0	314,000													
		24.0	327,000		0.9								0.6			
X		24.0	327,000		0.9					7.6			0.7	1.4	1.4	
X		24.0	205,000													
			10,551,000													
			340,355													
			440,000													

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



# MONTHLY OPERATION REPORT FOR PWS'S TREATING PAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6512070		Plant Name: Jasmine Lakes															
III. Daily Data for the Month/Year of: February, 2006																	
Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)																	
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):																	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide																	
Day of the Month	Days Plant Staffed by Operator (Place "X" in Operator Column)	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations on UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										POLY PHOSPHATE P.O.E.	POLY PHOSPHATE REMOTE Sample Locations	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 (D) 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	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L				
	X	24.0	339,000		2.3									2.0			
	X	24.0	275,000		0.8									0.5			
	X	24.0	287,000		0.9									0.6			
	X	24.0	242,000		1.0									0.7			
	X	24.0	322,000		0.8									0.5			
		24.0	322,000														
	X	24.0	198,000		1.0					7.6				0.8	1.5	1.5	Electrical Control Failure
	X	24.0	301,000		0.7									0.4			
	X	24.0	229,000		0.7									0.4			
	X	24.0	220,000		0.9									0.7			Electrical Control Failure
	X	24.0	331,000		0.8									0.6			
		24.0	306,000														
	X	24.0	306,000		0.9					7.6				0.7	1.5	1.5	
	X	24.0	353,000		0.7									0.4			
	X	24.0	262,000		0.8									0.3			
	X	24.0	378,000		1.0									0.6			
	X	24.0	286,000		0.9									0.6			
	X	24.0	307,000		0.9									0.6			
		24.0	305,500														
	X	24.0	305,500		0.8					7.6				0.4	1.5	1.5	
	X	24.0	308,000		0.9									0.5			
	X	24.0	289,000		1.0									0.7			
	X	24.0	321,000		0.9									0.6			
	X	24.0	281,000		0.8									0.5			
	X	24.0	296,000		1.0									0.7			
		24.0	290,500														
	X	24.0	290,500		1.0					7.6				0.7	1.8	1.8	
	X	24.0	336,000		0.8									0.6			
			8,287,000														
			295,964														
			378,000														

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



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

PWS Identification Number: 6512070 Plant Name: Jasmine Lakes

III. Daily Data for the Month/Year of: March, 2006

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.	Calculations on a Daily Basis to Demonstrate Four-Log Virus Inactivation, if Applicable										POLY PHOSPHATE P.O.E.	POLY PHOSPHATE REMOTE Sample Locations 14	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking of the 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) 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				
X	X	24.0	286,000		0.8												
X	X	24.0	295,000		1.0												
X	X	24.0	341,000		0.8												
X	X	24.0	341,000		0.9												
X	X	24.0	260,000		0.8												
X	X	24.0	350,000		1.0					7.6							
X	X	24.0	374,000		0.8									1.4		1.4	
X	X	24.0	311,000		0.9												
X	X	24.0	245,000		1.0												
X	X	24.0	436,000		0.9												
X	X	24.0	310,000		0.9												
X	X	24.0	310,000		0.9					7.7							
X	X	24.0	308,000		1.3									1.5		1.5	
X	X	24.0	341,000		0.7												
X	X	24.0	336,000		0.9												
X	X	24.0	375,000		1.0												
X	X	24.0	390,000		0.8												
X	X	24.0	306,000		0.4												
X	X	24.0	306,000		1.1					7.7							
X	X	24.0	395,000		1.0									1.2		1.2	
X	X	24.0	256,000		1.0												
X	X	24.0	368,000		1.0												
X	X	24.0	321,000		1.5												
X	X	24.0	365,000		1.4												
X	X	24.0	354,000		1.0												
X	X	24.0	354,000		0.9					7.6							
X	X	24.0	399,000		1.4									1.4		1.4	
X	X	24.0	302,000		1.3												
X	X	24.0	392,000		1.3												
X	X	24.0	358,000		1.4												
			10,426,000														
			336,323														
			436,000														

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

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



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** April, 2006

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

PWS Name: <u>Jasmine Lakes</u>		PWS Identification Number: <u>6512070</u>	
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>1540</u>		Total Population Served at End of Month: <u>3,311</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Dennis Muldoon</u>		Contact Person's Title: <u>Senior Facilities Operator</u>	
Contact Person's Mailing Address: <u>7616 Arbordale Drive Port Richey, Fl. 34668</u>		City: <u>Port Richey</u>	State: <u>Florida</u> Zip Code: <u>34668</u>
Contact Person's Telephone Number: <u>(352) 302-9713</u>		Contact Person's Fax Number: <u>(727) 697-3137</u>	
Contact Person's E-Mail Address: <u>dmuldoon@aquaaamerica.com</u>			

**B. Water Treatment Plant Information**

Plant Name: <u>Jasmine Lakes</u>		Plant Telephone Number: <u>(352) 302-9713</u>		
Plant Address: <u>7612 Pineapple Lane</u>		City: <u>Port Richey</u>	State: <u>Florida</u> Zip Code: <u>34668</u>	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>600,000</u>				
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
	<u>Dennis Muldoon</u>	<u>C</u>	<u>5982</u>	<u>Days 1st Shift</u>
	<u>Steve Fuller</u>	<u>B</u>	<u>7519</u>	<u>Days 1st Shift</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 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	<u>Dennis Muldoon</u> Printed or Typed Name	<u>C-5982</u> License Number
--------------------	--	---------------------------------



# MONTHLY OPERATION REPORT FOR PWS'S TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6512070 Plant Name: Jasmine Lakes

**III. Daily Data for the Month/Year of:** April, 2006

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	POLY-PHOSPHATE P.O.E.	POLY-PHOSPHATE REMOTE Sample Locations	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				
	X	24.0	288,000		1.3					0.9			
	X	24.0	432,500		1.0			7.7		0.7	1.4	1.4	
	X	24.0	316,000		1.2					0.9			
	X	24.0	368,000		1.2					1.0			
	X	24.0	340,000		1.3					0.9			
	X	24.0	331,000		1.4					1.0			
	X	24.0	322,000		1.2					0.8			
	X	24.0	343,000		1.1			7.7		0.6	2.0	2.0	
	X	24.0	343,000		1.3					0.7			
	X	24.0	311,000		1.3					0.8			
	X	24.0	350,000		1.3					1.0			
	X	24.0	393,000		1.5					1.0			
	X	24.0	342,000		1.3					1.0			
	X	24.0	347,000		1.3					0.9			
	X	24.0	387,500		1.5			7.7		1.0			
	X	24.0	387,500		1.0					0.7			
	X	24.0	352,000		1.1					0.6			
	X	24.0	408,000		1.1					0.9			
	X	24.0	303,000		1.2					1.0			
	X	24.0	435,000		1.4					1.0			
	X	24.0	350,000		1.3					0.9			
	X	24.0	348,000		1.3			7.7		0.8	1.4	1.4	
	X	24.0	348,000		1.2					0.8			
	X	24.0	386,000		1.3					0.9			
	X	24.0	406,000		1.3					0.7			
	X	24.0	363,000		1.0					0.6			
	X	24.0	350,000		0.9					0.6			
	X	24.0	418,000		0.9					0.7			
		24.0	352,500										
			10,833,500										
			361,117										
			435,000										

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



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

PWS Identification Number: 6512070 Plant Name: Jasmine Lakes

III. Daily Data for the Month/Year of: May, 2006

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 for UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										POLY PHOSPHATE P.O.E.	POLY PHOSPHATE REMOTE Sample Locations 14	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			
	x	24.0	665,000		1.1					7.7			0.7	1.7	1.7	
	x	24.0	365,000		1.4								1.0			
	x	24.0	370,000		1.2								0.9			
	x	24.0	331,000		1.1								0.7			
	x	24.0	357,000		1.1								0.7			
	x	24.0	468,000		1.0								0.6			
		24.0	342,000													
	x	24.0	342,000		1.4					7.6			1.0	1.8	1.8	
	x	24.0	380,000		1.4								1.0			
	x	24.0	294,000		1.3								1.0			
	x	24.0	342,000		1.5								1.1			
	x	24.0	298,000		1.4								1.1			
	x	24.0	294,000		1.4								1.0			
		24.0	357,500													
	x	24.0	357,500		1.1					7.7			0.8	16.0	1.6	
	x	24.0	273,000		1.2								0.9			
	x	24.0	293,000		1.5								1.1			
	x	24.0	359,000		1.0								0.7			
	x	24.0	396,000		1.4								1.0			
	x	24.0	257,000		1.3								1.0			
		24.0	356,500													
	x	24.0	356,500		1.2					7.6			0.8	1.8	1.8	
	x	24.0	380,000		1.3								1.0			
	x	24.0	316,000		1.0								0.7			
	x	24.0	345,000		0.8								0.4			
	x	24.0	322,000		1.0								0.6			
	x	24.0	326,000		1.2								0.8			
		24.0	361,000													
	x	24.0	361,000		1.3					7.6			0.9	1.8	1.8	
	x	24.0	345,000		1.2								0.9			
	x	24.0	308,000		1.4								1.1			
			10,918,000													
			352,194													
			665,000													

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



**MONTHLY OPERATION REPORT FOR PWS'S TREATING PAW GROUND WATER OR PURCHASED FINISHED WATER**

PWS Identification Number: 6512070 Plant Name: Jasmine Lakes

III. Daily Data for the Month/Year of: June, 2006

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*										POLY PHOSPHATE P.O.E.	POLY PHOSPHATE REMOTE Sample Locations	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>	Lowest Residual Disinfectant Concentration at Remote Point of Distribution System, mg/L			
	X	24.0	346,000		1.4									1.0		
	X	24.0	342,000		1.1									0.7		
	X	24.0	292,000		1.1									0.8		
		24.0	380,000													
	X	24.0	380,000		1.0				7.7					0.7	1.8	1.8
	X	24.0	411,000		1.0									0.7		
	X	24.0	364,000		1.0									0.7		
	X	24.0	433,000		1.0									0.7		
	X	24.0	394,000		1.1									0.8		
	X	24.0	337,000		1.0									0.7		
		24.0	294,000													
	X	24.0	294,000		1.3				7.6					0.9	1.6	1.6
	X	24.0	249,000		1.0									0.7		
	X	24.0	288,000		1.1									0.8		
	X	24.0	327,000		1.3									0.9		
	X	24.0	299,000		1.3									0.9		
	X	24.0	328,000		1.3									0.9		
		24.0	280,500													
	X	24.0	280,500		1.3				7.6					0.9	1.7	1.7
	X	24.0	316,000		1.2									0.8		
	X	24.0	386,000		1.3									0.9		
	X	24.0	351,000		1.3									0.8		
	X	24.0	307,000		1.2									0.8		
	X	24.0	378,000		1.3									0.9		
		24.0	309,000													
	X	24.0	309,000		1.0				7.7					0.7	1.8	1.8
	X	24.0	302,000		1.2									0.8		
	X	24.0	291,000		1.7									1.1		
	X	24.0	298,000		1.4									1.0		
	X	24.0	310,000		1.3									1.0		
			9,876,000													
			329,200													
			433,000													

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



# MONTHLY OPERATION REPORT FOR PWS'S TREATING PAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6512070 Plant Name: Jasmine Lakes

III. Daily Data for the Month/Year of: July, 2006

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*										POLY PHOSPHATE P.O.E.	POLY PHOSPHATE REMOTE Sample Locations 14	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/100 gal	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			
	X	24.0	370,000		1.0								0.7			
		24.0	295,500													
	X	24.0	295,500		1.2				7.6				0.8	2.2	2.2	
	X	24.0	360,000		1.2								0.8			
	X	24.0	330,000		1.3								0.8			
	X	24.0	259,000		1.3								0.9			
	X	24.0	324,000		1.3								0.8			
	X	24.0	262,000		1.2								0.7			
		24.0	345,500													
	X	24.0	345,500		1.3				7.7				0.8	2.0	2.0	
	X	24.0	315,000		1.2								0.7			
	X	24.0	215,000		1.3								0.8			
	X	24.0	307,000		1.2								0.8			
	X	24.0	262,000		1.1								0.7			
	X	24.0	273,000		1.2								0.8			
		24.0	320,500													
	X	24.0	320,500		1.1				7.6				0.8	3.0	3.0	
	X	24.0	262,000		1.2								0.8			
	X	24.0	349,000		1.2								0.8			
	X	24.0	228,000		1.2								0.8			
	X	24.0	337,000		1.3								0.8			
	X	24.0	280,000		1.2								0.8			
		24.0	334,000													
	X	24.0	334,000		1.3				7.6				0.8	2.5	2.5	
	X	24.0	264,000		1.2								0.8			
	X	24.0	376,000		1.3								0.8			
	X	24.0	381,000		1.3								0.8			
	X	24.0	296,000		1.2								0.9			
	X	24.0	242,000		1.3								0.8			
		24.0	318,000													
	X	24.0	318,000		1.1				7.6				0.7	1.5	1.5	
			9,519,000													
			307,065													
			381,000													

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





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

PWS Identification Number: 6512070 Plant Name: Jasmine Lakes

III. Daily Data for the Month/Year of: August, 2006

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

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	POLY PHOSPHATE P.O.E.	POLY PHOSPHATE REMOTE Sample Locations 14	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 if Applicable	pH of Water	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>					Minimum UV Dose Required, mW-sec/cm <sup>2</sup>
	X	24.0	295,000		1.2											
	X	24.0	305,000		1.0											
	X	24.0	276,000		1.2											
	X	24.0	323,000		1.3											
	X	24.0	303,000		1.4											
	X	24.0	332,000		1.4											
	X	24.0	270,000		1.3											
	X	24.0	343,000		1.1				7.6							
	X	24.0	306,000		0.9								1.6		1.6	
	X	24.0	302,000		0.9											
	X	24.0	334,000		0.9											
	X	24.0	360,500		0.9											
	X	24.0	360,500		1.0											
	X	24.0	223,000		1.0				7.6							
	X	24.0	305,000		1.2									1.8		0.2
	X	24.0	6,000		1.2											
	X	24.0	493,000		1.0											
	X	24.0	233,000		1.2											
	X	24.0	745,500		1.2											
	X	24.0	745,500		1.0											
	X	24.0	328,000		1.0				7.6							
	X	24.0	316,000		1.1											
	X	24.0	248,000		1.2											
	X	24.0	307,000		1.1											
	X	24.0	256,000		1.1											
	X	24.0	279,000		1.1											
	X	24.0	279,000		1.1											
	X	24.0	316,000		1.1				7.6							
	X	24.0	191,000		1.1											
	X	24.0	259,000		1.1									1.8		1.8
			9,972,000													
			321,677													
			745,500													

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



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

PWS Identification Number: 6512070 Plant Name: Jasmine Lakes

III. Daily Data for the Month/Year of: September, 2016

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										POLY PHOSPHATE P.O.E.	POLY PHOSPHATE REMOTE Sample Locations * 14	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			
	X	24.0	311,000		1.0									0.8		
	X	24.0	212,000		1.1									0.8		
		24.0	329,000													
	X	24.0	329,000		1.0									0.8		
	X	24.0	199,000		1.0				7.6					0.8	1.8	1.8
	X	24.0	262,000		1.0									0.7		
	X	24.0	253,000		1.0									0.8		
	X	24.0	245,000		1.1									0.9		
	X	24.0	219,000		1.3									1.0		
		24.0	314,000													
	X	24.0	314,000		1.1				7.7					0.8	1.8	1.8
	X	24.0	223,000		1.2									0.8		
	X	24.0	296,000		1.2									0.8		
	X	24.0	244,000		1.2									0.8		
	X	24.0	243,000		1.1									0.8		
	X	24.0	283,000		1.0									0.7		
		24.0	337,000													
	X	24.0	337,000		1.0				7.7					0.7	1.9	1.9
	X	24.0	284,000		1.2									0.8		
	X	24.0	258,000		1.5									0.9		
	X	24.0	298,000		1.4									1.0		
	X	24.0	230,000		1.4									1.0		
	X	24.0	271,000		1.4									1.1		
		24.0	291,500													
	X	24.0	291,500		1.4				7.6					1.1	2.0	2.0
	X	24.0	360,000		1.4									1.0		
	X	24.0	233,000		1.5									0.9		
	X	24.0	312,000		1.3									0.8		
	X	24.0	303,000		1.2									0.8		
		24.0	280,500													
			8,362,500													
			278,750													
			360,000													

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

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



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** October, 2006

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

PWS Name: Jasmine Lakes		PWS Identification Number: 6512070	
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: 1540		Total Population Served at End of Month: 3,311	
PWS Owner: Aqua Utilities Florida			
Contact Person: Dennis Muldoon		Contact Person's Title: Senior Facilities Operator	
Contact Person's Mailing Address: 7616 Arbordale Drive Port Richey, Fl. 34668		City: Port Richey	State: Florida
Contact Person's Telephone Number: (352) 302-9713		Zip Code: 34668	
Contact Person's E-Mail Address: dmuldoon@aquaaamerica.com		Contact Person's Fax Number: (727) 697-3137	

**B. Water Treatment Plant Information**

Plant Name: Jasmine Lakes		Plant Telephone Number: (352) 302-9713	
Plant Address: 7612 Pineapple Lane		City: Port Richey	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 34668	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 600,000			

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Dennis Muldoon	C	5982	Days 1st Shift
Operator	Donald Hostetler	C	14147	Days 1st Shift

**II. Certification by Lead/Chief Operator**

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

Signature and Date	Donald Hostetler Printed or Typed Name	C-14147 License Number
--------------------	---	---------------------------

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

PWS Identification Number: 6512070 Plant Name: Jasmine Lakes

III. Daily Data for the Month/Year of: October, 2006

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	POLY PHOSPHATE P.O.E.	POLY PHOSPHATE REMOVAL Sample Locations	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work 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>					
	X	24.0	561,000		1.1					7.6			0.7	1.8	1.8		
	X	24.0	250,000		1.2								0.8				
	X	24.0	317,000		1.2								0.7				
	X	24.0	250,000		1.2								0.8				
	X	24.0	312,000		1.2								0.7				
	X	24.0	275,000		1.3								0.8				
	X	24.0	307,000		1.2								0.7				
		24.0	322,000														
	X	24.0	322,000		1.2					7.5			0.6	1.5	1.5		
	X	24.0	285,000		1.3								0.5				
	X	24.0	286,000		1.7								0.7				
	X	24.0	237,000		2.0								0.8				
	X	24.0	334,000		1.9								0.5				
	X	24.0	256,000		2.0								0.7				
		24.0	296,500														
	X	24.0	296,500		2.0					7.6			0.5	1.5	1.5		
	X	24.0	247,000		2.2								0.7				
	X	24.0	362,000		2.2								0.5				
	X	24.0	306,000		2.0								0.5				
	X	24.0	302,000		1.5								0.4				
	X	24.0	351,000		1.5								0.5				
		24.0	334,500														
	X	24.0	334,500		1.4					7.5			0.4	1.4	1.4		
	X	24.0	233,000		1.4								0.4				
	X	24.0	294,000		1.4								0.4				
	X	24.0	277,000		1.5								0.5				
	X	24.0	293,000		1.5								0.6				
	X	24.0	233,000		1.5								0.5				
		24.0	303,000														
	X	24.0	303,000		1.4					7.5			0.4	1.5	1.5		
	X	24.0	298,000		2.0								0.7				
			9,378,000														
			302,516														
			561,000														

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



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

PWS Identification Number: 6512070 Plant Name: Jasmine Lakes  
 III. Daily Data for the Month/Year of: November, 2006

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										POLY PHOSPHATE P.O.E.	POLY PHOSPHATE-REMOTE Sample Locations	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			
		24.0	226,000		1.8											
		24.0	324,000		2.0											
		24.0	301,000		1.9											
		24.0	309,000		1.8											
		24.0	298,500													
		24.0	298,500		1.5											
		24.0	296,000		1.0				7.8							
		24.0	252,000		1.0								0.4	1.4	1.4	
		24.0	335,000		1.0								0.4			
		24.0	369,000		1.0								0.4			
		24.0	282,000		1.4								0.4			
		24.0	338,500										0.5			
		24.0	338,500										0.4			
		24.0	311,000		1.0				8				0.4			
		24.0	331,000		1.2								0.4	1.5	1.5	
		24.0	273,000		1.0								0.4			
		24.0	273,000		1.2								0.4			
		24.0	304,000		1.2								0.5			
		24.0	282,000		1.4								0.7			
		24.0	306,000		1.3								0.7			
		24.0	306,000										0.7			
		24.0	276,000		1.4								0.7			
		24.0	289,000		1.2				7.9				0.8	1.4	1.4	
		24.0	289,000		1.0								0.7			
		24.0	293,000		1.2								0.7			
		24.0	313,000		1.2								0.7			
		24.0	268,000		1.2								0.7			
		24.0	268,000		1.0								0.7			
		24.0	319,500										0.7			
		24.0	319,500										0.7			
		24.0	310,000		1.2				8				0.7			
		24.0	310,000		1.2								0.7	1.5	1.5	
		24.0	258,000		1.2								0.7			
		24.0	240,000		1.0								0.7			
			8,967,000										0.7			
			298,900										0.7			
			369,000										0.7			

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





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

PWS Identification Number: 6512070 Plant Name: Jasmine Lakes

III. Daily Data for the Month/Year of: December, 2006

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	POLY. PHOSPHATE P.O.E.	POLY. PHOSPHATE REMOTE Sample Locations	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				
	X	24.0	275,920		1.2						0.7			
	X	24.0	258,480		1.2						0.7			
		24.0	294,135											
	X	24.0	294,135		1.2					7.8	0.7	1.4	1.4	
	X	24.0	269,760		1.0						0.5			
	X	24.0	299,470		1.2						0.7			
	X	24.0	242,890		0.7						0.3			
	X	24.0	265,320		1.2						0.8			
	X	24.0	223,610		1.0						0.4			
		24.0	334,970											
	X	24.0	334,970		1.2					8	0.7	1.5	1.5	
	X	24.0	296,130		1.0						0.5			
	X	24.0	313,840		1.0						0.7			
	X	24.0	265,240		1.2						0.5			
	X	24.0	279,580		1.0						0.5			
	X	24.0	257,530		1.0						0.5			
		24.0	306,475											
	X	24.0	306,475		1.4					7.9	0.5	1.4	1.4	
	X	24.0	256,176		1.4						0.7			
	X	24.0	307,770		1.2						0.5			
	X	24.0	292,550		1.3						0.5			
	X	24.0	281,800		1.2						0.5			
	X	24.0	273,640		1.2						0.5			
		24.0	279,320											
	X	24.0	279,320		1.2					8	0.7	1.4	1.4	
	X	24.0	270,620		1.2						0.6			
	X	24.0	259,180		1.0						0.5			
	X	24.0	267,220		1.2						0.5			
	X	24.0	266,250		1.0						0.5			
	X	24.0	299,050		1.2						0.5			
		24.0	273,240											
			8,725,060											
			281,454											
			334,970											

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

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



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** January, 2006

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

PWS Name: <u>Jasmine Lakes</u>		PWS Identification Number: <u>6512070</u>	
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>1540</u>		Total Population Served at End of Month: <u>3,311</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Dennis Muldoon</u>		Contact Person's Title: <u>Senior Facilities Operator</u>	
Contact Person's Mailing Address: <u>7616 Arbordale Drive Port Richey, Fl. 34668</u>		City: <u>Port Richey</u>	State: <u>Florida</u>
Contact Person's Telephone Number: <u>(352) 302-9713</u>		Contact Person's Fax Number: <u>(727) 697-3137</u>	
Contact Person's E-Mail Address: <u>dmuldoon@aquaamerica.com</u>			

**B. Water Treatment Plant Information**

Plant Name: <u>Jasmine Lakes</u>		Plant Telephone Number: <u>(352) 302-9713</u>	
Plant Address: <u>7612 Pineapple Lane</u>		City: <u>Port Richey</u>	State: <u>Florida</u>
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>600,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):	
Licensed Operator's Name	License Class	License Number	Day(s)/Shift(s) Worked
<u>Dennis Muldoon</u>	<u>C</u>	<u>5982</u>	<u>Days 1st Shift</u>
<u>Steve Fuller</u>	<u>B</u>	<u>7519</u>	<u>Days 1st Shift</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 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	<u>Dennis Muldoon</u> DOCUMENT NUMBER - DATE Printed or Typed Name	C-5982 License Number
--------------------	---	--------------------------

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

PWS Identification Number: 6512070 Plant Name: Jasmine Lakes

III. Daily Data for the Month/Year of: January, 2006

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 for UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable						pH of Water, if Applicable	Minimum UV Dose 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	POLY. PHOSPHATE P.O.E.	POLY. PHOSPHATE REMOTE Sample Locations	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	Minimum CT Required, mg-min/L								
		24.0	324,000		1.0							0.8					
X		24.0	324,000		1.0			7.6				0.7	1.4	1.4			
X		24.0	432,000		1.0							0.8					
X		24.0	230,000		1.0							0.9					
X		24.0	344,000		0.9							0.7					
X		24.0	282,000		0.8							0.6					
X		24.0	317,000														
		24.0	356,500		0.9							0.6					
X		24.0	356,500		0.8			7.6				0.6	1.4	1.4			
X		24.0	261,000		1.1							0.9					
X		24.0	412,000		1.2							0.9					
X		24.0	325,000		0.8							0.5					
X		24.0	359,000		0.8							0.6					
X		24.0	321,000														
		24.0	421,500		0.8							0.5					
X		24.0	421,500		0.9			7.6				0.6	1.5	1.5			
X		24.0	351,000		0.8							0.5					
X		24.0	290,000		0.8							0.5					
X		24.0	298,000		1.0							0.8					
X		24.0	426,000		1.0							0.8					
X		24.0	367,000														
		24.0	357,500		1.0							0.8					
X		24.0	357,500		0.8			7.6				0.6	1.4	1.4			
X		24.0	340,000		1.5							1.2					
X		24.0	440,000		0.9							0.7					
X		24.0	336,000		1.0							0.8					
X		24.0	328,000		0.7							0.4					
X		24.0	314,000														
		24.0	327,000		0.9							0.6					
X		24.0	327,000		0.9			7.6				0.7	1.4	1.4			
X		24.0	205,000														
			10,551,000														
			340,355														
			440,000														

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

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



See Pages 4 for Instructions.

**I. General Information for the Month/Year of:** February, 2006

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

PWS Name: Jasmine Lakes		PWS Identification Number: 6512070	
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: 1540		Total Population Served at End of Month: 3,311	
PWS Owner: Aqua Utilities Florida			
Contact Person: Dennis Muldoon		Contact Person's Title: Senior Facilities Operator	
Contact Person's Mailing Address: 7616 Arbordale Drive Port Richey, Fl. 34668		City: Port Richey	State: Florida
Contact Person's Telephone Number: (352) 302-9713		Zip Code: 34668	
Contact Person's E-Mail Address: dmuldoon@aquaamerica.com		Contact Person's Fax Number: (727) 697-3137	

**B. Water Treatment Plant Information**

Plant Name: Jasmine Lakes		Plant Telephone Number: (352) 302-9713	
Plant Address: 7612 Pineapple Lane		City: Port Richey	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 600,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):	
License #	Name	License Class	License Number
	Dennis Muldoon	C	5982
	Steve Fuller	B	7519

**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 \_\_\_\_\_ Dennis Muldoon \_\_\_\_\_ C-5982 \_\_\_\_\_  
 Printed or Typed Name License Number



An Equal Opportunity Employer

# Southwest Florida Water Management District

2379 Broad Street, Brooksville, Florida 34604-6899

(352) 796-7211 or 1-800-423-1476 (FL only)

SUNCOM 628-4150 TDD only 1-800-231-6103 (FL only)

On the Internet at: [WaterMatters.org](http://WaterMatters.org)

**Bartow Service Office**  
170 Century Boulevard  
Bartow, Florida 33830-7700  
(863) 534-1448 or  
1-800-492-7862 (FL only)  
SUNCOM 572-6200

**Lecanto Service Office**  
Suite 226  
3600 West Sovereign Path  
Lecanto, Florida 34461-8070  
(352) 527-8131

**Sarasota Service Office**  
6750 Fruitville Road  
Sarasota, Florida 34240-9711  
(941) 377-3722 or  
1-800-320-3503 (FL only)  
SUNCOM 531-6900

**Tampa Service Office**  
7601 Highway 301 North  
Tampa, Florida 33637-6759  
(813) 985-7481 or  
1-800-836-0797 (FL only)  
SUNCOM 578-2070

**Talmadge G. "Jerry" Rice**  
Chair, Pasco

**Judith C. Whitehead**  
Vice Chair, Hernando

**Nell Combee**  
Secretary, Polk

**Jennifer E. Closehey**  
Treasurer, Hillsborough

**Thomas G. Dabney**  
Sarasota

**Heidi B. McCrea**  
Hillsborough

**Sallie Parks**  
Pinellas

**Todd Pressman**  
Pinellas

**Maritza Rovira-Forino**  
Hillsborough

**Patay C. Symons**  
DeSoto

**David L. Moore**  
Executive Director

**William S. Bilenky**  
General Counsel

November 27, 2006

Jack Lihvarcik  
Aqua Utilities Florida, Inc.  
Post Office Box 490310  
Leesburg, FL 34749-0310

**Subject: Final Agency Action Transmittal Letter - Approval  
Modification of Permit by Letter  
Water Use Permit No.: 20000279.007  
Project Name: Jasmine Lakes Utility  
County: Pasco  
Sec/Twp/Rge: 14,15/25/16**

**Reference: Rule 40D-2.331(2)(b), Florida Administrative Code**

Dear Mr. Lihvarcik:

This letter constitutes Final Agency Action (FAA) on the request received by the District on August 11, 2006, to modify Water Use Permit (WUP) No. 20000279.006 by letter. The specific modifications are listed in Attachment A and are considered a part of your WUP.

You or any person whose substantial interests are affected by the District's action regarding a permit may request an administrative hearing in accordance with Sections 120.569 and 120.57, Florida Statutes, (F.S.), and Chapter 28-106, F.A.C., of the Uniform Rules of Procedure. A request for hearing must: (1) explain how the substantial interests of each person requesting the hearing will be affected by the District's action, or proposed action, (2) state all material facts disputed by the person requesting the hearing or state that there are no disputed facts, and (3) otherwise comply with Chapter 28-106, F.A.C. Copies of Sections 28-106.201 and 28-106.301, F.A.C., are enclosed for your reference. A request for hearing must be filed with (received by) the Agency Clerk of the District at the District's Brooksville address within 21 days of receipt of this notice. 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 you or such person may have to request a hearing under Sections 120.569 and 120.57, F.S. Mediation pursuant to Section 120.573, F.S., to settle an administrative dispute regarding the District's action in this matter is not available prior to the filing of a request for hearing.

Enclosed is a "Noticing Packet" that provides information regarding the District Rule 40D-1.1010, F.A.C., which addresses the notification of persons whose substantial interests may be affected by the District's action in this matter. The packet contains guidelines on how to provide notice of the District's action, and a notice that you may use.

04322 MAY 22 2006

FPSC-COMMISSION CLERK

If you have questions regarding this permit modification, please contact Angel Martin at the Brooksville Service Office, extension 4324. If you have any questions regarding the Noticing Packet, please contact Debra Webster, at extension 4360, in the Regulation Performance Management Department at the Brooksville office.

Sincerely,



Henry Robert Lue, P.E., Director  
Brooksville Regulation Department

HRL:AM:MEJ

Enclosure: Attachment A  
Noticing Packet (42.00-039)  
Sections 28-106.201 and 28-106.301, F.A.C.

cc: File of Record 20000279.007  
Data Room, Records & Data

**LETTER MODIFICATION  
WUP NO. 20000279.007  
ATTACHMENT A**

**MODIFICATIONS**

Effective November 27, 2006, the following constitutes modifications to the terms and conditions of Water Use Permit No. 20000279.006. The modification is to increase the annual average by 30,000 gallons per day (gpd) (from 300,000 to 330,000 gpd) and the peak month by 60,000 gpd (from 634,000 to 694,000 gpd). The additional quantities are for use in flushing water lines. Additional line flushing is necessary at this time due to Trihalomethane issues in the water-distribution system.

1. Total quantities authorized under this permit (in gpd) are:

**Annual Average:** 330,000  
**Peak Month:** 694,000  
**Crop Protection:** NA

2. Water Use: Public Supply

3. The status/permited quantities for the following withdrawal points are changed:

I.D. NO. PERMITTEE/ DISTRICT	DIAM. (IN.)	DEPTH (FT.) TOTAL/CASED	U S E	GALLONS PER DAY		
				ANNUAL AVERAGE	PEAK MONTH	CROP PROTECTION
6				82,500	173,500	N/A
7				82,500	173,500	N/A
13				82,500	173,500	N/A
14				82,500	173,500	N/A

All other terms and conditions of this permit shall remain as stated on WUP No. 20000279.006, unless specifically modified by this Letter Modification, and this permit will expire on November 10, 2013.



An Equal Opportunity Employer

# Southwest Florida Water Management District

2379 Broad Street, Brooksville, Florida 34604-6899  
(352) 796-7211 or 1-800-423-1476 (FL only)  
SUNCOM 628-4150 TDD only 1-800-231-6103 (FL only)  
On the Internet at: WaterMatters.org

**Tampa Service Office**  
7601 Highway 301 North  
Tampa, Florida 33637-6759  
(813) 985-7481 or  
1-800-836-0797 (FL only)  
SUNCOM 578-2070  
November 10, 2003

**Bartow Service Office**  
170 Century Boulevard  
Bartow, Florida 33830-7700  
(863) 534-1448 or  
1-800-492-7862 (FL only)  
SUNCOM 572-6200

**Sarasota Service Office**  
6750 Fruitville Road  
Sarasota, Florida 34240-9711  
(941) 377-3722 or  
1-800-320-3503 (FL only)  
SUNCOM 531-6900

**Lecanto Service Office**  
3600 West Sovereign Path  
Suite 225  
Lecanto, Florida 34461-8070  
(352) 527-8131  
SUNCOM 667-3271

- Thomas G. Debnay, II**  
Chair, Sarasota
- Watson L. Haynes, II**  
Vice Chair, Pinellas
- Janet D. Kovach**  
Secretary, Hillsborough
- Maggie N. Dominguez**  
Treasurer, Hillsborough
- Edward W. Chance**  
Manatee
- Ronnie E. Duncan**  
Pinellas
- Pamela L. Fontress**  
Highlands
- Ronald C. Johnson**  
Polk
- Heidi B. McCree**  
Hillsborough
- T. G. "Jerry" Rice**  
Pasco
- Judith C. Whitehead**  
Hernando

**Jim Dreher, President**  
Aqua Source Utility, Inc.  
6960 Professional Parkway East, Suite 400  
Sarasota, FL 34240

# COPY

**Subject: Final Agency Action Transmittal Letter  
General Water Use Permit No. 20000279.005**

Your Water Use Permit has been approved. Final approval is contingent upon no objection to the District's action being received by the District within the time frames described below.

You or any person whose substantial interests are affected by the District's action regarding a permit may request an administrative hearing in accordance with Sections 120.569 and 120.57, Florida Statutes (F.S.), and Chapter 28-106, Florida Administrative Code (F.A.C.), of the Uniform Rules of Procedure. A request for hearing must (1) explain how the substantial interests of each person requesting the hearing will be affected by the District's action, or proposed action; (2) state all material facts disputed by the person requesting the hearing or state that there are no disputed facts; and (3) otherwise comply with Chapter 28-106, F.A.C. Copies of Sections 28-106.201 and 28-106.301, F.A.C., are enclosed for your reference. A request for hearing must be filed with (received by) the Agency Clerk of the District at the District's Brooksville address within 21 days of receipt of this notice. 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 you or such person may have to request a hearing under Sections 120.569 and 120.57, F.S. Mediation pursuant to Section 120.573, F.S. to settle an administrative dispute regarding the District's action in this matter is not available prior to the filing of a request for hearing.

Enclosed is a 'Noticing Packet' that provides information regarding District Rule, 40D-1.1010, F.A.C. which addresses the notification of persons having substantial interests that may be affected by the District's action in this matter. The packet contains guidelines on how to provide notice of the District's action, and a notice that you may use.

Please be advised that the Governing Board has formulated a water shortage plan as referenced in Condition 4 of the Standard Water Use Permit Conditions (Exhibit A), 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 or any suspension of your Permit, 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 and should be practiced at all times.

The ID tags for your withdrawals shall be installed by a District representative. This representative will attempt to contact you within 30 days to discuss placement of your tags. If you have any questions or concerns regarding your tags, please contact Sandy Semegen at extension 4349 in the Brooksville Regulation Department. If you have any questions or concerns regarding your permit or any other information, please contact this office at extension 4338.

Sincerely,  
  
BJ Jarvis, Director  
Records and Data Department

BJJ:daw  
Enclosures: Approved Permit, Rules 28-106.201 and 28-106.301, F.A.C., and Noticing Packet  
cc: Corey Kramer

NOV 17 2003





Permit No.: 20000279.005  
 Permittee: Aqua Source Utility, Inc.  
 Page 2

**SERVICE AREA NAME**

Jasmine Lakes Utility

<u>USE TYPE</u>	<u>POPULATION SERVED</u>	<u>PER CAPITA RATE</u>
Residential Single Family		
Unaccounted Use		
Commercial/Industrial Non-Process		
Residential Multi-Family		
Fire Fighting/Testing		
Total Public Supply	3,300	Gross 90 gpd/person

<u>I.D. NO.</u> <u>DISTRICT/</u> <u>PERMITTEE</u>	<u>DIAM.</u> <u>(IN.)</u>	<u>DEPTH</u> <u>TTL./CSD.</u> <u>(FT.)</u>	<u>USE</u>	<u>GALLONS PER DAY</u>		
				<u>AVERAGE</u>	<u>PEAK MONTH</u>	
6 / 7	8	225 / UNK	B	150,000	317,000	
7 / 7C	8	185 / 155	B	150,000	317,000	
13 / 7D	10	130 / 71	B	150,000	317,000	Standby
14 / 7E	10	127 / 70	B	150,000	317,000	Standby

B = Public Supply

<u>DISTRICT</u> <u>I.D. NO.</u>	<u>LOCATION LAT./LONG.</u>	<u>SECTION/TOWNSHIP/RANGE</u>
6	281823.82/824111.57	15/25/16
7	281825.69/824113.19	15/25/16
13	281823.02/824111.88	15/25/16
14	281826.30/824112.88	15/25/16

**SPECIAL CONDITIONS:**

All conditions referring to approval by the Regulation Department Director, Resource Regulation, shall refer to the Director, Brooksville Regulation Department, Resource Regulation.

**PUMPING FLEXIBILITY**

- The average day, peak monthly, and maximum daily, if applicable, quantities for District ID Nos. 6, 7, 13 and 14, Permittee ID Nos. 7, 7C, 7D and 7E, shown above in the production withdrawal table are estimates based on historic and/or projected distribution of pumpage, and are for water use inventory and impact analysis purposes. The quantities listed in the table for these individual sources are not intended to dictate the distribution of pumpage from permitted sources. The Permittee may make adjustments in pumpage distribution as necessary up to 300,000 gallons per day on an average basis, up to 634,000 gallons per day on a peak monthly basis, for the individual wells, so long as adverse environmental impacts do not result and other conditions of this Permit are complied with. In all cases, the total average annual daily withdrawal, the total peak monthly daily withdrawal, and the total crop protection daily withdrawal are limited to the quantities set forth above.

Permit No.: 20000279.005  
Permittee: Aqua Source Utility, Inc.  
Page 3

### REPORTING

2. All reports required by the permit shall be submitted to the District on or before the tenth day of the month following data collection and shall be addressed to:

Permit Data Section, Records and Data Department  
Southwest Florida Water Management District  
2379 Broad Street  
Brooksville, Florida 34604-6899

Unless otherwise indicated, three copies of each plan or report, with the exception of pumpage, rainfall, evapotranspiration, water level or water quality data which require one copy, are required by the permit.

### PUMPING REPORTS

3. The Permittee shall meter withdrawals from surface waters and/or the ground water resources, and meter readings from each withdrawal shall be recorded on a monthly basis within the last week of the month. The meter readings shall be reported to the Permit Data Section, Records and Data Department (using District scanning forms, unless the District has approved another arrangement for submission of this data) on or before the tenth day of the following month. If a metered withdrawal is not utilized during a given month, the meter report shall be submitted to the District indicating the same meter reading as was submitted the previous month. The following withdrawals shall be metered as applicable:

Permittees with existing permitted withdrawal facilities shall continue to maintain and operate existing, non-resettable, totalizing flow meters or other flow measuring devices as approved by the Regulation Department Director on District ID Nos. 6, 7, 13 and 14, Permittee ID Nos. 7, 7C, 7D and 7E.

The meters shall adhere to the following descriptions and shall be installed or maintained as follows:

- A. The meters shall be non-resettable, totalizing flow meters. If other measuring devices are proposed, prior to installation, approval shall be obtained in writing from the Regulation Department Director.
- B. Meters shall be installed on all stand by withdrawal facilities prior to activation.
- C. The flow meters or other approved devices shall have and maintain an accuracy within five percent of the actual flow as installed.
- D. The meter shall be tested for accuracy on-site, as installed, every five years beginning from the date of issuance unless the Permittee demonstrates to the satisfaction of the District that a longer period of time for testing is warranted. The test shall be performed by a person certified in the equipment used. If the actual flow is found to be greater than 5% different from the measured flow, the Permittee shall have the meter re-calibrated or replaced, whichever is necessary. Documentation of the test and a certificate of re-calibration, if applicable, shall be submitted within 30 days of each test or re-calibration.
- E. The meter shall be installed in a straight length of pipe where there is at least an upstream length equal to ten (10) times the outside pipe diameter and a downstream length equal to two (2) times the outside pipe diameter. Where there is not at least a length of ten diameters upstream available, flow straightening vanes shall be used in the line.
- F. If the meter or other flow measuring device malfunctions or has to be removed from the withdrawal for maintenance or repair, the Permittee shall notify the District within 30 days of discovering the necessity to replace or repair the meter and replace it with a repaired or new meter, subject to the same specifications given above, within 30 days of its removal from the withdrawal.
- G. While the meter is off the withdrawal, the Permittee shall request instruction on how to estimate use from the Permit Data Section. The estimate of the number of gallons used each month during that period shall be submitted according to the instructions received from the District.
- H. In the event a new meter is installed to replace a broken meter, it and its installation shall meet the specifications of this condition. The permittee shall notify the District of the replacement with the first submittal of meter readings from the new meter.



Recording Frequency  
Monthly

Recording Time  
Same week of each month

### WATER AUDITS

7. The Permittee shall conduct water audits of the water distribution system during each management period. A water audit may include the following activities: detection of unauthorized uses and authorized unmetered uses, correction of under-registration of meters, determination of fire flow use, and leak detection/repair. Water audits which identify a greater than 12 percent unaccounted for water shall include a schedule for remedial action, followed by appropriate actions. Audits shall be completed and reports documenting the results of the audit shall be submitted as an element of the report required in the per capita condition to the Permit Data Section, Records and Data Department, by the following dates: November 1, 2008; and November 1, 2010. Water audit reports shall include a schedule for remedial action if needed.
8. By April 1 of each year, the Permittee shall submit a residential water use report for the preceding period of October 1, through September 30, detailing:
  - A. The number of single family dwelling units served and their total water use,
  - B. The number of multi-family dwelling units served and their total water use,
  - C. The number of mobile homes served and their total water use.

Where separate indoor and outdoor meters exist, residential water use quantities shall include both the indoor and outdoor water uses associated with the dwelling units, including irrigation water.

9. The Permittee shall submit to the District within 30 days after each calendar quarter a record for each month within such quarter, showing:
  - A. Total water withdrawn from all withdrawal facilities permitted herein;
  - B. Total water supplied from all sources to users within the service area in which the withdrawals facilities permitted herein are located;
  - C. Total water supplied from external sources, if any;
  - D. Total water supplied to external users, if any.

In addition, as part of the first report each year, the Permittee shall state the total number of connections served at the end of the previous calendar year within the service area in which the withdrawal facilities permitted herein are located.

10. The Permittee shall, to the maximum extent feasible, use the permitted withdrawal facilities to meet their water supply needs up to the permitted quantities.
11. The total quantity distributed by the system, from the permitted withdrawal facilities and any external sources, shall not exceed 400,000 gallons per day on an average annual basis.

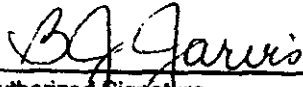
### WATER CONSERVATION

12. The Permittee shall begin carrying out the provisions of its District approved conservation plan dated August 5, 2002, upon receipt of this permit. The Permittee shall submit progress reports to the Permit Data Section, Records and Data Department, concerning implementation of the plan on November 1, 2008.

Permit No.: 20000279.005  
Permittee: Aqua Source Utility, Inc.  
Page 6

**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

Permit No.: 20000279.005  
Permittee: Aqua Source Utility, Inc.  
Page 7

40D-2  
Exhibit 'A'  
**WATER USE PERMIT CONDITIONS**

**STANDARD CONDITIONS**

1. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if the Permittee fails to comply with all of the provisions of Chapter 373, F.S., Chapter 40D, or the conditions set forth herein, the Governing Board shall revoke this permit in accordance with Rule 40D-2.341, following notice and hearing.
2. This permit is issued based on information provided by the Permittee demonstrating that the use of water is reasonable and beneficial, consistent with the public interest, and will not interfere with any existing legal use of water. If, during the term of the permit, it is determined by the District that the use is not reasonable and beneficial, in the public interest, or does impact an existing legal use of water, the Governing Board shall modify this permit or shall revoke this permit following notice and hearing.
3. The Permittee shall not deviate from any of the terms or conditions of this permit without written approval by the District.
4. In the event the District declares that a Water Shortage exists pursuant to Chapter 40D-21, the District shall alter, modify, or declare inactive all or parts of this permit as necessary to address the water shortage.
5. The District shall collect water samples from any withdrawal point listed in the permit or shall require the Permittee to submit water samples when the District determines there is a potential for adverse impacts to water quality.
6. The Permittee shall provide access to an authorized District representative to enter the property at any reasonable time to inspect the facility and make environmental or hydrologic assessments. The Permittee shall either accompany District staff onto the property or make provision for access onto the property.
7. Issuance of this permit does not exempt the Permittee from any other District permitting requirements.
8. The Permittee shall cease or reduce surface water withdrawal as directed by the District if water levels in lakes fall below applicable minimum water level established in Chapter 40D-8 or rates of flow in streams fall below the minimum levels established in Chapter 40D-8.
9. The Permittee shall cease or reduce withdrawal as directed by the District if water levels in aquifers fall below the minimum levels established by the Governing Board.
10. The Permittee shall practice water conservation to increase the efficiency of transport, application, and use, as well as to decrease waste and to minimize runoff from the property. At such time as the Governing Board adopts specific conservation requirements for the Permittee's water use classification, this permit shall be subject to those requirements upon notice and after a reasonable period for compliance.
11. The District may establish special regulations for Water Use Caution Areas. At such time as the Governing Board adopts such provisions, this permit shall be subject to them upon notice and after a reasonable period for compliance.

Permit No.: 20000279.005  
Permittee: Aqua Source Utility, Inc.  
Page 8

12. The Permittee shall mitigate any adverse impact to existing legal uses caused by withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include:
  - A. A reduction in water levels which impairs the ability of the well to produce water;
  - B. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams or other watercourses; or
  - C. Significant inducement of natural or manmade contaminants into a water supply or into a usable portion of any aquifer water body.
13. The Permittee shall mitigate any adverse impact to environmental features or offsite land uses as a result of withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include:
  - A. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams or other watercourses;
  - B. Sinkholes or subsidence caused by reduction in water levels;
  - C. Damage to crops and other vegetation causing financial harm to the owner; and
  - D. Damage to the habitat of endangered or threatened species.
14. When necessary to analyze impacts to the water resource or existing users, the District shall require the Permittee to install flow metering or other measuring devices to record withdrawal quantities and submit the data to the District.
15. A District identification tag shall be prominently displayed at each withdrawal point by permanently affixing the tag to the withdrawal facility.
16. The Permittee shall notify the District within 30 days of the sale or conveyance of permitted water withdrawal facilities or the land on which the facilities are located.
17. All permits issued pursuant to these Rules are contingent upon continued ownership or legal control of all property on which pumps, wells, diversions or other water withdrawal facilities are located.
18. The annual average daily withdrawal quantity is determined by calculating the total quantity of water to be withdrawn over a 1-year period, divided by 365 days, which results in a gallons per day (gpd) quantity pursuant to Basis of Review, Section 3.2, Permitted Withdrawal Quantities. This is a running 12-month average, whereby each month the annual average daily quantity is recalculated based on the previous 12-month pumpage.

R. 09/26/2002



**HYDROLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT**

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

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

307 Coolidge Ave.  
Lehigh Acres, FL 33836  
FDOH # E85370

16331 Cortez Blvd.  
Brookville, FL 3460  
FDOH # E84418

**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC**  
5600 U.S. 1 North, Fort Pierce FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

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

Analysis Method Requested:

Colliert  Membrane Filtration PWS I.D. **6512070**

System Name: **JASMINE LAKES**

System Address: **7612 PINE APPLE LN.**

City: **PORT RICHY FL.**

System or Owner's Phone #: **772-919-0674** Fax #: **772-697-3137**

Collector: **Don Hosteter**

Collector's Phone #: \_\_\_\_\_

Relinquished By: **[Signature]**

Received By: **[Signature]**

Relinquished By: **2-13-07 09:15**

Date/Time: **2-13-07 8:20a**

Date/Time: **2-13-07**

Date/Time: \_\_\_\_\_

Type of Supply:  
(check only one)

Community Water System  
 Private Well

Noncommunity Water System  
 Swimming Pool

Nontransient-Noncommunity Water System  
 Bottled Water

Unimproved Use System  
 Other

Reason for Sampling: (check only one)

Routine Compliance

Repeat

Replacement

Main Clearance

Well Survey

Other

Sample Collection Date(s): **2-12-07**

**LABORATORY CERTIFICATE OF ANALYSIS**

Total Coliform Analysis Method: (MF) SM8222B (Colliert) SM8223B

Fecal (MF) SM8221E E. coli (MF) EC-MUG (Colliert) SM8223B

TO BE COMPLETED BY COLLECTOR OF SAMPLE					
Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd mg/L	pH
1	SOY CI WEL 7	2-12-07 3:45P	D	0	7.9
2	SOY CI WEL 7C	2-12-07 3:40P	D	0	7.8
3	NO2 - NO3 BE.	2-12-07 3:30P	D	1-0	7.9

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. <sup>2</sup>	Lab Sample Number

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

1-0

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

Analyst: \_\_\_\_\_

Disinfectant Residual Analysis Method:

DPD Colorimetric

Other

Person performing analysis is:

A certified operator (# **014147**)

Employed by a certified lab

Supervised by a certified operator (# \_\_\_\_\_)

Employed by DEP or DOH

Name and Mailing Address of Person/Firm to Receive Report

**DeF 7616 PINE APPLE LN. DR. PORT RICHY FL. 34665**



Page 2 of 2

Report authorized by: \_\_\_\_\_

Technical Director or Designer

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

(Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.)

Satisfactory

Repeat Samples Required

Incomplete Collection Information

Replacement Samples Required

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

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

P Sample Types: D-Distribution (Routine Compliance); C-Repeat or Check; R-Raw; N-Entry to Distribution; P-Plant Tap; S-Special (clearance, etc.)

<sup>2</sup> Defined in Florida Administrative Code Rule 62-160

DOCUMENT NUMBER-DATE

04322 MAY 22 08

FPSC-COMMISSION CLERY

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: August 13, 2007

To: Bill Dean  
Aqua Utilities Florida, Inc.  
7612 Pineapple Lane  
Port Richey, FL 346682204

---

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Jasmine Lakes Qtly Odor [2028546]  
Received: 8/07/07 13:30

---

Dear Bill Dean;

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

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:  
E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 8/13/07



Page 1 of 4

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 885 Fax: (772) 467-1584

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Jasmine Lakes Qtly Odor  
Received: 8/07/07 13:30

[2028546]

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

<u>HBEL Sample</u>		<u>Method Narratives (If Applicable)</u>	
<u>Number</u>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>

**Quality Control Summary**

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
---------------	-------------------	----------------	-------------------------

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33938  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 8/13/07



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**CERTIFICATE OF ANALYSIS**  
[2028546]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Jasmine Lakes Qtly Odor

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID:		2028546001		Sampled: 08/07/07 9:00		Received: 08/07/07 13:30				
Sample ID:		POE grab		Matrix: Water		Results reported on Wet Weight Basis				
Odor		1.0 U	T.O.N.	1.0	SM2150 B	WCGE27981		08/07 8:30	SP	E96080

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





**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**SECONDARY CONTAMINANTS**

**62 - 550.320**

Client: Aqua Utilities Florida, Inc. Workorder: Jasmine Lakes Qtly Odor  
 Sample Location: POE grab Sample Number: 2028546001  
 Sampling Date: 8/07/07 9:00 PWS ID (From Page 1): \_\_\_\_\_  
 Date Received: 8/07/07 13:30

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1920	Odor	[3]	T.O.N.	1.0	U	SM2150 B	1.0	8/08/07 8:30	E96080

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

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

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

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



307 Coolidge Avenue  
 Lehigh Acres, FL 33936  
 FDOH # E85370

16331 Cortez Blvd  
 Brooksville, FL 34601  
 FDOH # E84418

Printed: 8/13/07

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

Date issued: July 27, 2007

To: Bill Dean  
Aqua Utilities Florida, Inc.  
7612 Pineapple Lane  
Port Richey, FL 346682204

Client: Aqua Utilities Florida, Inc.

Workorder ID: Jasmine Lakes DW THM/HAA5

[2407602]

Received: 7/17/07 9:15

Dear Bill Dean;

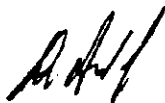
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory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

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

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 7/27/07



Page 1 of 4

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Jasmine Lakes DW THM/HAA5  
Received: 7/17/07 9:15

[2407602]

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

HBEL Sample

**Method Narratives (If Applicable)**

<u>Number</u>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>
---------------	------------------	--------------------------	--------------------

**Quality Control Summary**

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>
---------------	-------------------	----------------

Analytical Issue

5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080  
Printed: 7/27/07

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**CERTIFICATE OF ANALYSIS**

[2407602]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Jasmine Lakes DW THM/HAA5

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
<b>Laboratory ID: 2407602001</b>						<b>Sampled: 07/16/07 15:30</b>		<b>Received: 07/17/07 9:15</b>			
<b>Sample ID: 10702 Laburnum grab</b>						<b>Matrix: Water</b>		<b>Results reported on Wet Weight Basis</b>			
Bromodichloromethane		9.2	ug/L	0.25	EPA 524.2	VOC2814		07/24/07 0:13	WR	E96080	
Bromoform		17	ug/L	0.41	EPA 524.2	VOC2814		07/24/07 0:13	WR	E96080	
Chloroform		4.9	ug/L	0.25	EPA 524.2	VOC2814		07/24/07 0:13	WR	E96080	
Dibromochloromethane		22	ug/L	0.30	EPA 524.2	VOC2814		07/24/07 0:13	WR	E96080	
Total THMs		53	ug/L	0.25	EPA 524.2	VOC2814		07/24/07 0:13	WR	E96080	
Dibromoacetic Acid		7.1	ug/L	0.18	EPA 552.1	PEST4961	07/25/07 11:00	07/25/07 19:53	JL	E96080	
Dichloroacetic Acid		3.1	ug/L	0.66	EPA 552.1	PEST4961	07/25/07 11:00	07/25/07 19:53	JL	E96080	
Monobromoacetic Acid		1.3	ug/L	0.28	EPA 552.1	PEST4961	07/25/07 11:00	07/25/07 19:53	JL	E96080	
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST4961	07/25/07 11:00	07/25/07 19:53	JL	E96080	
Total HAAs		12	ug/L	0.18	EPA 552.1	PEST4961	07/25/07 11:00	07/25/07 19:53	JL	E96080	
Trichloroacetic acid		0.49	ug/L	0.20	EPA 552.1	PEST4961	07/25/07 11:00	07/25/07 19:53	JL	E96080	

<b>Laboratory ID: 2407602002</b>						<b>Sampled:</b>		<b>Received: 07/17/07 9:15</b>			
<b>Sample ID: Trip Blank</b>						<b>Matrix: Water</b>		<b>Results reported on Wet Weight Basis</b>			
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2814		07/24/07 0:48	WR	E96080	
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2814		07/24/07 0:48	WR	E96080	
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2814		07/24/07 0:48	WR	E96080	
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2814		07/24/07 0:48	WR	E96080	
Total THMs		0.25 U	ug/L	0.25	EPA 524.2	VOC2814		07/24/07 0:48	WR	E96080	

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

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

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 7/27/07

Page 3 of 4



**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 205 Fax: (772) 467-584

**Chain-of-Custody**

and  
**Agreement to Perform Services**

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

Laboratory not responsible for omitted information

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



Company: AUF

Method(s) of Shipment: FedEx

Address: 7612 BLUE APPLE LN

PO BOX 10000 FT. PIERCE FL zip: 34967

Phone: 772-919-0674 Fax: 772-849-1929

e-mail: \_\_\_\_\_  
Standard Laboratory Turn Around Time \_\_\_\_\_  
Or \_\_\_\_\_  
Rush in \_\_\_\_\_ Business Days  
Requires Laboratory Approval

Client Contact: Don Hostetter

Project Name: JASMINE LAKES

Sampled By: Don Hostetter

Temperature Checked		Custody Seals Intact		pH Checked		LAB # <u>2407602</u>
Y	N	Y	N	Y	N	
PRESERVATIVE						
<u>WAL</u>	<u>500</u>	<u>WAL</u>	<u>500</u>			
ANALYSES REQUESTED						
<u>ABC</u>	<u>D</u>					
<u>WAL</u>	<u>500</u>	<u>WAL</u>	<u>500</u>			
<u>WAL</u>	<u>500</u>	<u>WAL</u>	<u>500</u>			

**Preservation Key**  
H-Hydrochloric Acid P-Phosphoric Acid  
N-Nitric Acid ST-Sodium  
S-Sulfuric Acid Thioacetate  
SH-Sodium Hydroxide U-Unpreserved

LAB ID	COLLECTION		Sample Type	MATRIX	# Containers	SAMPLE DESCRIPTION As Will Appear On Report
	DATE	TIME				
<u>001</u>	<u>7-16-07</u>	<u>330P</u>	<u>G</u>	<u>PW</u>	<u>3</u>	<u>TAM</u>
<u>002</u>	<u>7-16-07</u>	<u>330P</u>	<u>G</u>	<u>PW</u>	<u>1</u>	<u>HAA5</u>
<u>002</u>	<u>06</u>				<u>3</u>	<u>TRIP BLANK M</u>
<u>002</u>	<u>7-10-07</u>				<u>3</u>	<u>TRIP BLANK</u>
						<u>JASMINE LAKES</u>
						<u>10702 LABORATORY DR</u>
						<u>01607 PA 7.7</u>

WAL 500 TAM  
WAL 500 HAA5

COMMENTS  
see - 1.0

\* Sample Type: G-Grab C-Composite \*\* Matrix: S-Solid SL-Sludge DW-Drinking Water GW-Ground Water SW-Surface Water WW-Wastewater M-Marine

Report Page 4 of 9	RELINQUISHED BY <u>[Signature]</u>	RELINQUISHED BY <u>[Signature]</u>	RELINQUISHED BY <u>[Signature]</u>
	DATE/TIME <u>7-17-07</u>	DATE/TIME <u>7-17-07 09:15</u>	DATE/TIME <u>7/17/07 to FedEx</u>
	RECEIVED BY <u>[Signature]</u>	RECEIVED BY <u>[Signature]</u>	RECEIVED FOR HBEL CUSTODY BY <u>[Signature]</u>
	DATE/TIME <u>7-17-07</u>	DATE/TIME <u>7/17/07 09:15</u>	DATE/TIME <u>7-18-07 10:10</u>

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

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

System Name: JOBMAN LAKES PWS I.D. #: 6512070

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 7612 PINEAPPLE LN

City: POWT RIVER State: FL ZIP Code: 34668

Phone #: 727-919-0674 Fax #: 727-849-1929

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

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: \_\_\_\_\_ Location Code (if known): \_\_\_\_\_

Sample Date: 07/16/07 Sample Time: 3:30 PM

Sample Location (be specific): 10702 Laburnum grab

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

Sample Type (Check Only One)

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

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

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

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

Sampler's Name: Dan Hostetler

Sampler's Phone #: 727-919-0674 Sampler's Fax #: 727-849-1929

Sampler's E-Mail Address: \_\_\_\_\_

**CERTIFICATION** (to be completed by sampler)

I, Dan Hostetler  
Print Name

SA FACILITY OPERATOR  
Print Title

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

Signature: [Signature]

Date: 8-7-07

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080  
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007  
 Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 7/17/07

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

Lab Assigned Report Number or Job ID: 2407602001

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

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

Were any analyses subcontracted? Yes  No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

**CERTIFICATION**

I, Cindy Cromer Laboratory Director  
 (Print Name) (Print Title)

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

Signature *Cindy Cromer* Date: 27-Jul-07

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

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

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

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

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

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

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

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 225 Fax: (772) 467-584

**DISINFECTION BYPRODUCTS ANALYSES  
62-550.310(3)**

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Jasmine Lakes DW THM/HAA5  
Sample Location: 10702 Laburnum grab Disinfectant Residual (mg/L)  
Sample Number: 2407602001 PWS ID  
Sampling Date: 7/16/07 15:30  
Date Received: 7/17/07 9:15

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH La Cert. #
2450	Monochloroacetic Acid	[N/A]	ug/L	0.88	U	EPA 552.1	0.88	7/25/07	7:53 PM	E96080
2451	Dichloroacetic Acid	[N/A]	ug/L	3.1		EPA 552.1	0.66	7/25/07	7:53 PM	E96080
2452	Trichloroacetic acid	[N/A]	ug/L	0.49		EPA 552.1	0.20	7/25/07	7:53 PM	E96080
2453	Monobromoacetic Acid	[N/A]	ug/L	1.3		EPA 552.1	0.28	7/25/07	7:53 PM	E96080
2454	Dibromoacetic Acid	[N/A]	ug/L	7.1		EPA 552.1	0.18	7/25/07	7:53 PM	E96080
2456	Total Haloacetic Acids (HAA5)	[60]	ug/L	11.99		EPA 552.1	0.18	7/25/07	7:53 PM	E96080
2941	Chloroform	[N/A]	ug/L	4.9		EPA 524.2	0.25	7/24/07	12:13 AM	E96080
2942	Bromoform	[N/A]	ug/L	17		EPA 524.2	0.41	7/24/07	12:13 AM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	9.2		EPA 524.2	0.25	7/24/07	12:13 AM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	22		EPA 524.2	0.30	7/24/07	12:13 AM	E96080
2950	Total Trihalomethanes	[80]	ug/L	53.1		EPA 524.2	0.25	7/24/07	12:13 AM	E96080

**NOTE:** Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

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

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

600 US 1 North  
Fort Pierce, FL 34946  
DOH # E96080  
Printed: 7/27/07

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd.  
Brooksville, FL 34601  
FDOH # E84418

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

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

System Name: JASMINE LAKES PWS I.D. #: 6512070

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 7612 PINE APPLE LN

City: PORT RICHIE State: FL ZIP Code: 34668

Phone #: 727-919-0674 Fax #: 727-849-1929

E-Mail Address:

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: \_\_\_\_\_ Location Code (if known): \_\_\_\_\_

Sample Date: 7-16-07 Sample Time: 330pm

Sample Location (be specific): Trip Blank

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): ~~0.7~~ 0.7 mg/L Field pH: 7.7

Sample Type (Check Only One)

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

Distribution

Routine Compliance (with 62-550)

Quarterly (Which Qtr? \_\_\_\_\_)

Entry Point (to Distribution)

Confirmation of MCL Exceedence\*

Special (not for compliance with 62-550)

Plant Tap not for compliance with 62-550)

Composite of Multiple Sites\*\*

Violation Resolution

Raw (at well or intake)

Clearance (permitting)

Replacement (of Invalidated Sample)

Max Residence Time

Other: \_\_\_\_\_

Ave Residence Time

Sampling Procedure Used or Other Comments: \_\_\_\_\_

Near First Customer

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

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

Sampler's Name: DON HOSTETLER

Sampler's Phone #: 727-919-0674 Sampler's Fax #: 727-849-1929

Sampler's E-Mail Address:

**CERTIFICATION** (to be completed by sampler)

I, DON HOSTETLER  
Print Name

SR FACILITY OPERATOR  
Print Title

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

Signature: [Signature]

Date: 8-6-07

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080  
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007  
 Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 7/17/07

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

Lab Assigned Report Number or Job ID: 2407602002

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

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

Were any analyses subcontracted? Yes  No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

**CERTIFICATION**

I, Cindy Cromer Laboratory Director  
 (Print Name) (Print Title)

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

Signature *Cindy Cromer* Date: 27-Jul-07

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

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

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

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

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

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

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

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**DISINFECTION BYPRODUCTS ANALYSES  
62-550.310(3)**

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Jasmine Lakes DW THM/HAA5  
Sample Location: Trip Blank Disinfectant Residual (mg/L  
Sample Number: 2407602002 PWS ID  
Sampling Date:  
Date Received: 7/17/07 9:15

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH La Cert. #
2941	Chloroform	[N/A]	ug/L	0.25	U	EPA 524.2	0.25	7/24/07	12:48 AM	E96080
2942	Bromoform	[N/A]	ug/L	0.41	U	EPA 524.2	0.41	7/24/07	12:48 AM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	0.25	U	EPA 524.2	0.25	7/24/07	12:48 AM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	0.30	U	EPA 524.2	0.30	7/24/07	12:48 AM	E96080
2950	Total Trihalomethanes	[80]	ug/L	0.25	U	EPA 524.2	0.25	7/24/07	12:48 AM	E96080

**NOTE:** Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

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

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd.  
Brooksville, FL 34601  
FDOH # E84418

Printed: 7/27/07





**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946  
Phone (772) 465-2400, Ext. 285 Fax (772) 467-5984

Date issued: August 24, 2007

To: Bill Dean  
Aqua Utilities Florida, Inc.  
7612 Pineapple Lane  
Port Richey, FL 346682204

Client: Aqua Utilities Florida, Inc.  
Workorder ID: AUF Jasmine Lakes SO4/CL [2407616]  
Received: 8/07/07 9:15

Dear Bill Dean;

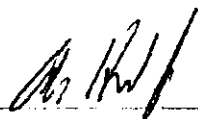
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory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

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

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 8/24/07



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: AUF Jasmine Lakes SO4/CL  
Received: 8/07/07 9:15

[2407616]

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

**Method Narratives (if Applicable)**

HBEL Sample Number	Sample ID	Analytical Method	Description
--------------------	-----------	-------------------	-------------

**Quality Control Summary**

Method	HBEL Batch	Analyte	Analytical Issue
--------	------------	---------	------------------

5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96060

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 8/24/07



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 467-2400, Ext. 255 Fax: (772) 467-584

**CERTIFICATE OF ANALYSIS**

[2407616]

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Jasmine Lakes SO4/CL

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Prep Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID:		2407616001		Sampled: 08/06/07 12:00		Received: 08/07/07 9:15					
Sample ID:		Well 7C grab		Matrix: Water		Results reported on Wet Weight Basis					
Chloride		95	mg/L	5.0	EPA 300.0	IC7335		08/20/07 13:43	SP	E96080	
Sulfate		20	mg/L	1.4	EPA 300.0	IC7335		08/20/07 13:43	SP	E96080	

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418



Printed: 8/24/07

Page 3 of 4



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext 285 Fax: (772) 467-584

**Chain-of-Custody**

and  
Agreement to Perform Services

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

Laboratory not responsible for omitted information  
 FDOH # E98080     FDOH # E85370  
 5800 U.S. 1 North    307 Coolidge Avenue  
 Fort Pierce, FL 34948    Lehigh Acres, FL 33938  
 FDOH # E83509     FDOH # E84418  
 4155 St. Johns Pkwy.    18331 Cortez Blvd.  
 Suite 1300    Brooksville, FL 34801  
 Sanford, FL 32771



Company: HPF

Method(s) of Shipment: FedEx

Address: 2612 PINE APPLE LN

PORT RICHLAND FL Zip: 34668

Phone: 772-919-0674 Fax: 772-849-1928

e-mail: \_\_\_\_\_  
Standard Laboratory Turn Around Time

Client Contact: DON HOSTETLER

Or  
Rush in \_\_\_\_\_ Business Days  
Requires Laboratory Approval

Project Name: JASMINE LAKES DW.

Sampled By: DON HOSTETLER

**For Lab Use Only**

Temperature Checked <input checked="" type="checkbox"/> N	Custody Seals Intact <input type="checkbox"/> Y <input type="checkbox"/> N	pH Checked <input type="checkbox"/> Y <input type="checkbox"/> N	LAB # <u>2407616</u>							
PRESERVATIVE										
ANALYSES REQUESTED			<b>Preservation Key</b> H-Hydrochloric Acid    P-Phosphoric Acid N-Nitric Acid    ST-Sodium S-Sulfuric Acid    Thioualate SH-Sodium Hydroxide    U-Unpreserved							
<table border="1"> <tr> <td><u>A</u></td> <td><u>B</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				<u>A</u>	<u>B</u>					
<u>A</u>	<u>B</u>									
LAB ID	COLLECTION DATE	COLLECTION TIME	SAMPLE TYPE	MATRIX	# CONTAINERS	SAMPLE DESCRIPTION As Will Appear On Report	COMMENTS			
<u>001</u>	<u>8-6-07</u>	<u>12P</u>	<u>G</u>	<u>P</u>	<u>1</u>	<u>SO4 WWA 7&amp;C</u>	<u>see 7.4</u>			
	<u>8-6-07</u>	<u>12P</u>	<u>G</u>	<u>P</u>	<u>1</u>	<u>CL. WWA 7&amp;C</u>				
						<u>PSE 6512070 DW.</u>				

\* Sample Type: G-Grab Q-Composite    \*\* Matrix: S-Solid SL-Sludge GW-Drinking Water GW-Ground Water SW-Surface Water WW-Wastewater M-Marine

4 of 7 Report Page	RELINQUISHED BY <u>[Signature]</u>	RELINQUISHED BY <u>[Signature]</u>	RELINQUISHED BY <u>M. Bonomito</u>
	DATE/TIME <u>8-7-07</u>	DATE/TIME <u>8-7-07 09:15</u>	DATE/TIME <u>8/7/07 to FedEx</u>
	RECEIVED BY <u>[Signature]</u>	RECEIVED BY <u>M. Bonomito</u>	RECEIVED FOR HBEL CUSTODY BY <u>[Signature]</u>
	DATE/TIME <u>8-7-07 08:30</u>	DATE/TIME <u>8/7/07 09:15</u>	DATE/TIME <u>8/15/07 1100</u>

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone (772) 465-2400, Ext. 285 Fax (772) 467-584

Date issued: May 15, 2007

To: Bill Dean  
Aqua Utilities Florida, Inc.  
7612 Pineapple Lane  
Port Richey, FL 346882204

---

Client: Aqua Utilities Florida, Inc.  
Workorder ID: AUF Jasmine Lakes SO4/CL [2407539]  
Received: 5/08/07 10:00

---

Dear Bill Dean;

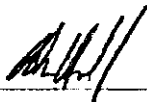
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory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

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

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33938  
FDOH # E85370

18331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 5/15/07



Page 1 of 4

**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**  
 5600 US 1 North, Fort Pierce, FL 34946  
 Phone: (772) 465-2400, Ext. 225 Fax: (772) 467-1584

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
 Workorder ID: AUF Jasmine Lakes SO4/CL  
 Received: 5/08/07 10:00

[2407539]

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

<b>HBEL Sample</b>			
<b>Method Narratives (If Applicable)</b>			
<u>Number</u>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>

**Quality Control Summary**  
Analytical Issue

Method HBEL Batch Analyte

5600 US 1 North  
 Fort Pierce, FL 34946  
 FDOH # E96080  
 Printed: 5/15/07

4155 St. Johns Pkwy Suite 1300  
 Sanford, FL 32771  
 FDOH # EB3509



307 Coolidge Avenue  
 Lehigh Acres, FL 33936  
 FDOH # E85370

16331 Cortez Blvd  
 Brooksville, FL 34601  
 FDOH # E84418

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 255 Fax: (772) 467-584

**CERTIFICATE OF ANALYSIS**

[2407539]

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Jasmine Lakes SO4/CL

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Prep Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2407539001					Sampled: 05/08/07 7:50		Received: 05/08/07 10:00			
Sample ID: Well #7 grab					Matrix: Water		Results reported on Wet Weight Basis			
Chloride		170	mg/L	5.0	EPA 300.0	IC7220		05/07 15:53	JL	E96080
Sulfate		34	mg/L	1.4	EPA 300.0	IC7220		05/07 15:53	JL	E96080
Laboratory ID: 2407539002					Sampled: 05/08/07 7:45		Received: 05/08/07 10:00			
Sample ID: Well #7C grab					Matrix: Water		Results reported on Wet Weight Basis			
Chloride		130	mg/L	5.0	EPA 300.0	IC7220		05/07 16:05	JL	E96080
Sulfate		30	mg/L	1.4	EPA 300.0	IC7220		05/07 16:05	JL	E96080

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

18331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418



Printed: 5/15/07

Page 3 of 4





**HARBOR BRANCH ENVIRONMENTAL LABORATORY**

5600 U.S. 1 North, Fort Pierce, FL 34946  
(772) 465-2400, Ext. 285



May 10, 2007

Bill Dean  
Aqua Utilities Florida, Inc.  
7612 Pineapple Lane  
Port Richey FL 346682204

---

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Jasmine Lakes Qtly Odor [ 2027759 ]  
Received: 5/8/07 1:30:00 PM

---

Dear Bill Dean

Analytical results presented in this report have been reviewed for compliance with the Harbor Branch Environmental Laboratory Comprehensive Quality Assurance Plan (FDEP CQAP #870174) and applicable quality control criteria. The quality control parameters evaluated have met all method and compliance criteria unless otherwise noted on a Quality Control Summary Page immediately following this coversheet.

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

E96080, E83509, E85370, E84418

Note: This report is not to be copied, except in full, without the expressed written consent of the Harbor Branch Environmental Laboratory.

Respectfully submitted,



Cindy Cromer  
Laboratory Director

Southeast Florida  
Fort Pierce, FL 34946  
FDOH # E96080  
Printed: 5/10/07

Central Florida  
Sanford, FL 32771  
FDOH # E83509

Fort Myers Area  
Lehigh Acres, FL 33936  
FDOH # E85370

West Central Florida  
Brooksville, FL 34801  
FDOH # E84418

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

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

System Name: AUF - YASMINE LAKES PWS I.D. #: 6512070

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 7612 PINE APPLE LANE

City: PORT RICHY FL. State: FL. ZIP Code: 34668

Phone #: 727-919-0674 Fax #: 727-849-1929

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

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: \_\_\_\_\_ Location Code (if known): \_\_\_\_\_

Sample Date: 05/08/07 Sample Time: 8:45 AM

Sample Location (be specific): POE grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0 mg/L Field pH: \_\_\_\_\_

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

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

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

Sampler's Name: HARRY STOKVA

Sampler's Phone #: 772 465 2400 x 507 Sampler's Fax #: 772 567 1584

Sampler's E-Mail Address: \_\_\_\_\_

**CERTIFICATION** (to be completed by sampler)

I, Don Hush for Harry PROG. MGR.  
Print Name Print Title

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

Signature: [Signature] Date: 5/10/07

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080  
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007  
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 5/8/07

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

Lab Assigned Report Number or Job ID: 2027759001

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

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

Were any analyses subcontracted? Yes  No

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

### CERTIFICATION

I, Cindy Cromer Laboratory Director  
 (Print Name) (Print Title)

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

Signature Cindy Cromer Date: 09-May-07

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

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

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

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

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

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

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

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5500 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 467-2400, Ext. 205 Fax: (772) 467-584

**SECONDARY CONTAMINANTS**

62 - 550.320

Client: Aqua Utilities Florida, Inc. Workorder: Jasmine Lakes City Odor  
Sample Location: POE grab  
Sample Number: 2027759001  
Sampling Date: 5/08/07 8:45  
Date Received: 5/08/07 13:30

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1920	Odor - Dechlorinated	[3]	T.O.N.	1.0	U	SM2150 B	1.0	5/08/07 16:10	E96080

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

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

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

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 5/9/07

### Field Data Sheet

Sampler(s) *Harry Sherva*

Date *05/08/07*

Page 1 of 2

Project Name: *Aqua Utilities of Florida*

Sample Type	WW	SW	GW	DW X	DI	Sludge	Sed.	Soil
Sample Site Identification: <i>Jasmine Lakes Quarterly Odor</i>								
Sampling Method:	Grab X	Comp.	MW	Bailer	Pump			
Sampling Equipment <i>None</i>								
Site & Weather Conditions <i>Warm / Hazy / Light Breeze</i>								

**Field Instrument Beginning Calibration**

								Slope
pH Meter	YES	Buffer	4.0	4.05	7.0	6.99	10.0	10.10
Conductivity Meter	YES	Buffer	147		1412	1409	12900	
Turbidity Meter	YES	Buffer	1.0	1.01	10	9.99	20	
DO Meter	NO	Buffer	Air Cal	Adjust	100.00%	From	100.50%	

Field Filtered	Yes	No X
Field Decon	Yes	No X
Duplicate	Yes	No X

Well Diameter	Multiplier
1.5 inches	0.092
2 inches	0.163
4 inches	0.653
6 inches	1.469

Parameter	Sample Containers	pH check	
Nutrient	Plastic - H2SO4	<2	
Metals	Plastic - HNO3	<2	
Sulfide	Plastic - NaOH/Zn Acetate	>12	
Cyanide	Plastic - NaOH/Ascorbic Acid	>12	
Bacteriological	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> (DW NO Chlorine Res)		
Oil & Grease	Glass - HCl	<2	
TOC	Glass - HCl	<2	
TRPH	Glass - HCl	<2	
VOA	Glass - HCl	<2	
SVOC	Glass - (DW NO Chlorine Res)		
Phenols	Glass - H2SO4	<2	
Other	unpreserved		X

**Field Instrument Ending Calibration**

pH Meter	NO	Buffer	4	3.99	7	7.01	10	10.09
Conductivity Meter	NO	Buffer	147		1412	1409	12900	
Turbidity Meter	NO	Buffer	1	1.02	10	9.99	20	
DO Meter	NO	Buffer		Adjust	100.00%	From	99.70%	

**General Site Information/Comments:**

Next event *August 2007*

*C.O.C. 2027759*

*Field Book # 14 pg 4*

Harbor Branch  
Environmental Laboratory  
Ft. Pierce

### ANALYTICAL FIELD DATA

Project Name *(AUF) Jasmine Lakes Qdly ODOR*  
Date *05/08/07*

Page 2 of 2

LOCATION	Time	pH	Temperature	Specific Conductivity	D.O.	Turbidity	Residual Chlorine	Comments
<i>P.O.E</i>	<i>8:45</i>	<i>7.16</i>	<i>23.70</i>	<i>682.00</i>	<i>4.86</i>	<i>2.07</i>	<i>3.10</i>	

**Notes:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

Date issued: February 21, 2007

To: Bill Dean  
Aqua Utilities Florida, Inc.  
7616 Arbordale Drive  
Port Richey, FL 346682204

**RECEIVED**

APR 19 2007  
Aqua Utilities  
Florida Inc.

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Jasmine Lakes NO3-NO2/SO4/CL [2407465]  
Received: 2/13/07 9:15

Dear Bill Dean;

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

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

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418



Printed: 2/21/07

Page 1 of 4

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 462-2400, Ext. 285 Fax: (772) 467-584

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Jasmine Lakes NO3-NO2/SO4/CL  
Received: 2/13/07 9:15

[2407465]

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

<u>HBEL Sample</u>		<u>Method Narratives (if Applicable)</u>	
<u>Number</u>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>

<u>Quality Control Summary</u>		
<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>
<u>Analytical Issue</u>		

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418



Printed: 2/21/07



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 225 Fax: (772) 467-5884

**CERTIFICATE OF ANALYSIS**

[2407485]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Jasmine Lakes NO3-NO2/SO4/CL

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Prep Batch	Analyzed Date/Time	Analyst	Lab ID
<b>Laboratory ID: 2407485001</b> <b>Sample ID: POE grab</b>						<b>Sampled: 02/12/07 15:30</b> <b>Matrix: Water</b>		<b>Received: 02/13/07 9:15</b> <b>Results reported on Wet Weight Basis</b>	
Nitrate as N		0.41	mg/L	0.0030	EPA 300.0	IC7119	02/14/07 14:10	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC7119	02/14/07 14:10	JL	E96080
<b>Laboratory ID: 2407465002</b> <b>Sample ID: Well 7C grab</b>						<b>Sampled: 02/12/07 15:40</b> <b>Matrix: Water</b>		<b>Received: 02/13/07 9:15</b> <b>Results reported on Wet Weight Basis</b>	
Chloride		160	mg/L	5.0	EPA 300.0	IC7124	02/16/07 21:38	JL	E96080
Sulfate		37	mg/L	1.4	EPA 300.0	IC7124	02/16/07 21:38	JL	E96080
<b>Laboratory ID: 2407465003</b> <b>Sample ID: Well 7 grab</b>						<b>Sampled: 02/12/07 15:45</b> <b>Matrix: Water</b>		<b>Received: 02/13/07 9:15</b> <b>Results reported on Wet Weight Basis</b>	
Chloride		83	mg/L	5.0	EPA 300.0	IC7124	02/16/07 22:35	JL	E96080
Sulfate		16	mg/L	1.4	EPA 300.0	IC7124	02/16/07 22:35	JL	E96080

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

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

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



307 Coaldge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 2/21/07



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

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

System Name: \_\_\_\_\_ PWS I.D. #:

System Type (check one)     Community     Nontransient Noncommunity     Transient Noncommunity

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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

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

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: \_\_\_\_\_ Location Code (if known): \_\_\_\_\_

Sample Date: 02/12/07 Sample Time: 3:30 PM

Sample Location (be specific): POE grab

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

Sample Type (Check Only One) \_\_\_\_\_ Reason(s) for Sample (Check all that apply) \_\_\_\_\_

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

\*See 62-550.500(8) for requirements and restrictions.  
Note: See 62-550.512(3) for additional requirements  
for Nitrate or Nitrite MCL exceedences.

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

Sampler's Name: \_\_\_\_\_

Sampler's Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail Address: \_\_\_\_\_

**CERTIFICATION** (to be completed by sampler)

I, \_\_\_\_\_, \_\_\_\_\_  
Print Name Print Title

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

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

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080  
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007  
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 2/13/07

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

Lab Assigned Report Number or Job ID: 2407465001

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

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

Were any analyses subcontracted? Yes  No

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

## CERTIFICATION

I, Cindy Cromer Laboratory Director  
(Print Name) (Print Title)

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

Signature *Cindy Cromer* Date: 21-Feb-07

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

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

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

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

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

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

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

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 225 Fax: (772) 467-584

**INORGANIC CONTAMINANTS**

62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc. Workorder: Jasmine Lakes NO3-NO2/SO4/CL  
Sample Location: POE grab  
Sample Number: 2407465001  
Sampling Date: 2/12/07 15:30  
Date Received: 2/13/07 9:15

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1040	Nitrate as N	[10]	mg/L	0.41		EPA 300.0	0.0030	2/14/07 14:10	E96080
1041	Nitrite as N	[1]	mg/L	0.0022	U	EPA 300.0	0.0022	2/14/07 14:10	E96080

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

\* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-190, Table 1. Results Qualified with A, F, H, N, O, T, Z, ? , are unacceptable for compliance with 62-560. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 2/22/07



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

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

System Name: \_\_\_\_\_ PWS I.D. #:

System Type (check one)     Community     Nontransient Noncommunity     Transient Noncommunity

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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

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

### SAMPLE INFORMATION (to be completed by sampler)

Sample Number: \_\_\_\_\_ Location Code (if known): \_\_\_\_\_

Sample Date: 02/12/07 Sample Time: 3:40 PM

Sample Location (be specific): Well 7C grab

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

#### Sample Type (Check Only One)

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

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

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

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

Sampler's Name: \_\_\_\_\_

Sampler's Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail Address: \_\_\_\_\_

### CERTIFICATION (to be completed by sampler)

I, \_\_\_\_\_, \_\_\_\_\_  
Print Name Print Title

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

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

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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080  
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007  
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 2/13/07

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

Lab Assigned Report Number or Job ID: 2407465002

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

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

Were any analyses subcontracted?  Yes  No

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

**CERTIFICATION**

I, Cindy Cromer Laboratory Director  
 (Print Name) (Print Title)

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

Signature Cindy Cromer Date: 21-Feb-07

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

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

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

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

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

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

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

6500 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

**SECONDARY CONTAMINANTS**

**62 - 550.320**

Client: Aqua Utilities Florida, Inc. Workorder: Jasmine Lakes NO3-NO2/SO4/CL  
Sample Location: Well 7C grab  
Sample Number: 2407465002  
Sampling Date: 2/12/07 15:40  
Date Received: 2/13/07 9:15

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1017	Chloride	[250]	mg/L	180		EPA 300.0	5.0	2/16/07 21:38	E96080
1055	Sulfate	[250]	mg/L	37		EPA 300.0	1.4	2/16/07 21:38	E96080

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

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

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

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Inted: 2/21/07





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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080  
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007  
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 2/13/07

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

Lab Assigned Report Number or Job ID: 2407465003

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

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

Were any analyses subcontracted?  Yes  No

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

**CERTIFICATION**

I, Cindy Cromer Laboratory Director  
 (Print Name) (Print Title)

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

Signature *Cindy Cromer* Date: 21-Feb-07

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

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

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

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

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

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

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

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

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

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

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 265 Fax: (772) 467-584

**SECONDARY CONTAMINANTS**

62 - 550.320

Client: Aqua Utilities Florida, Inc. Workorder: Jasmine Lakes NO3-NO2/SO4/CL  
Sample Location: Well 7 grab  
Sample Number: 2407465003  
Sampling Date: 2/12/07 15:45  
Date Received: 2/13/07 9:15

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1017	Chloride	[250]	mg/L	83		EPA 300.0	5.0	2/16/07 22:35	E96080
1055	Sulfate	[250]	mg/L	16		EPA 300.0	1.4	2/16/07 22:35	E96080

Reporting Format 62-550.730  
Effective January 1996, Revised January 2004

\* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-180, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, \*, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 2/22/07

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

Date issued: February 14, 2007

To: Bill Dean  
Aqua Utilities Florida, Inc.  
7616 Arbordale Drive  
Port Richey, FL 346682204

**RECEIVED**

APR 09 2007

Aqua Utilities  
Florida Inc.

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Jasmine Lakes Qty Odor [2027008]  
Received: 2/13/07 13:30

Dear Bill Dean;

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

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

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 2/14/07



Page 1 of 4

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1884

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Jasmine Lakes Qty Odor  
Received: 2/13/07 13:30

[2027008]

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

<b>Method Narratives (If Applicable)</b>			
<u>HBEL Sample Number</u>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>

**Quality Control Summary**

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
---------------	-------------------	----------------	-------------------------

5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080  
Printed: 2/14/07

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34801  
FDOH # E84418

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**CERTIFICATE OF ANALYSIS**

[2027008]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Jasmine Lakes Qtly Odor

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Prep Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2027008001						Sampled: 02/13/07 9:00		Received: 02/13/07 13:30		
Sample ID: POE grab						Matrix: Water		Results reported on Wet Weight Basis		
Odor - Dechlorinated		1.1	T.O.N.	1.0	SM2150 B	WCGE27072		02/13/07 15:10	GG	E96080

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

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

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34801  
FDOH # E84418

Printed: 2/14/07



# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

**Chain-of-Custody**  
and  
**Agreement to Perform Services**

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

Laboratory not responsible for omitted information  
 FDOH # E98080 5600 U.S. 1 North Fort Pierce, FL 34946  
 FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33938  
 FDOH # E83509 4155 St. Johns Pkwy, Suite 1300 Sanford, FL 32771  
 FDOH # E94418 16331 Cortez Blvd. Brooksville, FL 34601

Company: Agua Utilities of Florida  
 Address: 7616 Arbordale Dr.  
New Port Richy, Fl. Zip: 34668  
 Phone: 352-302-9713 Fax: 727-697-3137  
 Client Contact: Dennis Muldoon  
 Project Name: Jasmine Lakes Qty Odor  
 Sampled By: Harry Sauer

Method(s) of Shipment: Self



e-mail: \_\_\_\_\_  
 Standard Laboratory Turn Around Time  
 Or  
 Rush in \_\_\_\_\_ Business Days  
*Requires Laboratory Approval*

**For Lab Use Only**  
 Temperature: 24°C  
 Custody Seals Intact:  Y  N  
 pH Checked:  Y  N  
 LAB # 2027008

**PRESERVATIVE**

**ANALYSES REQUESTED**

**Preservation Key**  
 H=Hydrochloric Acid P=Phosphoric Acid  
 N=Nitric Acid ST=Stodium  
 S=Sulfuric Acid Thioculfate  
 SH=Stodium Hydroxide U=Unpreserved

LAB ID	COLLECTION		Sample Type	MATRIX	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	Odor	Temperature	Custody Seals Intact	pH Checked	LAB #	COMMENTS
	DATE	TIME										
001	2-13-07	09:00	G	DW	1	P.O.E.						

\* Sample Type: G=Grab C=Composite \*\* Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page 44	RELINQUISHED BY	RELINQUISHED BY	RELINQUISHED BY
	DATE/TIME <u>2-13-07</u> <u>13:30</u>	DATE/TIME	DATE/TIME
	RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY <u>[Signature]</u>
	DATE/TIME	DATE/TIME	DATE/TIME <u>2-13-07</u> <u>1530</u>

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

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

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

System Name: \_\_\_\_\_ PWS I.D. #:

System Type (check one)     Community     Nontransient Noncommunity     Transient Noncommunity

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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

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

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: \_\_\_\_\_ Location Code (if known): \_\_\_\_\_

Sample Date: 02/13/07 Sample Time: 9:00 AM

Sample Location (be specific): POE grab

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

**Sample Type (Check Only One)**

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

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

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

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

Sampler's Name: \_\_\_\_\_

Sampler's Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail Address: \_\_\_\_\_

**CERTIFICATION** (to be completed by sampler)

I, \_\_\_\_\_  
Print Name Print Title

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

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



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

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

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080  
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007  
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 2/13/07

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

Lab Assigned Report Number or Job ID: 2027008001

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

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

Were any analyses subcontracted? Yes  No

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

**CERTIFICATION**

I, Cindy Cromer Laboratory Director  
 (Print Name) (Print Title)

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

Signature Cindy Cromer Date: 14-Feb-07

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

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

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

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

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

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

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

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

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

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

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

**SECONDARY CONTAMINANTS**

**62 - 550.320**

Client: Aqua Utilities Florida, Inc. Workorder: Jasmine Lakes Qtly Odor  
Sample Location: POE grab  
Sample Number: 2027008001  
Sampling Date: 2/13/07 9:00  
Date Received: 2/13/07 13:30

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
-----------	-------------	-----	-------	-----------------	-------	-------------------	---------	--------------------	----------------

1920	Odor - Dechlorinated	[3]	T.O.N.	1.1	I	SM2150 B	1.0	2/13/07 15:10	E96080
------	----------------------	-----	--------	-----	---	----------	-----	---------------	--------

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

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

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

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



307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 2/14/07

**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: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, FL 34240

PERMIT NUMBER: FLA012768

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER:  
 MONITORING GROUP DESC:  
 NO DISCHARGE FROM SITE:

REPORT: Monthly  
 GROUP: Domestic  
 R-100  
 Ponds, including influent

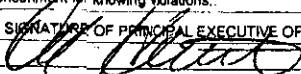
FACILITY: Jasmine Lakes WWTP  
 LOCATION: 1000 Holly Lane  
 Port Richey, FL 34668

MONITORING PERIOD—From: 01/01/2007 To: 01/31/2007

COUNTY: Pasco

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow to R-100	Sample Measurement	0.220						0			
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement	0.308 (An. Avg.)		MGD						Monthly	Calculation
Flow to R-100	Sample Measurement	0.205						0			
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Recording flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.0			0			
PARM Code 80082 Y Mon Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.4	2.8		0			
PARM Code 80082 A Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement				3.1			0			
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				6.75	10.0		0			
PARM Code 00530 A Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour flow proportioned composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Don Hostetler / Senior Facilities Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO. 727-919-0674	DATE (YY/MM/DD) 08/04/24
---	--	-------------------------------	-----------------------------

DOCUMENT NUMBER-DATE

PA File No. FLA012768-005-DW2P

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

04322 MAY 22 8

FPSC-COMMISSION CLERK

## DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

MONITORING PERIOD: From: 01/01/2007 To: 01/31/2007

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	7.5			0		
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0				0		
Parm Code 74055 Y Mon. Site No. EFA-01	Permit Requirement				200 (An. Avg.)			#/100ML		Monthly	Calculation
Coliform, Fecal	Sample Measurement				1.0	1.0			0		
Parm Code 74055 A Mon. Site No. EFA-01	Permit Requirement				Report (Mo. Geo. Mean)	800 (Max.)		#/100ML		Every Two Weeks	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement				2.0				0		
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					7.30			0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement					12 (Max.)		MG/L		Every Two Weeks	8-hour flow proportioned composite
Flow (Total Plant)	Sample Measurement	0.209	0.205						0		
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	0.308 (3-Mo. Avg.)	Report (Mo. Avg.)	MGD						5 Days/Week	Recording flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 10	Sample Measurement				68%				0		
PARM Code 00180 G Mon. Site No. INF	Permit Requirement				Report			Percent		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				420				0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement				Report (Mo. Avg.)			MG/L		Monthly	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement				150				0		
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement				Report (Mo. Avg.)			MG/L		Monthly	8-hour flow proportioned composite

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP

 MONITORING PERIOD 01/01/2007

 To: 01/31/2007

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	TSS (mg/L)	Notes
Code	80082	74055	00620	00400	00530	50060	50060	80082	00530	
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	
1				7.5		2.2	0.437			
2	2.800			7.5	10.0	2.2	0.204	420	150	
3		1u	4.4	7.4		2.0	0.189			
4				7.5		2.2	0.182			
5				7.5		2.0	0.194			
6							0.196			
7							0.223			
8				7.5		2.2	0.223			
9				7.5		2.2	0.202			
10				7.5		2.2	0.155			
11				7.5		2.2	0.201			
12				7.5		2.2	0.179			
13							0.195			
14							0.209			
15				7.5		2.2	0.209			
16				7.5		2.2	0.255			
17				7.5		2.2	0.179			
18				7.5		2.2	0.185			
19				7.5		2.2	0.199			
20							0.184			
21							0.225			
22				7.5		2.2	0.225			
23		1u		7.5		2.2	0.216			
24				7.5		2.2	0.179			
25				7.5		2.0	0.188			
26				7.5		2.2	0.177			
27							0.243			
28							0.198			
29	2.0u			7.5	3.5	2.2	0.198			
30	2.000	1u	7.3	7.5	3.5	2.2	0.155			
31				7.5		2.2	0.168			

**PLANT STAFFING:**

Lead Operator	Class: <u>    B    </u>	Certification No.: <u>    8035    </u>	Name: <u>    Don Hostetter    </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>

**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: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, Fl. 34240

PERMIT NUMBER: FLA012768

FACILITY: Jasmine Lakes WWTP  
 LOCATION: 1000 Holly Lane  
 Port Richey, FL 34668

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER:  
 MONITORING GROUP DESC:  
 NO DISCHARGE FROM SITE:

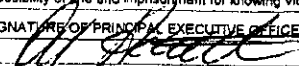
REPORT: Monthly  
 GROUP: Domestic  
 R-100  
 Ponds, including Influent

COUNTY: Pasco

MONITORING PERIOD--From: 02/01/2007 To: 02/28/2007

Parameter		Quantity of Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow to R-100	Sample Measurement	0.217						0		
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement	0.308 (An. Avg.)		MGD					Monthly	Calculation
Flow to R-100	Sample Measurement	0.194						0		
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)		MGD					5 Days/Week	Recording flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.2			0		
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.4	4.8		0		
PARM Code 80082 A Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement				6.2			0		
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				4.85	6.0		0		
PARM Code 00530 A Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour flow proportioned composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Don Hostetler / Senior Facilities Operator		727-919-0874	08/04/24

## DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768  
 MONITORING PERIOD: From: 02/22/2007 To: 02/28/2007

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	7.6			0		
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.9				0		
Parm Code 74055 Y Mon. Site No. EFA-01	Permit Requirement				200 (An. Avg.)			#/100ML		Monthly	Calculation
Coliform, Fecal	Sample Measurement				1.0		1.0		0		
Parm Code 74055 A Mon. Site No. EFA-01	Permit Requirement				Report (Mo. Geo. Mean)		800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement				2.0				0		
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						1.00		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement						12 (Max.)	MG/L		Every Two wWeeks	8-hour flow proportioned composite
Flow (Total Plant)	Sample Measurement	0.200	0.194								
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	0.308 (3-Mo. Avg.)	Report (Mo. Avg.)	MGD						5 Days/Week	Recording flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 10	Sample Measurement								0		
PARM Code 00180 G Mon. Site No. INF	Permit Requirement				65%						
BOD, Carbonaceous 5 day, 20C	Sample Measurement							Percent		Monthly	Calculation
					350				0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement				Report (Mo. Avg.)			MG/L		Monthly	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement				400						
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement				Report (Mo. Avg.)			MG/L		Monthly	8-hour flow proportioned composite

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP

MONITORING PERIOD 02/01/2007

To: 02/28/2007

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	TSS (mg/L)	Notes
Code	80082	74055	00620	00400	00530	50060	50060	80082	00530	
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	
1				7.5		2.2	170,098.0			
2				7.5		2.2	170,294.0			
3				7.5		2.2	170,499.0			
4										
5				7.5		2.2	170,957.0			
6				7.5		2.2	171,123.0			
7				7.4		2.0	171,291.0			
8				7.5		2.0	171,511.0			
9				7.5		2.2	171,695.0			
10				7.5		2.2	171,899.0			
11										
12	2.000			7.4	3.7	2.0	172,343.0	350	400	
13		1.0	1.0	7.5		2.2	172,531.0			
14				7.5		2.2	172,730.0			
15				7.4		2.0	172,907.0			
16				7.5		2.2	173,099.0			
17				7.4		2.2	173,334.0			
18				#REF!						
19				7.6		2.0	173,651.0			
20				7.5		2.2	173,912.0			
21				7.5		2.2	174,059.0			
22				7.5		2.2	174,288.0			
23				7.5		2.2	174,448.0			
24				7.5		2.2	174,610.0			
25										
26	4.800			7.5	6.0	2.2	175,041.0			
27		1.0	0.1	7.5		2.2	175,198.0			
28				7.4		2.2	175,381.0			
29										
30										

**PLANT STAFFING:**

Lead Operator	Class: <u>    B    </u>	Certification No.: <u>    8035    </u>	Name: <u>    Don Hostetler    </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>



**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: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, Fl. 34240

PERMIT NUMBER: FLA012768

FACILITY: Jasmine Lakes WWTP  
 LOCATION: 1000 Holly Lane  
 Port Richey, FL 34668

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER:  
 MONITORING GROUP DESC:  
 NO DISCHARGE FROM SITE:

REPORT: Monthly  
 GROUP: Domestic  
 R-100  
 Ponds, including Influent

COUNTY: Pasco

MONITORING PERIOD-From: 03/01/2007 To: 03/31/2007

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow to R-100	Sample Measurement	0.215						0			
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement	0.308 (An. Avg.)		MGD						Monthly	Calculation
Flow to R-100	Sample Measurement	0.199						0			
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Recording flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.3			0			
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.6	5.2		0			
PARM Code 80082 A Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement				6.3			0			
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				3.55	4.6		0			
PARM Code 00530 A Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour flow proportioned composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Don Hostetter / Senior Facilities Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>	TELEPHONE NO. 727-919-0874	DATE (YY/MM/DD) 07/04/25
---	--	-------------------------------	-----------------------------

## DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

MONITORING PERIOD: From: 03/01/2007 To: 03/31/2007

Parameter	Quantity of Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.4	7.5		0		
PARM Code 00400 A Mon.Site No.EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1.9			0		
ParM Code 74055 Y Mon.Site No.EFA-01	Permit Requirement			200 (Ar. Avg.)		#/100ML		Monthly	Calculation
Coliform, Fecal	Sample Measurement			1.0	1.0		0		
ParM Code 74055 A Mon.Site No.EFA-01	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement			2.0			0		
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement			0.5 (Min.)		MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				4.90		0		
PARM Code 00620 A Mon.Site No.EFA-01	Permit Requirement				12 (Max.)	MG/L		Every Two wWeeks	8-hour flow proportioned composite
Flow (Total Plant)	Sample Measurement	0.199	0.199				0		
PARM Code 50050 P Mon.Site No.FLW-01	Permit Requirement	0.308 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD				5 Days/Week	Recording flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 10	Sample Measurement				65%		0		
PARM Code 00180 G Mon.Site No.INF	Permit Requirement			Report		Percent		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				330		0		
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement			Report (Mo.Avg.)		MG/L		Monthly	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement				140		0		
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement			Report (Mo.Avg.)		MG/L		Monthly	8-hour flow proportioned composite

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP

MONITORING PERIOD 03/01/2007

To: 03/31/2007

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	TSS (mg/L)	Notes
Code	80082	74055	00620	00400	00530	50060	50060	80082	00530	
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	
1				7.5		2.2	0.2			
2				7.5		2.2	0.2			
3							0.2			
4							0.2			
5				7.5		2.2	0.2			
6				7.5		2.2	0.2			
7				7.5		2.1	0.2			
8				7.4		2.2	0.2			
9				7.5		2.2	0.2			
10							0.2			
11							0.2			
12	2.000			7.4	2.5	2.1	0.2	330	140	
13		1.0	4.7	7.5		2.2	0.2			
14				7.4		2.1	0.2			
15				7.5		2.2	0.2			
16				7.5		2.2	0.2			
17							0.2			
18							0.2			
19				7.5		2.2	0.2			
20				7.4		2.2	0.2			
21				7.4		2.0	0.2			
22				7.5		2.2	0.2			
23				7.5		2.2	0.2			
24							0.2			
25							0.2			
26	5.200	1.0	4.9	7.5	4.6	2.2	0.2			
27				7.5		2.2	0.2			
28				7.5		2.2	0.2			
29				7.4		2.1	0.2			
30				7.5		2.2	0.2			
31							0.2			

**PLANT STAFFING:**

Lead Operator	Class: <u>    B    </u>	Certification No.: <u>    8035    </u>	Name: <u>    Don Hostetler    </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>

## GROUNDWATER MONITORING REPORT - PART D

County: Pasco  
 Facility Name: Jasmine Lakes WWTP  
 Permit Number: FLA012768

Monitoring Well ID: MWC-05  
 Well Type: Compliance  
 Description:

Monitoring Period: From: January-07 To: April-07


Date Sample Obtained: 2/12/2007  
 11.4

Was the well purged before sampling? X Yes NO

Time Sample Obtained: \_\_\_\_\_

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	11.2	Report	FEET	Single Sample	Quarterly		FIELD	P P	N
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.06	EPA 300.0	E U	N
Solids, Total Dissolved (TDS)	00515	670	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (Cl)	00940	220	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	I P	N
Sodium, Dissolved	00929	120	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	S	N
Ammonia, as N	00610	0.65	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	T	N
Coliform, Fecal	31616	1.0u	4	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D	A	N
pH	00406	6.96	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	7.3	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	T	N
Turbidity	82079	58	1	NTU	Single Sample	Quarterly	0.090	FIELD	I	N
Specific Conductance	00094	848.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	C	N
Temperature (C), Water	00010	23.00	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on

Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Senior Facilities Operator		727-919-0674	06/12/21

Comments and Explanations (Reference all attachments here):

County: Pasco  
 Facility Name: Jasmine Lakes WWTP  
 Permit Number: FLA012768

Monitoring Well ID: MWB-01  
 Well Type: Background  
 Description: JL-1BR

Monitoring Period: From: January-07 To: April-07

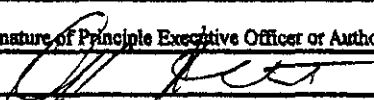
Date Sample Obtained: 2/12/2007  
 8.08

Was the well purged before sampling? X Yes    NO

Time Sample Obtained: \_\_\_\_\_

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	11.80	Report	FEET	Single Sample	Quarterly		FIELD	P P	N
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.08	EPA 300.0	E U	N
Solids, Total Dissolved (TDS)	00515	380	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (Cl)	00940	110	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	I P	N
Sodium, Dissolved	00929	83	180	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	S	N
Ammonia, as N	00610	0.57	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	T	N
Coliform, Fecal	31616	1.0u	4	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D	A	N
pH	00406	6.53	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	24	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	T	N
Turbidity	82079	1.2	1	NTU	Single Sample	Quarterly	0.090	FIELD	I	N
Specific Conductance	00094	617.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	C	N
Temperature (C), Water	00010	21.30	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on

Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Senior Facilities Operator		727-919-0674	07/02/12

Comments and Explanations (Reference all attachments here):

County: Pasco  
 Facility Name: Jasmine Lakes WWTP  
 Permit Number: FLA012768

Monitoring Well ID: MWC-04  
 Well Type: Compliance  
 Description:

Monitoring Period: From: January-07 To: April-07

Date Sample Obtained: 2/12/2007  
 10.49

Was the well purged before sampling?  Yes  NO

Time Sample Obtained: \_\_\_\_\_

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	10.79	Report	FEET	Single Sample	Quarterly		FIELD	P P	N
Nitrogen, Nitrate, Total (as N)	00620	0.060u	0.060u	MG/L	Single Sample	Quarterly	0.06	EPA 300.0	E U	N
Solids, Total Dissolved (TDS)	00515	790	790	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (Cl)	00940	250	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	I P	N
Sodium, Dissolved	00929	160	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	S	N
Ammonia, as N	00610	9.9	9.9	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	T	N
Coliform, Fecal	31616	1.0u	1.0u	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D	A	N
pH	00406	7.03	6.5-8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	86	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	T	N
Turbidity	82079	19	1	NTU	Single Sample	Quarterly	0.090	FIELD	I	N
Specific Conductance	00094	1150.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	C	N
Temperature (C), Water	00010	22.90	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on

Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Senior Facilities Operator		727-919-0674	06/12/21

Comments and Explanations (Reference all attachments here):

County: Pasco  
 Facility Name: Jasmine Lakes WWTP  
 Permit Number: FLA012768

Monitoring Well ID: MWC-03  
 Well Type: Compliance  
 Description:

Monitoring Period: From: January-07 To: April-07

Date Sample Obtained: 2/12/2007  
 10:01

Was the well purged before sampling?  Yes  NO

Time Sample Obtained: \_\_\_\_\_

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	9.5	Report	FEET	Single Sample	Quarterly		FIELD	P P	N
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.06	EPA 300.0	E U	N
Solids, Total Dissolved (TDS)	00515	620	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (Cl)	00940	220	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	I P	N
Sodium, Dissolved	00929	150	150	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	S	N
Ammonia, as N	00610	2.4	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	T	N
Coliform, Fecal	31616	1.0u	4	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D	A	N
pH	00406	7.55	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	42	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	T	N
Turbidity	82079	2.5	1	NTU	Single Sample	Quarterly	0.090	FIELD	I	N
Specific Conductance	00094	958.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	C	N
Temperature (C), Water	00010	20.60	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on

Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Senior Facilities Operator		727-919-0674	06/12/21

Comments and Explanations (Reference all attachments here):

County: Pasco  
 Facility Name: Jasmine Lakes WWTP  
 Permit Number: FLA012768

Monitoring Well ID: MWC-02  
 Well Type: Compliance  
 Description:

Monitoring Period: From: January-07 To: April-07

Date Sample Obtained: 2/12/2007  
 9.02

Was the well purged before sampling?  Yes  NO

Time Sample Obtained: \_\_\_\_\_

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	10.18	Report	FEET	Single Sample	Quarterly		FIELD	P P	N
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.08	EPA 300.0	E U	N
Solids, Total Dissolved (TDS)	00515	570	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (Cl)	00940	210	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	I P	N
Sodium, Dissolved	00929	150	180	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	S	N
Ammonia, as N	00610	3.7	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	T	N
Coliform, Fecal	31616	1.0u	4	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D	A	N
pH	00406	7.21	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	21	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	T	N
Turbidity	82079	0.57	1	NTU	Single Sample	Quarterly	0.090	FIELD	I	N
Specific Conductance	00094	997.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	C	N
Temperature (C), Water	00010	22.80	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on

Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Senior Facilities Operator		727-919-0674	06/12/21

Comments and Explanations (Reference all attachments here):



**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: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, FL 34240

PERMIT NUMBER: FLA012768

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER:  
 MONITORING GROUP DESC:  
 NO DISCHARGE FROM SITE:

REPORT: Monthly  
 GROUP: Domestic  
 R-100  
 Ponds, including Influent


FACILITY: Jasmine Lakes WWTP  
 LOCATION: 1000 Holly Lane  
 Port Richey, FL 34668

MONITORING PERIOD-From: 04/01/2007 To: 04/30/2007

COUNTY: Pasco

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow to R-100	Sample Measurement	0.213				0		
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement	0.308 (An. Avg.)			MGD		Monthly	Calculation
Flow to R-100	Sample Measurement	0.207				0		
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)			MGD		5 Days/Week	Recording flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.9		0		
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)		MG/L	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.2	2.4	0		
PARM Code 80082 A Mon.Site No.EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Every two weeks	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement			6.1		0		
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)		MG/L	Monthly	Calculation
Solids, Total Suspended	Sample Measurement			2.15	3.2	0		
PARM Code 00530 A Mon.Site No.EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Every two weeks	8-hour flow proportioned composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Don Hostetler / Senior Facilities Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO. 727-919-0674	DATE (YY/MM/DD) 07/05/21
---	--	-------------------------------	-----------------------------

## DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

MONITORING PERIOD: From: 04/22/2007 To: 04/30/2007

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH			7.4	7.7		0		
PARM Code 00400 A Mon.Site No.EFA-01			6.0 (Min.)	8.5 (Max.)			5 Days/Week	Grab
Coliform, Fecal			1.4			0		
Perm Code 74055 Y Mon.Site No.EFA-01			200 (An. Avg.)				Monthly	Calculation
Coliform, Fecal			1.0	1.0		0		
Perm Code 74055 A Mon.Site No.EFA-01			Report (Mo.Geo.Mean)	800 (Max.)			Every Two Weeks	Grab
Total Chlorine Residual (For Disinfection)			2.0			0		
PARM Code 50060 A Mon.Site No.EFA-01			0.5 (Min.)				5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)						0		
PARM Code 00620 A Mon.Site No.EFA-01							5 Days/Week	Grab
Flow (Total Plant)	0.200	0.207				0		
PARM Code 50050 P Mon.Site No.FLW-01		Report					5 Days/Week	Recording flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 10						0		
PARM Code 00180 G Mon.Site No.INF			65%				Monthly	Calculation
BOD, Carbonaceous 5 day, 20C						0		
PARM Code 80082 G Mon.Site No.INF-01			Report (Mo.Avg.)				Monthly	8-hour flow proportioned composite
Solids, Total Suspended			100					
PARM Code 00530 G Mon.Site No.INF-01			Report (Mo.Avg.)				Monthly	8-hour flow proportioned composite

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP

MONITORING PERIOD 04/01/2007

To: 04/30/2007

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	TSS (mg/L)	Notes
Code	80082	74055	00620	00400	00530	50060	50060	80082	00530	
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	
1										
2				7.5		2.2	181,982.0			
3				7.5		2.2	182,207.0			
4				7.7		2.2	182,391.0			
5				7.6		2.0	182,577.0			
6				7.5		2.2	182,774.0			
7							182,942.0			
8										
9	2.400			7.5	3.2	2.2	183,386.0	210	100	
10		1.0	8.0	7.5		2.2	183,554.0			
11				7.5		2.2	183,758.0			
12				7.5		2.2	183,938.0			
13				7.4		2.2	184,135.0			
14							184,287.0			
15										
16				7.5		2.2	184,786.0			
17				7.5		2.2	184,955.0			
18				7.5		2.2	185,132.0			
19				7.5		2.2	185,391.0			
20				7.5		2.2	185,586.0			
21							185,737.0			
22										
23				7.5		2.2	186,288.0			
24	2.000			7.5	1.1	2.2	186,445.0			
25		1.0	4.8	7.5		2.2	186,674.0			
26				7.5		2.2	186,896.0			
27				7.5		2.2	187,102.0			
28							187,293.0			
29										
30				7.5		2.2	187,750.0			

**PLANT STAFFING:**

Lead Operator	Class: <u>    B    </u>	Certification No.: <u>    8035    </u>	Name: <u>    Don Hostetler    </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>

**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: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, FL 34240

PERMIT NUMBER: FLA012768

FACILITY: Jasmine Lakes WWTP  
 LOCATION: 1000 Holly Lane  
 Port Richey, FL 34668

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER:  
 MONITORING GROUP DESC:  
 NO DISCHARGE FROM SITE:

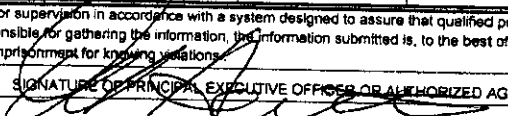
REPORT: Monthly  
 GROUP: Domestic  
 R-100  
 Ponds, including Influent

COUNTY: Pasco

MONITORING PERIOD-From: 05/01/2007 To: 05/31/2007

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow to R-100	Sample Measurement	0.210							0		
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement	0.308 (An. Avg.)		MGD						Monthly	Calculation
Flow to R-100	Sample Measurement	0.205							0		
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Recording flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.8				0		
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0			0		
PARM Code 80082 A Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement				4.4				0		
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				1.75	2.0			0		
PARM Code 00530 A Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour flow proportioned composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Don Hostetter / Senior Facilities Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO. 727-919-0674	DATE (YY/MM/DD) 07/06/21
---	--	-------------------------------	-----------------------------

## DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

MONITORING PERIOD: From: 05/01/2007 To: 05/31/2007

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				2.2	7.5			0		
PARM Code 00400 A Mon.Site No.EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				0.9				0		
Parm Code 74055 Y Mon.Site No.EFA-01	Permit Requirement				200 (An. Avg.)			#100ML		Monthly	Calculation
Coliform, Fecal	Sample Measurement				1.0		1.0		0		
Parm Code 74055 A Mon.Site No.EFA-01	Permit Requirement				Report (Mo.Geo.Mean)		800 (Max.)	#100ML		Every Two Weeks	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement				2.2				0		
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						1.20		0		
PARM Code 00620 A Mon.Site No.EFA-01	Permit Requirement						12 (Max.)	MG/L		Every Two wWeeks	8-hour flow proportioned composite
Flow (Total Plant)	Sample Measurement	0.202	0.205						0		
PARM Code 50050 P Mon.Site No.FLW-01	Permit Requirement	0.308 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD						5 Days/Week	Recording flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 10	Sample Measurement								0		
PARM Code 00180 G Mon.Site No.INF	Permit Requirement				Report			Percent		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				490				0		
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement				460				0		
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	8-hour flow proportioned composite

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP

 MONITORING PERIOD 05/01/2007

 To: 05/31/2007

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	TSS (mg/L)	Notes
<b>Code</b>	80082	74055	00620	00400	00530	50060	50060	80082	00530	
<b>Mon. Site</b>	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	
1				7.5		2.2	0.3			
2				7.5		2.2	0.2			
3				7.5		2.2	0.2			
4				7.5		2.2	0.2			
5							0.2			
6							0.2			
7	2.000			2.2	2.0	7.5	0.2	490	460	
8		1.0	0.7	2.2		7.5	0.2			
9				2.2		7.4	0.2			
10				2.2		7.5	0.2			
11				2.2		7.5	0.2			
12							0.2			
13							0.2			
14				2.2		7.5	0.2			
15				2.2		7.5	0.2			
16				2.2		7.5	0.2			
17				2.2		7.5	0.2			
18				2.2		7.5	0.2			
19							0.2			
20							0.2			
21	2.000			2.2	1.5	7.5	0.2			
22		1.0	1.2	2.2		7.5	0.2			
23				2.2		7.5	0.2			
24				2.2		7.5	0.2			
25				2.2		7.5	0.2			
26				2.2		7.4	0.1			
27							0.3			
28				2.2		7.4	0.3			
29				2.2		7.5	0.1			
30				2.2		7.5	0.2			
31				2.2		7.5	0.2			

**PLANT STAFFING:**

Lead Operator	Class: <u>    B    </u>	Certification No.: <u>    8035    </u>	Name: <u>    Don Hostetler    </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>

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

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2800 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, Fl. 34240

PERMIT NUMBER: FLA012768

FACILITY: Jasmine Lakes WWTP  
 LOCATION: 1000 Holly Lane  
 Port Richey, FL 34668

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER:  
 MONITORING GROUP DESC:  
 NO DISCHARGE FROM SITE:

REPORT: Monthly  
 GROUP: Domestic  
 R-100  
 Ponds, including Influent

MONITORING PERIOD-From: 06/01/2007 To: 06/30/2007

COUNTY: Pasco

Parameter	Quantity of Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow to R-100	Sample Measurement	0.209					0		
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement	0.308 (An. Avg.)	MGD					Monthly	Calculation
Flow to R-100	Sample Measurement	0.198					0		
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD					5 Days/Week	Recording flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.8			0		
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)		MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0		0		
PARM Code 80082 A Mon.Site No.EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement			4.1			0		
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)		MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			1.60	2.1		0		
PARM Code 00530 A Mon.Site No.EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour flow proportioned composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Don Hostetler / Senior Facilities Operator		727-919-0874	07/07/24

# DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

MONITORING PERIOD: From: 06/22/2007 To: 06/30/2007

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH					7.4	7.5			0		
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0				0		
Parm Code 74055 Y Mon. Site No. EFA-01	Permit Requirement				200 (An. Avg.)			#/100ML		Monthly	Calculation
Coliform, Fecal	Sample Measurement				1.0		1.0		0		
Parm Code 74055 A Mon. Site No. EFA-01	Permit Requirement				Report (Mo. Geo. Mean)		800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement				2.2				0		
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						1.10		0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement						12 (Max.)	MG/L		Every Two wWeeks	8-hour flow proportioned composite
Flow (Total Plant)	Sample Measurement	0.203	0.198								
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	0.308 (3-Mo. Avg.)	Report (Mo. Avg.)	MGD						5 Days/Week	Recording flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 10	Sample Measurement				66%				0		
PARM Code 00180 G Mon. Site No. INF	Permit Requirement				Report			Percent		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				200				0		
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement				Report (Mo. Avg.)			MG/L		Monthly	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement				130						
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement				Report (Mo. Avg.)			MG/L		Monthly	8-hour flow proportioned composite



## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP

MONITORING PERIOD 06/01/2007

To: 06/30/2007

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	TSS (mg/L)	Notes
Code	80082	74055	00620	00400	00530	50060	50060	80082	00530	
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	
1				7.5		2.2	0.170			
2							0.196			
3							0.246			
4	2.0			7.5	2.1	2.2	0.246	200	130	
5		1.0	0.6	7.5		2.2	0.182			
6				7.5		2.2	0.230			
7				7.5		2.2	0.196			
8				7.5		2.2	0.180			
9							0.162			
10							0.224			
11				7.5		2.2	0.224			
12				7.5		2.2	0.201			
13				7.5		2.2	0.156			
14				7.5		2.2	0.197			
15				7.5		2.2	0.218			
16							0.146			
17							0.223			
18	2.0			7.5	1.1	2.2	0.223			
19		1.0	1.1	7.5		2.2	0.192			
20				7.5		2.2	0.186			
21				7.5		2.2	0.160			
22				7.4		2.2	0.221			
23							0.162			
24							0.224			
25				7.5		2.2	0.224			
26				7.5		2.2	0.207			
27				7.5		2.2	0.147			
28				7.5		2.2	0.203			
29				7.5		2.2	0.206			
30							0.193			

**PLANT STAFFING:**

Lead Operator	Class: <u>    B    </u>	Certification No.: <u>    8035    </u>	Name: <u>    Don Hostetler    </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>

## GROUNDWATER MONITORING REPORT - PART D

County: Pasco  
 Facility Name: Jasmine Lakes WWTP  
 Permit Number: FLA012768

Monitoring Well ID: MWC-05  
 Well Type: Compliance  
 Description:

Monitoring Period: From: January-07 To: May-07

Date Sample Obtained: 5/7/2007  
 11.26

Was the well purged before sampling?  Yes  NO

Time Sample Obtained: \_\_\_\_\_

Parameter	PARAM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	11.45	Report	FEET	Single Sample	Quarterly		FIELD	P P	N
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.06	EPA 300.0	E U	N
Solids, Total Dissolved (TDS)	00515	590	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (Cl)	00940	190	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	I P	N
Sodium, Dissolved	00929	110	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	S	N
Ammonia, as N	00610	0.56	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	T	N
Coliform, Fecal	31616	1.0u	4	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D	A	N
pH	00406	6.90	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	4.0	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	T	N
Turbidity	82079	1.19	1	NTU	Single Sample	Quarterly	0.090	FIELD	I	N
Specific Conductance	00094	586.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	C	N
Temperature (C), Water	00010	22.70	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on

Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Senior Facilities Operator		727-919-0674	17/07/07

Comments and Explanations (Reference all attachments here):

## GROUNDWATER MONITORING REPORT - PART D

County: Pasco  
 Facility Name: Jasmine Lakes WWTP  
 Permit Number: FLA012768

Monitoring Well ID: MWC-04  
 Well Type: Compliance  
 Description:

Monitoring Period: From: January-07 To: May-07

Date Sample Obtained: 5/7/2007  
 10.29

Was the well purged before sampling?  Yes  NO

Time Sample Obtained: \_\_\_\_\_

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	11 0.060u	Report	FEET	Single Sample	Quarterly		FIELD	P P	N
Nitrogen, Nitrate, Total (as N)	00620	800	10	MG/L	Single Sample	Quarterly	0.06	EPA 300.0	E U	N
Solids, Total Dissolved (TDS)	00515	230	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (Cl)	00940	170	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	I P	N
Sodium, Dissolved	00929	9.1	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	S	N
Ammonia, as N	00610	1.0u	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	T	N
Coliform, Fecal	31616	6.86	4	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D	A	N
pH	00406	94	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	3.73	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	T	N
Turbidity	82079	1156.0	1	NTU	Single Sample	Quarterly	0.090	FIELD	I	N
Specific Conductance	00094	22.80	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	C	N
Temperature (C), Water	00010		Report	DEG.C	Single Sample	Quarterly	1	FIELD		N

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on

Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Senior Facilities Operator		727-919-0674	17/07/07

Comments and Explanations (Reference all attachments here):

## GROUNDWATER MONITORING REPORT - PART D

County: Pasco  
 Facility Name: Jasmine Lakes WWTP  
 Permit Number: FLA012768

Monitoring Well ID: MWC-03  
 Well Type: Compliance  
 Description:

Monitoring Period: From: January-07 To: May-07

Date Sample Obtained: 5/7/2007  
 9.45

Was the well purged before sampling?  Yes  NO

Time Sample Obtained: \_\_\_\_\_

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	9.5	Report	FEET	Single Sample	Quarterly		FIELD	P P	N
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.06	EPA 300.0	E U	N
Solids, Total Dissolved (TDS)	00515	660	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (Cl)	00940	230	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	I P	N
Sodium, Dissolved	00929	170	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	S	N
Ammonia, as N	00610	1.2	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	T	N
Coliform, Fecal	31616	1.0u	4	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D	A	N
pH	00406	7.38	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	42	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	T	N
Turbidity	82079	0.64	1	NTU	Single Sample	Quarterly	0.090	FIELD	I	N
Specific Conductance	00094	993.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	C	N
Temperature (C), Water	00010	21.20	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on

Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Senior Facilities Operator		727-919-0674	17/07/07

Comments and Explanations (Reference all attachments here):

## GROUNDWATER MONITORING REPORT - PART D

County: Pasco  
 Facility Name: Jasmine Lakes WWTP  
 Permit Number: FLA012768

Monitoring Well ID: MWC-02  
 Well Type: Compliance  
 Description:

Monitoring Period: From: January-07 To: May-07

Date Sample Obtained: 5/7/2007  
 8.41

Was the well purged before sampling?  Yes  NO

Time Sample Obtained: \_\_\_\_\_

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	12	Report	FEET	Single Sample	Quarterly		FIELD	P P	N
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.06	EPA 300.0	E U	N
Solids, Total Dissolved (TDS)	00515	600	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (Cl)	00940	200	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	J P	N
Sodium, Dissoived	00929	150	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	S	N
Ammonia, as N	00610	3.5	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	T	N
Coliform, Fecal	31616	1.0u	4	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D	A	N
pH	00406	6.80	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	18	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	T	N
Turbidity	82079	0.89	1	NTU	Single Sample	Quarterly	0.090	FIELD	I	N
Specific Conductance	00094	975.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	C	N
Temperature (C), Water	00010	23.60	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on

Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetter - Senior Facilities Operator		727-919-0674	17/07/07

Comments and Explanations (Reference all attachments here):

## GROUNDWATER MONITORING REPORT - PART D

County: Pasco  
 Facility Name: Jasmine Lakes WWTP  
 Permit Number: FLA012768

Monitoring Well ID: MWB-01  
 Well Type: Background  
 Description: JL-1BR

Monitoring Period: From: January-07 To: June-07

Date Sample Obtained: 5/7/2007 8

Was the well purged before sampling?  Yes  NO

Time Sample Obtained: \_\_\_\_\_

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	12.10	Report	FEET	Single Sample	Quarterly		FIELD	P P	N
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.06	EPA 300.0	E U	N
Solids, Total Dissolved (TDS)	00515	450	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (Cl)	00940	120	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	I P	N
Sodium, Dissolved	00929	97	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	S	N
Ammonia, as N	00610	0.27	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	T	N
Coliform, Fecal	31616	1.0u	4	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D	A	N
pH	00406	6.14	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	35	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	T	N
Turbidity	82079	2.86	1	NTU	Single Sample	Quarterly	0.090	FIELD	I	N
Specific Conductance	00094	673.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	C	N
Temperature (C), Water	00010	21.90	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on

Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Senior Facilities Operator		727-919-0674	17/07/07

Comments and Explanations (Reference all attachments here):

**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: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, FL 34240

PERMIT NUMBER: FLA012768

FACILITY: Jasmine Lakes WWTP  
 LOCATION: 1000 Holly Lane  
 Port Richey, FL 34668

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER:  
 MONITORING GROUP DESC:  
 NO DISCHARGE FROM SITE:

REPORT: Monthly  
 GROUP: Domestic  
 R-100  
 Ponds, including Influent

COUNTY: Pasco

MONITORING PERIOD--From: 07/01/2007 To: 07/31/2007

Parameter	Quantity of Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow to R-100	Sample Measurement	0.208					0		
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement	0.308 (An. Avg.)	MGD					Monthly	Calculation
Flow to R-100	Sample Measurement	0.203					0		
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD					5 Days/Week	Recording flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.5			0		
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)		MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0		0		
PARM Code 80082 A Mon.Site No.EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement			3.8			0		
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)		MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			1.80	2.3		0		
PARM Code 00530 A Mon.Site No.EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour flow proportioned composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Don Hostetler / Senior Facilities Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Don Hostetler</i>	TELEPHONE NO. 727-919-0674	DATE (YY/MM/DD) 07/08/22
---	--	-------------------------------	-----------------------------

## DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

MONITORING PERIOD: From: 07/01/2007 To: 07/31/2007

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	7.5			0		
PARM Code 00400 A Mon.Site No.EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0				0		
ParM Code 74055 Y Mon.Site No.EFA-01	Permit Requirement				200 (An. Avg.)			#/100ML		Monthly	Calculation
Coliform, Fecal	Sample Measurement				1.0		1.0		0		
ParM Code 74055 A Mon.Site No.EFA-01	Permit Requirement				Report (Mo.Geo.Mean)		800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement				1.8				0		
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						2.00		0		
PARM Code 00620 A Mon.Site No.EFA-01	Permit Requirement						12 (Max.)	MG/L		Every Two wWeeks	8-hour flow proportioned composite
Flow (Total Plant)	Sample Measurement	0.202	0.203						0		
PARM Code 50050 P Mon.Site No.FLW-01	Permit Requirement	0.308 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD						5 Days/Week	Recording flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 10	Sample Measurement				66%				0		
PARM Code 00180 G Mon.Site No.INF	Permit Requirement				Report			Percent		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				480				0		
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement				190				0		
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	8-hour flow proportioned composite



## 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: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, FL 34240

PERMIT NUMBER: FLA012768

FACILITY: Jasmine Lakes WWTP  
 LOCATION: 1000 Holly Lane  
 Port Richey, FL 34668

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER:  
 MONITORING GROUP DESC:  
 NO DISCHARGE FROM SITE:

REPORT: Monthly  
 GROUP: Domestic  
 R-100  
 Ponds, including Influent

COUNTY: Pasco

MONITORING PERIOD--From: 08/01/2007 To: 08/31/2007

Parameter		Quantity of Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow to R-100	Sample Measurement	0.209						0			
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement	0.308 (An. Avg.)		MGD						Monthly	Calculation
Flow to R-100	Sample Measurement	0.221						0			
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Recording flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.5			0			
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.5	2.9		0			
PARM Code 80082 A Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement				3.8			0			
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				5.00	7.9		0			
PARM Code 00530 A Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour flow proportioned composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Don Hostetler / Senior Facilities Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Don Hostetler</i>	TELEPHONE NO. 727-919-0874	DATE (YY/MM/DD) 07/09/21
---	--	-------------------------------	-----------------------------

## DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

MONITORING PERIOD: From: 08/01/2007 To: 08/31/2007

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.5      7.7		0		
PARM Code 00400 A Mon.Site No.EFA-01	Permit Requirement			6.0 (Min.)      8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1.0		0		
Parm Code 74055 Y Mon.Site No.EFA-01	Permit Requirement			200 (An. Avg.)	#/100ML		Monthly	Calculation
Coliform, Fecal	Sample Measurement			1.0	1.0	0		
Parm Code 74055 A Mon.Site No.EFA-01	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)	#/100ML	Every Two Weeks	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement			2.2		0		
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement			0.5 (Min.)	MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				5.90	0		
PARM Code 00520 A Mon.Site No.EFA-01	Permit Requirement				12 (Max.)	MG/L	Every Two wWeeks	8-hour flow proportioned composite
Flow (Total Plant)	Sample Measurement	0.207	0.221			0		
PARM Code 50050 P Mon.Site No.FLW-01	Permit Requirement	0.308 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD			5 Days/Week	Recording flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 10	Sample Measurement				67%	0		
PARM Code 00180 G Mon.Site No.INF	Permit Requirement			Report	Percent		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				180	0		
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement				62	0		
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	8-hour flow proportioned composite

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP

MONITORING PERIOD 08/01/2007

To: 08/31/2007

Code	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	TSS (mg/L)	Notes
80082	74055	00620	00400	00530	50060	50060	80082	00530		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	
1				7.5		2.2	0.2			
2				7.5		2.2	0.2			
3				7.5		2.2	0.2			
4							0.3			
5							0.3			
6				7.5		2.2	0.3			
7				7.5		2.2	0.2			
8				7.5		2.2	0.2			
9				7.5		2.2	0.2			
10				7.5		2.2	0.2			
11							0.2			
12							0.2			
13	2.000			7.5	7.9	2.2	0.2	180	62	
14		1.0	0.1	7.5		2.2	0.2			
15				7.5		2.2	0.2			
16				7.5		2.2	0.2			
17				7.7		2.2	0.2			
18							0.2			
19							0.3			
20				7.5		2.2	0.3			
21				7.5		2.2	0.2			
22				7.5		2.2	0.2			
23				7.5		2.2	0.2			
24				7.5		2.2	0.2			
25							0.2			
26							0.2			
27	2.900			7.5	2.1	2.2	0.2			
28		1.0	5.9	7.5		2.2	0.2			
29				7.5		2.2	0.2			
30				7.5		2.2	0.2			
31				7.5		2.2	0.2			

**PLANT STAFFING:**

Lead Operator	Class: <u>    B    </u>	Certification No.: <u>    8035    </u>	Name: <u>    Don Hostetler    </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>

**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: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, FL 34240

PERMIT NUMBER: FLA012768

FACILITY: Jasmine Lakes WWTP  
 LOCATION: 1000 Holly Lane  
 Port Richey, FL 34868

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER:  
 MONITORING GROUP DESC:  
 NO DISCHARGE FROM SITE:

REPORT: Monthly  
 GROUP: Domestic  
 R-100  
 Ponds, including Influent

COUNTY: Pasco

MONITORING PERIOD--From: 09/01/2007 To: 09/30/2007

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow to R-100	0.261					0		
PARM Code 50050 Y Mon.Site No.FLW-01	0.308 (An. Avg.)	MGD					Monthly	Calculation
Flow to R-100	0.222					0		
PARM Code 50050 I Mon.Site No.FLW-01	Report (Mo. Avg.)	MGD					5 Days/Week	Recording flow meters and totalizers
BOD, Carbonaceous 5 day, 20C			2.5			0		
PARM Code 80082 Y Mon.Site No.EFA-01			20.0 (An.Avg.)		MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C			2.0	2.0		0		
PARM Code 80082 A Mon.Site No.EFA-01			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour flow proportioned composite
Solids, Total Suspended			6.5			0		
PARM Code 00530 Y Mon.Site No.EFA-01			20.0 (An.Avg.)		MG/L		Monthly	Calculation
Solids, Total Suspended			1.45	1.9		0		
PARM Code 00530 A Mon.Site No.EFA-01			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour flow proportioned composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Don Hostetler / Senior Facilities Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>	TELEPHONE NO. 727-919-0674	DATE (YY/MM/DD) 07/10/23
---	--	-------------------------------	-----------------------------

## DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

MONITORING PERIOD: From: 09/22/2007 To: 09/30/2007

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type	
pH	Sample Measurement				7.5	7.7		0			
PARM Code 00400 A Mon.Site No.EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0			0			
ParM Code 74055 Y Mon.Site No.EFA-01	Permit Requirement				200 (Ar. Avg.)			#/100ML		Monthly	Calculation
Coliform, Fecal	Sample Measurement				1.0		1.0	0			
ParM Code 74055 A Mon.Site No.EFA-01	Permit Requirement				Report (Mo.Geo.Mean)		800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement				2.2			0			
PARM Code 50080 A Mon.Site No.EFA-01	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						4.10	0			
PARM Code 00620 A Mon.Site No.EFA-01	Permit Requirement						12 (Max.)	MG/L		Every Two wWeeks	8-hour flow proportioned composite
Flow (Total Plant)	Sample Measurement	0.215	0.222								
PARM Code 50050 P Mon.Site No.FLW-01	Permit Requirement	0.308 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD						5 Days/Week	Recording flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 10	Sample Measurement							0			
PARM Code 00180 G Mon.Site No.INF	Permit Requirement				70%						
BOD, Carbonaceous 5 day, 20C	Sample Measurement							Percent		Monthly	Calculation
					190			0			
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement				70						
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	8-hour flow proportioned composite

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP

MONITORING PERIOD 09/01/2007

To: 09/30/2007

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	TSS (mg/L)	Notes
Code	80082	74055	00620	00400	00530	50060	50060	80082	00530	
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	
1							213,251.0			
2										
3				7.5		2.2	213,701.0			
4				7.5		2.2	213,946.0			
5				7.5		2.2	214,149.0			
6				7.5		2.2	214,355.0			
7				7.5		2.2	214,565.0			
8							214,751.0			
9										
10	2.000			7.5	1.0	2.2	215,208.0	190	70	
11		1.0	2.1	7.5		2.2	215,448.0			
12				7.5		2.2	215,663.0			
13				7.7		2.2	215,899.0			
14				7.5		2.2	216,187.0			
15							216,305.0			
16										
17				7.5		2.2	216,796.0			
18				7.5		2.2	217,017.0			
19				7.5		2.2	217,217.0			
20				7.5		2.2	217,412.0			
21				7.5		2.2	217,638.0			
22							217,794.0			
23										
24	2.000			7.5	1.9	2.2	218,355.0			
25		1.0	4.1	7.5		2.2	218,578.0			
26				7.5		2.2	218,805.0			
27				7.5		2.2	219,039.0			
28				7.5		2.2	219,258.0			
29							219,454.0			
30										

**PLANT STAFFING:**

Lead Operator	Class: <u>    B    </u>	Certification No.: <u>    8035    </u>	Name: <u>    Don Hostetler    </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>

## GROUNDWATER MONITORING REPORT - PART D

County: Pasco  
 Facility Name: Jasmine Lakes WWTP  
 Permit Number: FLA012768

Monitoring Well ID: MWC-05  
 Well Type: Compliance  
 Description:

Monitoring Period: From: January-07 To: August-07

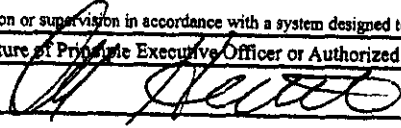
Date Sample Obtained: 8/6/2007  
 10.31

Was the well purged before sampling?  Yes  NO

Time Sample Obtained: \_\_\_\_\_

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	10.05	Report	FEET	Single Sample	Quarterly		FIELD	P P	N
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.06	EPA 300.0	E U	N
Solids, Total Dissolved (TDS)	00515	630	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (Cl)	00940	220	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	I P	N
Sodium, Dissolved	00929	110	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	S	N
Ammonia, as N	00610	0.50	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	T	N
Coliform, Fecal	31616	1.0u	4	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D	A	N
pH	00406	8.33	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	25.00	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	T	N
Turbidity	82079	25.00	1	NTU	Single Sample	Quarterly	0.090	FIELD	I	N
Specific Conductance	00094	743.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	C	N
Temperature (C), Water	00010	25.00	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on

Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Senior Facilities Operator		727-919-0674	18/07/10

Comments and Explanations (Reference all attachments here):

## GROUNDWATER MONITORING REPORT - PART D

County: Pasco  
 Facility Name: Jasmine Lakes WWTP  
 Permit Number: FLA012768

Monitoring Well ID: MWC-04  
 Well Type: Compliance  
 Description:

Monitoring Period: From: January-07 To: August-07

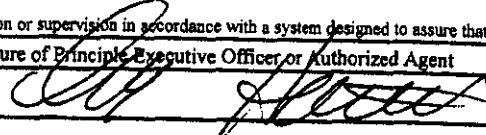
Date Sample Obtained: 8-602007  
 9.4

Was the well purged before sampling?  Yes  NO

Time Sample Obtained: \_\_\_\_\_

Parameter	PARAM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	9.8	Report	FEET	Single Sample	Quarterly		FIELD	P P	N
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.08	EPA 300.0	E U	N
Solids, Total Dissolved (TDS)	00515	730	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (Cl)	00940	240	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	I P	N
Sodium, Dissolved	00929	160	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	S	N
Ammonia, as N	00610	12	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	T	N
Coliform, Fecal	31616	1.0u	4	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D	A	N
pH	00406	8.33	8.5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	30	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	T	N
Turbidity	82079	2.41	1	NTU	Single Sample	Quarterly	0.090	FIELD	I	N
Specific Conductance	00094	998.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	C	N
Temperature (C), Water	00010	24.70	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on

Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Senior Facilities Operator		727-919-0674	18/07/10

Comments and Explanations (Reference all attachments here):



## GROUNDWATER MONITORING REPORT - PART D

County: Pasco  
 Facility Name: Jasmine Lakes WWTP  
 Permit Number: FLA012768

Monitoring Well ID: MWC-03  
 Well Type: Compliance  
 Description:

Monitoring Period: From: January-07 To: August-07


Date Sample Obtained: 8/6/2007 8.53

Was the well purged before sampling?  Yes  NO

Time Sample Obtained: \_\_\_\_\_

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	9.4	Report	FEET	Single Sample	Quarterly		FIELD	P P	N
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.06	EPA 300.0	E U	N
Solids, Total Dissolved (TDS)	00515	600	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (Cl)	00940	210	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	I P	N
Sodium, Dissolved	00929	150	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	S	N
Ammonia, as N	00610	0.69	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	T	N
Coliform, Fecal	31616	1.0u	4	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D	A	N
pH	00406	8.86	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	40	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	T	N
Turbidity	82079	0.72	1	NTU	Single Sample	Quarterly	0.090	FIELD	I	N
Specific Conductance	00094	864.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	C	N
Temperature (C), Water	00010	28.10	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on

Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Senior Facilities Operator		727-919-0674	18/07/10

Comments and Explanations (Reference all attachments here):

## GROUNDWATER MONITORING REPORT - PART D

County: Pasco  
 Facility Name: Jasmine Lakes WWTP  
 Permit Number: FLA012768

Monitoring Well ID: MWC-02  
 Well Type: Compliance  
 Description:

Monitoring Period: From: January-07 To: August-07

Date Sample Obtained: 8/6/2007  
 8.03

Was the well purged before sampling? X Yes    NO

Time Sample Obtained: \_\_\_\_\_

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	10.6	Report	FEET	Single Sample	Quarterly		FIELD	P P	N
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.06	EPA 300.0	E U	N
Solids, Total Dissolved (TDS)	00515	630	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (Cl)	00940	240	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	I P	N
Sodium, Dissolved	00929	170	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	S	N
Ammonia, as N	00610	2.9	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	T	N
Coliform, Fecal	31616	1.0u	4	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D	A	N
pH	00406	9.05	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	39	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	T	N
Turbidity	82079	0.74	1	NTU	Single Sample	Quarterly	0.090	FIELD	I	N
Specific Conductance	00094	960.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	C	N
Temperature (C), Water	00010	25.10	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on

Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Senior Facilities Operator		727-919-0674	18/07/10

Comments and Explanations (Reference all attachments here):

## GROUNDWATER MONITORING REPORT - PART D

County: Pasco  
 Facility Name: Jasmine Lakes WWTP  
 Permit Number: FLA012768

Monitoring Well ID: MWB-01  
 Well Type: Background  
 Description: JL-1BR

Monitoring Period: From: January-07 To: August-07

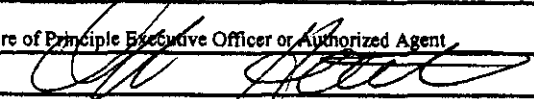
Date Sample Obtained: 8/6/2007  
 7.33

Was the well purged before sampling?  Yes  NO

Time Sample Obtained: \_\_\_\_\_

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	11.00	Report	FEET	Single Sample	Quarterly		FIELD	P P	N
Nitrogen, Nitrate, Total (as N)	00620	0.36	10	MG/L	Single Sample	Quarterly	0.06	EPA 300.0	E U	N
Solids, Total Dissolved (TDS)	00515	600	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (Cl)	00940	210	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	I P	N
Sodium, Dissolved	00929	140	180	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	S	N
Ammonia, as N	00610	0.44	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	T	N
Coliform, Fecal	31616	1.0u	4	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D	A	N
pH	00406	7.59	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	58	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	T	N
Turbidity	82079	2.20	1	NTU	Single Sample	Quarterly	0.090	FIELD	I	N
Specific Conductance	00094	865.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	C	N
Temperature (C), Water	00010	26.70	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on

Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Senior Facilities Operator		727-919-0674	07/10/18

Comments and Explanations (Reference all attachments here):

**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: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, Fl. 34240

PERMIT NUMBER: FLA012768

FACILITY: Jasmine Lakes WWTP  
 LOCATION: 1000 Holly Lane  
 Port Richey, FL 34668

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER:  
 MONITORING GROUP DESC:  
 NO DISCHARGE FROM SITE:


REPORT: Monthly  
 GROUP: Domestic  
 R-100  
 Ponds, including Influent

MONITORING PERIOD-From: 10/01/2007 To: 10/31/2007

COUNTY: Pasco

Parameter		Quantity of Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow to R-100	Sample Measurement	0.205					0			
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement	0.308 (An. Avg.)	MGD					Monthly	Calculation	
Flow to R-100	Sample Measurement	0.209					0			
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD					5 Days/Week	Recording flow meters and totalizers	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.3			0			
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)			MG/L	Monthly	Calculation	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0		0			
PARM Code 80082 A Mon.Site No.EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)		MG/L	Every two weeks	8-hour flow proportioned composite	
Solids, Total Suspended	Sample Measurement			3.0			0			
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)			MG/L	Monthly	Calculation	
Solids, Total Suspended	Sample Measurement			1.70	2.2		0			
PARM Code 00530 A Mon.Site No.EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)		MG/L	Every two weeks	8-hour flow proportioned composite	

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Don Hostetler / Senior Facilities Operator		727-919-0674	07/11/26

## DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

MONITORING PERIOD: From: 10/01/2007 To: 10/31/2007

Parameter	Quantity of Loading	Units	Quality or Concentration			Units	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.5	7.6		0	
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week Grab
Coliform, Fecal	Sample Measurement			1.0			0	
Perm Code 74055 Y Mon. Site No. EFA-01	Permit Requirement			200 (An. Avg.)		#/100ML		Monthly Calculation
Coliform, Fecal	Sample Measurement			1.0	1.0		0	
Perm Code 74055 A Mon. Site No. EFA-01	Permit Requirement			Report (Mo. Geo. Mean)	800 (Max.)	#/100ML		Every Two Weeks Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement			2.0			0	
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement			0.5 (Min.)		MG/L		5 Days/Week Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				4.70		0	
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement				12 (Max.)	MG/L		Every Two wWeeks 8-hour flow proportioned composite
Flow (Total Plant)	Sample Measurement	0.217	0.209				0	
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	0.308 (3-Mo. Avg.)	Report (Mo. Avg.)	MGD				5 Days/Week Recording flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 10	Sample Measurement						0	
PARM Code 00180 G Mon. Site No. INF	Permit Requirement			Report		Percent		Monthly Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				180		0	
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement			Report (Mo. Avg.)		MG/L		Monthly 8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement				82		0	
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement			Report (Mo. Avg.)		MG/L		Monthly 8-hour flow proportioned composite

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP

 MONITORING PERIOD 10/01/2007

 To: 10/31/2007

	COD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD) total plant flow to ponds	COD5 (mg/L)	TSS (mg/L)	Notes
Code	80082	74055	00620	00400	00530	50060	50060	80082	00530	
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	
1				7.5		2.2	0.5			
2				7.5		2.2	0.2			
3				7.5		2.2	0.2			
4				7.5		2.2	0.2			
5				7.5		2.2	0.2			
6				7.5		2.2	0.2			
7							0.2			
8	2.000			7.5	2.2	2.2	0.2	180	82	
9		1.0	4.7	7.5		2.2	0.2			
10				7.5		2.2	0.2			
11				7.6		2.0	0.2			
12				7.6		2.0	0.2			
13							0.2			
14							0.2			
15				7.5		2.2	0.2			
16				7.5		#REF!	0.2			
17				7.5		2.2	0.2			
18				7.5		2.2	0.2			
19				7.5		2.2	0.2			
20							0.2			
21							0.2			
22	2.000			7.5	1.2	2.2	0.2			
23		1.0	4.7	7.5		2.2	0.2			
24				7.5		2.2	0.2			
25				7.5		2.2	0.2			
26				7.5		2.2	0.2			
27							0.2			
28							0.2			
29				7.5		2.2	0.2			
30				7.5		2.2	0.2			
31				7.5		2.2	0.2			

**PLANT STAFFING:**

Lead Operator	Class: <u>    B    </u>	Certification No.: <u>    8035    </u>	Name: <u>    Don Hostetler    </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>

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

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2800 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, FL 34240

PERMIT NUMBER: FLA012768

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER:  
 MONITORING GROUP DESC:  
 NO DISCHARGE FROM SITE:

REPORT: Monthly  
 GROUP: Domestic  
 R-100  
 Ponds, including Influent

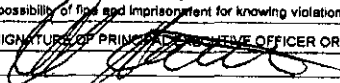
FACILITY: Jasmine Lakes WWTP  
 LOCATION: 1000 Holly Lane  
 Port Richey, FL 34668

MONITORING PERIOD--From: 11/01/2007 To: 11/30/2007

COUNTY: Pasco

Parameter	Quantity of Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow to R-100	Sample Measurement	0.205					0		
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement	0.308 (An. Avg.)				MGD		Monthly	Calculation
Flow to R-100	Sample Measurement	0.198					0		
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)				MGD		5 Days/Week	Recording flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.4			0		
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)		MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.0	3.0		0		
PARM Code 80082 A Mon.Site No.EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement			3.3			0		
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)		MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			5.10	5.7		0		
PARM Code 00530 A Mon.Site No.EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour flow proportioned composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Don Hostetter / Senior Facilities Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO. 727-919-0674	DATE (YY/MM/DD) 07/12/19
---	---	-------------------------------	-----------------------------

## DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768  
 MONITORING PERIOD: From: 11/22/2007 To: 11/30/2007

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.5	7.5		0	
PARM Code 00400 A Mon.Site No.EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week Grab
Coliform, Fecal	Sample Measurement			1.0			0	
Parm Code 74055 Y Mon.Site No.EFA-01	Permit Requirement			200 (An. Avg.)		#/100ML		Monthly Calculation
Coliform, Fecal	Sample Measurement			1.0	1.0		0	
Parm Code 74055 A Mon.Site No.EFA-01	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)	#/100ML		Every Two Weeks Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement			2.2			0	
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement			0.5 (Min.)		MG/L		5 Days/Week Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				10.00		0	
PARM Code 00620 A Mon.Site No.EFA-01	Permit Requirement				12 (Max.)	MG/L		Every Two wWeeks 8-hour flow proportioned composite
Flow (Total Plant)	Sample Measurement	0.210	0.198					
PARM Code 50030 P Mon.Site No.FLW-01	Permit Requirement	0.308 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD				5 Days/Week Recording flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 10	Sample Measurement			66%			0	
PARM Code 00180 G Mon.Site No.INF	Permit Requirement			Report		Percent		Monthly Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			120			0	
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement			Report (Mo.Avg.)		MG/L		Monthly 8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement			75				
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement			Report (Mo.Avg.)		MG/L		Monthly 8-hour flow proportioned composite



## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP

MONITORING PERIOD 11/01/2007

To: 11/30/2007

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	TSS (mg/L)	Notes
Code	80082	74055	00620	00400	00530	50060	50060	80082	00530	
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	
1				7.5		2.2	226,045.0			
2				7.5		2.2	226,294.0			
3							226,431.0			
4										
5	3.000			7.5	5.7	2.2	226,870.0	120	75	
6		1.0	10.0	7.5		2.2	227,057.0			
7				7.5		2.2	227,225.0			
8				7.5		2.2	227,402.0			
9				7.5		2.2	227,579.0			
10							227,711.0			
11										
12				7.5		2.2	228,244.0			
13				7.5		2.2	228,453.0			
14				7.5		2.2	228,652.0			
15				7.5		2.2	228,850.0			
16				7.5		2.2	229,049.0			
17							229,206.0			
18										
19		1.0	0.1	7.5	4.5	2.2	229,624.0			
20				7.5		2.2	229,830.0			
21				7.5		2.2	230,021.0			
22				7.5		2.2	230,223.0			
23				7.5		2.2	230,454.0			
24							230,625.0			
25										
26				7.5		2.2	231,088.0			
27				7.5		2.2	231,289.0			
28				7.5		2.2	231,518.0			
29				7.5		2.2	231,703.0			
30				7.5		2.2	231,882.0			

**PLANT STAFFING:**

Lead Operator	Class: <u>    B    </u>	Certification No.: <u>    8035    </u>	Name: <u>    Don Hostetter    </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>

LS

## GROUNDWATER MONITORING REPORT - PART D

County: Pasco  
 Facility Name: Jasmine Lakes WWTP  
 Permit Number: FLA012768

Monitoring Well ID: MWB-01  
 Well Type: Background  
 Description: JL-1BR

Monitoring Period: From: January-07 To: December-07

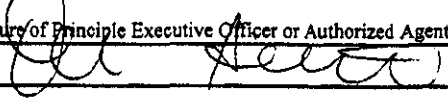
Date Sample Obtained: 11/5/2007  
7.36

Was the well purged before sampling?  Yes  NO

Time Sample Obtained: \_\_\_\_\_

Parameter	PARAM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	11.08	Report	FEET	Single Sample	Quarterly		FIELD	P P	N
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.06	EPA 300.0	E U	N
Solids, Total Dissolved (TDS)	00515	430	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (Cl)	00940	150	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	I P	N
Sodium, Dissolved	00929	100	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	S	N
Ammonia, as N	00610	0.37	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	T	N
Coliform, Fecal	31616	1.0u	4	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D	A	N
pH	00406	6.54	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	41	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	T	N
Turbidity	82079	1.44	1	NTU	Single Sample	Quarterly	0.090	FIELD	I	N
Specific Conductance	00094	683.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	C	N
Temperature (C), Water	00010	28.30	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on

Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Senior Facilities Operator		907-919-0674	07-19

Comments and Explanations (Reference all attachments here):

## GROUNDWATER MONITORING REPORT - PART D

County: Pasco  
 Facility Name: Jasmine Lakes WWTP  
 Permit Number: FLA012768

Monitoring Well ID: MWC-05  
 Well Type: Compliance  
 Description:

Monitoring Period: From: January-07 To: December-07

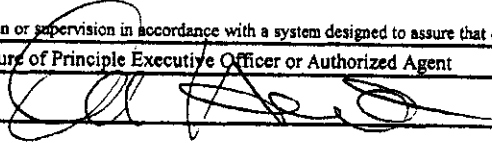
Date Sample Obtained: 11/5/2007  
 10.15

Was the well purged before sampling?  Yes  NO

Time Sample Obtained: \_\_\_\_\_

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	10.3	Report	FEET	Single Sample	Quarterly		FIELD	P P	N
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.06	EPA 300.0	E U	N
Solids, Total Dissolved (TDS)	00515	610	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (Cl)	00940	210	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	I P	N
Sodium, Dissolved	00929	110	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	S	N
Ammonia, as N	00610	0.62	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	T	N
Coliform, Fecal	31616	1.0u	4	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D	A	N
pH	00406	7.18	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	4.9	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	T	N
Turbidity	82079	0.57	1	NTU	Single Sample	Quarterly	0.090	FIELD	I	N
Specific Conductance	00094	798.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	C	N
Temperature (C), Water	00010	26.10	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on

Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Senior Facilities Operator		727-9190624	07-19

Comments and Explanations (Reference all attachments here):

## GROUNDWATER MONITORING REPORT - PART D

County: Pasco  
 Facility Name: Jasmine Lakes WWTP  
 Permit Number: FLA012768

Monitoring Well ID: MWC-04  
 Well Type: Compliance  
 Description:

Monitoring Period: From: January-07 To: December-07

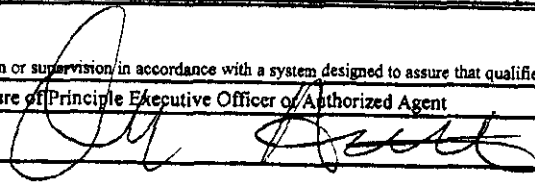
Date Sample Obtained: 11/5/2007  
 9.38

Was the well purged before sampling?  Yes  NO

Time Sample Obtained: \_\_\_\_\_

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	9.95	Report	FEET	Single Sample	Quarterly		FIELD	P P	N
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.06	EPA 300.0	E U	N
Solids, Total Dissolved (TDS)	00515	720	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (Cl)	00940	230	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	I P	N
Sodium, Dissolved	00929	150	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	S	N
Ammonia, as N	00610	12	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	T	N
Coliform, Fecal	31616	1.0u	4	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D	A	N
pH	00406	7.25	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	40	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	T	N
Turbidity	82079	1.49	1	NTU	Single Sample	Quarterly	0.090	FIELD	I	N
Specific Conductance	00094	1049.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	C	N
Temperature (C), Water	00010	25.50	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on

Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Senior Facilities Operator		727-919-0624	07-19

Comments and Explanations (Reference all attachments here):

## GROUNDWATER MONITORING REPORT - PART D

County: Pasco  
 Facility Name: Jasmine Lakes WWTP  
 Permit Number: FLA012768

Monitoring Well ID: MWC-03  
 Well Type: Compliance  
 Description:

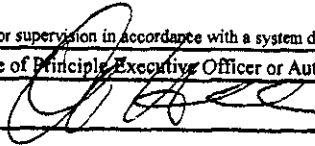
Monitoring Period: From: January-07 To: December-07

Date Sample Obtained: 11/5/2007  
 Time Sample Obtained: 8.5T

Was the well purged before sampling?  Yes  NO

Parameter	PARAM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	8.72	Report	FEET	Single Sample	Quarterly		FIELD	P P	N
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.06	EPA 300.0	E U	N
Solids, Total Dissolved (TDS)	00515	590	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (Cl)	00940	220	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	I P	N
Sodium, Dissolved	00929	150	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	S	N
Ammonia, as N	00610	1.9	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	T	N
Coliform, Fecal	31616	1.0u	4	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D	A	N
pH	00406	7.60	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	43	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	T	N
Turbidity	82079	0.68	1	NTU	Single Sample	Quarterly	0.090	FIELD	I	N
Specific Conductance	00094	909.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	C	N
Temperature (C), Water	00010	28.50	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on

Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Senior Facilities Operator		707-919-0624	07-19

Comments and Explanations (Reference all attachments here):

## GROUNDWATER MONITORING REPORT - PART D

County: Pasco  
 Facility Name: Jasmine Lakes WWTP  
 Permit Number: FLA012768

Monitoring Well ID: MWC-02  
 Well Type: Compliance  
 Description:

Monitoring Period: From: January-07 To: December-07

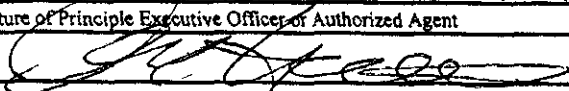
Date Sample Obtained: 11/5/2007  
 8.01

Was the well purged before sampling?  Yes  NO

Time Sample Obtained: \_\_\_\_\_

Parameter	PARAM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	72020	10.45	Report	FEET	Single Sample	Quarterly		FIELD	P P	N
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.06	EPA 300.0	E U	N
Solids, Total Dissolved (TDS)	00515	620	500	MG/L	Single Sample	Quarterly	20	SM2540 C	R M	N
Chloride as (Cl)	00940	230	250	MG/L	Single Sample	Quarterly	7.5	EPA 300.0	I P	N
Sodium, Dissolved	00929	160	160	MG/L	Single Sample	Quarterly	1.0	EPA 200.7	S	N
Ammonia, as N	00610	3.3	5	UG/L	Single Sample	Quarterly	0.050	EPA 350.1	T	N
Coliform, Fecal	31616	1.0u	4	CFU/100ML	Single Sample	Quarterly	1.0	SM 9222D	A	N
pH	00406	7.18	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	FIELD	L	N
Sulfate, Total	00945	27	250	MG/L	Single Sample	Quarterly	2.5	EPA 300.0	T	N
Turbidity	82079	0.65	1	NTU	Single Sample	Quarterly	0.090	FIELD	I	N
Specific Conductance	00094	940.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	FIELD	C	N
Temperature (C), Water	00010	25.30	Report	DEG.C	Single Sample	Quarterly	1	FIELD		N

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on

Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Senior Facilities Operator		202-919-0024	07-19

Comments and Explanations (Reference all attachments here):

## 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: Aqua Utilities Florida  
 MAILING ADDRESS: 6990 Professional Parkway East  
 Sarasota, FL 34240

PERMIT NUMBER: FLA012768

FACILITY: Jasmine Lakes WWTP  
 LOCATION: 1000 Holly Lane  
 Port Richey, FL 34668

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER:  
 MONITORING GROUP DESC:  
 NO DISCHARGE FROM SITE:

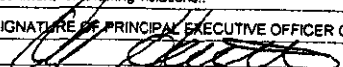
REPORT: Monthly  
 GROUP: Domestic  
 R-100  
 Ponds, including Influent

MONITORING PERIOD—From: 12/01/2007 To: 12/31/2007

COUNTY: Pasco

Parameter		Quantity of Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow to R-100	Sample Measurement	0.204						0		
PARM Code 50050 Y Mon.Site No.FLW-01	Permit Requirement	0.308 (An. Avg.)		MGD					Monthly	Calculation
Flow to R-100	Sample Measurement	0.197						0		
PARM Code 50050 1 Mon.Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)		MGD					5 Days/Week	Recording flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.8			0		
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.9	11.0		0		
PARM Code 80082 A Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement				3.3			0		
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				2.40	2.4		0		
PARM Code 00530 A Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour flow proportioned composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Don Hostetler / Senior Facilities Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO. 727-919-0674	DATE (YY/MM/DD) 08/01/24
---	---	-------------------------------	-----------------------------

## DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

MONITORING PERIOD: From: 12/01/2007 To: 12/31/2007

Parameter		Quantity of Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.5	7.7		0		
PARM Code 00400 A Mon.Site No.EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0			0		
Parm Code 74055 Y Mon.Site No.EFA-01	Permit Requirement				200 (An. Avg.)		#/100ML		Monthly	Calculation
Coliform, Fecal	Sample Measurement				1.0	1.0		0		
Parm Code 74055 A Mon.Site No.EFA-01	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement				1.8			0		
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement				0.5 (Min.)		MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					4.40		0		
PARM Code 00620 A Mon.Site No.EFA-01	Permit Requirement					12 (Max.)	MG/L		Every Two wWeeks	8-hour flow proportioned composite
Flow (Total Plant)	Sample Measurement	0.201	0.197					0		
PARM Code 50050 P Mon.Site No.FLW-01	Permit Requirement	0.308 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD					5 Days/Week	Recording flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 10	Sample Measurement				65%			0		
PARM Code 00180 G Mon.Site No.INF	Permit Requirement				Report		Percent		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				130			0		
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement				Report (Mo.Avg.)		MG/L		Monthly	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement				<i>5.5</i>			0		
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement				Report (Mo.Avg.)		MG/L		Monthly	8-hour flow proportioned composite



## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP

MONITORING PERIOD 12/01/2007

To: 12/31/2007

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	TSS (mg/L)	Notes
Code	80082	74055	00620	00400	00530	50060	50060	80082	00530	
Mon.Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	
1							0.2			
2				7.5		2.2	0.2			
3	11.000			7.5	2.4	2.2	0.2	130	98	
4		1.0	0.1	7.5		2.2	0.2			
5				7.5		2.2	0.2			
6				7.5		2.2	0.2			
7				7.5		2.2	0.1			
8							0.2			
9							0.2			
10				7.5		2.2	0.2			
11				7.5		2.2	0.2			
12				7.5		2.2	0.2			
13				7.5		2.2	0.2			
14				7.5		2.2	0.2			
15							0.2			
16							0.3			
17				7.5		2.2	0.3			
18				7.5		2.2	0.2			
19	2.800			7.5		2.2	0.2			
20		1.0	4.4	7.5		2.2	0.2			
21				7.5		2.2	0.2			
22							0.2			
23							0.2			
24				7.6		2.0	0.2			
25				7.5		2.2	0.2			
26				7.7		1.8	0.2			
27				7.6		1.8	0.2			
28				7.7		2.0	0.2			
29				7.6		1.8	0.2			
30							0.2			
31				7.7		1.8	0.2			

**PLANT STAFFING:**

Lead Operator	Class: <u>    B    </u>	Certification No.: <u>    8035    </u>	Name: <u>    Don Hostetler    </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>

**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: Aqua Utilities Florida  
 MAILING ADDRESS: 1343 N.E. 17th Rd.  
 Ocala, Fl. 34470

PERMIT NUMBER: FLA012768  
 MONITORING PERIOD--From: 01/01/2006 To: 01/31/2006  
 THREE MONTH ROLLING ADF: 0.215 % OF PERMITTED CAPACITY: 38%  
 LIMIT: Final REPORT: Monthly  
 CLASS SIZE: N/A GROUP: Domestic  
 FACILITY ID: FLA012768 WAFR SITE NO.: 37591  
 DISCHARGE POINT NUMBER:  R001 (RIBs)  
 PLANT SIZE/TREATMENT TYPE: IIIIC

FACILITY: Jasmine Lakes WWTP  
 LOCATION: 7612 Pineapple Lane  
 Port Richey, FL 34668

COUNTY: Pasco

DMR Version 9/00

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency	Sample Type
					No. of	
Flow	Sample Measurement 0.215				Ex. Analysis	
PARM Code 50050 Y Mon.Site No.EFA-01-13862	Permit Requirement 0.308 (Annual Avg)	mgd			Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement 0.220					
PARM Code 50050 1 Mon.Site No.EFA-01-13862	Permit Requirement 0.370 (Mo.Avg.)	mgd			Continuous	Flow meter and totalizer
CBODs	Sample Measurement 4.6					
PARM Code 80082 Y Mon.Site No.EFA-01-13862	Permit Requirement 20.0 (An.Avg.)			MG/L	Report Monthly	Calculated Roll.An.Avg.
CBODs	Sample Measurement 3.0		3.4			
PARM Code 80082 1 Mon.Site No.EFA-01-13862	Permit Requirement 30.0 (Mo. Avg.)		60.0 (Max.)	MG/L	Every two weeks	8-hour FPC
TSS	Sample Measurement 7.3					
PARM Code 00530 Y Mon.Site No.EFA-01-13862	Permit Requirement 20.0 (An.Avg.)			MG/L	Report Monthly	Calculated Roll.An.Avg.
tss	Sample Measurement 3.13		4.8			
PARM Code 00530 1 Mon.Site No.EFA-01-13862	Permit Requirement 30.0 (Mo. Avg.)		60.0 (Max.)	MG/L	Every two weeks	8-hour FPC

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

2 Upon notification of completion of Part II slow-rate restricted-access sprayfield.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO.

DATE (YY/MM/DD)

Dennis Muldoon / Senior Facilities Operator

DOCUMENT NUMBER

352-302-9713

06/02/22

04322 MAY 22 8

## DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

PERMIT NUMBER:

38718 DISCHARGE POINT NO.: R001 (RIBs)

WAFR SITE No.: 37591

Parameter	Quantity of Loading	Units	Quality or Concentration			Units	No. of Ex. Analysis	Frequency	Sample Type
Fecal Coliform Bacteria	Sample Measurement		2.8				0		
Parm Code 31615 Y Mon.Site No.EFA-01-13862	Permit Requirement		200 (An.Avg.)			#/100mL		Report Monthly	Calculated Roll An.Avg.
Fecal Coliform Bacteria	Sample Measurement		1.0	1.0	1.0		0		
Parm Code 31615 1 Mon.Site No.EFA-01-13862	Permit Requirement		Report (Mo.Geo.Mean)	400 (Mo.Avg.)	800 (max)	#/100mL		Every two weeks	Grab
pH	Sample Measurement		7.5		7.6		0		
PARM Code 00400 A Mon.Site No.EFA-01-13862	Permit Requirement		6.0 (Min.)		8.5 (Max.)	S.U.		Daily, 5/wk	Meter/Grab
TRC (For Disinfection)	Sample Measurement		2.0				0		
PARM Code 50060 A Mon.Site No.EFA-01-13862	Permit Requirement		0.5 (Min)			MG/L		Daily, 5/wk	Meter/Grab
Nitrate (as N)	Sample Measurement				0.79		0		
PARM Code 00620 A Mon.Site No.EFA-01-13862	Permit Requirement				12.0 (max)	MG/L		Every Two Weeks	Grab
	Sample Measurement								
	Permit Requirement								
CBOD5	Sample Measurement		283				0		
PARM Code 80082 G Mon.Site No.INF-01-24863	Permit Requirement		Report (Mo.Avg.)			MG/L		Every two weeks	8-hour FPC
TSS	Sample Measurement		173				0		
PARM Code 00530 G Mon.Site No.INF-01-24863	Permit Requirement		Report (Mo.Avg.)			MG/L		Every two weeks	8-hour FPC

- 1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's 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) month's averages.
- 3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.
- 4 FPC - flow proportioned composite

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

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA12768

 Facility: Jasmine Lakes WWTP  
 County: Pasco

 MONITORING PERIOD 02/01/2006 To: 02/28/2006

	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
<b>Code</b>	50050	80082	74055	00620	00400	00530	50060	80082	00530
<b>Mon.Site</b>	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.325				7.6		2.2		
2	0.190				7.5		2.2		
3	0.237				7.6		2.2		
4	0.219								
5	0.263								
6	0.263				7.6		2.2		
7	0.184				7.6		2.2		
8	0.249				7.6		2.2		
9	0.186				7.6		2.0		
10	0.181				7.5		2.0		
11	0.225				7.5		2.0		
12	0.220								
13	0.220	2.0			7.7	3.0	2.2	180	110
14	0.270		1U	1.5	7.6		2.2		
15	0.187				7.6		2.0		
16	0.263				7.6		2.2		
17	0.194				7.5		2.2		
18	0.258								
19	0.220								
20	0.220				7.5		2.0		
21	0.230				7.5		2.2		
22	0.239				7.5		2.0		
23	0.256				7.4		2.0		
24	0.232				7.6		2.0		
25	0.214								
26	0.238								
27	0.238	2U			7.6	1.9	2.2	330	240
28	0.244		1U	0.6	7.5		2.0		
29									
30									

**PLANT STAFFING:**

Lead Operator	Class: <u>    A    </u>	Certification No.: <u>    6452    </u>	Name: <u>    Dennis Muldoon    </u>
Day Shift Operator	Class: <u>    B    </u>	Certification No.: <u>    8937    </u>	Name: <u>    Steve Fuller    </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Chief Day Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>

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

 Limited Wet Weather Discharge Activated: Yes  Not Applicable:  yes, cumulative days of wet weather discharge

\* Attach additional sheets if necessary to list all certified operators.  
 DEP Form 62-620.910(10), Effective November 29, 1994  
 Version 5/18/98

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

Date issued: January 9, 2006

To: Bill Dean  
Aqua Utilities Florida, Inc.  
7616 Arbordale Drive  
Port Richey, FL 346682204

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Jasmine Lakes

[2407070]

Received: 1/03/06 8:50

Dear Bill Dean;

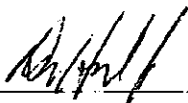
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory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

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

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

4155 St. John's Pkwy Suite 1300  
Sanford, FL 32771  
FDOH # E83509

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 1/9/06



**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: Aqua Utilities Florida  
 MAILING ADDRESS: 1343 N.E. 17th Rd.  
 Ocala, Fl. 34470

PERMIT NUMBER: FLA012768  
 MONITORING PERIOD-From: 02/01/2008 To: 02/28/2008  
 THREE MONTH ROLLING ADF LIMIT: 0.222 % OF PERMITTED CAPACITY 38%  
 LIMIT: Final REPORT: Monthly  
 CLASS SIZE: N/A GROUP: Domestic  
 FACILITY ID: FLA012768 WAFR SITE NO.:37591  
 DISCHARGE POINT NUMBER: R001 (RIBs)  
 PLANTSIZE/TREATMENT TYPE: IIIC

FACILITY: Jasmine Lakes WWTP  
 LOCATION: 7612 Pineapple Lane  
 Port Richey, FL 34668

COUNTY: Pasco

DMR Version 9/00

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of	Sample Type
Flow	Sample Measurement 0.218				0	
PARM Code 50050 Y Mon.Site No.EFA-01-13862	Permit Requirement 0.308 (Annual Avg)	mgd				Report Monthly Calculated Roll.An.Avg.
Flow	Sample Measurement 0.231				0	
PARM Code 50050 1 Mon.Site No.EFA-01-13862	Permit Requirement 0.370 (Mo.Avg.)	mgd				Continuous Flow meter and totalizer
CBODs	Sample Measurement 4.5				0	
PARM Code 80082 Y Mon.Site No.EFA-01-13862	Permit Requirement 20.0 (An.Avg.)			MG/L		Report Monthly Calculated Roll.An.Avg.
CBODs	Sample Measurement 2.0		2.0		0	
PARM Code 80082 1 Mon.Site No.EFA-01-13862	Permit Requirement 30.0 (Mo. Avg.)		60.0 (Max.)	MG/L		Every two weeks 8-hour FPC
TSS	Sample Measurement 6.9				0	
PARM Code 00530 Y Mon.Site No.EFA-01-13862	Permit Requirement 20.0 (An.Avg.)			MG/L		Report Monthly Calculated Roll.An.Avg.
TSS	Sample Measurement 2.45		3.0		0	
PARM Code 00530 1 Mon.Site No.EFA-01-13862	Permit Requirement 30.0 (Mo. Avg.)		60.0 (Max.)	MG/L		Every two weeks 8-hour FPC

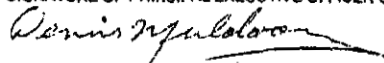
1 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.

2 Upon notification of completion of Part II slow-rate restricted-access sprayfield.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 Dennis Muldoon / Senior Facilities Operator

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE NO.  
 352-302-9713

DATE (YYMMDD)  
 06/03/20

## DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

PERMIT NUMBER: FLA012768

DISCHARGE POINT NO.: R001 (RIBs)

WAFR SITE No.: 37581

Parameter	Quantity of Loading	Units	Quality or Concentration			Units	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement		2.8			0		
Perm Code 31615 Y Mon.Site No.EFA-01-13862	Permit Requirement		200 (An.Avg.)			#/100mL	Report Monthly	Calculated Roll.An.Avg.
Fecal Coliform Bacteria	Sample Measurement		1.0	1.0	1.0	0		
Perm Code 31615 1 Mon.Site No.EFA-01-13862	Permit Requirement		Report (Mo.Geo.Mean)	400 (Mo.Avg.)	800 (max)	#/100mL	Every two weeks	Grab
pH	Sample Measurement		7.4		7.7	0		
PARM Code 00400 A Mon.Site No.EFA-01-13862	Permit Requirement		8.0 (Min.)		8.5 (Max.)	S.U.	Daily, 5/wk	Meter/Grab
TRC (For Disinfection)	Sample Measurement		2.0			0		
PARM Code 50060 A Mon.Site No.EFA-01-13862	Permit Requirement		0.5 (Min)			MG/L	Daily, 5/wk	Meter/Grab
Nitrate (as N)	Sample Measurement				1.50	0		
PARM Code 00620 A Mon.Site No.EFA-01-13862	Permit Requirement				12.0 (max)	MG/L	Every Two Weeks	Grab
	Sample Measurement							
	Permit Requirement							
CBOD5	Sample Measurement		255			0		
PARM Code 80082 G Mon.Site No.INF-01-24863	Permit Requirement		Report (Mo.Avg.)			MG/L	Every two weeks	8-hour FPC
TSS	Sample Measurement		175			0		
PARM Code 00530 G Mon.Site No.INF-01-24863	Permit Requirement		Report (Mo.Avg.)			MG/L	Every two weeks	8-hour FPC

- 1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's 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) month's averages.
- 3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100. Reported as a percent.
- 4 FPC - flow proportioned composite

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

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA12768

Facility: Jasmine Lakes WWTP  
County: Pasco

MONITORING PERIOD 02/01/2006 To: 02/28/2006

	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	74055	00620	00400	00530	50060	80082	00530
Mon.Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.325				7.6		2.2		
2	0.190				7.5		2.2		
3	0.237				7.6		2.2		
4	0.219								
5	0.263								
6	0.263				7.6		2.2		
7	0.184				7.6		2.2		
8	0.249				7.6		2.2		
9	0.186				7.6		2.0		
10	0.181				7.5		2.0		
11	0.225				7.5		2.0		
12	0.220								
13	0.220	2.0			7.7	3.0	2.2	180	110
14	0.270		1U	1.5	7.6		2.2		
15	0.187				7.6		2.0		
16	0.263				7.6		2.2		
17	0.194				7.5		2.2		
18	0.258								
19	0.220								
20	0.220				7.5		2.0		
21	0.230				7.5		2.2		
22	0.239				7.5		2.0		
23	0.256				7.4		2.0		
24	0.232				7.6		2.0		
25	0.214								
26	0.238								
27	0.238	2U			7.6	1.9	2.2	330	240
28	0.244		1U	0.6	7.5		2.0		
29									
30									

**PLANT STAFFING:**

Lead Operator	Class: <u>    A    </u>	Certification No.: <u>    6452    </u>	Name: <u>    Dennis Muldoon    </u>
Day Shift Operator	Class: <u>    B    </u>	Certification No.: <u>    8937    </u>	Name: <u>    Steve Fuller    </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>                  </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>                  </u>
Chief Day Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>                  </u>

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Percolation Ponds  
 Limited Wet Weather Discharge Activated: Yes  Not Applicable:  yes, cumulative days of wet weather discharge

\* Attach additional sheets if necessary to list all certified operators.  
 DEP Form 62-620.910(10), Effective November 29, 1994  
 Version 5/18/98



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: February 23, 2006

To: Bill Dean  
Aqua Utilities Florida, Inc.  
7616 Arbordale Drive  
Port Richey, FL 346682204

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Jasmine Lakes

[2407112]

Received: 2/14/06 9:05

Dear Bill Dean;

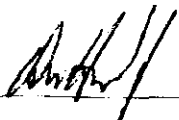
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory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

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

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 2/23/06



**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: Aqua Utilities Florida  
 MAILING ADDRESS: 1343 N.E. 17th Rd.  
 Ocala, Fl. 34470

PERMIT NUMBER: FLA012768  
 MONITORING PERIOD--From: 03/01/2006  
 THREE MONTH ROLLING ADF: 0.220  
 LIMIT: Final  
 CLASS SIZE: N/A  
 FACILITY ID: FLA012768  
 DISCHARGE POINT NUMBER:   
 PLANTSIZET/TREATMENT TYPE: III/C

To: 03/31/2006  
 % OF PERMITTED CAPACITY 58%  
 REPORT: Monthly  
 GROUP: Domestic  
 WAFR SITE NO.: 37591  
**R001 (RIBs)**

FACILITY: Jasmine Lakes WWTP  
 LOCATION: 7612 Pineapple Lane  
 Port Richey, FL 34668

COUNTY: Pasco

DMR Version 9/00

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency	Sample Type
					No. of	
Flow	Sample Measurement	0.218			Ex. Analysis	
PARM Code 50050 Y Mon.Site No.EFA-01-13862	Permit Requirement	0.308 (Annual Avg)	mgd		Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement	0.225				
PARM Code 60050 1 Mon.Site No.EFA-01-13862	Permit Requirement	0.370 (Mo.Avg.)	mgd		Continuous	Flow meter and totalizer
CBODs	Sample Measurement		4.2			
PARM Code 80082 Y Mon.Site No.EFA-01-13862	Permit Requirement		20.0 (An.Avg.)	MG/L	Report Monthly	Calculated Roll.An.Avg.
CBODs	Sample Measurement		2.0	2.0		
PARM Code 80082 1 Mon.Site No.EFA-01-13862	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Every two weeks 8-hour FPC
TSS	Sample Measurement		6.8			
PARM Code 00530 Y Mon.Site No.EFA-01-13862	Permit Requirement		20.0 (An.Avg.)	MG/L	Report Monthly	Calculated Roll.An.Avg.
TSS	Sample Measurement		2.40	3.1		
PARM Code 00530 1 Mon.Site No.EFA-01-13862	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Every two weeks 8-hour FPC

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

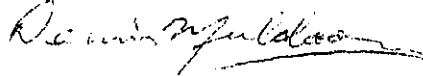
2 Upon notification of completion of Part II slow-rate restricted-access sprayfield.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Dennis Muldoon / Senior Facilities Operator

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE NO.

352-302-9713

DATE (YY/MM/DD)

06/04/19

## DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

PERMIT NUMBER:

38777 DISCHARGE POINT NO.: R001 (RIBs)

WAFR SITE No.: 37591

Parameter	Quantity of Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement		2.8				0		
Perm Code 31615 Y Mon.Site No.EFA-01-13862	Permit Requirement		200 (An.Avg.)			#/100mL		Report Monthly Calculated Roll.An.Avg.	
Fecat Coliform Bacteria	Sample Measurement		1.0	1.0	1.0		0		
Perm Code 31615 1 Mon.Site No.EFA-01-13862	Permit Requirement		Report (Mo.Geo.Mean)	400 (Mo.Avg.)	800 (max)	#/100mL		Every two weeks Grab	
pH	Sample Measurement		7.4		7.8		0		
PARM Code 00400 A Mon.Site No.EFA-01-13862	Permit Requirement		6.0 (Min.)		8.5 (Max.)	S.U.		Daily, 5/wk Meter/Grab	
TRC (For Disinfection)	Sample Measurement		1.4				0		
PARM Code 50060 A Mon.Site No.EFA-01-13862	Permit Requirement		0.5 (Min)			MG/L		Daily, 5/wk Meter/Grab	
Nitrate (as N)	Sample Measurement				0.59		0		
PARM Code 00620 A Mon.Site No.EFA-01-13862	Permit Requirement				12.0 (max)	MG/L		Every Two Weeks Grab	
	Sample Measurement								
	Permit Requirement								
CBOD5	Sample Measurement		450				0		
PARM Code 80062 G Mon.Site No.INF-01-24863	Permit Requirement		Report (Mo.Avg.)			MG/L		Every two weeks 8-hour FPC	
TSS	Sample Measurement		200				0		
PARM Code 00530 G Mon.Site No.INF-01-24863	Permit Requirement		Report (Mo.Avg.)			MG/L		Every two weeks 8-hour FPC	

- 1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's 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) month's averages.
- 3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100. Reported as a percent.
- 4 FPC - flow proportioned composite

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

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

 Facility: Jasmine Lakes WWTP  
 County: Pasco

 MONITORING PERIOD 03/01/2006

 To: 03/31/2006

	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	74055	00620	00400	00530	50060	80082	00530
Mon.Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.184				7.4		2.0		
2	0.208				7.5		2.0		
3	0.249				7.4		2.0		
4	0.245								
5	0.245				7.4		2.0		
6	0.163				7.5		2.0		
7	0.219				7.6		2.2		
8	0.163				7.5		2.2		
9	0.353				7.6		2.2		
10	0.159				7.7		2.2		
11	0.273								
12	0.224								
13	0.224	2U			7.6	3.1	2.2	510	240
14	0.205		1U	0.4	7.6		2.2		
15	0.205				7.7		2.2		
16	0.215				7.7		1.9		
17	0.248				7.6		2.1		
18	0.254				7.6		2.0		
19	0.194								
20	0.194				7.7		2.0		
21	0.242				7.8		2.0		
22	0.172				7.7		2.0		
23	0.226				7.7		2.0		
24	0.222				7.6		1.8		
25	0.228								
26	0.281								
27	0.281	2U			7.7	1.7	2.0	390	160
28	0.249		1U	0.6	7.6		1.4		
29	0.180				7.5		2.0		
30	0.243				7.7		1.6		
31	0.223				7.6		1.8		

**PLANT STAFFING:**

Lead Operator	Class: <u>    A    </u>	Certification No.: <u>    6452    </u>	Name: <u>    Dennis Muldoon    </u>
Day Shift Operator	Class: <u>    B    </u>	Certification No.: <u>    8937    </u>	Name: <u>    Steve Fuller    </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Chief Day Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>

Type of Effluent Disposal or Reclaimed Water Reuse: Evaporation / Perculation 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.

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

Version 5/18/98

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**  
5600 U.S. 1 North, Fort Pierce FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: March 20, 2006

To: Bill Dean  
Aqua Utilities Florida, Inc.  
7616 Arbordale Drive  
Port Richey, FL 346682204

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Jasmine Lakes

[2407135]

Received: 3/14/06 9:15

Dear Bill Dean;

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

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

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 3/20/06



**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: Aqua Utilities Florida  
 MAILING ADDRESS: 1343 N.E. 17th Rd.  
 Ocala, Fl. 34470

PERMIT NUMBER: FLA012768  
 MONITORING PERIOD--From: 04/01/2006 To: 04/30/2006  
 THREE MONTH ROLLING ADF: 0.224 % OF PERMITTED CAPACITY: 59%  
 LIMIT: Final REPORT: Monthly  
 CLASS SIZE: N/A GROUP: Domestic  
 FACILITY ID: FLA012768 WAFR SITE NO.: 37591  
 DISCHARGE POINT NUMBER: R001 (RIBs)  
 PLANTSIZE/TREATMENT TYPE: IIIC

FACILITY: Jasmine Lakes WWTP  
 LOCATION: 7612 Pineapple Lane  
 Port Richey, FL 34668

COUNTY: Pasco

DMR Version 9/00

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.219				
PARM Code 50050 Y Mon.Site No.EFA-01-13862	Permit Requirement (Annual Avg)	0.308	mgd		Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement	0.233				
PARM Code 50050 1 Mon.Site No.EFA-01-13862	Permit Requirement (Mo.Avg.)	0.370	mgd		Continuous	Flow meter and totalizer
CBODs	Sample Measurement		4.5			
PARM Code 80082 Y Mon.Site No.EFA-01-13862	Permit Requirement		20.0 (An.Avg.)	MG/L	Report Monthly	Calculated Roll.An.Avg.
CBODs	Sample Measurement		7.4	11.0		
PARM Code 80082 1 Mon.Site No.EFA-01-13862	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Every two weeks 8-hour FPC
TSS	Sample Measurement		6.4			
PARM Code 00530 Y Mon.Site No.EFA-01-13862	Permit Requirement		20.0 (An.Avg.)	MG/L	Report Monthly	Calculated Roll.An.Avg.
tss	Sample Measurement		4.80	6.6		
PARM Code 00530 1 Mon.Site No.EFA-01-13862	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Every two weeks 8-hour FPC

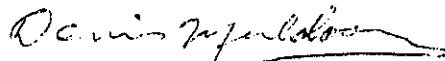
1 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.

2 Upon notification of completion of Part II slow-rate restricted-access sprayfield.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 Dennis Muldoon / Senior Facilities Operator

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE NO.  
 352-302-9713

DATE (YY/MM/DD)  
 06/05/22

**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: Aqua Utilities Florida  
 MAILING ADDRESS: 1343 N.E. 17th Rd.  
 Ocala, Fl. 34470

PERMIT NUMBER: FLA012768  
 MONITORING PERIOD--From: 04/01/2006 To: 04/30/2008  
 THREE MONTH ROLLING ADF LIMIT: Final 0.224  
 % OF PERMITTED CAPACITY REPORT: Monthly 59%  
 CLASS SIZE: N/A GROUP: Domestic  
 FACILITY ID: FLA012768 WAFR SITE NO.:37591  
 DISCHARGE POINT NUMBER: R001 (RIBs)  
 PLANTSIZE/TREATMENT TYPE: IIC

FACILITY: Jasmine Lakes WWTP  
 LOCATION: 7612 Pineapple Lane  
 Port Richey, FL 34668

COUNTY: Pasco

DMR Version 9/00

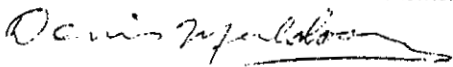
Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency		Sample Type
					No. of	Analysis	
Flow	Sample Measurement 0.219				0		
PARM Code 50050 Y Mon.Site No.EFA-01-13862	Permit Requirement 0.308 (Annual Avg)	mgd				Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement 0.233				0		
PARM Code 50050 1 Mon.Site No.EFA-01-13862	Permit Requirement 0.370 (Mo.Avg.)	mgd				Continuous	Flow meter and totalizer
CBODs	Sample Measurement 4.5				0		
PARM Code 80082 Y Mon.Site No.EFA-01-13862	Permit Requirement 20.0 (An.Avg.)			MG/L		Report Monthly	Calculated Roll.An.Avg.
CBODs	Sample Measurement 7.4		11.0		0		
PARM Code 80082 1 Mon.Site No.EFA-01-13862	Permit Requirement 30.0 (Mo. Avg.)		60.0 (Max.)	MG/L		Every two weeks	8-hour FPC
TSS	Sample Measurement 6.4				0		
PARM Code 00530 Y Mon.Site No.EFA-01-13862	Permit Requirement 20.0 (An.Avg.)			MG/L		Report Monthly	Calculated Roll.An.Avg.
tss	Sample Measurement 4.80		6.6		0		
PARM Code 00530 1 Mon.Site No.EFA-01-13862	Permit Requirement 30.0 (Mo. Avg.)		60.0 (Max.)	MG/L		Every two weeks	8-hour FPC

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

2 Upon notification of completion of Part II slow-rate restricted-access sprayfield.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 Dennis Muldoon / Senior Facilities Operator

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE NO.  
 352-302-9713

DATE (YY/MM/DD)  
 06/05/22

# DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

PERMIT NUMBER: FLA012768

DISCHARGE POINT NO.: R001 (RIBs)

WAFR SITE No.: 37591

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement	3.3				No. Ex.	
Perm Code 31615 Y Mon.Site No.EFA-01-13862	Permit Requirement	200				0	
Fecal Coliform Bacteria	Sample Measurement	(An.Avg.)			#/100mL	Report Monthly	Calculated Roll.An.Avg.
Perm Code 31615 1 Mon.Site No.EFA-01-13862	Permit Requirement	6.7	23.0	45.0		0	
pH	Sample Measurement	Report (Mo.Geo.Mean)	400 (Mo.Avg.)	800 (max)	#/100mL	Every two weeks	Grab
PARM Code 00400 A Mon.Site No.EFA-01-13862	Permit Requirement	7.6		7.8		0	
TRC (For Disinfection)	Sample Measurement	6.0 (Min.)		8.5 (Max.)	S.U.	Daily, 5/wk	Meter/Grab
PARM Code 50060 A Mon.Site No.EFA-01-13862	Permit Requirement	1.1				0	
Nitrate (as N)	Sample Measurement	0.5 (Min)			MG/L	Daily, 5/wk	Meter/Grab
PARM Code 00620 A Mon.Site No.EFA-01-13862	Permit Requirement			2.20		0	
	Sample Measurement			12.0 (max)	MG/L	Every Two Weeks	Grab
	Permit Requirement						
CBOD5	Sample Measurement						
PARM Code 80082 G Mon.Site No.INF-01-24863	Permit Requirement	305				0	
TSS	Sample Measurement	Report (Mo.Avg.)			MG/L	Every two weeks	8-hour FPC
PARM Code 00530 G Mon.Site No.INF-01-24863	Permit Requirement	205				0	
		Report (Mo.Avg.)			MG/L	Every two weeks	8-hour FPC

- 1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's 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) month's averages.
- 3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100. Reported as a percent.
- 4 FPC - flow proportioned composite

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



## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA12768

Facility: Jasmine Lakes WWTP  
County: Pasco

MONITORING PERIOD 04/01/2006 To: 04/30/2006

	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	74055	00620	00400	00530	50060	80082	00530
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.202								
2	0.267								
3	0.267				7.6		1.1		
4	0.217				7.7		1.4		
5	0.234				7.6				
6	0.200				7.7		1.4		
7	0.216				7.6		2.2		
8	0.211								
9	0.255								
10	0.255	11.0			7.8	6.6	1.4	300	180
11	0.225		1U	2.2	7.7		1.4		
12	0.214				7.7		2.0		
13	0.268				7.6		1.8		
14	0.190				7.7		2.0		
15	0.248								
16	0.286								
17	0.286				7.6		2.0		
18	0.233				7.7		1.8		
19	0.249				7.6		1.8		
20	0.201				7.7		2.0		
21	0.263				7.6		2.0		
22	0.220								
23	0.213								
24	0.213	3.8			7.8	3.0	2.0	310	230
25	0.223		45.0	0.3	7.7		2.0		
26	0.225				7.6		2.2		
27	0.239				7.6		2.1		
28	0.217				7.7		2.2		
29	0.258				7.6		2.2		
30	0.188								

**PLANT STAFFING:**

Lead Operator	Class: <u>    A    </u>	Certification No.: <u>    6452    </u>	Name: <u>    Dennis Muldoon    </u>
Day Shift Operator	Class: <u>    B    </u>	Certification No.: <u>    8937    </u>	Name: <u>    Steve Fuller    </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Chief Day Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>

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

Limited Wet Weather Discharge Activated: Yes  Not Applicable:  yes, cumulative days of wet weather discharge

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

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

Version 5/18/98

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

Date issued: April 17, 2006

To: Bill Dean  
Aqua Utilities Florida, Inc.  
7616 Arbordale Drive  
Port Richey, FL 346682204

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Jasmine Lakes

[2407168]

Received: 4/11/06 8:50

Dear Bill Dean;

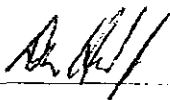
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory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

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

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418



Printed: 4/17/06

Page 1 of 4

# 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: Aqua Utilities Florida  
 MAILING ADDRESS: 1343 N.E. 17th Rd.  
 Ocala, Fl. 34470

PERMIT NUMBER: FLA012768  
 MONITORING PERIOD--From: 05/01/2006 To: 05/31/2006  
 THREE MONTH ROLLING ADF: 0.230 % OF PERMITTED CAPACITY: 60%  
 LIMIT: Final REPORT: Monthly  
 CLASS SIZE: N/A GROUP: Domestic  
 FACILITY ID: FLA012768 WAFR SITE NO.: 37591  
 DISCHARGE POINT NUMBER:  R001 (RIBs)  
 PLANTSIZE/TREATMENT TYPE: IIC

FACILITY: Jasmine Lakes WWTP  
 LOCATION: 7612 Pineapple Lane  
 Port Richey, FL 34668

COUNTY: Pasco

DMR Version 9/00

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency	Sample Type
				No.	of	
Flow	Sample Measurement 0.221			Ex.	Analysis	
PARM Code 50050 Y Mon.Site No.EFA-01-13862	Permit Requirement 0.308 (Annual Avg)	mgd		0	Report Monthly	Calculated Roll.An.Avg.
Flow	Sample Measurement 0.231			0		
PARM Code 50050 1 Mon.Site No.EFA-01-13862	Permit Requirement 0.370 (Mo.Avg.)	mgd			Continuous	Flow meter and totalizer
CBODs	Sample Measurement		4.0	0		
PARM Code 80082 Y Mon.Site No.EFA-01-13862	Permit Requirement		20.0 (An.Avg.)	MG/L	Report Monthly	Calculated Roll.An.Avg.
CBODs	Sample Measurement		2.5	0		
PARM Code 80082 1 Mon.Site No.EFA-01-13862	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Every two weeks
TSS	Sample Measurement		6.7	0		8-hour FPC
PARM Code 00530 Y Mon.Site No.EFA-01-13862	Permit Requirement		20.0 (An.Avg.)	MG/L	Report Monthly	Calculated Roll.An.Avg.
tss	Sample Measurement		23.10	0		
PARM Code 00530 1 Mon.Site No.EFA-01-13862	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Every two weeks

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

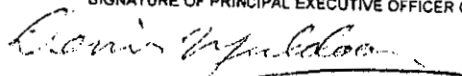
2 Upon notification of completion of Part ii slow-rate restricted-access sprayfield.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Dennis Muldoon / Senior Facilities Operator

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE NO.

352-302-9713

DATE (YY/MM/DD)

08/06/20

## DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

PERMIT NUMBER:

38838 DISCHARGE POINT NO.: R001 (RIBs)

WAFR SITE No.: 37591

Parameter	Quantity of Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement		3.5				0		
Parm Code 31615 Y Mon. Site No. EFA-01-13862	Permit Requirement		200 (An. Avg.)			#/100mL		Report Monthly Calculated Roll An. Avg.	
Fecal Coliform Bacteria	Sample Measurement		5.7	16.5	32.0		0		
Parm Code 31615 1 Mon. Site No. EFA-01-13862	Permit Requirement		Report (Mo. Geo. Mean)	400 (Mo. Avg.)	800 (max)	#/100mL		Every two weeks Grab	
pH	Sample Measurement		7.6		7.8		0		
PARM Code D0400 A Mon. Site No. EFA-01-13862	Permit Requirement		6.0 (Min.)		8.5 (Max.)	S.U.		Daily, 5/Awk Meter/Grab	
TRC (For Disinfection)	Sample Measurement		1.2				0		
PARM Code 50060 A Mon. Site No. EFA-01-13862	Permit Requirement		0.5 (Min)			MG/L		Daily, 5/Awk Meter/Grab	
Nitrate (as N)	Sample Measurement				0.43		0		
PARM Code 00620 A Mon. Site No. EFA-01-13862	Permit Requirement				12.0 (max)	MG/L		Every Two Weeks Grab	
	Sample Measurement								
	Permit Requirement								
CBOD5	Sample Measurement						0		
PARM Code 80082 G Mon. Site No. INF-01-24863	Permit Requirement		225 Report (Mo. Avg.)			MG/L		Every two weeks 8-hour FPC	
TSS	Sample Measurement						0		
PARM Code 00530 G Mon. Site No. INF-01-24863	Permit Requirement		170 Report (Mo. Avg.)			MG/L		Every two weeks 8-hour FPC	

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's 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) month's averages.

3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100. Reported as a percent.

4 FPC - flow proportioned composite

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

# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP  
County: Pasco

MONITORING PERIOD 05/01/2006 To: 05/31/2006

Code Mon. Site	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
50050		80082	74055	00620	00400	00530	50060	80082	00530
FLW-01		EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.375				7.7		1.2		
2	0.235				7.6		1.8		
3	0.250				7.7		1.8		
4	0.180				7.6		1.6		
5	0.186				7.7		1.4		
6	0.317								
7	0.196								
8	0.196	2.8			7.7	2.2	1.8	240	150
9	0.221		32.0	0.4	7.7		1.8		
10	0.204				7.8		1.8		
11	0.218				7.7		1.6		
12	0.223				7.8		2.0		
13	0.264								
14	0.258								
15	0.258				7.6		1.6		
16	0.217				7.6		1.8		
17	0.227				7.6		2.0		
18	0.236				7.6		2.0		
19	0.250				7.6		2.0		
20	0.172								
21	0.238								
22	0.238	2.1			7.7	44.0	1.8	210	190
23	0.266		1U	0.4	7.6		1.8		
24	0.205				7.6		2.0		
25	0.227				7.6		2.0		
26	0.169				7.6		1.8		
27	0.222								
28	0.228								
29	0.228				7.7		2.0		
30	0.243				7.6		2.0		
31	0.214				7.7		2.0		

**PLANT STAFFING:**

Lead Operator	Class: <u>    A    </u>	Certification No.: <u>    6452    </u>	Name: <u>    Dennis Muldoon    </u>
Day Shift Operator	Class: <u>    B    </u>	Certification No.: <u>    8937    </u>	Name: <u>    Steve Fuller    </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>                  </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>                  </u>
Chief Day Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>                  </u>

Type of Effluent Disposal or Reclaimed Water Reuse: 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.  
 DEP Form 62-620.910(10), Effective November 29, 1994  
 Version 5/18/98

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce FL 34946  
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: May 17, 2006

To: Bill Dean  
Aqua Utilities Florida, Inc.  
7616 Arbordale Drive  
Port Richey, FL 346682204

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Jasmine Lakes

[2407201]

Received: 5/09/06 8:50

Dear Bill Dean;

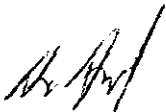
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory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

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

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 5/17/06



**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: Aqua Utilities Florida  
 MAILING ADDRESS: 1343 N.E. 17th Rd.  
 Ocala, Fl. 34470

PERMIT NUMBER: FLA012768  
 MONITORING PERIOD--From: 06/01/2006 To: 06/30/2006  
 THREE MONTH ROLLING ADF: 0.226 % OF PERMITTED CAPACITY: 59%  
 LIMIT: Final REPORT: Monthly  
 CLASS SIZE: N/A GROUP: Domestic  
 FACILITY ID: FLA012768 WAFR SITE NO.: 37591  
 DISCHARGE POINT NUMBER: R001 (RIBs)  
 PLANT SIZE/TREATMENT TYPE: IIIC

FACILITY: Jasmine Lakes WWTP  
 LOCATION: 7612 Pineapple Lane  
 Port Richey, FL 34668

COUNTY: Pasco

DMR Version 9/00

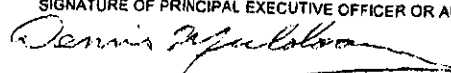
Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of Sample		Type
					No. Ex.	Analyses	
Flow	Sample Measurement 0.222				0		
PARM Code 50050 Y Mon. Site No. EFA-01-13862	Permit Requirement 0.308 (Annual Avg)	mgd				Report Monthly	Calculated Roll. An. Avg.
Flow	Sample Measurement 0.214				0		
PARM Code 50050 1 Mon. Site No. EFA-01-13862	Permit Requirement 0.370 (Mo. Avg.)	mgd				Continuous	Flow meter and totalizer
CBODs	Sample Measurement 4.1				0		
PARM Code 80082 Y Mon. Site No. EFA-01-13862	Permit Requirement 20.0 (An. Avg.)			MG/L		Report Monthly	Calculated Roll. An. Avg.
CBODs	Sample Measurement 2.7		2.8		0		
PARM Code 80082 1 Mon. Site No. EFA-01-13862	Permit Requirement 30.0 (Mo. Avg.)		60.0 (Max.)	MG/L		Every two weeks	8-hour FPC
TSS	Sample Measurement 7.0				0		
PARM Code 00530 Y Mon. Site No. EFA-01-13862	Permit Requirement 20.0 (An. Avg.)			MG/L		Report Monthly	Calculated Roll. An. Avg.
tss	Sample Measurement 5.45		5.6		0		
PARM Code 00530 1 Mon. Site No. EFA-01-13862	Permit Requirement 30.0 (Mo. Avg.)		60.0 (Max.)	MG/L		Every two weeks	8-hour FPC

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

2 Upon notification of completion of Part II slow-rate restricted-access sprayfield.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 Dennis Muldoon / Senior Facilities Operator

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE NO.  
 352-302-9713

DATE (YY/MM/DD)  
 06/07/20

DISCHARGE MONITORING REPORT - PART A (CONTINUED)

Facility Name: Jasmine Lakes WWTP

PERMIT NUMBER: FLA012768

DISCHARGE POINT NO.: R001 (RIBs)

WAFR SITE No.: 37591

Parameter	Quantity of Loading	Units	Quality or Concentration			Units	Frequency of Analysis	Sample Type
			No. Ex.					
Fecal Coliform Bacteria	Sample Measurement		3.5			0		
Parm Code 31615 Y Mon. Site No. EFA-01-13862	Permit Requirement		200 (An. Avg.)			#/100mL	Report Monthly	Calculated Roll-An. Avg.
Fecal Coliform Bacteria	Sample Measurement		1.0	1.0	1.0	0		
Parm Code 31615 1 Mon. Site No. EFA-01-13862	Permit Requirement		Report (Mo. Geo. Mean)	400 (Mo. Avg.)	800 (max)	#/100mL	Every two weeks	Grab
pH	Sample Measurement		7.5		7.7	0		
PARM Code 00400 A Mon. Site No. EFA-01-13862	Permit Requirement		6.0 (Min.)		8.5 (Max.)	S.U.	Daily, 5/wk	Meter/Grab
TRC (For Disinfection)	Sample Measurement		1.8			0		
PARM Code 50060 A Mon. Site No. EFA-01-13862	Permit Requirement		0.5 (Min)			MG/L	Daily, 5/wk	Meter/Grab
Nitrate (as N)	Sample Measurement				0.27	0		
PARM Code 00620 A Mon. Site No. EFA-01-13862	Permit Requirement				12.0 (max)	MG/L	Every Two Weeks	Grab
	Sample Measurement							
	Permit Requirement							
CBOD5	Sample Measurement							
PARM Code 80082 G Mon. Site No. INF-01-24863	Permit Requirement		140 Report (Mo. Avg.)			MG/L	Every two weeks	8-hour FPC
TSS	Sample Measurement					0		
PARM Code 00530 G Mon. Site No. INF-01-24863	Permit Requirement		130 Report (Mo. Avg.)			MG/L	Every two weeks	8-hour FPC

- 1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's 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) month's averages.
- 3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100. Reported as a percent.
- 4 FPC - flow proportioned composite

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



## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA12768

Facility: Jasmine Lakes WWTP  
County: Pasco

MONITORING PERIOD: 06/01/2006 To: 06/30/2006

Code	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Mon. Site	50050 FLW-01	80082 EFA-01	74055 EFA-01	00620 EFA-01	00400 EFA-01	00530 EFA-01	50060 EFA-01	80082 INF-01	00530 INF-01
1	0.205				7.5		1.6		
2	0.281				7.7		2.0		
3	0.173								
4	0.239								
5	0.239	2.8			7.6	5.6		130	140
6	0.242		1U	0.2	7.7		2.0		
7	0.192				7.6		2.0		
8	0.216				7.7		2.0		
9	0.205				7.6		2.0		
10	0.205								
11	0.231								
12	0.231				7.7		2.0		
13	0.241				7.6		2.0		
14	0.239				7.7		1.8		
15	0.275				7.6		2.0		
16	0.138				7.7		2.0		
17	0.217								
18	0.216								
19	0.216	2.5			7.7	5.3	2.0	150	120
20	0.226		1U	0.3	7.6		2.0		
21	0.216				7.7		2.0		
22	0.108				7.7		2.0		
23	0.260				7.6		2.0		
24	0.236								
25	0.214								
26	0.215				7.6		2.0		
27	0.193				7.7		2.0		
28	0.163				7.7		2.0		
29	0.188				7.5		2.0		
30	0.191				7.6		2.0		

**PLANT STAFFING:**

Lead Operator	Class: <u>    A    </u>	Certification No.: <u>    6452    </u>	Name: <u>    Dennis Muldoon    </u>
Day Shift Operator	Class: <u>    B    </u>	Certification No.: <u>    8937    </u>	Name: <u>    Steve Fuller    </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Chief Day Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>

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

Limited Wet Weather Discharge Activated: Yes  Not Applicable:  yes, cumulative days of wet weather discharge

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

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

Version 5/18/98

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

Date issued: June 15, 2006

To: Bill Dean  
Aqua Utilities Florida, Inc.  
7616 Arbordale Drive  
Port Richey, FL 346682204

Client: Aqua Utilities Florida, Inc.

Workorder ID: AUF Jasmine Lakes WW

[2407214]

Received: 6/06/06 9:12

Dear Bill Dean;

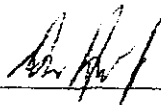
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory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

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

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 3460  
FDOH # E84418

Printed: 6/15/06



**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: Aqua Utilities Florida  
 MAILING ADDRESS: 1343 N.E. 17th Rd.  
 Ocala, FL 34470

PERMIT NUMBER: FLA012768  
 MONITORING PERIOD--From: 07/01/2006 To: 07/31/2006  
 THREE MONTH ROLLING ADF: 0.219 % OF PERMITTED CAPACITY: 58%  
 LIMIT: Final REPORT: Monthly  
 CLASS SIZE: N/A GROUP: Domestic  
 FACILITY ID: FLA012768 WAFR SITE NO.: 37591  
 DISCHARGE POINT NUMBER:  R001 (RIBs)  
 PLANTSIZE/TREATMENT TYPE: IIIU

FACILITY: Jasmine Lakes WWTP  
 LOCATION: 7612 Pineapple Lane  
 Port Richey, FL 34668

COUNTY: Pasco

DMR Version 9/00

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency	Sample Type
					No.	
Flow	Sample Measurement	0.219			Ex.	Analysis
PARM Code 50050 Y Mon.Site No.EFA-01-13862	Permit Requirement	0.308 (Annual Avg)	mgd			Report Monthly Calculated Roll.An.Avg.
Flow	Sample Measurement	0.212				
PARM Code 50050 1 Mon.Site No.EFA-01-13862	Permit Requirement	0.370 (Mo.Avg.)	mgd			Continuous Flow meter and totalizer
CBODs	Sample Measurement		3.1			
PARM Code 80082 Y Mon.Site No.EFA-01-13862	Permit Requirement		20.0 (An.Avg.)	MG/L		Report Monthly Calculated Roll.An.Avg.
CBODs	Sample Measurement		5.0	6.5		
PARM Code 80082 1 Mon.Site No.EFA-01-13862	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Every two weeks 8-hour FPC
TSS	Sample Measurement		6.4			
PARM Code 00530 Y Mon.Site No.EFA-01-13862	Permit Requirement		20.0 (An.Avg.)	MG/L		Report Monthly Calculated Roll.An.Avg.
TSS	Sample Measurement		6.15	6.6		
PARM Code 00530 1 Mon.Site No.EFA-01-13862	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Every two weeks 8-hour FPC

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

2 Upon notification of completion of Part II slow-rate restricted-access sprayfield.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO.

DATE (YY/MM/DD)

Dennis Muldoon / Area Coordinator

*Dennis Muldoon*

352-302-9713

06/08/16

## DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

PERMIT NUMBER:

38899 DISCHARGE POINT NO.: R001 (RIBs)

WAFR SITE No.: 37591

Parameter	Quantity of Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement		2.8				0		
Perm Code 31615 Y Mon.Site No.EFA-01-13862	Permit Requirement		200 (An.Avg.)			#/100mL		Report Monthly	Calculated Roll An.Avg.
Fecal Coliform Bacteria	Sample Measurement		1.0	1.0	1.0		0		
Perm Code 31615 1 Mon.Site No.EFA-01-13862	Permit Requirement		Report (Mo.Geo.Mean)	400 (Mo.Avg.)	800 (max)	#/100mL		Every two weeks	Grab
pH	Sample Measurement		7.6		7.7		0		
PARM Code 00400 A Mon.Site No.EFA-01-13862	Permit Requirement		6.0 (Min.)		8.5 (Max.)	S.U.		Daily, 5/wk	Meter/Grab
TRC (For Disinfection)	Sample Measurement		1.4				0		
PARM Code 50060 A Mon.Site No.EFA-01-13862	Permit Requirement		0.5 (Min)			MG/L		Daily, 5/wk	Meter/Grab
Nitrate (as N)	Sample Measurement				0.57		0		
PARM Code 00620 A Mon.Site No.EFA-01-13862	Permit Requirement				12.0 (max)	MG/L		Every Two Weeks	Grab
	Sample Measurement								
	Permit Requirement								
CBOD5	Sample Measurement		245				0		
PARM Code 80082 G Mon.Site No.INF-01-24863	Permit Requirement		Report (Mo.Avg.)			MG/L		Every two weeks	8-hour FPC
TSS	Sample Measurement		175				0		
PARM Code 00530 G Mon.Site No.INF-01-24863	Permit Requirement		Report (Mo.Avg.)			MG/L		Every two weeks	8-hour FPC

- 1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's 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) month's averages.
- 3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.
- 4 FPC - flow proportioned composite

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

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

 Facility: Jasmine Lakes WWTP  
 County: Pasco

 MONITORING PERIOD 07/01/2006

 To: 07/31/2006

	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	74055	00620	00400	00530	50060	80082	00530
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.243								
2	0.187								
3	0.187				7.6		1.4		
4	0.216	6.5			7.7	5.7	1.6	300	260
5	0.195		1.0	0.3	7.6		2.0		
6	0.235				7.6		2.0		
7	0.170				7.7		2.0		
8	0.183								
9	0.242								
10	0.242				7.6		2.0		
11	0.204				7.7		2.0		
12	0.159				7.6		2.0		
13	0.201				7.6		2.0		
14	0.201				7.7		2.0		
15	0.205								
16	0.229								
17	0.229				7.7		2.0		
18	0.170	3.5			7.6	6.6	2.0	190	90
19	0.224		1U	0.6	7.6		2.0		
20	0.142				7.7		2.0		
21	0.203				7.6		2.0		
22	0.218								
23	0.228								
24	0.228				7.7		2.0		
25	0.145				7.6		2.0		
26	0.206				7.7		2.0		
27	0.206				7.6		2.0		
28	0.194				7.7		2.0		
29	0.170								
30	0.352								
31	0.352				7.7		2.0		

**PLANT STAFFING:**

Lead Operator	Class: <u>    A    </u>	Certification No.: <u>    6452    </u>	Name: <u>    Dennis Muldoon    </u>
Day Shift Operator	Class: <u>    B    </u>	Certification No.: <u>    8937    </u>	Name: <u>    Steve Fuller    </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Chief Day Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>

 Type of Effluent Disposal or Reclaimed Water Reuse:  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.

 DEP Form 62-620.910(10), Effective November 29, 1994  
 Version 5/18/98

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

Date issued: July 12, 2006

To: Bill Dean  
Aqua Utilities Florida, Inc.  
7616 Arbordale Drive  
Port Richey, FL 346682204

Client: Aqua Utilities Florida, Inc.  
Workorder ID: AUF Jasmine Lakes [2407238]  
Received: 7/05/06 9:30

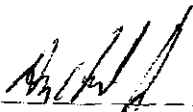
Dear Bill Dean;

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

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:  
E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer  
Technical Director or Designee

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

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

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

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 7/12/06



**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: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, FL 34240

PERMIT NUMBER: FLA012768

FACILITY: Jasmine Lakes WWTP  
 LOCATION: 1000 Holly Lane  
 Port Richey, FL 34668

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER:  
 MONITORING GROUP DESC:  
 NO DISCHARGE FROM SITE:

REPORT: Monthly  
 GROUP: Domestic  
 R-100  
 Ponds, including Influent

MONITORING PERIOD-From: 08/01/2006 To: 08/31/2006

COUNTY: Pasco

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	Frequency of	Sample Type
Flow to R-100	Sample Measurement 0.216						
PARM Code 50050 Y Mon Site No.FLW-01	Permit Requirement 0.308 (An. Avg.)	MGD				Monthly	Calculation
Flow to R-100	Sample Measurement 0.205						
PARM Code 50050 1 Mon Site No.FLW-01	Permit Requirement Report (Mo. Avg.)	MGD				5 Days/Week	Recording flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement		3.2				
PARM Code 80082 Y Mon Site No.EFA-01	Permit Requirement		20.0 (An.Avg.)		MG/L	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement		3.3	3.7			
PARM Code 80082 A Mon Site No.EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Every two weeks	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement		6.4				
PARM Code 00530 Y Mon Site No.EFA-01	Permit Requirement		20.0 (An.Avg.)		MG/L	Monthly	Calculation
Solids, Total Suspended	Sample Measurement		4.53	5.5			
PARM Code 00530 A Mon Site No.EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Every two weeks	8-hour flow proportioned composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 Dennis Muldoon / Area Coordinator

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE NO.  
 352-302-9713

DATE (YY/MM/DD)  
 08/04/24

## DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

MONITORING PERIOD: From: 08/01/2006 To: 08/31/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of		Sample Type	
					No. Ex.	Analysis		
pH	Sample Measurement		7.6      7.7		0			
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement		6.0      8.5 (Min.)    (Max.)	SU		5 Days/Week	Grab	
Coliform, Fecal	Sample Measurement		2.7		0			
Parm. Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)	#/100ML		Monthly	Calculation	
Coliform, Fecal	Sample Measurement		1.0      1.0		0			
Parm. Code 74055 A Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100ML	Every Two Weeks	Grab	
Total Chlorine Residual (For Disinfection)	Sample Measurement		1.2		0			
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)	MG/L		5 Days/Week	Grab	
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.72			
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement				12 (Max.)	MG/L	Every Two wWeeks	8-hour flow proportioned composite
Flow (Total Plant)	Sample Measurement	0.210      0.205						
		0.308      Report						
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	(3-Mo. Avg.)    (Mo. Avg.)	MGD			5 Days/Week	Recording flow meters and totalizers	
Percent Capacity, (TMADF/Permitted Capacity) x 10	Sample Measurement		68%		0			
PARM Code 00180 G Mon. Site No. INF	Permit Requirement		Report	Percent		Monthly	Calculation	
BOD, Carbonaceous 5 day, 20C	Sample Measurement		287		0			
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Report (Mo. Avg.)	MG/L		Monthly	8-hour flow proportioned composite	
Solids, Total Suspended	Sample Measurement		190		0			



PARM Code 00530 G  
Mon. Site No. INF-01

Permit Requirement

Report (Mo. Avg.)

MG/L

Monthly

8-hour flow  
proportioned  
composite

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP

MONITORING PERIOD 08/01/2006

To: 08/31/2006

Code	CBOD5 (mg/L)	Fecal Coliform (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	TSS (mg/L)	Notes
Mon. Site	80082 EFA-01	74055 EFA-01	00620 EFA-01	00400 EFA-01	00530 EFA-01	50060 EFA-01	50060 FLW-01	80082 INF-01	00530 INF-01	
1	3.700			7.6	3.1	2.0	0.2	180	160	
2		1.0	0.6	7.6		2.0	0.2			
3				7.7		1.2	0.2			
4				7.6		1.4	0.2			
5							0.2			
6							0.2			
7				7.7		1.6	0.2			
8				7.6		1.6	0.2			
9				7.6		2.0	0.2			
10				7.6		2.0	0.2			
11				7.6		2.0	0.2			
12							0.2			
13							0.2			
14	3.200			7.7	5.0	2.0	0.2	380	200	
15		1.0	0.7	7.6		2.0	0.2			
16				7.6		2.0	0.2			
17				7.6		2.0	0.2			
18				7.6		2.0	0.2			
19							0.2			
20							0.2			
21				7.7		2.0	0.2			
22				7.6		2.0	0.2			
23				7.6		2.0	0.2			
24				7.6		2.0	0.1			
25				7.7		2.0	0.2			
26							0.2			
27							0.2			
28	3.100	1.0	0.3	7.6	5.5	2.0	0.2	300	210	
29				7.7		2.0	0.3			
30				7.7		2.0	0.2			
31				7.7		2.0	0.3			

**PLANT STAFFING:**

Lead Operator	Class: <u>    A    </u>	Certification No.: <u>    6452    </u>	Name: <u>    Dennis Muldoon    </u>
Day Shift Operator	Class: <u>    B    </u>	Certification No.: <u>    8937    </u>	Name: <u>    Steve Fuller    </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>

**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: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, FL 34240

PERMIT NUMBER: FLA012768

FACILITY: Jasmine Lakes WWTP  
 LOCATION: 1000 Holly Lane  
 Port Richey, FL 34668

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER:  
 MONITORING GROUP DESC:  
 NO DISCHARGE FROM SITE:

REPORT: Monthly  
 GROUP: Domestic  
 R-100  
 Ponds, including Influent

MONITORING PERIOD--From: 09/01/2006 To: 09/30/2006

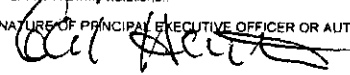
COUNTY: Pasco

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	Frequency of	Sample Type
Flow to R-100	Sample Measurement	0.221					
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.308 (An. Avg.)			MGD	Monthly	Calculation
Flow to R-100	Sample Measurement	0.261					
PARM Code 50050 1 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)			MGD	5 Days/Week	Recording flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.0			
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	MG/L	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.5	2.8		
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Every two weeks 8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement			6.6			
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	MG/L	Monthly	Calculation
Solids, Total Suspended	Sample Measurement			6.45	8.6		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Every two weeks 8-hour flow proportioned composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 Dennis Muldoon / Area Coordinator

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE NO.  
 352-302-9713

DATE (YY/MM/DD)  
 08/04/24

## DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

MONITORING PERIOD From: 09/22/2006 To: 09/30/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency	Sample	Type
					No. of Ex. Analysis		
pH	Sample Measurement		7.6 7.8		0		
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.) 8.5 (Max.)	SU	5 Days/Week		Grab
Coliform, Fecal	Sample Measurement		2.1		0		
Parm Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)	#/100ML	Monthly		Calculation
Coliform, Fecal	Sample Measurement		1.0 1.0		0		
Parm Code 74055 A Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100ML	Every Two Weeks	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement		1.8		0		
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)	MG/L	5 Days/Week		Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.25	0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement			12 (Max.)	MG/L	Every Two wWeeks	8-hour flow proportioned composite
Flow (Total Plant)	Sample Measurement	0.226 0.261					
		0.308 Report					
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	(3-Mo Avg.) (Mo. Avg.)	MGD		5 Days/Week		Recording flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 10	Sample Measurement				0		
			73%				
PARM Code 00180 G Mon. Site No. INF	Permit Requirement		Report	Percent	Monthly		Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
			285				
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Report (Mo. Avg.)	MG/L	Monthly		8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement						
			210				
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Report (Mo. Avg.)	MG/L	Monthly		8-hour flow proportioned composite

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP

 MONITORING PERIOD: 09/01/2006

 To: 09/30/2006

	CBOD5 (mg/L)	Fecal Coliform Bacteria Total (as #/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	TSS (mg/L)	Notes
Code	80082	74055	00620	00400	00530	50060	50060	80082	00530	
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	
1				7.6		2.0	0.279			
2							0.230			
3							0.300			
4				7.6		1.9	0.300			
5				7.6		2.0	0.213			
6				7.6		2.0	0.257			
7				7.7		2.0	0.246			
8				7.6		2.0	0.267			
9							0.277			
10							0.286			
11	2.800			7.7	8.6	2.0	0.286	380	260	
12		1.0	0.2	7.7		2.0	0.200			
13				7.7		1.8	0.262			
14				7.6		2.0	0.257			
15				7.7		2.0	0.218			
16							0.256			
17							0.281			
18				7.6		2.0	0.281			
19				7.7		2.0	0.232			
20				7.8		2.0	0.291			
21				7.7		2.0	0.265			
22				7.7		2.0	0.300			
23							0.361			
24							0.212			
25	2.100			7.8	4.3	2.0	0.212	190	160	
26		1.0	0.3	7.7		2.0	0.324			
27				7.7		2.0	0.186			
28				7.6		2.0	0.294			
29				7.8		2.0	0.263			
30							0.197			

**PLANT STAFFING:**

Lead Operator	Class: <u>    A    </u>	Certification No.: <u>    6452    </u>	Name: <u>    Dennis Muldoon    </u>
Day Shift Operator	Class: <u>    B    </u>	Certification No.: <u>    8937    </u>	Name: <u>    Steve Fuller    </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>                  </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>                  </u>

**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: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, FL 34240

PERMIT NUMBER: FLA012768

FACILITY: Jasmine Lakes WWTP  
 LOCATION: 1000 Holly Lane  
 Port Richey, FL 34668

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER:  
 MONITORING GROUP DESC:  
 NO DISCHARGE FROM SITE:

REPORT: Monthly  
 GROUP: Domestic  
 R-100  
 Ponds, including Influent

COUNTY: Pasco

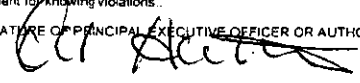
MONITORING PERIOD-From: 09/01/2006 To: 09/30/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of		Sample Type
					No. Ex.	Analysis	
Flow to R-100	Sample Measurement	0.221			0		
PARM Code 50050 Y Mon Site No.FLW-01	Permit Requirement	0.308 (An. Avg.)		MGD		Monthly	Calculation
Flow to R-100	Sample Measurement	0.261			0		
PARM Code 50050 1 Mon Site No.FLW-01	Permit Requirement	Report (Mo. Avg.)		MGD		5 Days/Week	Recording flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.0	0		
PARM Code 80082 Y Mon Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.5	2.8	0	
PARM Code 80082 A Mon Site No.EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Every two weeks 8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement			6.6	0		
PARM Code 00530 Y Mon Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L	Monthly	Calculation
Solids, Total Suspended	Sample Measurement			6.45	8.6	0	
PARM Code 00530 A Mon Site No.EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Every two weeks 8-hour flow proportioned composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 Dennis Muldoon / Area Coordinator

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE NO.  
 352-302-9713

DATE (YY/MM/DD)  
 08/04/24

## DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001    PERMIT NUMBER: FLA012768  
 MONITORING PERIOD: From: 09/22/2006    To: 09/30/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of	Sample Type	
							No. Ex. Analysis
pH	Sample Measurement		7.6      7.8		0		
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement		6.0      8.5 (Min.)    (Max.)	SU	5 Days/Week	Grab	
Coliform, Fecal	Sample Measurement		2.1		0		
Parm Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An Avg.)	#/100ML	Monthly	Calculation	
Coliform, Fecal	Sample Measurement		1.0	1.0	0		
Parm Code 74055 A Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (Max.)	#/100ML	Every Two Weeks	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement		1.8		0		
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)	MG/L	5 Days/Week	Grab	
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.25	0		
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement			12 (Max.)	MG/L	Every Two wWeeks	8-hour flow proportioned composite
Flow (Total Plant)	Sample Measurement	0.226    0.261					
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	0.308    Report					
Percent Capacity, (TMADF/Permitted Capacity) x 10	Sample Measurement	(3-Mo. Avg.)    (Mo. Avg.)	MGD		5 Days/Week	Recording flow meters and totalizers	
	Sample Measurement		73%		0		
PARM Code 00180 G Mon. Site No. INF	Permit Requirement		Report	Percent	Monthly	Calculation	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				0		
	Sample Measurement		285				
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Report (Mo. Avg.)	MG/L	Monthly	8-hour flow proportioned composite	
Solids, Total Suspended	Sample Measurement		210				
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Report (Mo. Avg.)	MG/L	Monthly	8-hour flow proportioned composite	

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP

MONITORING PERIOD: 09/01/2006 To: 09/30/2006

Code	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	TSS (mg/L)	Notes
Mon. Site	80082 EFA-01	74055 EFA-01	00620 EFA-01	00400 EFA-01	00530 EFA-01	50060 EFA-01	50060 FLW-01	80082 INF-01	00530 INF-01	
1				7.6		2.0	0.279			
2							0.230			
3							0.300			
4				7.6		1.9	0.300			
5				7.6		2.0	0.213			
6				7.6		2.0	0.257			
7				7.7		2.0	0.246			
8				7.6		2.0	0.267			
9							0.277			
10							0.286			
11	2.800			7.7	8.6	2.0	0.286	380	260	
12		1.0	0.2	7.7		2.0	0.200			
13				7.7		1.8	0.262			
14				7.6		2.0	0.257			
15				7.7		2.0	0.218			
16							0.256			
17							0.281			
18				7.6		2.0	0.281			
19				7.7		2.0	0.232			
20				7.8		2.0	0.291			
21				7.7		2.0	0.265			
22				7.7		2.0	0.300			
23							0.361			
24							0.212			
25	2.100			7.8	4.3	2.0	0.212	190	160	
26		1.0	0.3	7.7		2.0	0.324			
27				7.7		2.0	0.186			
28				7.6		2.0	0.294			
29				7.8		2.0	0.263			
30							0.197			

**PLANT STAFFING:**

Lead Operator	Class: <u>    A    </u>	Certification No.: <u>    6452    </u>		Name: <u>    Dennis Muldoon    </u>
Day Shift Operator	Class: <u>    B    </u>	Certification No.: <u>    8937    </u>		Name: <u>    Steve Fuller    </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>		Name: <u>                  </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>		Name: <u>                  </u>



## 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: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, FL 34240

PERMIT NUMBER: FLA012768

FACILITY: Jasmine Lakes WWTP  
 LOCATION: 1000 Holly Lane  
 Port Richey, FL 34668

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER:  
 MONITORING GROUP DESC:  
 NO DISCHARGE FROM SITE:

REPORT: Monthly  
 GROUP: Domestic  
 R-100  
 Ponds, including Influent

COUNTY: Pasco

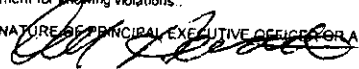
MONITORING PERIOD--From: 10/01/2006 To: 10/31/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency		Sample Type
					No. of Ex. Analysis		
Flow to R-100	Sample Measurement	0.222			0		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.308 (An. Avg.)	MGD			Monthly	Calculation
Flow to R-100	Sample Measurement	0.221			0		
PARM Code 50050 1 Mon. Site No. FLY-01	Permit Requirement	Report (Mo. Avg.)	MGD			5 Days/Week	Recording flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.2	0		
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	MG/L	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.7	0		
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	MG/L	Every two weeks	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement			6.6	0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	MG/L	Monthly	Calculation
Solids, Total Suspended	Sample Measurement			1.00	0		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	MG/L	Every two weeks	8-hour flow proportioned composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 Dennis Muldoon / Area Coordinator

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE NO.  
 352-302-9713

DATE (YY/MM/DD)  
 08/04/24

## DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001    PERMIT NUMBER: FLA012768  
 MONITORING PERIOD: From: 10/01/2006    To: 10/31/2006

Parameter	Quantity of Loading		Units	Quality or Concentration		Units	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.6	7.8		No. Ex.	
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)	SU	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			2.1			0	
Parm Code 74055 Y Mon. Site No. EFA-01	Permit Requirement			200 (Ar. Avg.)		#/100ML	Monthly	Calculation
Coliform, Fecal	Sample Measurement			1.0	1.0		0	
Parm Code 74055 A Mon. Site No. EFA-01	Permit Requirement			Report (Mo. Geo. Mean)	800 (Max.)	#/100ML	Every Two Weeks	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement			2.0			0	
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement			0.5 (Min.)		MG/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				2.40		0	
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement				12 (Max.)	MG/L	Every Two wWeeks	8-hour flow proportioned composite
Flow (Total Plant)	Sample Measurement	0.229	0.221				0	
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	0.308	Report				5 Days/Week	Recording flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 10	Sample Measurement	(3-Mo. Avg.)	(Mo. Avg.)	MGD			0	
				74%				
PARM Code 00180 G Mon. Site No. INF	Permit Requirement			Report		Percent	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			170			0	
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement			Report (Mo. Avg.)		MG/L	Monthly	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement			220			0	

PARM Code 00530 G  
Mon Site No. INF-01

Permit Requirement

Report (Mo. Avg.)

MG/L

Monthly

8-hour flow  
proportioned  
composite

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP

 MONITORING PERIOD 10/01/2006 To: 10/31/2006

Code	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	TSS (mg/L)	Notes
Mon. Site	80082	74055	00620	00400	00530	50060	50060	80082	00530	
	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	
1				7.6		2.2	0.5			
2				7.6		2.0	0.2			
3				7.7		2.0	0.3			
4				7.7		2.0	0.2			
5				7.6		2.0	0.2			
6				7.6		2.0	0.2			
7							0.2			
8							0.2			
9				7.7		2.0	0.2			
10	2.200	1.0	2.4	7.6	1.0	2.0	0.2	170	220	
11				7.7		2.0	0.2			
12				7.7		2.0	0.2			
13				7.8		2.2	0.2			
14				7.8		2.2	0.2			
15							0.3			
16				7.7		2.2	0.3			
17				7.7		2.2	0.2			
18				7.8		2.2	0.2			
19				7.8		2.2	0.2			
20				7.7		2.2	0.2			
21							0.2			
22							0.2			
23	5.100	1.0	0.8	7.8	1.0	2.2	0.2			
24				7.7		2.2	0.2			
25				7.8		2.2	0.2			
26				7.7		2.2	0.2			
27				7.8		2.2	0.2			
28							0.2			
29							0.2			
30				7.7		2.2	0.2			
31				7.8		2.2	0.2			

**PLANT STAFFING:**

Lead Operator	Class: <u>    B    </u>	Certification No.: <u>    8035    </u>	Name: <u>    Donald Hostetler    </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>          </u>

**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: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, Fl. 34240

PERMIT NUMBER: FLA012768

FACILITY: Jasmine Lakes WWTP  
 LOCATION: 1000 Holly Lane  
 Port Richey, FL 34668

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER:  
 MONITORING GROUP DESC:  
 NO DISCHARGE FROM SITE:

REPORT: Monthly  
 GROUP: Domestic  
 R-100  
 Ponds, including Influent

COUNTY: Pasco

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

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of	Sample Type	Ex.
							No. of Analysis
Flow to R-100	Sample Measurement	0.221					0
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.308 (An. Avg.)		MGD		Monthly	Calculation
Flow to R-100	Sample Measurement	0.203					0
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)		MGD		5 Days/Week	Recording flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement		3.1				0
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)		MG/L	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement		1.8	2.0			0
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Every two weeks	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement		6.4				0
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)		MG/L	Monthly	Calculation
Solids, Total Suspended	Sample Measurement		1.55	2.0			0
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Every two weeks	8-hour flow proportioned composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 Don Hostetler / Senior Facilities Operator

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE NO.  
 352-302-9713

DATE (YY/MM/DD)  
 08/04/24

## DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768

MONITORING PERIOD: From 11/01/2006 To: 11/30/2006

Parameter	Quantity of Loading		Units	Quality or Concentration		Units	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.4	7.8		No. Ex.	
PARM Code 00400 A Mon Site No.EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)	SU	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			2.0			0	
Param Code 74055 Y Mon Site No.EFA-01	Permit Requirement			200 (An Avg.)		#/100ML	Monthly	Calculation
Coliform, Fecal	Sample Measurement			1.0	1.0		0	
Param Code 74055 A Mon Site No.EFA-01	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)	#/100ML	Every Two Weeks	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement			1.5			0	
PARM Code 50060 A Mon Site No.EFA-01	Permit Requirement			0.5 (Min.)		MG/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				5.20		0	
PARM Code 00620 A Mon Site No.EFA-01	Permit Requirement				12 (Max.)	MG/L	Every Two wWeeks	8-hour flow proportioned composite
Flow (Total Plant)	Sample Measurement	0.2282	0.2026					
PARM Code 50050 P Mon Site No.FLW-01	Permit Requirement	0.308 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD			5 Days/Week	Recording flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 10	Sample Measurement			1			0	
PARM Code 00180 G Mon Site No INF	Permit Requirement			Report		Percent	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			480			0	
PARM Code 80082 G Mon Site No INF-01	Permit Requirement			Report (Mo.Avg.)		MG/L	Monthly	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement			400				
PARM Code 00530 G Mon Site No INF-01	Permit Requirement			Report (Mo.Avg.)		MG/L	Monthly	8-hour flow proportioned composite

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP

MONITORING PERIOD 11/01/2006 To: 11/30/2006

Code	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	TSS (mg/L)	Notes
Mon. Site	80082 EFA-01	74055 EFA-01	00620 EFA-01	00400 EFA-01	00530 EFA-01	50060 EFA-01	50060 FLW-01	80082 INF-01	00530 INF-01	
1				7.8		2.2	0.146			
2				7.7		2.2	0.207			
3				7.8		2.2	0.191			
4							0.245			
5							0.234			
6	1.5			7.7	2.0	1.5	0.234	480	400	
7		1.0	1.3	7.8		2.2	0.204			
8				7.7		2.2	0.185			
9				7.8		2.2	0.248			
10				7.8		2.2	0.215			
11							0.176			
12							0.261			
13				7.7		2.2	0.261			
14				7.5		2.2	0.206			
15				7.5		2.2	0.205			
16				7.4		2.2	0.192			
17				7.5		2.2	0.214			
18							0.200			
19							0.222			
20	2.0			7.5	1.1	2.2	0.222			
21		1.0	5.2	7.5		2.2	0.185			
22				7.5		2.2	0.172			
23				7.5		2.2	0.153			
24				7.4		2.2	0.214			
25							0.159			
26							0.209			
27				7.5		2.2	0.209			
28				7.4		2.0	0.194			
29				7.5		1.8	0.162			
30				7.5		2.0	0.156			

**PLANT STAFFING:**

Lead Operator	Class: <u>B</u>	Certification No.: <u>8035</u>	Name: <u>Don Hostetter</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____

**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: Aqua Utilities Florida  
 MAILING ADDRESS: 6960 Professional Parkway East  
 Sarasota, Fl. 34240

PERMIT NUMBER: FLA012768

FACILITY: Jasmine Lakes WWTP  
 LOCATION: 1000 Holly Lane  
 Port Richey, FL 34668

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER:  
 MONITORING GROUP DESC:  
 NO DISCHARGE FROM SITE:

REPORT: Monthly  
 GROUP: Domestic  
 R-100  
 Ponds, including Influent

COUNTY: Pasco

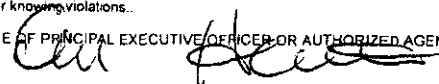
MONITORING PERIOD--From: 12/01/2006 To: 12/31/2006

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	Frequency of	Sample Type
Flow to R-100	Sample Measurement	0.220			0		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.308 (An. Avg.)			MGD	Monthly	Calculation
Flow to R-100	Sample Measurement	0.202			0		
PARM Code 50050 1 Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)			MGD	5 Days/Week	Recording flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement		3.1		0		
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)		MG/L	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.1	2.2	0		
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Every two weeks	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement		5.7		0		
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)		MG/L	Monthly	Calculation
Solids, Total Suspended	Sample Measurement		1.85	2.7	0		
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Every two weeks	8-hour flow proportioned composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 Don Hostetter / Senior Facilities Operator

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE NO.  
 727-919-0674

DATE (YY/MM/DD)  
 08/04/24



## DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001 PERMIT NUMBER: FLA012768  
 MONITORING PERIOD: From: 12/01/2006 To: 12/31/2006

Parameter	Quantity of Loading		Units	Quality or Concentration		Units	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.4	7.7		No. Ex.	
PARM Code 00400 A Mon.Site No.EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)	SU	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1.9			0	
Parm Code 74055 Y Mon.Site No.EFA-01	Permit Requirement			200 (An. Avg.)		#/100ML	Monthly	Calculation
Coliform, Fecal	Sample Measurement			1.0	1.0		0	
Parm Code 74055 A Mon.Site No.EFA-01	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)	#/100ML	Every Two Weeks	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement			2.2			0	
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement			0.5 (Min.)		MG/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				3.30		0	
PARM Code 00620 A Mon.Site No.EFA-01	Permit Requirement				12 (Max.)	MG/L	Every Two wWeeks	8-hour flow proportioned composite
Flow (Total Plant)	Sample Measurement	0.20854839	0.20164516				0	
PARM Code 50050 P Mon.Site No.FLW-01	Permit Requirement	0.308 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD			5 Days/Week	Recording flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 10	Sample Measurement						0	
PARM Code 00180 G Mon.Site No.INF	Permit Requirement			1		Percent	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			355			0	
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement			Report (Mo.Avg.)		MG/L	Monthly	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement			255			0	

PARM Code 00530 G  
Mon. Site No. INF-01

Permit Requirement

Report (Mo. Avg.)

MG/L

Monthly

8-hour flow  
proportioned  
composite

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768

Facility: Jasmine Lakes WWTP

 MONITORING PERIOD 12/01/2006

 To: 12/31/2006

Code	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD) total plant flow to ponds	CBOD5 (mg/L)	TSS (mg/L)	Notes
Mon. Site	80082	74055	00620	00400	00530	50060	50060	80082	00530	
	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	
1				7.5		2.2	0.2			
2							0.2			
3							0.2			
4	2.200			7.4	2.7	2.2	0.2	440	310	
5		1.0u	3.3	7.5		2.2	0.2			
6				7.5		2.2	0.2			
7				7.5		2.2	0.2			
8				7.5		2.2	0.2			
9							0.1			
10							0.2			
11				7.4		2.2	0.2			
12				7.5		2.2	0.2			
13				7.5		2.2	0.2			
14				7.5		2.2	0.2			
15				7.5		2.2	0.2			
16							0.2			
17							0.2			
18				7.5		2.2	0.2			
19				7.4		2.2	0.2			
20	2.000			7.5	1.0u	2.2	0.2	200	270	
21		1.0u	0.1	7.5		2.2	0.2			
22				7.5		2.2	0.2			
23							0.2			
24							0.2			
25				7.5		2.2	0.2			
26				7.6		2.2	0.2			
27				7.7		2.2	0.2			
28				7.5		2.2	0.2			
29				7.5		2.2	0.2			
30							0.2			
31							0.2			

**PLANT STAFFING:**

Lead Operator	Class: <u>    A    </u>	Certification No.: <u>    6452    </u>	Name: <u>    Dennis Muldoon    </u>
Day Shift Operator	Class: <u>    B    </u>	Certification No.: <u>    8035    </u>	Name: <u>    Don Hostetler    </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>                  </u>
Day Shift Operator	Class: <u>          </u>	Certification No.: <u>          </u>	Name: <u>                  </u>



# Department of Environmental Protection

Jeb Bush  
Governor

Southwest District  
13051 North Telecom Parkway  
Temple Terrace, FL 33637-0926  
Telephone: 813-632-7600

Colleen M. Castille  
Secretary

## STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

**PERMITTEE:**

Aqua Utilities Florida, Inc.

**PERMIT NUMBER:** FLA012768  
**PA FILE NUMBER:** FLA012768-005-DW2P  
**ISSUANCE DATE:** August 30, 2006  
**EXPIRATION DATE:** August 29, 2011

**RESPONSIBLE AUTHORITY:**

Mr. John M. Lihvarcik  
President/COO  
P. O. Box 490310  
Leesburg, FL 34749-0310

(352) 552-8532

**FACILITY:**

Jasmine Lakes WWTP  
1000 Holly Lane  
Port Richey, FL 34668  
Pasco County  
Latitude: 28° 18' 10" N Longitude: 81° 41' 19" W

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

**TREATMENT FACILITIES:**

An existing 0.370 mgd three-month average daily flow, Type II, extended aeration domestic wastewater treatment plant, limited to 0.308 mgd annual average daily flow due to limited disposal, consisting of a self-cleaning static screen, one surge basin of 40,000 gallons total volume, three concrete aeration basins equipped with diffused aeration of 300,000 gallons total volume, two circular secondary clarifiers of 76,000 gallons total volume and 1,000 square feet total surface area, one chlorine contact chamber of 18,500 gallons total volume, two aerobic digesters of 83,000 gallons total volume, and a rapid drain sludge dewatering system with a thickened sludge holding of 14,000 gallons total volume. This facility is operated to provide secondary treatment with basic disinfection.

**REUSE:**

**Land Application:** An existing 0.308 MGD annual average daily flow (AADF) permitted capacity Part IV rapid-rate land application system (R-001). R-001 consists of a four cell Rapid Infiltration Basin (RIB) of 269,900 square feet total bottom surface area located approximately at latitude 28° 18' 20" N, longitude 82° 41' 31" W.

**IN ACCORDANCE WITH:** The limitations, monitoring requirements and other conditions set forth in Pages 1 through 16 of this permit.

DOCUMENT NUMBER: 04322 MAY 22 08

FPSC-COMMISSION CLERK

"More Protection, Less Process"

Printed on recycled paper.

FACILITY: Jasmine Lakes WWTP  
 PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA012768  
 EXPIRATION DATE:

**I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS**

**A. Reuse and Land Application Systems**

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

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow	MGD	Maximum	0.308	Report	-	-	5 Days/Week	Recording flow meters and totalizers	FLW-01	See Cond.I.A.3
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	-	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-01	
Solids, Total Suspended	MG/L	Maximum	20.0	30.0	-	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-01	
pH	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-01	
Coliform, Fecal	#/100M L	Maximum	200	-	-	800	Monthly	Grab	EFA-01	See Cond.I.A.4
Total Chlorine Residual (For Disinfection)	MG/L	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-01	See Cond.I.A.5
Nitrogen, Nitrate, Total (as N)	MG/L	Maximum	-	-	-	12.0	Every Two Weeks	8-hour flow proportioned composite	EFA-01	

FACILITY: Jasmine Lakes WWTP  
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA012768  
EXPIRATION DATE:

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

Monitoring Location Site Number	Description of Monitoring Location
EFA-01	After disinfection and prior to discharge to percolation/evaporation ponds.
FLW-01	Measured at the 90° V-notch weirs equipped with a recording flow meter with totalizers located downstream of the CCC

3. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. *[62-601.200(17) and .500(6)]*
4. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 mL of reclaimed water sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of reclaimed water, each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. Any single sample shall not exceed 800cfu/100mL. *[62-610.510 and 62-600.440(4)(c)]*
5. A minimum of 0.5 mg/L total chlorine residual must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. *[62-610.510 and 62-600.440(4)(b)]*

FACILITY: Jasmine Lakes WWTP  
 PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA012768  
 EXPIRATION DATE:

**B. Other Limitations and Monitoring and Reporting Requirements**

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

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, Total Plant	MGD	Maximum	0.308 3MADF	Report	-	-	5 Days/Week	Recording flow meters and totalizers	FLW-01	See Cond.I.B.3, 5	
Percent Capacity, (TMADF/Permitted Capacity) x 100	PERCENT	Maximum	-	Report	-	-	Monthly	Calculation	FLW-01		
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	-	Report	-	-	Monthly	8-hour flow proportioned composite	INF-01	See Cond.I.B.4	
Solids, Total Suspended	MG/L	Maximum	-	Report	-	-	Monthly	8-hour flow proportioned composite	INF-01	See Cond.I.B.4	

FACILITY: Jasmine Lakes WWTP  
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA012768  
EXPIRATION DATE:

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

Monitoring Location Site Number	Description of Monitoring Location
FLW-01	Measured at the 90 V-notch weir equipped with a recording flow meter with totalizers located downstream of the CCC.
INF-01	At the headworks of the facility, prior to any return activated sludge lines.

3. The three-month average daily flow to the treatment plant shall not exceed 0.308 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. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
6. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method to assure compliance with applicable water quality standards and effluent limitations in accordance with 40 CFR (Code of Federal Regulations) Part 136. All monitoring shall be representative of the monitored activity. [62-620.320(6)]
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 postmarked by the twenty-eighth (28th) of the month following the month of operation at the addresses specified below:

Originals to:  
Florida Department of Environmental Protection  
Wastewater Compliance Evaluation Section, Mail Station 3551  
Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400



FACILITY: Jasmine Lakes WWTP  
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA012768  
EXPIRATION DATE:

Copies to:  
Florida Department of Environmental Protection  
Domestic Wastewater Program  
Southwest District Office  
13051 N. Telecom Parkway  
Temple Terrace, FL 33637-0926

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

9. During the period of operation authorized by this permit, reclaimed water or effluent shall be monitored annually for the primary and secondary drinking water standards contained in Chapter 62-550, F.A.C., (except for turbidity, total coliforms, color, and corrosivity). Twenty-four hour composite samples shall be used to analyze reclaimed water or effluent for the primary and secondary drinking water standards. These monitoring results shall be reported to the Department annually on the Reclaimed Water or Effluent Analysis Report, Form 62-620.910(15), or in another format if requested by the permittee and if approved by the Department as being compatible with data entry into the Department's computer system. During years when a permit is not renewed, a certification stating that no new non-domestic wastewater dischargers have been added to the collection system since the last reclaimed water or effluent analysis was conducted may be submitted in lieu of the report. The annual reclaimed water or effluent analysis report or the certification shall be completed and submitted in a timely manner so as to be received by the Department by February 19th of each year. [62-601.300(4)][62-601.500(3)]
10. The permittee shall submit an Annual Reuse Report using DEP Form 62-610.300(4)(a)2. on or before January 1 of each year. [62-610.870(3)]
11. Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's Southwest District Office at the address specified below:

Southwest District Office  
13051 North Telecom Parkway  
Temple Terrace, Florida 33637-0926

Phone Number - 813-632-7600  
FAX Number - 813-632-7662  
Email - [DWSWD@dep.state.fl.us](mailto:DWSWD@dep.state.fl.us)

All FAX copies shall be followed by original copies. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. [62-620.305]

## II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this facility is transport to a residuals management facility or disposal in a Class I or II solid waste landfill. Transportation of the residuals to an alternative Residuals Management Facility (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]

FACILITY: Jasmine Lakes WWTP  
 PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA012768  
 EXPIRATION DATE:

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

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

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)]

### III. GROUND WATER REQUIREMENTS

#### Operational Requirements

1. For the Part IV land application system, 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 shall extend horizontally 100 feet from the application site and vertically to the base of the surficial aquifer. [62-520.200(23)] [62-522.400 and 62-522.410]
2. The ground water minimum criteria specified in Rule 62-520.400 F.A.C., shall be met within the zone of discharge. [62-520.400 and 62-520.420(4)]
3. During the period of operation authorized by this permit, the permittee shall sample ground water in accordance with this permit and the approved ground water monitoring plan prepared in accordance with Rule 62-522.600, F.A.C. [62-522.600][62-610.510, ]
4. The following monitoring wells shall be sampled in accordance with the monitoring frequencies specified in Permit Condition III.5. for Reuse System R-001. Quarterly sampling must be reasonably spaced to be representative of potentially changing conditions.

Monitoring Well ID	Alternate Well Name and/or Description of Monitoring Location	Depth (Feet)	Aquifer Monitored	New or Existing
MWB-01	JL-1BR		Surficial	existing
MWC-02	JL-2CR		Surficial	existing
MWC-03	JL-3CR		Surficial	existing
MWC-04	JL-4CR		Surficial	existing
MWC-05	JL-6AQR		Floridian	existing

MWB = Background; MWI = Intermediate; MWC = Compliance

[62-522.600][62-610.510(3)]

5. The following parameters shall be analyzed for each of the monitoring well(s) identified in Permit Condition(s) III. 4:

Parameter	Compliance Well Limit	Units	Sample Type	Monitoring Frequency
Water Level Relative to NGVD	Report	FEET	In-situ	Quarterly
Nitrogen, Nitrate, Total (as N)	10	MG/L	Grab	Quarterly
Solids, Total Dissolved (TDS)	500	MG/L	Grab	Quarterly
Arsenic, Total Recoverable	10	UG/L	Grab	Quarterly
Chloride (as Cl)	250	MG/L	Grab	Quarterly
Cadmium, Total Recoverable	5	UG/L	Grab	Quarterly
Chromium, Total Recoverable	100	UG/L	Grab	Quarterly
Lead, Total Recoverable	15	UG/L	Grab	Quarterly
Coliform, Fecal	4	#/100ML	Grab	Quarterly
pH	6.5 to 8.5	SU	In-situ	Quarterly
Sulfate, Total	250	MG/L	Grab	Quarterly
Turbidity	Report	NTU	Grab	Quarterly
Specific Conductance	Report	Umhos/cm	Grab	Quarterly
Temperature	Report	Degrees C	In-situ	Quarterly
Oxygen, (Dissolved DO)	Report	MG/L	In-situ	Quarterly
Sodium	160	MG/L	Grab	Quarterly

*[62-522.600(11)(b)] [62-601.300(3), 62-601.700, and Figure 3 of 62-601][62-601.300(6)] [62-520.300(9)]*

6. If the concentration for any constituent listed in Permit Condition III. 5. in the natural background quality of the ground water is greater than the stated maximum, or in the case of pH is also less than the minimum, the representative natural background quality shall be the prevailing standard. *[62-520.420(2)]*
7. In accordance with Part D of Form 62-620.910(10), water levels shall be recorded before evacuating wells for sample collection. Elevation references shall include the top of the well casing and land surface at each well site (NGVD allowable) at a precision of plus or minus 0.1 foot. *[62-610.510(3)(b), ]*
8. Ground water monitoring wells shall be purged prior to sampling to obtain representative samples. *[62-601.700(5)]*
9. Analyses shall be conducted on unfiltered samples, unless filtered samples have been approved by the Department's Southwest District Office as being more representative of ground water conditions. *[62-520.300(9)]*
10. Ground water monitoring parameters shall be analyzed in accordance with Chapter 62-601, F.A.C. *[62-620.610(18)]*
11. Ground water monitoring test results shall be submitted on Part D of Form 62-620.910(10). For reuse or land application projects, results shall be submitted with the DMR for each month listed in the following schedule. The submitted results shall be for each year during the period of operation allowed by this permit in accordance with Permit Condition I.B.8. *[62-522.600(10) and (11)(b)] [62-601.300(3), 62.601.700, and Figure 3 of 62-601] [62-620.610(18)]*

SAMPLE PERIOD	REPORT DUE DATE
1 <sup>st</sup> Quarter (January-March)	April 28
2 <sup>nd</sup> Quarter (April-June)	July 28
3 <sup>rd</sup> Quarter (July-September)	October 28
4 <sup>th</sup> Quarter (October-December)	January 28

12. If any monitoring well becomes damaged or cannot be sampled for some reason, the permittee shall notify the Department's Southwest District Office immediately and a written report shall follow within seven days detailing the

FACILITY: Jasmine Lakes WWTP  
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA012768  
EXPIRATION DATE:

circumstances and remedial measures taken or proposed. Repair or replacement of monitoring wells shall be approved in advance by the Department's Southwest District Office. [62-522.600][62-4.070(3)]

13. All piezometers and monitoring wells not part of the approved ground water monitoring plan are to be plugged and abandoned in accordance with Rule 62-532.500(4), F.A.C., unless there is intent for their future use. [62-532.500(4)]

#### IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

##### Part IV Rapid Infiltration Basins (R-001)

1. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518]
2. The annual average hydraulic loading rate to the rapid infiltration basins shall be limited to a maximum of 1.8 inches per day (as applied to the entire bottom area). [62-610.523(3)]
3. Rapid infiltration basins ponds normally shall be loaded for 1 to 7 days and shall be rested for 5 to 14 days. Infiltration ponds, basins, or trenches shall be allowed to dry during the resting portion of the cycle. [62-610.523(4)]
4. Rapid infiltration basins ponds 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)]
5. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.514 and 62-610.414]
6. 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 3 hours/day for 5 days/week and one weekend visit. The lead operator must be a Class C operator, or higher.

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

2. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. [62-699.311(1)]
3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5)]
4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. [62-600.735(1)]
5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
  - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;

FACILITY: Jasmine Lakes WWTP  
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA012768  
EXPIRATION DATE:

- b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
- c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
- d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
- e. A copy of the current permit;
- f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
- g. A copy of the facility record drawings;
- h. Copies of the licenses of the current certified operators; and
- i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350]

#### VI. SCHEDULES

The facility is not required to have a compliance schedule at this time. [62-600.735(1)]

#### VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

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

#### VIII. OTHER SPECIFIC CONDITIONS

1. The permittee shall apply for renewal of this permit at least 180 days before the expiration date of the permit using the appropriate forms listed in Rule 62-620.910, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C. The existing permit shall not expire until the Department has taken final action on the application renewal in accordance with the provisions of 62-620.335(3) and (4), F.A.C. [62-620.335(1)-(4)]
2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-610.850(1)(a) and (2)(a)]
3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8) and 62-640.400(6)]
4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. [62-604.130(3)]

FACILITY: Jasmine Lakes WWTP  
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA012768  
EXPIRATION DATE:

5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550] [62-620.610(20)]
6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
  - a. Which may cause fire or explosion hazards; or
  - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
  - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
  - d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or
  - e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health or safety problems.[62-604.130(5)]
7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. [62-610.518(1)] [and 62-600.400(2)(b)].
8. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. [62-701.300(1)(a)]
9. The Permittee shall provide verbal notice to the Department as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department in a written report within 7 days of the sinkhole discovery. [62-4.070(3)]
10. The permittee shall provide adequate notice to the Department of the following:
  - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
  - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

[62-620.625(2)]

#### IX. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. [62-620.610(1)]
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. [62-620.610(2)]

FACILITY: Jasmine Lakes WWTP  
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA012768  
EXPIRATION DATE:

3. As provided in subsection 403.087(7), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3)]
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4)]
5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5)]
6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6)]
7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8)]
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
  - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
  - b. Have access to and copy any records that shall be kept under the conditions of this permit;
  - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
  - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.[62-620.610(9)]
10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. [62-620.610(10)]
11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of

FACILITY: Jasmine Lakes WWTP  
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA012768  
EXPIRATION DATE:

records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. [62-620.610(11)]

12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. [62-620.610(12)]
13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. [62-620.610(13)]
14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. [62-620.610(14)]
15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. [62-620.610(15)]
16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300, F.A.C, and the Department of Environmental Protection Guide to Wastewater Permitting at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2) for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. [62-620.610(16)]
17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
  - a. A description of the anticipated noncompliance;
  - b. The period of the anticipated noncompliance, including dates and times; and
  - c. Steps being taken to prevent future occurrence of the noncompliance.[62-620.610(17)]
18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
  - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10).
  - 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 shall be performed by a laboratory that has been certified by the Department of Health (DOH) under Chapter 64E-1, F.A.C., where such certification is required by Rule 62-160.300, F.A.C. The laboratory must be certified for any specific method and analyte combination that is used to comply with this permit. For domestic wastewater facilities, the on-site test procedures specified in Rule 62-160.300(4),



FACILITY: Jasmine Lakes WWTP  
PERMITTEE: Aqua Utilities Florida, Inc.

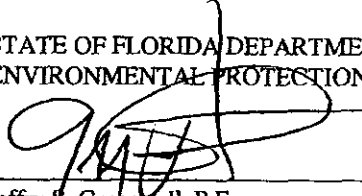
PERMIT NUMBER: FLA012768  
EXPIRATION DATE:

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

(62-620.610(23))

Executed in Hillsborough County, Florida.

STATE OF FLORIDA DEPARTMENT OF  
ENVIRONMENTAL PROTECTION



*fs*  
Jeffrey S. Greenwell, P.E.  
Water Facilities Administrator  
Southwest District  
13051 North Telecom Parkway  
Temple Terrace, FL 33637-0926

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida, Inc.  
 MAILING ADDRESS: 6960 Professional Parkway East,  
 Suite 400  
 Sarasota, FL 34240  
 FACILITY: Jasmine Lakes WWTP  
 LOCATION: 1000 Holly Lane  
 Port Richey, FL 34668  
 COUNTY: Pasco

PERMIT NUMBER: FLA012768

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: Ponds, including Influent  
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

REPORT: Monthly  
 GROUP: Domestic

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow to R-001	Sample Measurement							
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.308 (An. Avg.)	MGD				Monthly	Calculation
Flow to R-001	Sample Measurement							
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Recording flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	MG/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Every Two Weeks	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	MG/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	Every Two Weeks	8-hour flow proportioned composite

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)

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

FACILITY: Jasmine Lakes WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

PERMIT NUMBER: FLA012768

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement							
PARM Code 00400 A Mon. Site No. EFA-01	Permit Requirement			6.0 (Min.) 8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement							
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement			200 (Ar. Avg.)	#/100ML		Monthly	Calculation
Coliform, Fecal	Sample Measurement							
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement			Report (Mo. Geo. Mean)	800 (Max.)	#/100ML	Every Two Weeks	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement							
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement			0.5 (Min.)	MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement							
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement				12 (Max.)	MG/L	Every Two Weeks	8-hour flow proportioned composite
Flow (Total Plant)	Sample Measurement							
PARM Code 50050 P Mon. Site No. FLW-01	Permit Requirement	0.308 (3-Mo. Avg.)	Report (Mo. Avg.)	MGD			5 Days/Week	Recording flow meters and totalizers
Percent Capacity, (TMADP/Permitted Capacity) x 100	Sample Measurement							
PARM Code 00180 G Mon. Site No. INF-01	Permit Requirement			Report	PER-CENT		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement			Report (Mo. Avg.)	MG/L		Monthly	8-hour flow proportioned composite
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement			Report (Mo. Avg.)	MG/L		Monthly	8-hour flow proportioned composite
	Sample Measurement							
	Permit Requirement							

### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012768  
 Monitoring Period From: \_\_\_\_\_

To: \_\_\_\_\_

Facility: Jasmine Lakes WWTP

Code	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	Notes
80082	74055	00620	00400	00530	50060	50050	80082	00530		
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
Total										
Mo. Avg.										

**PLANT STAFFING:**

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

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

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

Lead Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

## GROUND WATER MONITORING WELL REPORT - PART D

County: Pasco  
 Facility Name: Jasmine Lakes WWTP  
 Permit Number: FLA012768

Monitoring Well ID: MWB-01  
 Well Type: Background  
 Description: JL-1BR

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

Date Sample Obtained: \_\_\_\_\_

Was the well purged before sampling?  Yes  No

Time Sample Obtained: \_\_\_\_\_

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		Report	SU	In-situ	Quarterly				
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				
Oxygen, Dissolved (DO)	00300		Report	MG/L	In-Situ	Quarterly				
Sodium, Dissolved	00930		Report	MG/L	Single Sample	Quarterly				
Specific Conductance	00095		Report	UMHO/CM	Single Sample	Quarterly				
Temperature (C), Water	00010		Report	DEG.C	Single Sample	Quarterly				
Ammonia	00619		Report	MG/L	Grab	Quarterly				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mn/dd)

COMMENTS AND EXPLANATION (Reference all attachments here):

## GROUND WATER MONITORING WELL REPORT - PART D

County: Pasco  
 Facility Name: Jasmine Lakes WWTP  
 Permit Number: FLA012768

Monitoring Well ID: MWC-02  
 Well Type: Compliance  
 Description: JL-2CR

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

Date Sample Obtained: \_\_\_\_\_

Was the well purged before sampling?  Yes  No

Time Sample Obtained: \_\_\_\_\_

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		10	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Grab	Quarterly				
pH	00400		6.5 to 8.5	SU	In-situ	Quarterly				
Sulfate, Total	00945		250	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				
Oxygen, Dissolved (DO)	00300		Report	MG/L	In-Situ	Quarterly				
Sodium, Dissolved	00930		Report	MG/L	Single Sample	Quarterly				
Specific Conductance	00095		Report	UMHO/CM	Single Sample	Quarterly				
Temperature (C), Water	00010		Report	DEG.C	Single Sample	Quarterly				
Ammonia	00619		Report	MG/L	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

**GROUND WATER MONITOR WELL REPORT - PART D**

County: Pasco  
 Facility Name: Jasmine Lakes WWTP  
 Permit Number: FLA012768

Monitoring Well ID: MWC-03  
 Well Type: Compliance  
 Description: JL-3CR

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

Date Sample Obtained: \_\_\_\_\_

Was the well purged before sampling?  Yes  No

Time Sample Obtained: \_\_\_\_\_

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		10	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Grab	Quarterly				
pH	00400		6.5 to 8.5	SU	In-situ	Quarterly				
Sulfate, Total	00945		250	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				
Oxygen, Dissolved (DO)	00300		Report	MG/L	In-Situ	Quarterly				
Sodium, Dissolved	00930		Report	MG/L	Single Sample	Quarterly				
Specific Conductance	00095		Report	UMHO/CM	Single Sample	Quarterly				
Temperature (C), Water	00010		Report	DEG.C	Single Sample	Quarterly				
Ammonia	00619		Report	MG/L	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

## GROUND WATER MONITOR WELL REPORT - PART D

County: Pasco  
 Facility Name: Jasmine Lakes WWTP  
 Permit Number: FLA012768

Monitoring Well ID: MWC-04  
 Well Type: Compliance  
 Description: JL-4CR

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

Date Sample Obtained: \_\_\_\_\_

Was the well purged before sampling?  Yes  No

Time Sample Obtained: \_\_\_\_\_

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		10	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Grab	Quarterly				
pH	00400		6.5 to 8.5	SU	In-situ	Quarterly				
Sulfate, Total	00945		250	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				
Oxygen, Dissolved (DO)	00300		Report	MG/L	In-Situ	Quarterly				
Sodium, Dissolved	00930		Report	MG/L	Single Sample	Quarterly				
Specific Conductance	00095		Report	UMHO/CM	Single Sample	Quarterly				
Temperature (C), Water	00010		Report	DEG.C	Single Sample	Quarterly				
Ammonia	00619		Report	MG/L	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):



## GROUND WATER MONITOR WELL REPORT - PART D

County: Pasco  
 Facility Name: Jasmine Lakes WWTP  
 Permit Number: FLA012768

Monitoring Well ID: MWC-05  
 Well Type: Compliance  
 Description: JL-6AQR

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

Date Sample Obtained: \_\_\_\_\_

Was the well purged before sampling?  Yes  No

Time Sample Obtained: \_\_\_\_\_

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FBET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		10	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Grab	Quarterly				
pH	00400		6.5 to 8.5	SU	In-situ	Quarterly				
Sulfate, Total	00945		250	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				
Oxygen, Dissolved (DO)	00300		Report	MG/L	In-Situ	Quarterly				
Sodium, Dissolved	00930		Report	MG/L	Single Sample	Quarterly				
Specific Conductance	00095		Report	UMHO/CM	Single Sample	Quarterly				
Temperature (C), Water	00010		Report	DEG.C	Single Sample	Quarterly				
Ammonia	00619		Report	MG/L	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

## INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

Read these instructions as well as the SUPPLEMENTAL INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 28<sup>th</sup> of the month following the monitoring period. The DMR shall not be submitted before the end of the monitoring period.

The DMR consists of three parts--A, B, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data.

When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.
DRY	Dry Well
FLD	Flood disaster.
IFS	Insufficient flow for sampling.
LS	Lost sample.
MNR	Monitoring not required this period.

CODE	DESCRIPTION/INSTRUCTIONS
NOD	No discharge from/to site.
OPS	Operations were shutdown so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEF	Sampling equipment failure.

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used:

1. Results greater than or equal to the PQL shall be reported as the measured quantity.
2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
3. Results less than the MDL shall be reported by entering a less than sign (" $<$ ") followed by the laboratory's MDL value, e.g.  $< 0.001$ . A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

### PART A -DISCHARGE MONITORING REPORT (DMR)

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or authorized representative:

**No Discharge From Site:** Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

**Monitoring Period:** Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

**Sample Measurement:** Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units.

**No. Ex.:** Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

**Frequency of Analysis:** The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

**Sample Type:** The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

**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 in the event there are questions concerning this report. Enter the date when the report is signed.

**Comment and Explanation of Any Violations:** Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

## PART B - DAILY SAMPLE RESULTS

**Monitoring Period:** Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

**Daily Monitoring Results:** Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table I in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
J	Estimated value, value not accurate.
Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

Add the results to get the Total and divide by the number of days in the month to get the Monthly Average.

**Plant Staffing:** List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

## PART D - GROUND WATER MONITORING REPORT

**Monitoring Period:** Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

**Date Sample Obtained:** Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

**Time Sample Obtained:** Enter the time the sample was taken.

**Sample Measurement:** Record the results of the analysis. If the result was below the minimum detection limit, indicate that.

**Detection Limits:** Record the detection limits of the analytical methods used.

**Analysis Method:** Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

**Sampling Equipment Used:** Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

**Samples Filtered:** Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

**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 in the event there are questions concerning this report. Enter the date when the report is signed.

**Comments and Explanation:** Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

## SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

**Flow (Limited Wet Weather Discharge):** Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

**Flow (Upstream):** Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

**Actual Stream Dilution Ratio:** To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

**No. of Days the SDF > Stream Dilution Ratio:** For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (\*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "\*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.

**CBOD<sub>5</sub>:** Enter the average CBOD<sub>5</sub> of the reclaimed water discharged during the period shown in duration of discharge.

**TKN:** Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

**Actual Rainfall:** Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

**Rainfall During Average Rainfall Year:** On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

**No. of Days LWWD Activated During Calendar Year:** Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.

**Reason for Discharge:** Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.



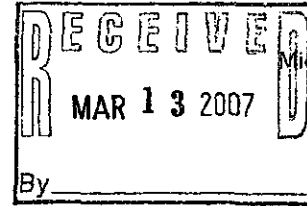
# Florida Department of Environmental Protection

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

Southwest District Office  
13051 North Telecom Parkway  
Temple Terrace, Florida 33637-0926



March 8, 2007

Mr. John Lihvarcik, President/COO  
Aqua Utilities Florida, Inc.  
P. O. Box 490310  
Leesburg, FL 34749-0310

Re: Warning Letter No. WL07-0002DW51SWD  
Jasmine Lakes WWTF  
Facility ID No. FLA012768  
Pasco County

Dear Mr. Lihvarcik:

The purpose of this letter is to advise you of possible violations of law for which you may be responsible and to seek your cooperation in resolving the matter. A field inspection conducted on February 22, 2007 and a subsequent file review of the Jasmine Lakes Wastewater Treatment Facility ("Facility") indicates that a violation of Florida Statutes and Rules may exist at the above-referenced facility. Department of Environmental Protection personnel observed the following:

1. The Part IV rapid-rate percolation pond system was not being operated properly. The four percolation ponds were hydraulically loaded to the point that prevents the ponds from functioning as intended. Rule 62-600.410(6), Florida Administrative Code (F.A.C.), provides that all facilities and equipment necessary for the treatment, reuse and disposal of domestic wastewater and domestic wastewater residuals shall be maintained, at a minimum, so as to function as intended.
2. The operator's log indicated that two of the four percolation ponds had not received any effluent over the past 12 months, yet both ponds remained wet. Rule 62-610.523 (4), F.A.C., provides that hydraulic loading periods of one to seven days, with resting periods of five to 14 days to dry the ponds are required.
3. Ground water monitoring data submitted from the first quarter 2005 through the fourth quarter 2006 indicated that compliance well limit values were exceeded for sodium, in MWC-02, from the third quarter 2005 through the fourth quarter 2006 and for chloride in the fourth quarter 2005 and third quarter 2006. In addition, MWC-02 exceeded the ammonia value in the fourth quarter 2006. Rule 62-520.400, F.A.C., provides that ground water minimum criteria shall be met within the zone of discharge.
4. Ground water monitoring data submitted from the first quarter 2005 through the fourth quarter 2006 indicated that compliance well limit values were exceeded for sodium, in MWC-03, in the second and fourth quarters 2005, and the first, second and third quarters 2006 and for chloride in the second and fourth quarters 2005 and third quarter 2006. In addition, MWC-03 exceeded the

DOCUMENT NUMBER DATE

04322 MAY 22 08

FPSC-COMMISSION CLERK

Mr. John Lihvarcik, President/COO  
Warning Letter No. WL07-0002DW51SWD  
Jasmine Lakes WWTF  
Facility ID No. FLA012768  
Pasco County  
Page 2 of 2

ammonia value in the second, third and fourth quarters 2005, and second quarter 2006. Rule 62-520.400, F.A.C., provides that ground water minimum criteria shall be met within the zone of discharge.

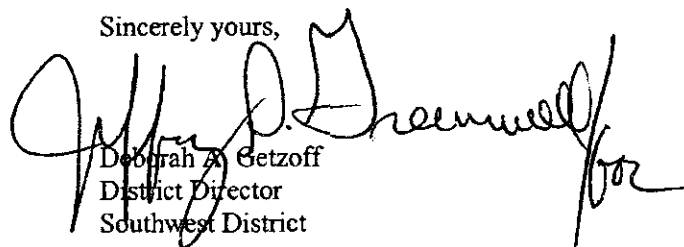
5. Ground water monitoring data submitted from the first quarter 2005 through the fourth quarter 2006 indicated that compliance well limit values were exceeded for sodium, in MWC-04, in the third quarter 2005, and the first and second quarters 2006. In addition, MWC-04 exceeded the ammonia value from the first quarter 2005 through the fourth quarter 2006. Rule 62-520.400, F.A.C., provides that ground water minimum criteria shall be met within the zone of discharge.

The activities observed during the Department's field inspection and indicated by the file review, along with any other activities at your facility that may be contributing to violations of the aforementioned Florida Statutes or Rules, should be ceased. The operation of a facility in violation of state statutes or rules may result in liability for damages and restoration, and the administrative imposition of penalties up to \$10,000.00 pursuant to Section 403.121, Florida Statutes, or the judicial imposition of civil penalties up to \$10,000.00 per violation per day pursuant to Sections 403.141 and 403.161, Florida Statutes.

You are requested to contact Mr. Jerry E. Nichols, Environmental Specialist II, at (813) 632-7600, extension 411, within 15 days of receipt of this Warning Letter to arrange a meeting to discuss this matter. The Department is interested in reviewing any facts you may have that will assist in determining whether any violations have occurred. You may bring anyone with you to the meeting that you feel could help resolve this matter.

Please be advised that this Warning Letter is part of an agency investigation, preliminary to agency action, in accordance with Section 120.57(4), Florida Statutes. We look forward to your cooperation in completing the investigation and resolution of this matter.

Sincerely yours,



Deborah A. Getzoff  
District Director  
Southwest District

DAG/jn

cc: Jerry Nichols, FDEP

## INSPECTION FINDINGS

Facility Name: Jasmine Lakes WWTF  
Facility ID: FLA012768  
Inspection Type: Compliance Evaluation Inspection  
Date: 2/22/2007 at 2:06:00 PM

### Facility Background:

Address: 1000 Holly Drive, Port Richey, FL, Pasco County  
Permit Information: Wastewater Permit issued: 8/30/2006, and expires: 8/29/2011  
Treatment Summary: Type II Extended Aeration  
Permitted Capacity: 0.3685 MGD

### 1. Permit: In Compliance

1.1 Observation: A copy of the permit was on site and available to plant personnel.

### 2. Compliance Schedules: Not Applicable

### 3. Laboratory: In Compliance

3.1 Observation: The laboratory is certified by the Department of Health.

### 4. Sampling: In Compliance

4.1 Observation: No problems or deficiencies were identified.

### 5. Records and Reports: Out of Compliance

5.1 Observation: General - Records were well organized.

5.2 \*Observation: General - A review of the Discharge Monitoring Reports (DMRs) from December 2005 through December 2006 revealed that the percent capacity was miscalculated for November and December 2006.

### 6. Facility Site Review: In Compliance

6.1 Observation: General - The facility was staffed at the time of the inspection.

6.2 Observation: General - The facility grounds were clean and well maintained.

6.3 Observation: Lift Stations - The backflow preventers were properly tested on January 11, 2007.

### 7. Flow Measurement: In Compliance

7.1 Observation: The flow meter was calibrated in accordance with Rule 62-601.200 (17), Florida Administrative Code, on January 31, 2007.

### 8. Operation and Maintenance: Out of Compliance

8.1 Observation: General - The facility was not operated and maintained in accordance with the description in the permit. [Also see 10.2]

8.2 Observation: Headworks - The operator was replacing the influent screen at the time of the inspection.

- 8.3 Observation: Aeration Basins/Activated Sludge - The contents in the aeration chambers appeared to be adequately mixed.
- 8.4 \*Observation: Clarifiers - The clarifier weirs were covered with algae, restricting flow from the unit.
- 8.5 Observation: Disinfection - The chlorine contact chamber was clean and the effluent leaving the plant was clear.

9. Effluent Quality: In Compliance

- 9.1 Observation: A review of DMRs from December 2005 through December 2006 revealed no effluent exceedances.
- 9.2 Observation: The effluent appeared clear with an acceptable total chlorine residual of greater than 2.2 mg/L.

10. Effluent Disposal: Significantly Out-of-Compliance

- 10.1 \*Observation: The number four percolation pond was in service from January 1, 2005 to February 10, 2006 and March 1, 2006 through January 26, 2007.
- 10.2 \*Observation: The operator has been unable to dry the four percolation ponds, as depicted in photographs #1, #2, #7, #8 and #9.

11. Residuals/Sludge: In Compliance

- 11.1 Observation: General - No problems or deficiencies were observed.

12. Groundwater Quality: Significantly Out-of-Compliance

- 12.1 \*Observation: A review of the ground water monitoring reports from the first quarter 2005 through the fourth quarter 2006 revealed the following exceedances:
  - 12.1.a Well number MWC-2 exceeded the ground standard for sodium from the second quarter 2005 through the fourth quarter 2006.
  - 12.1.b Well number MWC-2 exceeded the ground standard for chloride in the fourth quarter 2005 and third quarter 2006.
  - 12.1.c Well number MWC-2 exceeded the ground standard for total dissolved solids from the second quarter 2005 through the fourth quarter 2006.
  - 12.1.d Well number MWC-2 exceeded the ground standard for ammonia in the fourth quarter 2006.
- 12.2 \*Observation: A review of the ground water monitoring reports from the first quarter 2005 through the fourth quarter 2006 revealed the following exceedances:
  - 12.2.a Well number MWC-3 exceeded the ground standard for sodium in the second quarter 2005 and fourth quarter 2005 through the third quarter 2006.

12.2.b Well number MWC-3 exceeded the ground standard for chloride in the second quarter and forth quarter 2005 and the third quarter 2006.

12.2.c Well number MWC-3 exceeded the ground standard for ammonia from the second quarter through the forth quarter 2005 and the second quarter 2006.

12.3 \*Observation: A review of the ground water monitoring reports from the first quarter 2005 through the forth quarter 2006 revealed the following exceedances:

12.3.a Well number MWC-4 exceeded the ground standard for sodium in the third quarter 2005 and first quarter and second quarter 2006.

12.3.b Well number MWC-4 exceeded the ground standard for ammonia from the first quarter 2005 and through the forth quarter 2006.

13. Other: Not Evaluated



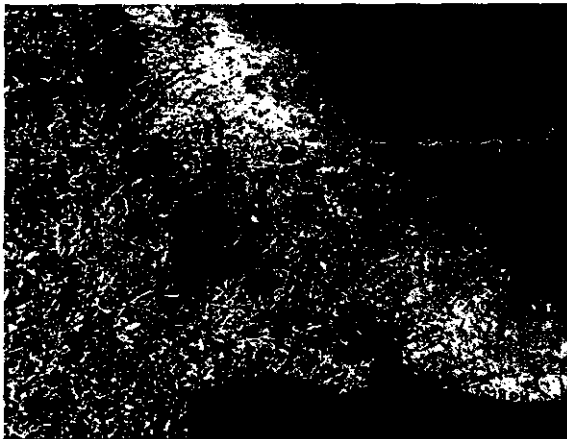
- Photographer: Jerry Nichols
- Facility Name: Jasmine Lakes WWTF
- Facility ID No.: FLA0127968
- Photographed on: February 22, 2007
- Type of Camera: Sony Cyber-Shot A530
- Recording Media: Sony MemoryStick (E:)
- Digital photos copied by: Jerry Nichols
- Digital photos copied to: mydocs/Pasco /Jasmine /02-26-07 inspec. photos
- Original copies stored: "Photo Archives" CD



**1 – View to the west of P/E pond 4.**



**2 – Close-up view of pond 4 still being loaded.**



**3 – View of possible lateral seepage on the north side of P/E pond #4.**



**4 – View of canal to the north of P/E pond #4.**

- Photographer: Jerry Nichols
- Facility Name: Jasmine Lakes WWTF
- Facility ID No.: FLA0127968
- Photographed on: February 22, 2007
- Type of Camera: Sony Cyber-Shot A530
- Recording Media: Sony MemoryStick (E:)
- Digital photos copied by: Jerry Nichols
- Digital photos copied to: mydocs/Pasco /Jasmine /02-26-07 inspec. photos
- Original copies stored: "Photo Archives" CD



5 – Close-up view of algae along bank of canal.



6 – View of monitoring well without well ID.



7 – View of P/E pond #1.



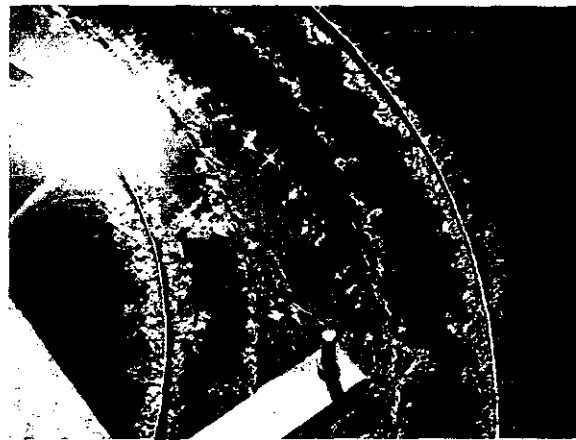
8 – View of P/E pond #2.

Photographer:

- Facility Name: Jasmine Lakes WWTF
- Facility ID No.: FLA0127968
- Photographed on: February 22, 2007
- Type of Camera: Sony Cyber-Shot A530
- Recording Media: Sony MemoryStick (E:)
- Digital photos copied by: Jerry Nichols
- Digital photos copied to: mydocs/Pasco/Jasmine /02-26-07 inspec. photos
- Original copies stored: "Photo Archives" CD



9 – View of P/E pond #4.



10 – View of algae restricting flow over weir.

Jasmine Lake WWTF  
2006-2007 DMR Review

Permit #FLA012768

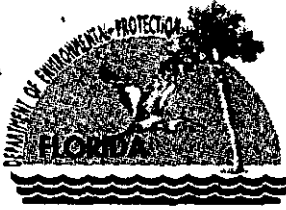
Mon/Yr	Flow aadf	Flow 3madi	Flow madf	% Cap	CBOD aa	CBOD ma	CBOD Mx	TSS aa	TSS ma	TSS MAX	Nitrate	pH	Fecal aa	Fecal mgn	Fecal max	TRC min	dtd rec'd
Limits	0.308	0.37	N/A		20	30	60	20	30	60	12	Min/Max	200		800	0.5	
5-Dec	0.212	0.212	0.214	57	4.5	230	240	6.8	3.4	4.4	0.89	7.5/7.6	2.7	1	1	1.5	SWD
6-Jan	0.215	0.215	0.22	57	4.6	3	3.4	7.3	3.13	4.8	0.79	7.5/7.6	2.8	1	1	2	2/24/2006
6-Feb	0.218	0.222	0.231	58	4.5	2	2	6.9	2.45	3	1.5	7.4/7.7	2.8	1	1	2	revised
6-Mar	0.218	0.22	0.225	58	4.2	2	2	6.8	2.4	3.1	0.59	7.4/7.8	2.8	1	1	1.4	4/21/2006
6-Apr	0.219	0.224	0.233	59	4.5	7.4	11	6.4	4.8	6.6	2.2	7.6/7.8	3.3	6.7	45	1.1	5/23/2006
6-May	0.221	0.23	0.231	60	4	2.5	2.8	6.7	23.1	44	0.43	7.6/7.8	3.5	5.7	32	1.2	6/22/2006
6-Jun	0.222	0.226	0.214	59	4.1	2.7	2.8	7	5.45	5.6	0.27	7.5/7.7	3.5	1	1	1.6	7/21/2006
6-Jul	0.219	0.219	0.212	58	3.1	5	6.5	6.4	6.15	6.6	0.57	7.6/7.7	2.8	1	1	1.4	8/27/2006
6-Aug	0.216	0.21	0.205	68	3.2	3.3	3.7	6.4	4.53	5.5	0.72	7.6/7.7	2.7	1	1	1.2	9/21/2006
6-Sep	0.221	0.226	0.261	73	3	2.5	2.8	6.6	6.45	6.6	0.25	7.6/7.8	2.1	1	1	1.8	10/19/2006
6-Oct	0.222	0.229	0.221	74	3.2	3.7	5.1	6.6	1	1	2.4	7.6/7.8	3.4	3.9	15	2	11/27/2006
6-Nov	0.221	0.2282	0.2026	1	3.1	1.8	2	6.4	1.55	2	5.2	7.4/7.8	2	1	1	1.5	12/27/2006
6-Dec	0.22	0.2085	0.2016	1	3.1	2.1	2.2	5.7	1.85	2.7	3.3	7.4/7.7	1.9	1	1	2.2	1/27/2007
7-Jan																	
Total																	
Average																	

Dennis Muldoon - (352) 302-9713 A-0006452

- 1) 11/06 & 12/06 percent capacity appears to be miscalculated.
- 2) GWM data 2005 revealed exceedances in TDS, Chloride, Sodium, fecal coliform and ammonia.

Nitrate	Well	Nitrate	Nitrate	Nitrate	Nitrate	Nitrate	Nitrate	Nitrate	Nitrate
Quarter	Type	1st/2005	2nd/2005	3rd/2005	4th/2005	1st/2006	2nd/2006	3rd/2006	4th/2006
Limit		10	10	10	10	10	10	10	10
MW-1	B	0.18	0.61	0.38	0.069	0.27	0.5	0.16	.06 U
MW-2	C	.06 U	.06 U	.06 U	.06 U	.06 U	.02 U	.06 U	.06 U
MW-3	C	.06 U	.06 U	1.5	.06 U	.06 U	.02 U	.06 U	.06 U
MW-4	C	.06 U	.06 U	0.17	.06 U	.06 U	.02 U	.06 U	.06 U
MW-4	C	.06 U	.06 U	.06 U	.06 U	.06 U	.02 U	.06 U	.06 U
Sodium		Sodium	Sodium	Sodium	Sodium	Sodium	Sodium	Sodium	Sodium
Quarter		1st/2005	2nd/2005	3rd/2005	4th/2005	1st/2006	2nd/2006	3rd/2006	4th/2006
Limit		160	160	160	160	160	160	160	160
MW-1	B	13	18	21	89	140	120	180	120
MW-2	C	140	150	180	170	180	170	180	170
MW-3	C	160	170	130	180	180	180	180	160
MW-4	C	140	150	170	160	170	170	160	160
MW-5	C	110	120	120	110	130	120	120	120
Chloride		Chloride	Chloride	Chloride	Chloride				
Quarter		1st/2005	2nd/2005	3rd/2005	4th/2005	1st/2006	2nd/2006	3rd/2006	4th/2006
Limit		250	250	250	250	250	250	250	250
MW-1	B	25	45	42	140	200	170	250	180
MW-2	C	180	200	240	260	250	230	260	230
MW-3	C	220	270	190	260	240	250	260	210
MW-4	C	220	240	210	230	250	240	250	240
MW-5	C	220	230	220	230	230	210	220	210
TDS		TDS	TDS	TDS	TDS				
Quarter		1st/2005	2nd/2005	3rd/2005	4th/2005	1st/2006	2nd/2006	3rd/2006	4th/2006
Limit		500	500	500	500	500	500	500	500
MW-1	B	250	230	260	440	570	560	730	570
MW-2	C	500	530	670	640	650	630	670	640
MW-3	C	620	720	530	640	670	680	650	610
MW-4	C	620	700	620	660	710	730	700	720
MW-5	C	600	580	620	640	560	620	600	620
Head		Head	Head	Head	Head	Head	Head	Head	Head
Quarter		1st/2005	2nd/2005	3rd/2005	4th/2005	1st/2006	2nd/2006	3rd/2006	4th/2006
MW-1	B	1	11.65	10.95	11.6	11.12	12.55	11.2	11.38
MW-2	C	1.15	10.7	10.32	10.85	10.65	11.53	10.5	10.45
MW-3	C	3.67	8.16	8.43	8.7	8.9	8.9	8.45	8.78
MW-4	C	2.47	10.33	9.32	10.43	10.4	11.4	10.4	10.22
MW-5	C	2.4	10.9	9.56	10.96	11.03	12.05	11	10.75
Sp. Cond.		SP.Cond.	SP.Cond.	SP.Cond.	SP.Cond.	SP.Cond.	SP.Cond.	SP.Cond.	SP.Cond.
Quarter		1st/2005	2nd/2005	3rd/2005	4th/2005	1st/2006	2nd/2006	3rd/2006	4th/2006
Limit		Report	Report	Report	Report	Report	Report	Report	Report
MW-1	B	422	343	381	773	920	973	920	863
MW-2	C	944	1031	1262	1243	1149	1227	1011	1070
MW-3	C	1167	1368	1021	1257	1138	1318	1075	1035
MW-4	C	1224	1293	1350	1299	1234	1373	1018	1153
MW-5	C	1074	1089	1091	1075	981	1082	806	891
Fecal		Fecal	Fecal	Fecal	Fecal	Fecal	Fecal	Fecal	Fecal
Quarter		1st/2005	2nd/2005	3rd/2005	4th/2005	1st/2006	2nd/2006	3rd/2006	4th/2006
Limit		4	4	4	4	4	4	4	4
MW-1	B	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
MW-2	C	12	1 U	1 U	1 U	1 U	1 U	1 U	1 U
MW-3	C	1 U	1 U	1 U	1 U	1 U	3	1 U	1 U
MW-4	C	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
MW-5	C	1 U	1 U	1 U	1 U	1 U	1 U	1 U	1 U
Ammonia		Ammonia	Ammonia	Ammonia	Ammonia	Ammonia	Ammonia	Ammonia	Ammonia
Quarter		1st/2005	2nd/2005	3rd/2005	4th/2005	1st/2006	2nd/2006	3rd/2006	4th/2006
Limit		5	5	5	5	5	5	5	5
MW-1	B	0.05	.05 U	.05 U	0.56	0.52	.05 U	0.26	0.88
MW-2	C	2.7	2.6	4	4.4	4.3	3.7	4.7	5.1
MW-3	C	1.5	12	7.5	5.3	0.87	8.3	4.7	2.4
MW-4	C	9.7	8.1	9.7	11	7.1	11	10	9
MW-5	C	0.75	0.78	0.74	0.66	0.63	0.93	0.55	0.83

1) MW-2 resampled 3/11/05 with Fecal at 1.0 CFU/100 mL.



Jeb Bush  
Governor

# Department of Environmental Protection

Southwest District  
13051 North Telecom Parkway  
Temple Terrace, FL 33637-0926  
Telephone: 813-632-7600

Colleen M. Castille  
Secretary

August 8, 2006

Mr. Jack Lihvarcik, President  
Aqua Utilities Florida, Inc.  
P. O. Box 490310  
Leesburg, FL 34749

Re: Compliance Evaluation Inspection  
Jasmine Lake S/D WWTF  
Facility ID No. FLA012768  
Pasco County

Dear Mr. Lihvarcik:

On July 27, 2006, the Florida Department of Environmental Protection (Department) conducted a Compliance Evaluation Inspection at the referenced facility to determine compliance with wastewater requirements and, overall, the facility was Out of Compliance. A copy of the inspection report is attached for your records.

You are requested to respond to this letter with the plans you have made to correct any noted deficiencies and to submit any requested information for those items indicated by an asterisk (\*). Your response is requested to be in writing and should include a time frame needed to achieve compliance. This response is due to the Department by September 1, 2006. Please direct any questions to the undersigned at (813) 632-7600, extension 411, or e-mail: [jerry.nichols@dep.state.fl.us](mailto:jerry.nichols@dep.state.fl.us).

Sincerely,

Jerry E. Nichols  
Environmental Specialist II  
Domestic Wastewater Program

Attachment

cc: Mr. Dennis Muldoon, Operator of Record

"More Protection, Less Process"

Printed on recycled paper.

**FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
**WASTEWATER COMPLIANCE INSPECTION REPORT**

**FACILITY AND INSPECTION INFORMATION** @ = Optional

<b>Name and Physical Location of Facility</b> Jasmine Lakes S/D WWTF 1000 Holly Drive Port Richey, FL	<b>WAFR ID:</b> FLA012768	<b>County</b> Pasco	<b>Entry Date/Time</b> 7/27/2006 12:30:00 AM
		<b>Phone</b> (813) 938-6463	<b>@ Exit Date/Time</b> 7/27/2006 2:00:00 PM
<b>Name(s) of Field Representative(s)</b> Mr. Dennis Muldoon	<b>Title</b> Operator of Record	<b>Phone</b> (352) 302-9713	
<b>Name and Address of Permittee or Designated Representative</b> Mr. Jack Lihvarcik P. O. Box 490310 Leesburg, FL 34749	<b>Title</b> President Aqua Utilities Florida, Inc.	<b>Phone</b> (352) 552-8532	<b>@ Operator Certification #</b>

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

**FACILITY COMPLIANCE AREAS EVALUATED**

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

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

**Facility and/or Order Compliance Status:**  In-Compliance  Out-Of-Compliance  Significant-Out-Of-Compliance

**Recommended Actions:** See attached Field Notes

<b>Name(s) and Signature(s) of Inspector(s)</b> Vicki Wheeler	<i>Vicki Wheeler</i>	<b>District Office/Phone Number</b> SWD(813)632-7600X308	<b>Date</b> 8-3-06
Jerry Nichols	<i>Jerry E. Nichols</i>	SWD(813)632-7600X411	8-3-06
<b>@ Signature of Reviewer</b> Michele Duggan	<i>Michele Duggan</i>	<b>District Office/Phone Number</b> SWD(813)632-7600X335	<b>Date</b> 08/03/06

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

<b>Transaction Code</b>	<b>NPDES Number</b>	<b>YR/MO/DA</b>	<b>Insp. Type</b>	<b>Inspector</b>	<b>Fac. Type</b>
			1	2	3

ADDITIONAL NPDES COMMENTS

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

## INSPECTION FINDINGS

Facility Name: Jasmine Lakes S/D WWTF  
Facility ID: FLA012768  
Inspection Type: Compliance Evaluation Inspection  
Date: 7/27/2006 at 2:00:00 PM

### Facility Background:

Address: 1000 Holly Drive, Port Richey, FL, Pasco County  
Permit Information: Wastewater Permit issued: 10/4/2000, and expired: 10/3/2005  
Treatment Summary: Type II Extended Aeration  
Permitted Capacity: 0.3685 MGD

### 1. Permit: In Compliance

1.1 Observation: A copy of the permit was on site and available to plant personnel. The current permit expired on November 2004. An applicant for renewal was timely and the current permit is administratively continued by the Department.

### 2. Compliance Schedules: Not Applicable

### 3. Laboratory: In Compliance

3.1 Observation: The laboratory is certified by the Department of Health.

### 4. Sampling: In Compliance

4.1 Observation: No problems or deficiencies were identified.

### 5. Records and Reports: Out of Compliance

5.1 \*Observation: General - There were several transcription errors found in the Discharge Monitoring Reports (DMRs) from December 2004 through January 2006:

5.1.a The May 2005 through January 2006 DMRs' percent capacity appeared to be miscalculated.

5.1.b The July 2005 DMR's monthly maximum Fecal Coliform should read 96 CFU/100 mL.

5.1.c The August 2005 DMR's CBOD and TSS annual average appeared to be miscalculated.

5.1.d The August 2005 DMR's annual average daily flow appeared to be miscalculated.

5.1.e The November 2005 DMR's three-month average daily flow appeared to be miscalculated.

5.1.f The December 2005 DMR's CBOD monthly average and monthly maximum appeared to be influent data.

5.2 Observation: General - All required documents and reports were available at the facility.

### 6. Facility Site Review: In Compliance

6.1 Observation: General - The facility grounds were secured properly.



Jasmine Lakes S/D WWTF  
Facility ID: FLA012768  
Pasco County  
Page 3 of 3

11. Residuals/Sludge: In Compliance

11.1 Observation: General - No problems or deficiencies were observed.

12. Groundwater Quality: Out of Compliance

12.1 Observation: A review of the 2005 ground water monitoring reports revealed the following exceedances in compliance wells #MWC-03, #MWC-04 and #MWC-05 for Total Dissolved Solids, Chloride, Sodium, Fecal Coliform and Ammonia. Please investigate.

13. Other: Not Evaluated

**AQUA.**  
Utilities Florida

Aqua Utilities Florida, Inc.  
P.O. Box 490310  
Leesburg, FL 34749-0310

T: 352.787.0980  
F: 352.787.6333  
www.aquautilitiesflorida.com

September 1, 2006

Jerry E. Nichols  
Environmental Specialist II  
Domestic Wastewater Program  
Department of Environmental Protection  
Southwest District  
13051 North Telecom Parkway  
Temple Terrace, Florida 33637-7600

Dept. of Environmental  
Protection

SEP 05 2006

Southwest District

RE: Compliance Evaluation Inspection  
Jasmine Lakes S/D WWTF  
Facility ID No. FLA012768  
Pasco County

RECEIVED  
SEP 05 2006

Department of Environmental Protection  
SOUTHWEST DISTRICT  
Domestic Wastewater Program

Dear Mr. Nichols:

The purpose of the correspondence is to provide a written response as requested in your August 8, 2006 letter regarding the wastewater treatment facility compliance inspection conducted at Palm Terrace Gardens on July 27, 2006.

**RECORDS AND REPORTS**

1. There were several transcription errors found in the Discharge Monitoring Reports (DMRs) from December 2004 through January 2006:
  - a. The May 2005 through January 2006 DMR's percent capacity appeared to be miscalculated.
  - b. The July 2005 DMR's monthly maximum Fecal Coliform should read 96 CFU/100 mL.
  - c. The August 2005 DMR's CBOD and TSS annual average appeared to be miscalculated.
  - d. The August 2005 DMR's annual average daily flow appeared to be miscalculated.
  - e. The November 2005 DMR's three-month average daily flow appeared to be miscalculated.
  - f. The December 2005 DMR's CBOD monthly average and monthly maximum appeared to be influent data.

**Response:**

We have reviewed the aforementioned DMR's and have made the necessary corrections.  
The revised DMR's are attached.

To DMR  
File. Except  
for 8/05.

An Aqua America Company

## OPERATION AND MAINTENANCE

1. Lift Stations -- The sump pump in the valve pit was not working at the lift station number one.

**Response:**

We have scheduled a contractor to repair the wiring and conduit for the sump pump. We anticipate the work to be completed by October 1, 2006.

## EFFLUENT QUALITY

- a. The percolation/evaporation ponds were not properly rotated. The operator has not used the three east ponds in the last year.

**Response:**

We are trying to get the ponds emptied and cleaned. In order to accomplish this, we are trying to dry the ponds and have not rotated them since our last inspection. It was our understanding that this was recommended during our last inspection and discussed with Vicki Wheeler, the Environmental Specialist who performed this inspection and she seemed pleased with the progress.

If you have any questions, please contact me at (352) 435-4033. Thank you.

Sincerely,  
AQUA UTILITIES FLORIDA, INC.

*Gerard P. Connolly*

Gerard P. Connolly, P.E.  
Manager of Operations

Attachments

**RECEIVED**  
SEP 05 2006

Department of Environmental Regulation  
SOUTHWEST DISTRICT  
Domestic Wastewater Program



Jeb Bush  
Governor

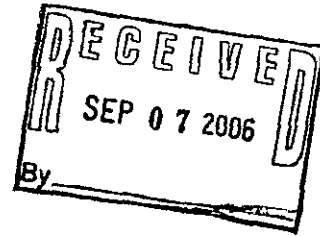
# Department of Environmental Protection

Southwest District  
13051 North Telecom Parkway  
Temple Terrace, FL 33637-0926  
Telephone: 813-632-7600

Colleen M. Castille  
Secretary

September 6, 2006

Mr. Jack Lihvarcik, President  
Aqua Utilities Florida, Inc.  
P. O. Box 490310  
Leesburg, FL 34749



Re: Reply to Compliance Evaluation Inspection  
Jasmine Lake S/D WWTF  
Facility ID No. FLA012768  
Pasco County

Dear Mr. Lihvarcik:

On September 5, 2006, the Florida Department of Environmental Protection (Department) received a reply to the July 27, 2006, Compliance Evaluation Inspection at the referenced facility. The following responses were inadequately addressed:

Who calculated these?

The August 2005 Discharge Monitoring Report's (DMR) annual average daily flow, annual average CBOD and TSS were not properly calculated. Please resubmit a corrected original DMR to this office.

2. STHE BECAUSE THE WE FLOW IS BEING REDUCED?

The effluent disposal ponds were not properly rotated. The permit states that rapid infiltration basins shall be loaded for one to seven days and rested five to 14 days. The infiltration basins shall be allowed to dry during the resting portion of the cycle. Please explain why this permit requirement is not being met.

You are requested to respond to this letter with the plans you have made to correct any noted deficiencies and to submit any requested information. Your response is requested to be in writing and should include a time frame needed to achieve compliance. This response is due to the Department by October 10, 2006. Please direct any questions to the undersigned at (813) 632-7600, extension 411, or e-mail: jerry.nichols@dep.state.fl.us.

Sincerely,

Jerry E. Nichols  
Environmental Specialist II  
Domestic Wastewater Program

Attachment

cc: Mr. Dennis Muldoon, Operator of Record

"More Protection, Less Process"

Printed on recycled paper.

**AQUA**  
Utilities Florida.

September 27, 2006

Aqua Utilities Florida, Inc.  
P.O. Box 490310  
Leesburg, FL 34749-0310

T: 352.787.0980  
F: 352.787.6333  
www.aquautilitiesflorida.com

Jerry E. Nichols  
Environmental Specialist II  
Domestic Wastewater Program  
Department of Environmental Protection  
Southwest District  
13051 North Telecom Parkway  
Temple Terrace, Florida 33637-7600

**RE: Reply to Compliance Evaluation Inspection  
Jasmine Lakes S/D WWTF  
Facility ID No. FLA012768  
Pasco County**

Dear Mr. Nichols:

The purpose of the correspondence is to provide a written response as requested in your September 6, 2006 letter regarding the wastewater treatment facility compliance inspection conducted at the referenced facility.

1. The August 2005 Discharge Monitoring Report's (DMR) annual average daily flow, annual average CBOD and TSS were not properly calculated. Please resubmit a corrected original DMR to this office.

**Response:**

We have reviewed the aforementioned DMR's and have made the necessary corrections. The revised DMR's are attached.

2. The effluent disposal ponds were not properly rotated. The permit states that rapid infiltration basins shall be loaded for one to seven days and rested five to 14 days. The infiltration basins shall be allowed to dry during the resting portion of the cycle. Please explain why this permit requirement is not being met.

**Response:**

A pump will be brought in by September 30, 2006, to pump water from one pond to the other to accelerate the drying time of the pond being pumped down. We will then get a tractor to remove the deposits and scarify the bottom. This will be done in rotation to get ponds 1 through 3 cleaned. The operator then will be able to load and rest the ponds in rotation in accordance with the permit.

If you have any questions, please contact me at (352) 435-4029. Thank you.

An Aqua America Company

**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: Aqua Utilities Florida  
 MAILING ADDRESS: 1343 N.E. 17th Rd.  
 Ocala, FL 34470

PERMIT NUMBER: FLA012768  
 MONITORING PERIOD--From: 08/01/2005 To: 08/31/2005  
 THREE MONTH ROLLING ADF: 0.229 % OF PERMITTED CAPACITY: 60%  
 LIMIT: Final REPORT: Monthly  
 CLASS SIZE: N/A GROUP: Domestic  
 FACILITY ID: FLA012768 WAFR SITE NO.: 37591  
 DISCHARGE POINT NUMBER:  R001 (RIBs)  
 PLANTSIZE/TREATMENT TYPE: IIC

FACILITY: Jasmine Lakes WWTP  
 LOCATION: 7612 Pineapple Lane  
 Port Richey, FL 34668

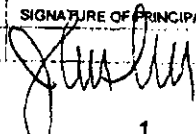
COUNTY: Pasco

DMR Version 9/00

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	0.232					0		
Sample Measurement								
PARM Code 50050 Y Mon. Site No. EFA-01-13862	0.308 (Annual Avg)	mgd					Report Monthly	Calculated Roll An. Avg.
Flow	0.234					0		
Sample Measurement								
PARM Code 50050 1 Mon. Site No. EFA-01-13862	0.370 (Mo. Avg.)	mgd					Continuous	Flow meter and totalizer
CBODs						0		
Sample Measurement			4.7					
PARM Code 80082 Y Mon. Site No. EFA-01-13862			20.0 (An. Avg.)		MG/L		Report Monthly	Calculated Roll An. Avg.
CBODs						0		
Sample Measurement			2.1	2.2				
PARM Code 80082 1 Mon. Site No. EFA-01-13862			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour FPC
TSS						0		
Sample Measurement			6.6					
PARM Code 00530 Y Mon. Site No. EFA-01-13862			20.0 (An. Avg.)		MG/L		Report Monthly	Calculated Roll An. Avg.
TSS						0		
Sample Measurement			4.47	5.2				
PARM Code 00530 1 Mon. Site No. EFA-01-13862			30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour FPC

- Rolling Annual Average is the average of the current monthly average and the preceding 11 months' monthly average.
- Upon notification of completion of Part II slow-rate restricted-access sprayfield.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Dennis Muldoon / Senior Facilities Operator		352-302-8713	08/09/20
JOHN M. LIHVARCIL PRESIDENT		352-485-4028	08/09/20

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

Facility Name: Jasmine Lakes WWTP

PERMIT NUMBER: FLA012768

DISCHARGE POINT NO.: R001 (RIBs)

WAFR SITE No.: 37591

Parameter	Quantity of Loading	Units	Quality or Concentration			Units	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement		2.8				0	
Perm Code 31615 Y Mon. Site No. EFA-01-13862	Permit Requirement		200 (An. Avg.)			#/100mL		Report Monthly Calculated Roll An. Avg.
Fecal Coliform Bacteria	Sample Measurement		2.3	4.7	12.0		0	
Perm Code 31615 1 Mon. Site No. EFA-01-13862	Permit Requirement		Report (Mo. Geo. Mean)	400 (Mo. Avg.)	800 (max)	#/100mL		Every two weeks Grab
pH	Sample Measurement		7.3		7.5		0	
PARM Code 00400 A Mon. Site No. EFA-01-13862	Permit Requirement		6.0 (Min.)		8.5 (Max.)	S.U.		Daily, 5/wk Meter/Grab
TRC (For Disinfection)	Sample Measurement		1.2				0	
PARM Code 50060 A Mon. Site No. EFA-01-13862	Permit Requirement		0.5 (Min)			MG/L		Daily, 5/wk Meter/Grab
Nitrate (as N)	Sample Measurement				0.40		0	
PARM Code 00620 A Mon. Site No. EFA-01-13862	Permit Requirement				12.0 (max)	MG/L		Every Two Weeks Grab
	Sample Measurement							
	Permit Requirement							
CBO05	Sample Measurement						0	
PARM Code 80082 G Mon. Site No. INF-01-24863	Permit Requirement		297 Report (Mo. Avg.)			MG/L		Every two weeks 8-hour FPC
TSS	Sample Measurement		179				0	
PARM Code 00530 G Mon. Site No. INF-01-24863	Permit Requirement		Report (Mo. Avg.)			MG/L		Every two weeks 8-hour FPC

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's 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) month's averages.

3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100. Reported as a percent.

4 FPC - flow proportioned composite

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