

**PUTNAM COUNTY**

**Beecher's Point WTF  
Hermit's Cove  
Interlachen Lake Estates**

Docket No. 080121-WS

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

Florida

**Volume 5  
Book 2  
Set 12 of 16**

**Part 1 of 5**

**Containing:**  
Monthly Operating Reports  
Sample Results  
Permits  
Correspondence

DOCUMENT NUMBER-DATE

04326 MAY 22 88

FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc.



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

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

Consecutive System Name: Beecher's Point PWS Identification Number: 2540070

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

Number of Service Connections at End of Month: 54 Total Population Served at End of Month: 189

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Brian Heath Contact Person's Title: Area Manager

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

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

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

**II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:** **January, 2007**

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

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

**III. Certification by Authorized Representative**

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

Signature and Date:  2/2/07 DOCUMENT NUMBER - DATE A7251

04326 MAY 22 08 License Number or Title

Paul Thompson Printed or Typed Name



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

**I. General Water System Information for the Month/Year of:** **February, 2007**

Consecutive System Name: Beecher's Point PWS Identification Number: 2540070

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

Number of Service Connections at End of Month: 54 Total Population Served at End of Month: 189

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Brian Heath Contact Person's Title: Area Manager

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

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

Contact Person's E-Mail Address: beheath@aquaaamerica.com

**II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:** **February, 2007**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.5		17		
2	0.8		18		
3			19	0.6	
4			20		
5	0.8		21	0.6	
6	0.8		22		
7	0.5		23	0.5	
8			24		
9	0.5		25		
10			26	1.1	
11			27		
12	0.5		28	1.1	
13			29		
14	1.1		30		
15			31		
16	0.9				

**III. Certification by Authorized Representative**

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

Signature and Date: 3/7/07

Paul Thompson  
Printed or Typed Name

A7251  
License Number or Title



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

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

Consecutive System Name: Beecher's Point PWS Identification Number: 2540070

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

Number of Service Connections at End of Month: 54 Total Population Served at End of Month: 189

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Brian Heath Contact Person's Title: Area Manager

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

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

Contact Person's E-Mail Address: beheath@aguaamerica.com

**II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:** **March, 2007**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	0.8		18		
3			19	0.6	
4			20		
5	0.8		21	0.8	
6	0.6		22		
7	0.6		23	0.8	
8			24		
9	0.6		25		
10			26	1.0	
11			27		
12	0.8		28	0.9	
13			29		
14	0.7		30	0.9	
15			31		
16	0.8				

**III. Certification by Authorized Representative**

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

Signature and Date: 4/5/07

Printed or Typed Name: Paul Thompson

License Number or Title: A7251



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

**I. General Water System Information for the Month/Year of:** April, 2007

Consecutive System Name: Beecher's Point PWS Identification Number: 2540070

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

Number of Service Connections at End of Month: 54 Total Population Served at End of Month: 189

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Brian Heath Contact Person's Title: Area Manager

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

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

Contact Person's E-Mail Address: beheath@aquaaamerica.com

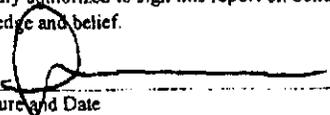
**II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:** April, 2007

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	1.0		18	1.0	
3	0.7		19		
4	0.5		20	0.6	
5			21		
6	0.6		22		
7			23	0.8	
8			24		
9	0.4		25	0.8	
10			26		
11	0.5		27	1.0	
12			28		
13	0.9		29		
14			30	0.8	
15			31		
16	0.8				

**III. Certification by Authorized Representative**

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

Signature and Date:  5/3/07

Printed or Typed Name: Paul Thompson

License Number or Title: A7251



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		May, 2007	
Consecutive System Name:	Beecher's Point	PWS Identification Number: 2540070	
Consecutive System Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month:	54	Total Population Served at End of Month:	189
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title: Area Manager	
Contact Person's Mailing Address:	PO Box 490310	City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		May, 2007	
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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.8		17		
2	1.0		18	0.8	
3			19		
4	1.2		20		
5			21	0.8	
6			22		
7	0.8		23	0.7	
8	1.3		24		
9	0.9		25	0.7	
10			26		
11	1.5		27		
12			28	0.6	
13			29		
14	1.3		30	0.6	
15			31		
16	1.0				

III. Certification by Authorized Representative

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

Signature and Date: 6/5/07

Paul Thompson  
Printed or Typed Name

A7251  
License Number or Title



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		<b>June, 2007</b>	
Consecutive System Name: <b>Beecher's Point</b>		PWS Identification Number: <b>2540070</b>	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: <b>54</b>		Total Population Served at End of Month: <b>189</b>	
Consecutive System Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		<b>June, 2007</b>	
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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.0		17		
2			18	0.7	
3			19		
4	0.7		20	0.9	
5	0.8		21	0.8	
6	1.0		22	0.7	
7			23		
8	1.2		24		
9			25	0.7	
10			26		
11	0.7		27	0.4	
12			28		
13	0.8		29	0.6	
14			30		
15	0.4		31		
16					

**III. Certification by Authorized Representative**

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

Signature and Date: 7/6/07

Printed or Typed Name: Paul Thompson

License Number or Title: A7251



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

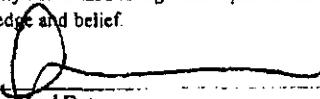
I. General Water System Information for the Month/Year of:		<b>July, 2007</b>	
Consecutive System Name: <b>Beecher's Point</b>		PWS Identification Number: <b>2540070</b>	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: <b>54</b>		Total Population Served at End of Month: <b>189</b>	
Consecutive System Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		<b>July, 2007</b>	
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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	0.4		18	0.5	
3			19	1.0	
4	0.4		20	0.9	
5			21		
6	0.5		22		
7			23	0.8	
8			24	0.7	
9	0.5		25	0.8	
10	0.6		26	0.9	
11			27	0.9	
12			28		
13	0.6		29		
14			30	0.9	
15			31	0.8	
16	0.5				

III. Certification by Authorized Representative

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

Signature and Date:  8/8/07

Printed or Typed Name: Paul Thompson

License Number or Title: A7251



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: <b>August, 2007</b>	
Consecutive System Name: <b>Beecher's Point</b>	PWS Identification Number: <b>2540070</b>
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: <b>54</b>	Total Population Served at End of Month: <b>189</b>
Consecutive System Owner: <b>Aqua Utilities Florida</b>	
Contact Person: <b>Brian Heath</b>	Contact Person's Title: <b>Area Manager</b>
Contact Person's Mailing Address: <b>PO Box 490310</b>	City: <b>Leesburg</b> State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>	Contact Person's Fax Number: <b>(352) 787-6333</b>
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>	

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: <b>August, 2007</b>	
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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.8		17	0.7	
2	0.8		18		
3	1.0		19		
4			20	0.8	
5			21	1.0	
6	0.8		22	0.8	
7	0.7		23	0.6	
8	0.8		24	0.8	
9	0.5		25		
10	0.2		26		
11			27	0.6	
12			28	0.7	
13	0.7		29	0.8	
14	0.8		30	0.7	
15	0.6		31	0.6	
16	0.6				

**III. Certification by Authorized Representative**

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

Signature and Date	<b>9/6/07</b> Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: <b>September, 2007</b>	
Consecutive System Name: <b>Beecher's Point</b>	PWS Identification Number: <b>2540070</b>
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: <b>54</b>	Total Population Served at End of Month: <b>189</b>
Consecutive System Owner: <b>Aqua Utilities Florida</b>	
Contact Person: <b>Brian Heath</b>	Contact Person's Title: <b>Area Manager</b>
Contact Person's Mailing Address: <b>PO Box 490310</b>	City: <b>Leesburg</b> State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>	Contact Person's Fax Number: <b>(352) 787-6333</b>
Contact Person's E-Mail Address: <b>beheath@aquaamerica.com</b>	

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: <b>September, 2007</b>	
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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	0.7	
2			18	0.5	
3	1.2		19	0.5	
4	0.9		20	0.5	
5	1.0		21	0.7	
6	0.7		22		
7	0.7		23		
8			24	0.7	
9			25	0.7	
10	0.7		26	0.7	
11	0.8		27	0.6	
12	0.8		28	0.6	
13	0.8		29		
14	0.8		30		
15			31		
16					

**III. Certification by Authorized Representative**

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

Signature and Date: 10/09/07      Printed or Typed Name: Paul Thompson      License Number or Title: A7251



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month Year of: <b>October, 2007</b>	
Consecutive System Name: <b>Beecher's Point</b>	PWS Identification Number: <b>2540070</b>
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: <b>53</b>	Total Population Served at End of Month: <b>189</b>
Consecutive System Owner: <b>Aqua Utilities Florida</b>	
Contact Person: <b>Brian Heath</b>	Contact Person's Title: <b>Area Manager</b>
Contact Person's Mailing Address: <b>PO Box 490310</b>	City: <b>Leesburg</b> State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>	Contact Person's Fax Number: <b>(352) 787-6333</b>
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>	

II. Daily Distribution System Disinfectant Residual Data for the Month Year of: <b>October, 2007</b>					
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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.6		17	0.5	
2	0.6		18		
3	0.7		19	0.6	
4	0.9		20		
5	0.7		21		
6			22	0.6	
7			23		
8	0.8		24	0.5	
9	0.4		25		
10	0.8		26	0.9	
11	0.6		27		
12	0.8		28		
13			29	0.8	
14			30		
15	0.6		31	1.0	
16					

III. Certification by Authorized Representative

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

Signature and Date: 11/8/07

Printed or Typed Name: Paul Thompson

License Number or Title: A7251



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

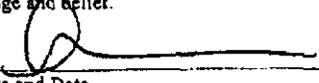
See Page 2 for Instructions.

<b>I. General Water System Information for the Month/Year of:</b>		<b>November, 2007</b>	
Consecutive System Name: <u>Beecher's Point</u>		PWS Identification Number: <u>2540070</u>	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: <u>53</u>		Total Population Served at End of Month: <u>189</u>	
Consecutive System Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>FL</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquaaamerica.com</u>			

<b>II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:</b>		<b>November, 2007</b>			
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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.9		17		
2	1.0		18		
3			19	1.2	
4			20		
5	1.0		21	1.4	
6	1.3		22		
7	1.0		23	1.9	
8			24		
9	1.2		25		
10			26	1.5	
11			27		
12	1.4		28	1.5	
13			29		
14	0.9		30	1.4	
15			31		
16	1.3				

**III. Certification by Authorized Representative**

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

 12/7/07  
Signature and Date

Paul Thompson  
Printed or Typed Name

A7251  
License Number or Title



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		<b>December, 2007</b>	
Consecutive System Name: <b>Beecher's Point</b>		PWS Identification Number: <b>2540070</b>	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: <b>53</b>		Total Population Served at End of Month: <b>189</b>	
Consecutive System Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aquaamerica.com</b>			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		<b>December, 2007</b>	
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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	1.1	
2			18		
3	1.5		19	1.3	
4	1.4		20		
5	1.3		21	1.4	
6			22		
7	1.4		23		
8			24	1.5	
9			25		
10	0.9		26	1.4	
11			27		
12	0.9		28	2.0	
13			29		
14	1.2		30		
15			31	1.8	
16					

**III. Certification by Authorized Representative**

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

Signature and Date: 01/09/08

Paul Thompson  
Printed or Typed Name

A7251  
License Number or Title



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		<b>January, 2006</b>	
Consecutive System Name: <b>Beecher's Point</b>		PWS Identification Number: <b>2540070</b>	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: <b>54</b>		Total Population Served at End of Month: <b>189</b>	
Consecutive System Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		<b>January, 2006</b>	
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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			1		
2	0.9		2	1.0	
3			3		
4	0.8		4	0.8	
5			5		
6	0.8		6		
7			7		
8			8	1.8	
9			9		
10	0.8		10		
11	0.8		11	1.0	
12			12		
13	0.8		13		
14			14		
15			15	0.8	
16	0.7		16		

III. Certification by Authorized Representative

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

Signature and Date:  2/7/06  
 Printed or Typed Name: Paul Thompson  
 License Number or Title: A7251



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

<b>I. General Water System Information for the Month/Year of</b>		<b>February, 2006</b>	
Consecutive System Name: <b>Beecher's Point</b>		PWS Identification Number: <b>2540070</b>	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: <b>54</b>		Total Population Served at End of Month: <b>189</b>	
Consecutive System Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aquaamerica.com</b>			

<b>II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:</b>		<b>February, 2006</b>	
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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.9		17	0.8	
2			18		
3	0.8		19		
4			20	0.7	
5			21		
6	0.8		22	0.7	
7	0.8		23		
8			24	0.8	
9	0.9		25		
10			26		
11			27	0.7	
12			28	0.5	
13	0.8		29		
14			30		
15	1.0		31		
16					

**III. Certification by Authorized Representative**

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

Signature and Date: 3/6/06

Paul Thompson  
Printed or Typed Name

A7251  
License Number or Title



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

<b>I. General Water System Information for the Month/Year of:</b>		<b>March, 2006</b>	
Consecutive System Name: <b>Beecher's Point</b>		PWS Identification Number: <b>2540070</b>	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: <b>54</b>		Total Population Served at End of Month: <b>189</b>	
Consecutive System Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>			

<b>II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:</b>		<b>March, 2006</b>			
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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.7		17	0.9	
2			18		
3	0.8		19		
4			20	0.8	
5			21		
6	1.3		22	1.0	
7			23		
8	1.4		24	0.7	
9	1.3		25		
10	1.3		26		
11			27	0.8	
12			28		
13	1.0		29	0.8	
14	0.8		30		
15			31	0.7	
16					

**III. Certification by Authorized Representative**

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

Signature and Date: 4/6/06

Paul Thompson  
Printed or Typed Name

A7251  
License Number or Title



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: <b>April, 2006</b>	
Consecutive System Name: <b>Beecher's Point</b>	PWS Identification Number: <b>2540070</b>
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: <b>54</b>	Total Population Served at End of Month: <b>189</b>
Consecutive System Owner: <b>Aqua Utilities Florida</b>	
Contact Person: <b>Brian Heath</b>	Contact Person's Title: <b>Area Manager</b>
Contact Person's Mailing Address: <b>PO Box 490310</b>	City: <b>Leesburg</b> State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>	Contact Person's Fax Number: <b>(352) 787-6333</b>
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>	

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: <b>April, 2006</b>	
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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	0.7	
2			18		
3	0.8		19	0.8	
4	0.8		20		
5			21	0.9	
6			22		
7	0.7		23		
8			24	0.8	
9			25	0.8	
10	0.8		26		
11			27	0.8	
12	1.0		28	0.8	
13			29		
14	0.6		30		
15			31		
16					

III. Certification by Authorized Representative

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

Signature and Date: 5/4/06

Paul Thompson  
Printed or Typed Name

A7251  
License Number or Title



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

<b>I. General Water System Information for the Month/Year of</b>		<b>May, 2006</b>	
Consecutive System Name: <b>Beecher's Point</b>		PWS Identification Number: <b>2540070</b>	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: <b>54</b>		Total Population Served at End of Month: <b>189</b>	
Consecutive System Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>			

<b>II. Daily Distribution System Disinfectant Residual Data for the Month/Year of</b>		<b>May, 2006</b>			
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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.7		17	0.8	
2	0.3		18		
3	1.0		19	0.7	
4	1.0		20		
5	0.7		21		
6			22	0.9	
7			23		
8	1.0		24	0.7	
9			25		
10	0.7		26	0.7	
11			27		
12	0.7		28		
13			29	0.8	
14			30		
15	0.8		31	0.7	
16					

**III. Certification by Authorized Representative**

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

Signature and Date: 6/6/06

Paul Thompson  
Printed or Typed Name

A7251  
License Number or Title



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

<b>I. General Water System Information for the Month/Year of:</b>		<b>June, 2006</b>	
Consecutive System Name: <b>Beecher's Point</b>		PWS Identification Number: <b>2540070</b>	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: <b>54</b>		Total Population Served at End of Month: <b>189</b>	
Consecutive System Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>			

<b>II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:</b>		<b>June, 2006</b>	
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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	1.0		18		
3			19	0.7	
4			20		
5	0.7		21	0.8	
6	0.8		22		
7	0.7		23	0.8	
8			24		
9	0.8		25		
10			26	0.8	
11			27		
12	0.8		28	0.8	
13			29		
14	0.8		30	0.8	
15			31		
16	0.8				

**III. Certification by Authorized Representative**

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

Signature and Date: 7/6/06

Paul Thompson  
Printed or Typed Name

A7251  
License Number or Title



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

<b>I. General Water System Information for the Month/Year of:</b>		<b>July, 2006</b>	
Consecutive System Name: <b>Beecher's Point</b>		PWS Identification Number: <b>2540070</b>	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: <b>54</b>		Total Population Served at End of Month: <b>189</b>	
Consecutive System Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aguaamerica.com</b>			

<b>II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:</b>		<b>July, 2006</b>	
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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	0.7	
2			18		
3	0.8		19		
4			20	0.5	
5	0.6		21	0.9	
6			22		
7	0.8		23		
8			24	0.4	
9			25	0.7	
10	0.6		26	0.3	
11			27		
12	0.8		28	1.0	
13			29		
14	0.7		30		
15			31	1.2	
16					

**III. Certification by Authorized Representative**

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

Signature and Date: **8/8/06**

**Paul Thompson**  
Printed or Typed Name

**A7251**  
License Number or Title



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

<b>I. General Water System Information for the Month/Year of:</b>		<b>August, 2006</b>	
Consecutive System Name: <b>Beecher's Point</b>		PWS Identification Number: <b>2540070</b>	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: <b>54</b>		Total Population Served at End of Month: <b>189</b>	
Consecutive System Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>			

<b>II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:</b>		<b>August, 2006</b>	
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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.8		17		
2	0.7		18	0.9	
3			19		
4	0.5		20		
5			21	0.7	
6			22		
7	1.0		23	0.9	
8			24		
9	1.3		25	0.6	
10			26		
11	0.8		27		
12			28	1.0	
13			29		
14	0.7		30	1.0	
15			31		
16	0.9				

**III. Certification by Authorized Representative**

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

Signature and Date	<b>9/6/06</b> Date	<b>Paul Thompson</b> Printed or Typed Name	<b>A7251</b> License Number or Title
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# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: <b>September, 2006</b>	
Consecutive System Name: <b>Beecher's Point</b>	PWS Identification Number: <b>2540070</b>
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: <b>54</b>	Total Population Served at End of Month: <b>189</b>
Consecutive System Owner: <b>Aqua Utilities Florida</b>	
Contact Person: <b>Brian Heath</b>	Contact Person's Title: <b>Area Manager</b>
Contact Person's Mailing Address: <b>PO Box 490310</b>	City: <b>Leesburg</b> State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>	Contact Person's Fax Number: <b>(352) 787-6333</b>
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>	

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: <b>September, 2006</b>	
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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.7		17		
2			18	1.7	
3			19		
4	1.2		20	1.5	
5	1.0		21		
6	1.0		22	0.8	
7			23		
8	0.5		24		
9			25	0.6	
10			26		
11	0.8		27	0.8	
12			28		
13	0.7		29	0.4	
14			30		
15	1.0		31		
16					

III. Certification by Authorized Representative

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

 Signature and Date	<b>10/4/06</b> Printed or Typed Name	<b>A7251</b> License Number or Title
------------------------	---	---



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

<b>I. General Water System Information for the Month/Year of:</b>		<b>October, 2006</b>	
Consecutive System Name: <b>Beecher's Point</b>		PWS Identification Number: 2540070	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: <b>54</b>		Total Population Served at End of Month: <b>189</b>	
Consecutive System Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aguaamerica.com</b>			

<b>II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:</b>		<b>October, 2006</b>	
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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			11		
2	0.7		12	0.6	
3	0.5		13	0.6	
4	0.8		14	0.7	
5			15	0.7	
6	0.7		16	0.7	
7			17	0.7	
8			18	0.7	
9	0.6		19	0.7	
10			20	0.7	
11	0.7		21	0.8	
12			22		
13	0.5		23		
14			24	0.7	
15			25		
16	0.7		26		

**III. Certification by Authorized Representative**

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

Signature and Date: 11/3/06

Paul Thompson  
Printed or Typed Name

A7251  
License Number or Title



# MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		<b>November, 2006</b>	
Consecutive System Name: Beecher's Point		PWS Identification Number: 2540070	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 54		Total Population Served at End of Month: 189	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		<b>November, 2006</b>	
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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.6		17	0.7	
2			18		
3	0.6		19		
4			20	0.4	
5			21		
6	0.7		22	0.7	
7			23		
8	0.6		24	0.6	
9			25		
10	0.5		26		
11			27	0.8	
12			28		
13	0.4		29	0.8	
14			30		
15	0.6		31		
16					

**III. Certification by Authorized Representative**

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

Signature and Date: 12/6/06

Paul Thompson  
Printed or Typed Name

A7251  
License Number or Title



## MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		<b>December, 2006</b>	
Consecutive System Name: <b>Beecher's Point</b>		PWS Identification Number: <b>2540070</b>	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: <b>54</b>		Total Population Served at End of Month: <b>189</b>	
Consecutive System Owner: <b>Aqua Utilities Florida</b>			
Contact Person: <b>Brian Heath</b>		Contact Person's Title: <b>Area Manager</b>	
Contact Person's Mailing Address: <b>PO Box 490310</b>		City: <b>Leesburg</b>	State: <b>FL</b> Zip Code: <b>34749</b>
Contact Person's Telephone Number: <b>(352) 787-0980</b>		Contact Person's Fax Number: <b>(352) 787-6333</b>	
Contact Person's E-Mail Address: <b>beheath@aquaaamerica.com</b>			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		<b>December, 2006</b>	
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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.4		17		
2			18	1.2	
3			19	0.7	
4	0.5		20		
5	0.7		21	0.6	
6	0.8		22		
7			23		
8	0.8		24		
9			25	0.6	
10			26		
11	0.8		27	0.7	
12			28		
13	0.9		29	0.7	
14			30		
15	0.8		31		
16					

**III. Certification by Authorized Representative**

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

Signature and Date: 1/8/07

Paul Thompson  
Printed or Typed Name

A7251  
License Number or Title

**DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT**

**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**

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 33936 FDOH # E85370  
 18331 Cortez Blvd. Brooksville, FL 3460 FDOH # E84418

5600 U.S. 1 North, Fort Pierce FL 34946  
Phone: (772) 463-2400, Ext. 285 Fax: (772) 467-5884

Lab Receipt Date and Time: 12/5/07 1230  
 Received for Laboratory By: [Signature]  
 Analysis Date and Time: 12/5/07 1205  
 Sample Acceptance Criteria:  
 Sample Preservation  On Ice  Not On Ice 8.0 °C  
 Disinfectant Check  Not Detected  >0.1 mg/l

HBEL Report Number: 2130099 Sub-Contract Lab ID: \_\_\_\_\_

Analysis Method Requested:  
 Colliert  Membrane Filtration PWS I.D. 2540070

System Name: Beechers Point  
 System Address: 1000 Front St

City: Weslaka System or Owner's Phone #: 386-329-1122 Fax #: 386-329-9977  
 Collector: R. Marriott Collector's Phone #: 386-937-0187

Relinquished By: R. Marriott Received By: [Signature] Relinquished By: [Signature]  
 Date/Time: 12-5-07 10<sup>00</sup> AM Date/Time: 12-5-07 1010 Date/Time: 12-5-07 1230

Type of Supply: (check only one)  
 Community Water System  Noncommunity Water System  Nontransient-Noncommunity Water System  Limited Use System  
 Private Well  Swimming Pool  Bottled Water  Other  
 Reason for Sampling: (check only one)  Routine Compliance  Repeat  Replacement  Main Clearance  Well Survey  Other

Sample Collection Date(s): 12-4-07

**LABORATORY CERTIFICATE OF ANALYSIS**

Total Coliform Analysis Method: (MF) SM9222B (Colliert) SM9223B				
Fecal (MF) SM9221E E. coli (MF) EC+MUG (Colliert) SM9223B				
Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. <sup>2</sup>	Lab Sample Number
	A			2130099001
	A			2130099002

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
14	1015 Front St.	2 <sup>10</sup> PM	D	1.3	
15	1603 Beecher Pt. A	2 <sup>20</sup>	D	1.3	

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.) 1.3

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other  
 Person performing analysis is:  
 A certified operator (# 025)  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  
Agua Utilities Fl.  
PO Box 490310  
Leesburg Fl. 34748



Page 1 of 1

Key: P - Present A - Absent C - Confluent Growth  
 TNTC - Too Numerous to Count TA - Turbid  
 L.C.A. - Absence of gas or acid  
 Report authorized by: [Signature] Analyst: Parly  
 Date: 12/5/07 Technical Director or Designee  
 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: \_\_\_\_\_

DOCUMENT NUMBER: 04326 MAY 28 80  
 FPSC - COMMISSION CLERK

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

Public Water System Information (to be completed by sampler)

System Name: Beecher's Point PWS ID #: 2540070

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity

Address: Front St

City: Webster State: FL ZIP Code: \_\_\_\_\_

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

E-Mail Address: na

Sample Information (to be completed by sampler)

Sample Number: 47613DW1 Location Code (if known): 156 Beechers Pt. Dr.

Sample Date: 9/19/07 Sample Time: 7:55 AM PM (circle one)

Sample Location (be specific): 156 Beecher's Point Dr.

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 0.8 mg/L Field pH: \_\_\_\_\_

Sample Type (check only one) Sample Reason(s) (check all that apply)

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Distribution                    | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (which quarter?) _____         |
| <input type="checkbox"/> Entry Point (for Distribution)             | <input type="checkbox"/> Confirmation of MCL Exceedance *            | <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 checked="" type="checkbox"/> Max Residence Time              | <input type="checkbox"/> Other: _____                                |   |
| <input type="checkbox"/> Avg Residence Time                         | Sampling Procedure Used or Other Comments: _____                     |   |
| <input type="checkbox"/> Near First Customer                        |  |   |

\* See 62-550.500(6) for requirements and restrictions. \*\* See 62-550.550(2) for requirements and attach a results page for each site.  
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrate MCL exceedances.

Sampler's Name: Paul Thompson  
Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333  
Sampler's E-Mail Address: na

Certification (to be completed by sampler)

Paul Thompson field coordinator  
(Print Name) (Print Title)

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

Signature: [Signature] Date: 9/19/07

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

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.  
Address: P. O. Box 150597  
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018  
Certification Expiration Date: 6/30/2008  
Phone #: 407-339-5984

Analysis Information (to be completed by lab)  
Sample Number: 47613DW1

Report Number: 47613  
Date Sample Received: 09/05/07

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics

- All 17  
 Partial  
 Nitrate  
 Nitrite  
 Asbestos

Volatile Organics

- All 21  Partial  
  
Synthetic Organics  
 All 30  Partial

Radionuclides

- Single Sample  
 Qtrly Composite\*\*  
  
Secondaries  
 All 14  Partial

Disinfection Byproducts

- Trihalomethanes  
 Haloacetic Acids  
 Bromate  
 Chlorite

Were any analyses subcontracted?  Yes  No

(If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Certification

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: 

Date: 09/13/07

\* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.

\*\* Please provide radiochemical sample dates and 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  
 Resample Requested (circle or highlight groups above)       Revised Report Requested (circle or highlight groups above)  
Reason(s):  Incomplete Report       Location Unsatisfactory       Analysis Unsatisfactory  
 Missing Analyte Sheet(s)       Other \_\_\_\_\_

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

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

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

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

Disinfection Byproducts: 62-550.310(3)    Lab ID: 47613DW1    PWS ID: 2540070    Sample ID: 156 Beechers Pt. Dr.

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	ug/L	2.00	U	EPA552.2	2.00	09/12/07		E83018
2451	Dichloroacetic Acid	N/A	ug/L	2.00	U	EPA552.2	2.00	09/12/07		E83018
2452	Trichloroacetic Acid	N/A	ug/L	0.500	U	EPA552.2	0.500	09/12/07		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.00	U	EPA552.2	1.00	09/12/07		E83018
2454	Dibromoacetic Acid	N/A	ug/L	8.12		EPA552.2	0.500	09/12/07		E83018
2456	HAA5	60	ug/L	8.12		EPA552.2	0.500	09/12/07		E83018
2941	Chloroform	N/A	ug/L	0.500	U	EPA502.2	0.500	09/06/07		E83018
2942	Bromoform	N/A	ug/L	17.2		EPA502.2	0.500	09/06/07		E83018
2943	Bromodichloromethane	N/A	ug/L	0.500	U	EPA502.2	0.500	09/06/07		E83018
2944	Dibromochloromethane	N/A	ug/L	5.27		EPA502.2	0.500	09/06/07		E83018
2950	Total Trihalomethanes	80	ug/L	22.4		EPA502.2	0.500	09/06/07		E83018

**Flowers Chemical Laboratories, Inc.**  
 481 Newburyport Ave.  
 Altamonte Springs, FL 32701  
 Bus: 407-339-5984  
 Fax: 407-260-8110

**Flowers Chemical Labs-South**  
 8253 South US Hwy. 1  
 Port St. Lucie, FL 34952  
 Bus: 772-343-8006  
 Fax: 772-343-8089

**Flowers Chemical Labs-North**  
 812 S.W. Harvey Greene Dr.  
 Madison, FL 32340  
 Bus: 850-973-6878  
 Fax: 850-973-6878



www.flowerslabs.com

Client: **AQUA UTILITIES PUTNAM** Project Name: **BEECHES POINT PWSID 2540070**  
 Address: **P.O. Box 490310** Contact: **PAUL THOMPSON** P.O.#  
**LEESBURG, FL 34749** FCL Lab Coordinator: **GO** **PICK UP**  
 Phone: **386-937-1143 FAX 386-329-9977** Requested Due Date:

Sampled By (PRINT): **PAUL THOMPSON**

Sampler Signature: *[Signature]* Date Sampled: **9/5/07**

GW - ground water DW - drinking water WW - wastewater  
 SW - surface water S - Soil/solid SL - sludge A - Air

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	MATRIX	LAB NO.	PRESERVATIVES					ANALYSES REQUEST	COMMENTS	Total #
						NONE	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	NH <sub>2</sub> SO <sub>4</sub>			
1	156 BEECHES PT. DL	9/5/07	7:55AM	DW	47613DW1				X	X	XX	44.1	3
2												ch. 198	
3												FIELD	
4												RESIDUALS	
5													
6													
7													
8													
9													
10													

Relinquished By / Affiliation: <i>[Signature]</i>	Date: 9/5/07	Time: 11:47	Accepted By / Affiliation: <i>[Signature]</i>	Date: 9-5	Time: 306	Accepted By / Affiliation: <i>[Signature]</i>	Date: 9/5/07	Time: 1512
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• WHITE - Original - To Be Returned

• YELLOW - Duplicate

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

Public Water System Information (to be completed by sampler)

System Name: Beecher's Point PWS ID #: 2540070

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
Address: front of

City: Delava State: FL ZIP Code: \_\_\_\_\_  
Phone #: 352-787-0980 Fax #: 352-787-6333  
E-Mail Address: na

Sample Information (to be completed by sampler)

Sample Number: 47218DW1 Location Code (if known): Interconnect  
Sample Date: 8/29/07 Sample Time: 01:50  AM  PM (circle one)  
Sample Location (be specific): \_\_\_\_\_  
Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

Sample Type (check only one) Sample Reason(s) (check all that apply)

<input type="checkbox"/> Distribution	<input checked="" type="checkbox"/> Routine Compliance (with 62-550)	<input type="checkbox"/> Quarterly (which quarter?) _____
<input checked="" type="checkbox"/> Entry Point (for Distribution), <u>Interconnect</u>	<input checked="" type="checkbox"/> Confirmation of MCL Exceedance *	<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"/> Avg Residence Time	Sampling Procedure Used or Other Comments: _____	
<input type="checkbox"/> Near First Customer		

\* See 62-550.500(6) for requirements and restrictions. \*\* See 62-550.550(2) for requirements and  
NOTE: See 62-550.512(3) for additional requirements attach a results page for each site.  
for nitrate or nitrate MCL exceedances.

Sampler's Name: Paul Thompson  
Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333  
Sampler's E-Mail Address: na

Certification (to be completed by sampler)

Paul Thompson field coordinator  
(Print Name) (Print Title)

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

Signature: [Signature] Date: 9/18/07

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

**Laboratory Certification Information** (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.  
Address: P. O. Box 150597  
Altamonte Springs, FL 32715-0597

Florida Certification #: EB3018  
Certification Expiration Date: 6/30/2008  
Phone #: 407-339-5984

**Analysis Information** (to be completed by lab)  
Sample Number: 47218DW1

Report Number: 47218  
Date Sample Received: 08/29/07

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics

All 17

Partial

Nitrate

Nitrite

Asbestos

Volatile Organics

All 21  Partial

Synthetic Organics

All 30  Partial

Radionuclides

Single Sample

Qtrly Composite \*\*

Secondaries

All 14  Partial

Disinfection Byproducts

Trihalomethanes

Haloacetic Acids

Bromate

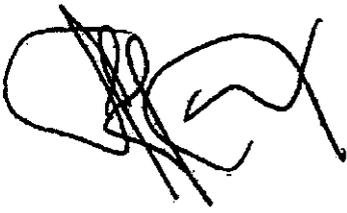
Chlorite

Were any analyses subcontracted?  Yes  No

(If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

**Certification**

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: 

Date: 09/08/07

\* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.

\*\* Please provide radiochemical sample dates and 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

Resample Requested (circle or highlight groups above)

Revised Report Requested (circle or highlight groups above)

Reason(s):  Incomplete Report

Location Unsatisfactory

Analysis Unsatisfactory

Missing Analyte Sheet(s)

Other \_\_\_\_\_

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

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

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

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

Inorganic Contaminants: 62-550.310(1)    Lab ID: 47218DW1    PWS ID: 2540070    Sample ID: Interconnect

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	0.0500	U	EPA300.0	0.0500	08/30/07	03:00 PM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	08/30/07	03:00 PM	E83018

**Flowers Chemical Laboratories, Inc.**  
 481 Newburyport Ave.  
 Altamonte Springs, FL 32701  
 Bus: 407-339-5984  
 Fax: 407-260-6110

**Flowers Chemical Labs-South**  
 8253 South US Hwy. 1  
 Port St. Lucie, FL 34952  
 Bus: 772-343-8006  
 Fax: 772-343-8089

**Flowers Chemical Labs-North**  
 812 S.W. Harvey Greene Dr.  
 Madison, FL 32340  
 Bus: 850-973-6878  
 Fax: 850-973-6878



www.flowerslabs.com

Client: **NOVA UTILITIES - PUTNAM COUNTY**  
 Address: **P.O. BOX 490310**  
**LEESBURG, FL 34748**  
 Phone: **386-937-1143 FAX 386-329-9977**  
 Sampled By (PRINT): **Paul Thompson**

Project Name: **BEECHES POINT PWS 10# 2540070**  
 Contact: **PAUL THOMPSON**  
 FCL Lab Coordinator: \_\_\_\_\_  
 Requested Due Date: **8/29**  
 P.O.#: **PICK UP**

Sampler Signature: *[Signature]* Date Sampled: **8/29/07**

GW - ground water DW - drinking water WW - wastewater  
 SW - surface water S - Soil/solid SL - sludge A - Air

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	MATRIX	LAB NO.	PRESERVATIVES					ANALYSES REQUEST	COMMENTS	Total #
						NONE	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>			
1	INTERCONNECT	8/29/07	11:50	SDW	47218DW1						X		
2													
3													
4													
5													
6													
7													
8													
9													
10													

Relinquished By / Affiliation: <i>[Signature]</i>	Date: 8/29/07	Time: 11:50	Accepted By / Affiliation: <i>[Signature]</i>	Date: 8-29	Time: 11:50	Relinquished By / Affiliation: <i>[Signature]</i>	Date: 8-29	Time: 2:37	Accepted By / Affiliation: <i>[Signature]</i>	Date: 8/29/07	Time: 1:41
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• WHITE - Original - To Be Returned

• YELLOW - Duplicate

Rev 10/05

Beecher's Hint



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

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

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

**SYSTEM NAME: Town of Welaka**

**SYSTEM PWS ID #: 2544392**

**REPORT DATE: 3/7/06**

**SUBMISSION #: 061306**

Dear Customer,

Please read the instructions following the checked box(es).

- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **DEP Central District**.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **DEP Southwest District**.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **DEP Northeast District**.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **Marion County DOH: (or other \_\_\_\_\_)**.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **DEP: \_\_\_\_\_**.
- We have also reported the results of these analyses to: \_\_\_\_\_.
- Complete the enclosed DEP Public Water System Sampler Information page and forward with a copy of the analytical report to your governing DEP agency.
- All results satisfactory.**
- Consult your governing agency or project engineer for interpretation.**

Please be sure to keep this report for at least nine (9) years in case compliance is ever questioned.  
If you have any questions please call Lisa Saupp at the telephone number indicated above.

**Thank you !**

**We appreciate your business !**



# AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

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

Total Number of Pages: 6

### LABORATORY CERTIFICATION INFORMATION

Laboratory Name: Aqua Pure Water & Sewage Service, Inc. Florida Certification #: E83265 Certification Expiration Date: 6/30/2006  
Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

### ANALYSIS INFORMATION

PWS ID: 2544382 System Name: Town of Welaka Sample Number: Not Provided  
Laboratory Assigned Submission Number: 061306 Date Sample(s) Received: 2/7/06

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.:  
Radionuclides, Single Sample Volatile Organics, All 21  
Inorganics, Partial  
Synthetic Organics, All Except Dioxin  
Secondaries, All 14

Subcontracted Laboratory DOH Certification Number(s): E83079 EL / E83033 FR Analyte Sheet(s) Attached

### CERTIFICATION

I, Lisa K. Saupp, Charles B. Saupp, or Michael Morse, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

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

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

Signature: Michael Morse

Date: March 7, 2006

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



# AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

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

System Name: Town of Welaka  
PWS ID: 2544392  
Submission Number: 061306

### INORGANIC CONTAMINANTS 62-550.310(1)

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	0.10	U	EPA353.2	0.10	2/7/06	3:53 PM	E83265
1041	Nitrite (as N)	1	mg/L	0.03	U	EPA353.2	0.03	2/7/06	3:53 PM	E83265
1005	Arsenic	0.01	mg/L	0.00028	I	E200.8	0.00013	2/17/06		E83079
1010	Barium	2	mg/L	0.0047	I	E200.7	0.00039	2/13/06		E83079
1015	Cadmium	0.005	mg/L	0.00032	U	E200.7	0.00032	2/13/06		E83079
1020	Chromium	0.1	mg/L	0.00059	U	E200.7	0.00059	2/13/06		E83079
1024	Cyanide	0.2	mg/L	0.0027	U	E335.4	0.0027	2/13/06		E83079
1025	Fluoride	4.0	mg/L	0.25	U	SM4500FC	0.25	2/13/06		E83265
1030	Lead	0.015	mg/L	0.00031	I	E200.8	0.00038	2/17/06		E83079
1035	Mercury	0.002	mg/L	0.000012	U	E245.1	0.000012	2/10/06		E83079
1036	Nickel	0.1	mg/L	0.0012	U	E200.7	0.0012	2/13/06		E83079
1045	Selenium	0.05	mg/L	0.00020	I	E200.8	0.00013	2/17/06		E83079
1052	Sodium	160	mg/L	49		E200.7	0.22	2/13/06		E83079
1074	Antimony	0.006	mg/L	0.00040	U	E200.8	0.00040	2/17/06		E83079
1075	Beryllium	0.004	mg/L	0.00015	U	E200.7	0.00015	2/13/06		E83079
1085	Thallium	0.002	mg/L	0.00012	U	E200.8	0.00012	2/17/06		E83079

U - The parameter was analyzed but not detected.

I - Analyte detected below quantitation limits.



# AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

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

System Name: Town of Welaka  
PWS ID: 2544382  
Submission Number: 081306

### SECONDARY CONTAMINANTS 62-550.320

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1002	Aluminum	0.2	mg/L	0.0059	U	E200.8	0.0059	2/17/06		E83079
1017	Chloride	250	mg/L	92.7		EPA325.2	5.00	2/20/06		E83265
1022	Copper	1	mg/L	0.0019		E200.8	0.00037	2/17/06		E83079
1025	Fluoride	2.0	mg/L	0.25	U	SM4500FC	0.25	2/13/06		E83265
1028	Iron	0.3	mg/L	0.014	U	E200.7	0.014	2/13/06		E83079
1032	Manganese	0.05	mg/L	0.00087	U	E200.7	0.00087	2/13/06		E83079
1050	Silver	0.1	mg/L	0.0011	U	E200.7	0.0011	2/13/06		E83079
1055	Sulfate	250	mg/L	17.5		EPA375.2	5.00	2/20/06		E83265
1095	Zinc	5	mg/L	0.0044	U	E200.7	0.0044	2/13/06		E83079
1905	Color	15	CU	1	U	SM2120B	1	2/7/06	3:50 PM	E83265
1920	Odor	3	TON	2.0		SM2150B	1.0	2/8/06	11:00	E83079
1925	pH (Field)	6.5 - 8.5	SU	7.8		Field	Field	2/7/06		Field
1930	Total Dissolved Solids	500	mg/L	263		SM2540C	10	2/9/06		E83265
2905	Foaming Agents	0.5	mg/L	0.030	I	SM5540C	0.024	2/8/06	20:33	E83079

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I - Analyte detected below quantitation limits.



# AQUA PURE WATER & SEWAGE SERVICE, INC.

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

(352) 825-2822  
FAX (352) 825-6638

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

System Name: Town of Welaka

PWS ID: 2544392

Submission Number: 061306

### RADIONUCLIDES

62-550.310(6)

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Cert #
4000	Gross Alpha (Excl Uranium)	15	pCi/L	2.5	U	900.0	2.6	1	1.7	2/21/06		E83033
4030	Radium-228	5	pCi/L	0.9	U	Ra-05	0.9	1	0.6	2/24/06		E83033

U - The parameter was analyzed but not detected.



# AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

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

System Name: Town of Welaka  
PWS ID: 2544392  
Submission Number: 061306

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

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert #
2378	1,2,4-trichlorobenzene	70	µg/L	0.10	U	E524.2	0.10	0.50	2/18/06		E83079
2380	Cis-1,2-dichloroethylene	70	µg/L	0.11	U	E524.2	0.11	0.50	2/18/06		E83079
2955	Xylenes (total)	10000	µg/L	0.16	I	E524.2	0.13	0.50	2/18/06		E83079
2964	Dichloromethane	5	µg/L	0.27	U	E524.2	0.27	0.50	2/18/06		E83079
2968	o-Dichlorobenzene	600	µg/L	0.070	U	E524.2	0.070	0.50	2/18/06		E83079
2969	p-Dichlorobenzene	75	µg/L	0.070	U	E524.2	0.070	0.50	2/18/06		E83079
2976	Vinyl Chloride	1	µg/L	0.17	U	E524.2	0.17	0.50	2/18/06		E83079
2977	1,1-dichloroethylene	7	µg/L	0.22	U	E524.2	0.22	0.50	2/18/06		E83079
2979	Trans-1,2-dichloroethylene	100	µg/L	0.13	U	E524.2	0.13	0.50	2/18/06		E83079
2980	1,2-dichloroethane	3	µg/L	0.13	U	E524.2	0.13	0.50	2/18/06		E83079
2981	1,1,1-trichloroethane	200	µg/L	0.080	U	E524.2	0.080	0.50	2/18/06		E83079
2982	Carbon tetrachloride	3	µg/L	0.12	U	E524.2	0.12	0.50	2/18/06		E83079
2983	1,2-dichloropropane	5	µg/L	0.090	U	E524.2	0.090	0.50	2/18/06		E83079
2984	Trichloroethylene	3	µg/L	0.14	U	E524.2	0.14	0.50	2/18/06		E83079
2985	1,1,2-trichloroethane	5	µg/L	0.080	U	E524.2	0.080	0.50	2/18/06		E83079
2987	Tetrachloroethylene	3	µg/L	0.090	U	E524.2	0.090	0.50	2/18/06		E83079
2989	Monochlorobenzene	100	µg/L	0.080	U	E524.2	0.080	0.50	2/18/06		E83079
2990	Benzene	1	µg/L	0.12	U	E524.2	0.12	0.50	2/18/06		E83079
2991	Toluene	1000	µg/L	0.080	U	E524.2	0.060	0.50	2/18/06		E83079
2992	Ethylbenzene	700	µg/L	0.30	U	E524.2	0.30	0.50	2/18/06		E83079
2996	Styrene	100	µg/L	0.080	U	E524.2	0.080	0.50	2/18/06		E83079

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I - Analyte detected below quantitation limits.



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

System Name: Town of Welaka

PWS ID: 2544392

Submission Number: 061306

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

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Cert #
2005	Endrin	2	µg/L	0.0080	U	E508.1	0.0080	0.01	2/11/06	2/22/06		E83079
2010	Lindane	0.2	µg/L	0.0060	U	E508.1	0.0060	0.02	2/11/06	2/22/06		E83079
2015	Methoxychlor	40	µg/L	0.0090	U	E508.1	0.0090	0.1	2/11/06	2/22/06		E83079
2020	Toxaphene	3	µg/L	0.11	U	E508.1	0.11	1.0	2/11/06	2/22/06		E83079
2031	Dalapon	200	µg/L	0.96	U	E515.3	0.96	1.0	2/9/06	2/10/06		E83079
2032	Diquat	20	µg/L	0.35	U	E549.2	0.35	0.4	2/10/06	2/14/06		E83079
2033	Endothal	100	µg/L	4.4	U	E548.1	4.4	9.0	2/10/06	2/14/06		E83079
2034	Glyphosate	700	µg/L	4.1	U	E547	4.1	6.0	2/20/06	2/20/06		E83079
2035	Di(2-ethylhexyl)adipate	400	µg/L	0.23	U	E525.2	0.23	0.6	2/13/06	2/15/06		E83079
2036	Oxamyl (Vydate)	200	µg/L	0.72	U	E531.1	0.72	2.0	2/17/06	2/18/06		E83079
2037	Simazine	4	µg/L	0.24	U	E508.1	0.24	0.07	2/11/06	2/22/06		E83079
2039	Di(2-ethylhexyl)phthalate	6	µg/L	0.50	U	E525.2	0.50	0.6	2/13/06	2/15/06		E83079
2040	Picloram	500	µg/L	0.071	U	E515.3	0.071	0.1	2/9/06	2/10/06		E83079
2041	Dinoseb	7	µg/L	0.11	U	E515.3	0.11	0.2	2/9/06	2/10/06		E83079
2042	Hexachlorocyclopentadiene	50	µg/L	0.018	U	E508.1	0.018	0.1	2/11/06	2/22/06		E83079
2046	Carbofuran	40	µg/L	0.69	U	E531.1	0.69	0.9	2/17/06	2/18/06		E83079
2050	Atrazine	3	µg/L	0.13	U	E508.1	0.13	0.1	2/11/06	2/22/06		E83079
2051	Alachlor	2	µg/L	0.023	U	E508.1	0.023	0.2	2/11/06	2/22/06		E83079
2065	Heptachlor	0.4	µg/L	0.0080	U	E508.1	0.0080	0.04	2/11/06	2/22/06		E83079
2067	Heptachlor Epoxide	0.2	µg/L	0.0060	U	E508.1	0.0060	0.02	2/11/06	2/22/06		E83079
2105	2,4-D	70	µg/L	0.070	U	E515.3	0.070	0.1	2/9/06	2/10/06		E83079
2110	2,4,5-TP (Silvex)	50	µg/L	0.015	U	E515.3	0.015	0.2	2/9/06	2/10/06		E83079
2274	Hexachlorobenzene	1	µg/L	0.0080	U	E508.1	0.0080	0.1	2/11/06	2/22/06		E83079
2306	Benzo(a)pyrene	0.2	µg/L	0.078	U	E525.2	0.078	0.02	2/13/06	2/15/06		E83079
2326	Pentachlorophenol	1	µg/L	0.010	U	E515.3	0.010	0.04	2/9/06	2/10/06		E83079
2383	Polychlorinated biphenyls (PCBs)	0.5	µg/L	0.10	U	E508.1	0.10	0.1	2/11/06	2/22/06		E83079
2831	Dibromochloropropane	0.2	µg/L	0.0055	U	E504.1	0.0055	0.02	2/15/06	2/16/06		E83079
2846	Ethylene Dibromide	0.02	µg/L	0.0099	U	E504.1	0.0099	0.01	2/15/06	2/16/06		E83079
2959	Chlordane	2	µg/L	0.080	U	E508.1	0.080	0.2	2/11/06	2/22/06		E83079

U - The parameter was analyzed but not detected.



# AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40  
Silver Springs, Florida 34488  
(352) 625-2822 • FAX (352) 625-6638

#061306

- PO# 744772 -

## POTABLE: CHAIN OF CUSTODY

### THIS SECTION TO BE COMPLETED BY THE CUSTOMER

Information from this Chain of Custody will be used to generate the final report on your sample and will become a permanent part of our files. It is essential that you complete ALL applicable blanks in order for us to generate an accurate report.

Client Name: Town of Welaka  
Mailing Address: P.O. Box 1098  
Welaka, FL 32193  
Telephone: (386) 467-9800

**PUBLIC WATER SYSTEM INFORMATION:**  
System Name: Town of Welaka PWS ID No. 2544392  
Physical Address: Citrus Circle Phone No. same

Type (check box):  Community  Nontransient Noncommunity  Private  
 Noncommunity  HRS 10 D-4

**SAMPLE INFORMATION:**  
Date and Hour Sampled: 2-7-06 11:00 to 11:35  
Sample Location (be specific): Point of Entry  
Sampler Name and Phone (please print): Charles Henderson (386) 467-9800  
Signature: Charles Henderson Title: C operator

Type (check box):  Distribution  THM Max Res. Time  
 Recheck of MCL  Composite of Multiple Sites  
 Resample — Lab Invalidated  Distribution Entry Point  
 Clearance  Flow  Plant Tap

**SAMPLE CUSTODY:**

Signature	Date	Time	Condition
<u>Charles Henderson</u>	<u>2-7-06</u>	<u>11:45</u>	<u>Filled</u>
<u>Terry Jordan</u>	<u>2-7-06</u>	<u>12:09</u>	

**PARAMETERS REQUESTED (check box):**  
 Radiochemicals:  
 Gross Alpha  Others: Ra229  
 Group I Unregulated:  
 All 13  Partial:  
 Group II Unregulated:  
 All 23  Partial:  
 Group III Unregulated:  
 All 11  Partial:  
 Inorganics:  
 All 17  Partial: All Except Asbestos  
 Pesticides and PCBs:  
 All 30  Partial: All Except Dioxin  
 Secondaries:  
 All 14  Partial:  
 Trihalomethanes:  
 All 4  Partial:  
 t-THM Potential  
 Volatile Organics:  
 All 21  Partial:  
 Miscellaneous:

**FIELD TEST RESULTS (if applicable):**  
Chlorine Residual: 1.2 pH: 7.8  
Dissolved Oxygen: \_\_\_\_\_ Temperature: \_\_\_\_\_  
Performed By: Charles Henderson Date: 2-7-06

### FOR LABORATORY USE ONLY

Received By: M. Mon Date: 2-7-06 Time: 1:10pm Condition: Good / Filled  
Lab Number: 061306  
Comments: Temp = 7 C

Subcontracted To: \_\_\_\_\_  
Date Out: \_\_\_\_\_  
Parameters: \_\_\_\_\_  
Preservative: \_\_\_\_\_

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

#061301

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

System Name: Town of Welaka PWS I.D. #: 

2	5	4	4	3	9	2
---	---	---	---	---	---	---

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity

Address: P.O. Box 1098 (Citrus Circle)

City: Welaka State: FL ZIP Code: 32193

Phone #: (386) 467-9800 Fax #: \_\_\_\_\_

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

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

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

Sample Date: 2-7-06 Sample Time: 11:00 to 11:35 AM PM (Circle One)

Sample Location (be specific): Distribution entry point

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.2 mg/L Field pH: 7.8

Sample Type (Check Only One)

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

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

- Routine Compliance (with 62-550)  Quarterly (Which Quarter? \_\_\_\_\_)
- Confirmation of MCL Exceedance\*
- Special (not for compliance with 62-550)
- Composite of Multiple Sites\*\*
- Violation Resolution
- Clearance (permitting)
- Replacement (of Invalidated Sample)
- Other: \_\_\_\_\_

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

\*See 62-550.500(6) for requirements and restrictions.  
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Charles Henderson

Sampler's Phone #: (386) 467-9800 Sampler's Fax #: \_\_\_\_\_

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

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

I, Charles Henderson (Print Name), C operator (Print Title)

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

Signature: Charles Henderson Date: 2-7-06



# Florida Department of Environmental Protection

Northeast District  
7825 Baymeadows Way, Suite B200  
Jacksonville, Florida 32256-7590  
Phone: 904/807-3300 • Fax: 904/448-4366

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

June 20, 2007

SENT VIA E-MAIL: CMMcClure@aquaamerica.com

Ms. Candice M. McClure  
Aqua Utilities Florida  
Post Office Box 490310  
Leesburg, FL 34749

Putnam County - Potable Water  
Sanitary Survey 2007  
Beecher's Point Subdivision WTP // PWS ID: 2540070

Dear Ms. McClure:

On March 21, 2007, a Sanitary Survey of the above referenced Consecutive Community water system was conducted. The Department is pleased to inform you that the above referenced facility is in compliance with the Florida Safe Drinking Water Act, Sections 403, Florida Statutes (FS), and the rules promulgated thereunder, Florida Administrative Code (FAC) Title 62.

The Consumer Confidence Report is to be delivered to the customers before, or on July 1, 2007. Please submit a copy of the published Consumer Confidence Report with the Certification of Delivery to the Department by August 10, 2007. As a reminder, this system is required to monitor for the following parameters during 2007: Nitrate/Nitrite, Disinfection By-Products (July - September) and Total Coliform Bacteria with Residual Disinfectant Levels on a monthly basis.

Please contact me at (904) 807-3334 or Benjamin.Piltz@dep.state.fl.us if you have any questions.

Sincerely,

Ben Piltz  
Environmental Specialist I

BRR: BLP: bp

cc: Patrick Farris, Compliance Specialist, Aqua Utilities, PAFarris@aquaamerica.com  
Paul Thompson, Operator, Aqua Utilities, PDThompson@aquaamerica.com

Enclosure: Sanitary Survey

State of Florida  
 Department of Environmental Protection  
 Northeast District  
**SANITARY SURVEY REPORT**

Plant Name Beecher's Point Subdivision County Putnam PWS ID # 2540070  
 Plant Location 1055 Front Street, Crescent City, FL 32112 Phone N/A  
 Owner Name Candice McClure//Aqua Utilities Phone (352) 435-4020  
 Owner Address P. O. Box 490310, Leesburg, FL 34749  
 Designated Rep. Patrick Farris Title Env. Compliance Phone (352) 435-4029  
 Facility Contact Paul Thomson Title Operator Phone (386) 325-6601  
 This Survey Date 3/21/07 Last Survey Date 3/3/04 Last C.I. Date 3/15/06

**PWS TYPE & CLASS:** Community - (4D)

**SERVICE AREA CHARACTERISTICS**

Residential  
Consecutive System//Welaka WTP  
 Food Service:  Yes  No  N/A

**GENERAL INFORMATION**

Number of Service Connections 54  
 Population Served 189 Basis PW Database  
 Plant Design Capacity N/A  
 Basis Consecutive System  
 Average Day (from MORs) -  
 Max. Day (from MORs) -  
 Total Storage Capacity 400,000 gallons  
 Comments Total Storage is amount purchased by Aqua Utilities for April 2007.

**LOCATION**

Latitude 29° 28' 31" North  
 Longitude 81° 40' 24" West  
 GPS: No Date: \_\_\_\_\_  
 Directions Take I 95 south to exit 311 (FL-207). Head west towards East Palatka. Turn left (south) on US Hwy 17. In ~20 miles, turn right on County Road 309. Turn right on Elm St and left on Front Street. System is on the south side of the bridge.

**OPERATION & MAINTENANCE**

Certified Operator:  Yes  No  Not required  
 Operator(s) & Certification Class-Number  
Paul Thompson A-7251

O & M Log:  Yes  No  Not required  
 Operator Visitation Frequency  
 Hrs/day: Required \_\_\_\_\_ Actual \_\_\_\_\_  
 Days/wk: Required 2 Actual 2  
 Non-consecutive Days?  Yes  No  N/A  
 MORs submitted regularly?  Yes  No  N/A  
 Data missing from MORs?  No  Yes  N/A  
Logs are stored in the mailbox at the facility

**RAW WATER SOURCE**

GROUND; Number of Wells \_\_\_\_\_  
 SURFACE/UDI; Source \_\_\_\_\_  
 PURCHASED from PWS ID # 2544392  
 Emergency Water Source  
 Emergency Water Capacity \_\_\_\_\_

**AUXILIARY POWER SOURCE**

Yes  None  Not Required  
 Source \_\_\_\_\_  
 Capacity of Standby (kW) \_\_\_\_\_  
 Switchover:  Automatic  Manual  
 Standby Plan:  Yes  No  
 Hrs Operated Under Load \_\_\_\_\_  
 What equipment does it operate?  
 Well pumps \_\_\_\_\_  
 High Service Pumps \_\_\_\_\_  
 Treatment Equipment \_\_\_\_\_  
 Satisfy 1/2 max-day demand?  Yes  No  Unk  
 Comments \_\_\_\_\_

**TREATMENT PROCESSES IN USE**

Consecutive System-No additional treatment  
 What additional treatment is needed?  
 \_\_\_\_\_  
 For control of what deficiencies?  
 \_\_\_\_\_

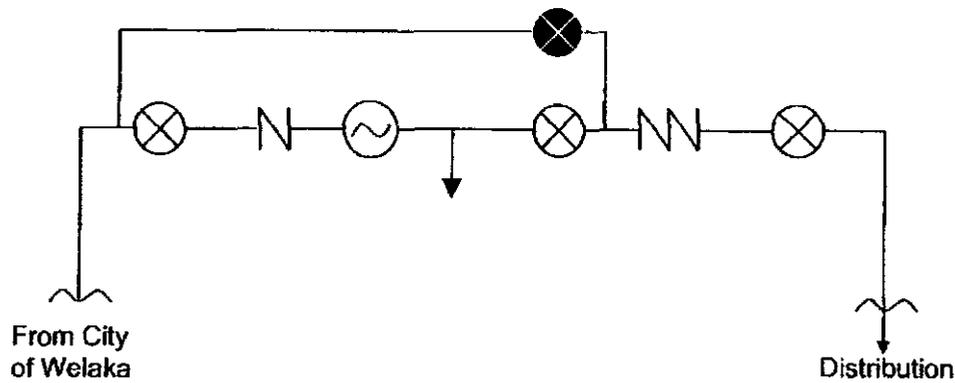
**DISTRIBUTION SYSTEM**

Flow Measuring Device Flow Meter  
 Meter Size & Type Sensor Meter, 6"  
 Backflow Prevention Devices:  Yes  No  
 Cross-connections None observed  
 Written Cross-connection Control Program: Yes  
 Coliform Sampling Plan:  Yes  No  
 Comments \_\_\_\_\_

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS			
CONTAMINANT	Last Sampled	Due Date	COMMENTS
Microbiological (Bacteria)	xxxxxxx	Monthly	2 distribution samples (distribution number based upon the population served)
Disinfectant Levels	xxxxxxx	Monthly	2 field readings (i.e. one taken with each microbiological sample that is taken from the distribution system). <b>Only report the quarterly averages of the monthly readings.</b>
Disinfection Byproducts (DBPs)	2004	2007	Total Trihalomethanes (TTHMs) & Haloacetic Acids (HAA5s) taken in accordance with your D/DBPR Monitoring Plan.
Lead and Copper	2005	2008	Samples taken from pre-approved sample plan sites.

Unless otherwise noted, all samples shall be representative of each source after treatment.

**SCHEMATIC (not to scale):**





**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**

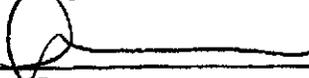
PWS Name:	Hermit's Cove			PWS Identification Number:	2540482
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	186			Total Population Served at End of Month:	558
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	bheath@aquaamerica.com				

**B. Water Treatment Plant Information**

Plant Name:	Hermit's Cove			Plant Telephone Number:	(352) 787-0980
Plant Address:	Buffalo Bluff Road	City:	Satsuma	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:	187,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	
				C	
<b>Licensed Operators</b>	<b>Name</b>	<b>License Class</b>	<b>License Number</b>	<b>Day(s) Shift(s) Worked</b>	
Lead/Chief Operator	Paul Thompson	A	7251	Days 1st Shift	
Other Operators	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

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

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

Signature and Date:  2/7/07 Paul Thompson  
 DOCUMENT NUMBER - DATE or Typed Name  
 License Number: A7251



**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, 2007

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

PWS Name:	Hermit's Cove	PWS Identification Number:	2540482
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:	186	Total Population Served at End of Month:	558
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquamerica.com		

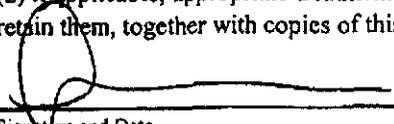
**B. Water Treatment Plant Information**

Plant Name:	Hermit's Cove	Plant Telephone Number:	(352) 787-0980
Plant Address:	Buffalo Bluff Road	City:	Satsuma
		State:	Florida
		Zip Code:	32189
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:	187,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

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

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

Signature and Date:  3/7/07

Paul Thompson  
Printed or Typed Name

A7251  
License Number

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

PWS Identification Number: 2540482 Plant Name: Hermit's Cove

III. Daily Data for the Month/Year 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 Staffed or Visited by Operator (Place 'X')	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	27,400		2.5										1.8
2	X	24.0	28,800		2.0										1.0
3		24.0	33,600												
4		24.0	33,600												
5	X	24.0	33,600		2.5										1.3
6	X	24.0	32,800		3.0										2.2
7	X	24.0	34,600		1.3										0.9
8	X	24.0	37,500		1.7										0.9
9	X	24.0	39,400		3.0										1.0
10		24.0	40,500												
11		24.0	40,500												
12	X	24.0	40,500		1.5										1.4
13	X	24.0	34,600		1.2										0.8
14	X	24.0	41,000		1.3										0.8
15	X	24.0	42,100		2.5										1.2
16	X	24.0	39,800		1.5										1.0
17		24.0	42,267												
18		24.0	42,267												
19	X	24.0	42,267		2.0										1.2
20	X	24.0	44,400		1.8										1.0
21	X	24.0	36,500		3.0										1.8
22	X	24.0	38,500		3.0										2.0
23	X	24.0	30,000		2.0										1.8
24		24.0	24,433												
25		24.0	24,433												
26	X	24.0	24,433		2.2										1.8
27	X	24.0	25,000		2.5										1.5
28	X	24.0	29,600		2.8										1.8
29		24.0													
30		24.0													
31		24.0													
Total			984,400												
Average			31,755												
Maximum			44,400												

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

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



See Pages 4 for Instructions.

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

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

PWS Name: Hermit's Cove		PWS Identification Number: 2540482	
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: 186		Total Population Served at End of Month: 558	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
		Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Hermit's Cove		Plant Telephone Number: (352) 787-0980	
Plant Address: Buffalo Bluff Road		City: Satsuma	State: Florida
		Zip Code: 32189	
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: 187,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number: Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251 Days 1st Shift
Other Operators:	David Haring	C	14091 Days 1st Shift
	Ralph Marriott	C	7527 Days 1st Shift

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

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

4/5/07  
 \_\_\_\_\_  
 Signature and Date

Paul Thompson  
 \_\_\_\_\_  
 Printed or Typed Name

A7251  
 \_\_\_\_\_  
 License Number

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

PWS Identification Number: 2540482 Plant Name: Hermit's Cove

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 Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>		
1	X	24.0	14,800		1.1							0.9	
2	X	24.0	25,100		1.9							1.3	
3		24.0	23,200										
4		24.0	23,200										
5	X	24.0	23,200		1.8							1.2	
6	X	24.0	23,800		2.5							1.5	
7	X	24.0	29,000		1.4							0.9	
8	X	24.0	33,800		2.5							1.5	
9	X	24.0	20,000		1.8							1.5	
10		24.0	27,267										
11		24.0	27,267										
12	X	24.0	27,267		3.0							2.5	
13	X	24.0	24,500		3.5							2.8	
14	X	24.0	25,600		2.3							1.8	
15	X	24.0	40,300		1.3							0.8	
16	X	24.0	19,700		2.0							1.0	
17		24.0	24,600										
18		24.0	24,600										
19	X	24.0	24,600		3.0							1.0	
20	X	24.0	19,400		1.8							2.0	
21	X	24.0	27,700		2.5							1.3	
22	X	24.0	20,700		3.0							2.1	
23	X	24.0	25,900		1.4							1.5	
24		24.0	27,267										
25		24.0	27,267										
26	X	24.0	27,267		2.5							3.0	
27	X	24.0	20,900		3.0							2.5	
28	X	24.0	31,100		3.5							0.8	
29	X	24.0	31,500		3.0							2.5	
30	X	24.0	20,200		1.2							3.0	
31		24.0	28,333										
Total			789,333										
Average			25,462										
Maximum			40,300										

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

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



See Pages 4 for Instructions.

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

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

PWS Name:	Hermit's Cove	PWS Identification Number:	2540482
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:	186	Total Population Served at End of Month:	558
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	bheath@aquaaamerica.com		

**B. Water Treatment Plant Information**

Plant Name:	Hermit's Cove	Plant Telephone Number:	(352) 787-0980
Plant Address:	Buffalo Bluff Road	City:	Satsuma
		State:	Florida
		Zip Code:	32189
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:	187,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s)/ Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

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

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

 5/3/07  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number

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

PWS Identification Number: 2540482 Plant Name: Hermit's Cove

**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*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	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>	Temp of Water, °C		
1		24.0	42,500										
2	X	24.0	42,500		1.5							1.0	
3	X	24.0	27,300		2.0							1.0	
4	X	24.0	26,100		3.5							1.9	
5	X	24.0	23,000		2.0							1.3	
6	X	24.0	26,400		1.3							0.8	
7		24.0	25,700										
8		24.0	25,700										
9	X	24.0	25,700		3.5							2.8	
10	X	24.0	19,200		3.5							3.0	
11	X	24.0	23,200		3.5							3.0	
12	X	24.0	18,000		3.5							3.0	
13	X	24.0	23,800		1.2							0.8	
14		24.0	20,850										
15	X	24.0	20,850		2.5							1.1	
16	X	24.0	22,400		1.4							0.8	
17	X	24.0	18,200		2.0							1.0	
18	X	24.0	23,700		3.5							2.5	
19	X	24.0	18,300		1.8							1.2	
20	X	24.0	20,400		1.8							1.0	
21		24.0	24,000										
22		24.0	24,000										
23	X	24.0	24,000		1.2							0.6	
24	X	24.0	18,600		1.5							0.4	
25	X	24.0	24,200		1.0							0.4	
26	X	24.0	22,700		1.0							0.4	
27	X	24.0	22,400		1.8							0.7	
28		24.0	27,433										
29		24.0	27,433										
30	X	24.0	27,433		1.5							0.3	
31		24.0											
Total			736,000										
Average			23,742										
Maximum			42,500										

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

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



See Pages 4 for Instructions.

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

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

PWS Name:	Hermit's Cove	PWS Identification Number:	2540482
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:	186	Total Population Served at End of Month:	558
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	Florida
Contact Person's E-Mail Address:	beheath@aguaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

**B. Water Treatment Plant Information**

Plant Name:	Hermit's Cove	Plant Telephone Number:	(352) 787-0980
Plant Address:	Buffalo Bluff Road	City:	Satsuma
		State:	Florida
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	Zip Code:	32189
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	187,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

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

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


6/5/07
Paul Thompson
A7251

Signature and Date Printed or Typed Name License Number

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

PWS Identification Number: 2540482 Plant Name: Hermit's Cove

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*										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	34,400		1.2									0.4	
2	X	24.0	27,300		3.5									2.8	
3	X	24.0	30,600		3.5									2.5	
4	X	24.0	28,300		2.5									2.0	
5		24.0	26,467												
6		24.0	26,467												
7	X	24.0	26,467		2.8									1.6	
8	X	24.0	21,500		3.3									2.1	
9	X	24.0	17,600		3.5									2.7	
10	X	24.0	18,600		2.5									1.5	
11	X	24.0	23,200		3.0									2.0	
12		24.0	30,067												
13		24.0	30,067												
14	X	24.0	30,067		3.0										
15	X	24.0	30,600		3.0									1.1	
16	X	24.0	25,400		3.0									3.0	
17	X	24.0	18,900		3.0									3.0	
18	X	24.0	29,700		3.0									3.0	
19		24.0	27,500												
20		24.0	27,500												
21	X	24.0	27,500		1.2									0.5	
22	X	24.0	25,400		2.5									1.5	
23	X	24.0	24,700		2.5									1.3	
24	X	24.0	30,100		2.5									1.5	
25	X	24.0	24,100		2.5									2.0	
26		24.0	29,200												
27		24.0	29,200												
28	X	24.0	29,200		1.1									0.5	
29	X	24.0	25,000		1.7									0.9	
30	X	24.0	25,000		1.4									1.5	
31	X	24.0	25,600		3.3									2.5	
Total			825,700												
Average			26,635												
Maximum			34,400												

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

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



See Pages 4 for Instructions.

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

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

PWS Name:	Hermit's Cove	PWS Identification Number:	2540482
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:	186	Total Population Served at End of Month:	558
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquamerica.com		

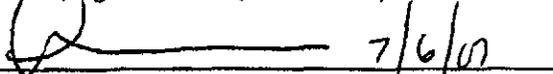
**B. Water Treatment Plant Information**

Plant Name:	Hermit's Cove	Plant Telephone Number:	(352) 787-0980
Plant Address:	Buffalo Bluff Road	City:	Satsuma
		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:	187,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

**II Certification by Lead/Chief Operator**

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


7/6/07
Paul Thompson
A7251  
 Signature and Date Printed or Typed Name License Number

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

PWS Identification Number: 2540482 Plant Name: Hermit's Cove

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 Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm				
1	X	24.0	30,700		2.6										2.1	
2		24.0	21,800													
3		24.0	21,800													
4	X	24.0	21,800		3.5										1.0	
5	X	24.0	21,500		1.0										2.5	
6	X	24.0	21,700		1.2										1.1	
7	X	24.0	23,600		3.0										2.3	
8	X	24.0	24,400		1.8										2.5	
9		24.0	29,200													
10		24.0	29,200													
11	X	24.0	29,200		3.5										1.5	
12	X	24.0	23,800		2.8										1.3	
13	X	24.0	17,900		0.6										0.3	
14	X	24.0	18,000		0.6										0.3	
15	X	24.0	23,200		0.8										0.4	
16		24.0	23,867													
17		24.0	23,867													
18	X	24.0	23,867		0.8										0.3	
19	X	24.0	24,200		0.8										0.3	
20	X	24.0	17,800		0.8										0.3	
21	X	24.0	22,100		2.2										1.3	
22	X	24.0	18,000		2.0										1.2	
23		24.0	24,700													
24		24.0	24,700													
25	X	24.0	24,700		1.7										1.3	
26	X	24.0	23,700		0.8										0.6	
27	X	24.0	24,000		1.0										0.5	
28	X	24.0	23,200		0.6										0.3	
29	X	24.0	21,600		1.0										0.5	
30		24.0	17,533													
31		24.0														
Total			695,633													
Average			22,440													
Maximum			30,700													

\* 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: 2540482 Plant Name: Hermit's Cove

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*										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		24.0	17,533														2.8
2	X	24.0	17,533		3.5												0.4
3	X	24.0	32,900		1.0												0.3
4	X	24.0	18,000		0.6												0.3
5	X	24.0	19,500		0.7												0.4
6	X	24.0	19,100		0.8												
7		24.0	22,033														
8		24.0	22,033														
9	X	24.0	22,033		2.5												1.8
10	X	24.0	25,500		1.2												0.6
11	X	24.0	27,200		1.0												0.8
12	X	24.0	16,800		0.8												0.6
13	X	24.0	19,900		1.0												0.6
14		24.0	20,467														
15		24.0	20,467														
16	X	24.0	20,467		1.0												0.6
17	X	24.0	16,900		1.0												0.4
18	X	24.0	16,200		1.8												1.5
19	X	24.0	26,200		1.5												1.1
20	X	24.0	14,000		1.3												0.9
21		24.0	20,400														
22		24.0	20,400														
23	X	24.0	20,400		1.0												0.7
24	X	24.0	14,300		0.8												0.5
25	X	24.0	17,100		1.1												0.5
26	X	24.0	17,300		1.3												1.0
27	X	24.0	15,600		1.4												0.9
28		24.0	20,267														
29		24.0	20,267														
30	X	24.0	20,267		1.3												0.8
31	X	24.0	17,600		1.0												0.6
Total			618,666														
Average			19,957														
Maximum			32,900														

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

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



See Pages 4 for Instructions.

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

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

PWS Name:	Hermit's Cove	PWS Identification Number:	2540482
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:	186	Total Population Served at End of Month:	558
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aguaamerica.com		

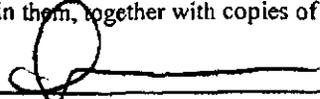
**B. Water Treatment Plant Information**

Plant Name:	Hermit's Cove	Plant Telephone Number:	(352) 787-0980
Plant Address:	Buffalo Bluff Road	City:	Satsuma
		State:	Florida
		Zip Code:	32189
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:	187,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

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

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

 9/6/07  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number

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

PWS Identification Number: 2540482 Plant Name: Hermit's Cove

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 Demstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	23,000		1.1									0.5	
2	X	24.0	20,800		1.8									1.3	
3	X	24.0	18,700		1.9									1.5	
4		24.0	19,667												
5		24.0	19,667												
6	X	24.0	19,667		0.5									0.2	
7	X	24.0	15,500		0.4									0.2	
8	X	24.0	14,600		0.6									0.3	
9	X	24.0	17,800		1.0									0.6	
10	X	24.0	28,300		1.7									1.4	
11		24.0	24,567												
12		24.0	24,567												
13	X	24.0	24,567		2.0									1.7	
14	X	24.0	19,900		1.5									1.0	
15	X	24.0	18,200		1.2									0.6	
16	X	24.0	8,300		1.5									0.9	
17	X	24.0	27,500		2.2									1.8	
18		24.0	15,567												
19		24.0	15,567												
20	X	24.0	15,567		1.7									1.0	
21	X	24.0	23,500		1.5									1.0	
22	X	24.0	18,900		1.2									0.9	
23	X	24.0	26,800		1.8									1.5	
24	X	24.0	17,400		0.8									1.4	
25		24.0	16,833												
26		24.0	16,833												
27	X	24.0	16,833		0.8									0.4	
28	X	24.0	17,000		1.0									0.5	
29	X	24.0	26,700		2.0									1.4	
30	X	24.0	22,900		2.2									1.5	
31	X	24.0	24,100		1.2									0.9	
Total			619,800												
Averages			19,994												
Maximum			28,300												

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

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



See Pages 4 for Instructions.

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

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

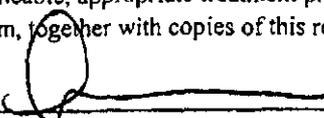
PWS Name:	Hermit's Cove			PWS Identification Number:	2540482
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	186			Total Population Served at End of Month:	558
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquamerica.com				

**B. Water Treatment Plant Information**

Plant Name:	Hermit's Cove			Plant Telephone Number:	(352) 787-0980	
Plant Address:	Buffalo Bluff Road			City:	Satsuma	
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:	187,000					
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked		
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift		
Other Operators:	David Haring	C	14091	Days 1st Shift		
	Ralph Marriott	C	7527	Days 1st Shift		

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

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

Signature and Date:  10/09/07

Paul Thompson  
Printed or Typed Name

A7251  
License Number

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

PWS Identification Number: 2540482 Plant Name: Hermit's Cove

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 or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm				
1		24.0	21,367													
2		24.0	21,367													
3	X	24.0	21,367		0.5										0.3	
4	X	24.0	26,300		1.0										0.8	
5	X	24.0	12,700		1.0										0.8	
6	X	24.0	16,200		2.5										1.3	
7	X	24.0	20,800		2.0										2.5	
8		24.0	17,500													
9		24.0	17,500													
10	X	24.0	17,500		2.5										2.0	
11	X	24.0	15,700		1.3										1.0	
12	X	24.0	16,600		0.8										0.6	
13	X	24.0	15,100		1.0										0.6	
14	X	24.0	15,800		1.0										0.6	
15		24.0	17,967													
16		24.0	17,967													
17	X	24.0	17,967		0.6										0.3	
18	X	24.0	14,000		0.8										0.4	
19	X	24.0	15,300		1.5										0.9	
20	X	24.0	18,000		2.0										1.6	
21	X	24.0	14,000		2.8										1.9	
22		24.0	16,533													
23		24.0	16,533													
24	X	24.0	16,533		1.2										0.7	
25	X	24.0	15,100		1.0										0.6	
26	X	24.0	11,600		1.3										0.7	
27	X	24.0	15,400		1.2										0.7	
28	X	24.0	12,100		1.3										0.7	
29		24.0	17,900													
30		24.0	17,900													
31		24.0														
Total			510,600													
Average			16,471													
Maximum			26,300													

\* 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: 2540482 Plant Name: Hermit's Cove

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 Started or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Conditions, Repairs, Maintenance Work that Resulted in Plant, Water System, Components, or System Out of Operation
				CT Calculations					UV Dose						
				Peak Flow, 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>			
1	X	24.0	17,900		3.4									2.9	
2	X	24.0	11,600		2.5									1.8	
3	X	24.0	16,100		2.5									1.8	
4	X	24.0	15,300		2.6									2.0	
5	X	24.0	22,100		1.0									0.8	
6		24.0	15,167												
7		24.0	15,167												
8	X	24.0	15,167		1.0									0.6	
9	X	24.0	20,400		1.2									0.7	
10	X	24.0	15,400		1.2									0.7	
11	X	24.0	15,500		1.8									1.5	
12	X	24.0	17,000		0.6									0.3	
13		24.0	17,300												
14		24.0	17,300												
15	X	24.0	17,300		1.0									0.7	
16	X	24.0	12,700		1.2									0.7	
17	X	24.0	14,400		1.1									0.7	
18	X	24.0	12,400		2.2									1.5	
19	X	24.0	14,000		2.2									2.0	
20		24.0	15,167												
21		24.0	15,167												
22	X	24.0	15,167		0.6									0.3	
23	X	24.0	11,400		1.0									0.5	
24	X	24.0	19,900		1.5									1.0	
25	X	24.0	11,900		1.5									1.2	
26	X	24.0	16,100		1.5									1.2	
27		24.0	15,467												
28		24.0	15,467												
29	X	24.0	15,467		2.5									1.9	
30	X	24.0	12,500		2.2									1.8	
31	X	24.0	20,600		1.8									1.5	
			486,500												
			15,694												
			22,100												

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

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



See Pages 4 for Instructions.

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

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

PWS Name: Hermit's Cove		PWS Identification Number: 2540482	
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: 185		Total Population Served at End of Month: 558	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

**B. Water Treatment Plant Information**

Plant Name: Hermit's Cove		Plant Telephone Number: (352)-787-0980	
Plant Address: Buffalo Bluff Road		City: Satsuma	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 32189	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 187,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator	Paul Thompson	A	7251
Operator	David Haring	C	14091
Operator	Ralph Marriott	C	7527

**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	12/7/07 _____ Printed or Typed Name	_____ License Number
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# MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 2540482 Plant Name: Hermit's Cove

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 Demstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>				
11/1	X	24.0	12,500		1.7										1.2	
11/2	X	24.0	16,500		1.5										1.0	
11/3		24.0	17,400													
11/4		24.0	17,400													
11/5	X	24.0	17,400		1.3										1.0	
11/6	X	24.0	16,600		1.0										0.8	
11/7	X	24.0	12,500		1.0										0.5	
11/8	X	24.0	17,200		1.3										1.1	
11/9	X	24.0	16,700		1.5										1.2	
11/10		24.0	18,033													
11/11		24.0	18,033													
11/12	X	24.0	18,033		1.5										1.2	
11/13	X	24.0	12,900		0.6										0.3	
11/14	X	24.0	21,300		0.4										0.2	
11/15	X	24.0	15,900		4.0										3.5	
11/16	X	24.0	15,100		4.0										3.5	
11/17		24.0	18,000													
11/18		24.0	18,000													
11/19	X	24.0	18,000		3.0										2.0	
11/20	X	24.0	14,900		1.6										2.6	
11/21	X	24.0	22,000		0.9										3.0	
11/22	X	24.0	12,900		0.7										1.7	
11/23	X	24.0	22,200		1.2										2.5	
11/24		24.0	23,000													
11/25		24.0	23,000													
11/26	X	24.0	23,000		1.0										1.6	
11/27	X	24.0	16,900		1.8										0.5	
11/28	X	24.0	17,300		1.0										0.5	
11/29	X	24.0	21,500		3.0										0.7	
11/30	X	24.0	17,300		2.4										0.9	
11/31		24.0														
TOTAL			531,500													
AVERAGE			17,145													
MAXIMUM			23,000													

\* 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: 2540482 Plant Name: Hermit's Cove

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 Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L <sup>75</sup>	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1		24.0	21,300												
2		24.0	21,300												
3	X	24.0	21,300		2.4								0.4		
4	X	24.0	17,800		2.1								2.4		
5	X	24.0	17,700		1.9								2.6		
6	X	24.0	18,200		0.6								0.3		
7	X	24.0	17,700		1.2								1.0		
8		24.0	20,133												
9		24.0	20,133												
10	X	24.0	20,133		2.8								2.5		
11	X	24.0	15,800		2.6								2.4		
12	X	24.0	21,800		2.4								2.2		
13	X	24.0	17,200		1.3								1.5		
14	X	24.0	17,100		0.3								0.4		
15		24.0	17,533												
16		24.0	17,533												
17	X	24.0	17,533		0.6								0.3		
18	X	24.0	17,700		0.6								0.3		
19	X	24.0	18,000		0.4								0.7		
20	X	24.0	13,600		1.3								1.7		
21	X	24.0	17,000		1.4								1.5		
22	X	24.0	22,100		1.2								1.1		
23	X	24.0	17,200		1.1								0.9		
24	X	24.0	13,200		0.7								0.6		
25	X	24.0	12,200		0.8								0.4		
26	X	24.0	19,400		1.6								1.0		
27	X	24.0	16,100		1.4								1.1		
28	X	24.0	17,200		1.1								0.8		
29	X	24.0	21,500		1.0								0.7		
30	X	24.0	22,100		1.5								1.0		
31	X	24.0	11,300		1.6								1.0		
Total			558,800												
Average			18,026												
Maximum			22,100												

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

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

PWS ID: 2540482 Plant Name: Hermit's Cove

**IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: \***

A. Is any polymer containing the monomer acrylamide used at the water treatment plant?  No  Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose ppm =	Acrylamide Level, % <sup>1</sup> =
--------------------	------------------------------------

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant?  No  Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose ppm =	Epichlorohydrin Level, % <sup>1</sup> =
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C. Is any iron or manganese sequestrant used at the water treatment plant?  No  Yes, and the type of sequestrant, sequestrant dose, ect., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO <sub>4</sub> or mg/L of silicate as SiO <sub>2</sub> =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO <sub>2</sub> =

\* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

<sup>1</sup> Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

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:	Hermit's Cove	PWS Identification Number:	2540482
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:	186	Total Population Served at End of Month:	558
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	Florida
Contact Person's E-Mail Address:	bheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

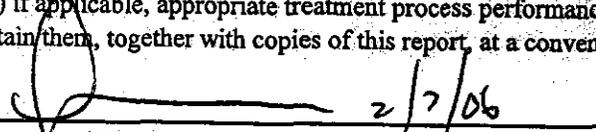
**B. Water Treatment Plant Information**

Plant Name:	Hermit's Cove	Plant Telephone Number:	(352) 787-0980
Plant Address:	Buffalo Bluff Road	City:	Satsuma
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	Florida
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	187,000	Zip Code:	32189
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operator Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator: Paul Thompson	A	725E	Days 1st Shift
Other Operators: David Haring	C	1409I	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.

 2/7/06  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number

DOCUMENT NUMBER DATE

04326 MAY 22 06

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

PWS Identification Number: 2540482 Plant Name: Hermit's Cove

**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 for Operation	Hours plant in Operation	Net Quantity of Water Produced (gallons)	Chlorine Calculations based on Dose to Demolish Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that involves Taking Water System Components Out of Operation			
				Peak Flow Rate (gpm)	Lowest Residual Chlorine Concentration (mg/L)	Minimum Chlorine Demand (mg/L)	Minimum Chlorine Residual (mg/L)	Minimum Chlorine Dose (mg/L)	Minimum Chlorine Applied (mg/L)		Minimum Chlorine Applied (mg/L)						
1		24.0	26,400														
2	X	24.0	26,400														
3	X	24.0	26,200														0.4
4	X	24.0	22,000														0.3
5	X	24.0	13,700														0.3
6	X	24.0	15,600														0.3
7		24.0	17,300														
8		24.0	17,300														
9	X	24.0	17,300														0.3
10	X	24.0	19,400														1.0
11	X	24.0	15,300														0.3
12	X	24.0	11,100														0.5
13	X	24.0	24,500														0.7
14		24.0	20,667														
15		24.0	20,667														
16	X	24.0	20,667														0.3
17	X	24.0	16,200														0.3
18	X	24.0	19,700														0.4
19	X	24.0	19,500														0.3
20	X	24.0	18,300														0.3
21		24.0	22,100														
22		24.0	22,100														
23	X	24.0	22,100														0.3
24	X	24.0	12,400														0.3
25	X	24.0	28,700														1.2
26	X	24.0	14,200														0.9
27	X	24.0	22,000														0.6
28		24.0	19,967														
29		24.0	19,967														
30	X	24.0	19,967														0.7
31	X	24.0	23,900														0.6
Total			615,600														
Average			19,858														
Maximum			28,700														

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

ANNUAL 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:	Hermit's Cove	PWS Identification Number:	2540482
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:	186	Total Population Served at End of Month:	558
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

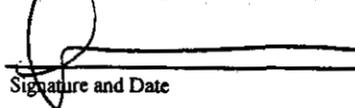
**B. Water Treatment Plant Information**

Plant Name:	Hermit's Cove	Plant Telephone Number:	(352) 787-0980
Plant Address:	Buffalo Bluff Road	City:	Satsuma
		State:	Florida
		Zip Code:	32189
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:	187,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operator	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	Days 1st Shift
Other Operator	David Haring	C	14091	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.


3/6/06
Paul Thompson
A7251  
 Signature and Date Printed or Typed Name License Number

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

PWS Identification Number: 2540482 Plant Name: Hermit's Cove

III. Daily Data for the Month/Year of: February, 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	Day Plant Started or Residual Measured	Hour Plant in Operation	Volume of Water Produced (gals)	Chlorination or UV Dose to Ensure Four-Log Virus Inactivation, if Applicable										Residual Disinfectant Concentration (mg/L)	Remarks or Abnormal Operating Conditions (Repair or Maintenance Work that involves Taking Water System Components Out of Operation)	
				Chlorination	UV Dose	Chlorination	UV Dose	Chlorination	UV Dose	Chlorination	UV Dose	Chlorination	UV Dose			
1	X	24.0	16,300												0.7	
2	X	24.0	15,800												0.4	
3	X	24.0	15,700												0.4	
4		24.0	20,133													
5		24.0	20,133													
6	X	24.0	20,133												0.3	
7	X	24.0	17,400												0.4	
8	X	24.0	17,000												0.4	
9	X	24.0	17,700												0.3	
10	X	24.0	18,900												0.3	
11		24.0	22,167													
12		24.0	22,167													
13	X	24.0	22,167												0.3	
14	X	24.0	19,200												0.3	
15	X	24.0	23,100												0.3	
16	X	24.0	24,700												0.3	
17	X	24.0	21,200												0.4	
18		24.0	22,767													
19		24.0	22,767													
20	X	24.0	22,767												0.3	
21	X	24.0	22,000												0.3	
22	X	24.0	34,400												0.3	
23	X	24.0	11,300												0.3	
24	X	24.0	18,100												0.3	
25		24.0	22,133													
26		24.0	22,133													
27	X	24.0	22,133												0.4	
28	X	24.0	20,500												0.3	
29		24.0														
30		24.0														
31		24.0														
Total			574,900													
Average			18,545													
Maximum			34,400													

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

MONTHLY CERTIFICATION 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, 2006

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

PWS Name:	Hermit's Cove	PWS Identification Number:	2540482
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:	186	Total Population Served at End of Month:	558
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	Florida
Contact Person's E-Mail Address:	bheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

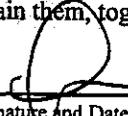
**B. Water Treatment Plant Information**

Plant Name:	Hermit's Cove	Plant Telephone Number:	(352) 787-0980
Plant Address:	Buffalo Bluff Road	City:	Sarasota
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	Florida
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	187,000	Zip Code:	32189
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operator	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	Days 1st Shift
Other Operators	David Haring	C	14091	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.

 4/6/06  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number

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

PWS Identification Number: 2540482 Plant Name: Hermit's Cove

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	Plant Stationed or Visited by Operator (Plant No.)	Front Plant in Operation	Net Quantity of Finished Water Produced (gals)	Disinfection Data										Minimum Residual Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation				
				Disinfectant Applied (mg/L)	Disinfectant Applied (min)														
1	X	24.0	20,300														0.3		
2	X	24.0	26,900															0.3	
3	X	24.0	23,700															0.3	
4		24.0	22,833																
5	X	24.0	22,833																1.0
6	X	24.0	20,100																1.0
7	X	24.0	18,600																1.3
8	X	24.0	18,800																2.7
9	X	24.0	12,000																2.0
10		24.0	23,700																
11		24.0	23,700																
12		24.0	23,700																
13	X	24.0	23,700																0.4
14	X	24.0	25,800																0.6
15	X	24.0	20,900																0.4
16	X	24.0	21,200																0.4
17	X	24.0	21,000																0.4
18		24.0	28,033																
19		24.0	28,033																
20	X	24.0	28,033																0.3
21	X	24.0	20,900																0.3
22	X	24.0	24,500																0.3
23	X	24.0	27,900																0.3
24	X	24.0	18,100																0.3
25		24.0	24,133																
26		24.0	24,133																
27	X	24.0	24,133																0.4
28	X	24.0	20,800																0.5
29	X	24.0	20,800																0.9
30	X	24.0	26,900																0.4
31	X	24.0	29,800																0.9
Total			715,100																
Average			23,068																
Maximum			29,800																

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

...DAILY 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:	Hermit's Cove			PWS Identification Number:	2540482
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:	186			Total Population Served at End of Month:	558
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

**B. Water Treatment Plant Information**

Plant Name:	Hermit's Cove			Plant Telephone Number:	(352) 787-0980
Plant Address:	Buffalo Bluff Road	City:	Satsuma	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:	187,000				

Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):			
IV		C			
Licensed Operator	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator	Paul Thompson	A	7251	Days 1st Shift	
Other Operators	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

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

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

Signature and Date:  5/4/06  
 Printed or Typed Name: Paul Thompson  
 License Number: A7251

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

PWS Identification Number: 2540482 Plant Name: Hermit's Cove

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X's)	Hours Plant in Operation	Net Quantity of Treated Water Produced (gal)	Disinfection Data (or, if Disinfection is not required, leave blank)										Emergency or Abnormal Operating Conditions (Repair or Maintenance Work that Involves Taking Water System Components Out of Operation)
				Peak Flow Rate (gpd)		Disinfectant Concentration (mg/L)		Disinfectant Dose (mg/L)		Minimum Residual Concentration (mg/L)		Removal Efficiency (%)		
				Peak Flow Rate (gpd)	Disinfectant Concentration (mg/L)	Disinfectant Dose (mg/L)	Minimum Residual Concentration (mg/L)	Removal Efficiency (%)	Removal Efficiency (%)	Removal Efficiency (%)				
1		24.0	35,800											
2		24.0	35,800											
3	X	24.0	35,800											
4	X	24.0	(16,800)										0.3	
5	X	24.0	21,500										0.6	
6	X	24.0	17,000										0.4	
7	X	24.0	26,000										0.5	
8		24.0	22,033										0.6	
9		24.0	22,033											
10	X	24.0	22,033										0.3	
11	X	24.0	21,000										0.3	
12	X	24.0	20,600										0.3	
13	X	24.0	32,700										0.3	
14	X	24.0	21,200										0.3	
15		24.0	27,133										0.3	
16		24.0	27,133											
17	X	24.0	27,133										0.3	
18	X	24.0	28,000										0.4	
19	X	24.0	28,000										0.8	
20	X	24.0	26,200										0.6	
21	X	24.0	26,400										0.8	
22		24.0	22,067											
23		24.0	22,067											
24	X	24.0	22,067										0.6	
25	X	24.0	21,800										1.0	
26	X	24.0	24,800										0.8	
27	X	24.0	20,700										1.0	
28	X	24.0	15,600										0.6	
29		24.0	23,900											
30		24.0	23,900											
31		24.0												
<b>Total</b>			<b>703,600</b>											
<b>Average</b>			<b>22,697</b>											
<b>Maximum</b>			<b>35,800</b>											

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



See Pages 4 for Instructions.

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

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

PWS Name:	Hermit's Cove	PWS Identification Number:	2540482
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:	186	Total Population Served at End of Month:	558
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	bheath@aquaamerica.com		

**B. Water Treatment Plant Information**

Plant Name:	Hermit's Cove	Plant Telephone Number:	(352) 787-0980
Plant Address:	Buffalo Bluff Road	City:	Satsuma
		State:	Florida
		Zip Code:	32189
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:	100,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operator Name	License Class	License Number	Day(s) / Shift(s) Worked
Paul Thompson	A	7251	Days 1st Shift
David Haring	C	14091	Days 1st Shift
Ralph Marriott	C	7527	Days 1st Shift

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

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

Signature and Date: [Signature] 6/6/06

Printed or Typed Name: Paul Thompson

License Number: A7251

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

PWS Identification Number: 2540482		Plant Name: Hermit's Cove															
III. Daily Data for the Month/Year of: May, 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																	
Date (Month/Day/Year)	Flow (MGD)	Flow (MGD)	Concentration of Free Chlorine Residual (mg/L) at various points in the distribution system, if applicable										Frequency of abnormal operating conditions, repairs, maintenance work that involves taking water system components out of operation, etc.				
			1	2	3	4	5	6	7	8	9	10					
X	24.0	22,900														0.4	
X	24.0	23,900															0.8
X	24.0	22,900															0.4
X	24.0	26,400															0.6
X	24.0	33,500															1.0
	24.0	23,500															
	24.0	25,500															
X	24.0	24,500															1.0
X	24.0	23,800															0.9
X	24.0	22,600															0.8
X	24.0	25,100															1.3
X	24.0	15,900															1.5
	24.0	30,467															
	24.0	30,467															
X	24.0	30,467															1.0
X	24.0	29,300															2.5
X	24.0	18,500															0.3
X	24.0	1,300															2.0
X	24.0	48,600															0.8
	24.0	28,433															
	24.0	28,433															
X	24.0	28,433															0.7
X	24.0	22,300															0.6
X	24.0	29,900															2.5
X	24.0	28,300															1.0
X	24.0	24,700															0.3
	24.0	26,667															
	24.0	26,667															
X	24.0	26,667															2.0
X	24.0	25,800															0.8
X	24.0	24,800															1.2
		796,400															
		25,690															
		48,600															

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

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



See Pages 4 for Instructions.

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

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

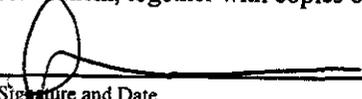
PWS Name:	Hermit's Cove			PWS Identification Number:	2540482
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	186			Total Population Served at End of Month:	558
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Zip Code:	34749
Contact Person's E-Mail Address:	beheath@aquaaamerica.com			Contact Person's Fax Number:	(352) 787-6333

**B. Water Treatment Plant Information**

Plant Name:	Hermit's Cove			Plant Telephone Number:	(352) 787-0980
Plant Address:	Buffalo Bluff Road	City:	Satsuma	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:	187,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

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

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

 7/6/06  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number

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

PWS Identification Number: 2540482 Plant Name: Hermit's Cove

**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 Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>				
1	X	24.0	19,000		1.2										0.7	
2	X	24.0	33,500		2.5										1.8	
3		24.0	18,633													
4		24.0	18,633													
5	X	24.0	18,633		1.5										0.9	
6	X	24.0	15,300		2.5										1.5	
7	X	24.0	14,900		1.5										1.0	
8	X	24.0	16,900		2.8										2.5	
9	X	24.0	19,700		1.0										0.6	
10		24.0	22,633													
11		24.0	22,633													
12	X	24.0	22,633		3.0										1.5	
13	X	24.0	11,100		0.6										0.3	
14	X	24.0	17,400		2.5										1.5	
15	X	24.0	13,500		1.1										0.8	
16	X	24.0	15,500		2.5										1.1	
17		24.0	19,300													
18		24.0	19,300													
19	X	24.0	19,300		1.5										0.8	
20	X	24.0	15,000		1.0										0.6	
21	X	24.0	19,600		0.8										0.3	
22	X	24.0	20,400		2.0										0.9	
23	X	24.0	16,000		1.2										0.6	
24		24.0	18,700													
25		24.0	18,700													
26	X	24.0	18,700		1.0										0.4	
27	X	24.0	15,100		3.0										2.4	
28	X	24.0	15,900		3.0										1.8	
29	X	24.0	15,900		3.0										1.3	
30	X	24.0	20,200		2.5										1.1	
31		24.0														
Total			552,700													
Average			17,829													
Maximum			33,500													

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

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



See Pages 4 for Instructions.

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

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

PWS Name:	Hermit's Cove	PWS Identification Number:	2540482
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:	186	Total Population Served at End of Month:	558
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	Florida
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

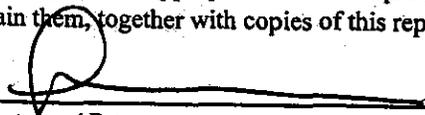
**B. Water Treatment Plant Information**

Plant Name:	Hermit's Cove	Plant Telephone Number:	(352) 787-0980
Plant Address:	Buffalo Bluff Road	City:	Satsuma
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	Florida
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	187,000	Zip Code:	32189
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operator	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	Days 1st Shift
Other Operator	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

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

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

 8/8/06  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number

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

PWS Identification Number: 2540482 Plant Name: Hermit's Cove

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 (gallons)	GTC Calculations on 1.5X Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				GTC Calculations					1.5X Dose						
				Peak Flow Rate, gpcd	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Disinfectant Initial Name and Measurement Unit During Peak Flow	Lowest GTC Provided Before or at Customer's Peak Flow, min/L	Minimum Required Dose, mg/L	Operating Dose, mg/L	Minimum Dose Required, mg/L	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L				
1		24.0	21,933												
2		24.0	21,933												
3	X	24.0	21,933												
4	X	24.0	20,900		1.8									0.8	
5	X	24.0	25,800		0.9									0.4	
6	X	24.0	19,000		1.9									1.0	
7	X	24.0	11,600		2.5									1.8	
8	X	24.0	11,600		1.3									1.0	
9		24.0	19,667												
10		24.0	19,667												
11	X	24.0	19,667		1.0									0.6	
12	X	24.0	22,100		2.5									1.8	
13	X	24.0	17,900		1.2									0.8	
14	X	24.0	17,400		2.0									1.3	
15	X	24.0	15,500		2.0									1.1	
16		24.0	18,500												
17	X	24.0	18,500												
18	X	24.0	15,500		2.5									2.0	
19	X	24.0	15,500		0.8									0.4	
20	X	24.0	19,300		1.5									0.6	
21	X	24.0	18,300		1.5									0.8	
22	X	24.0	29,800		1.3									0.7	
23		24.0	19,033												
24		24.0	19,033												
25	X	24.0	19,033		2.5									2.0	
26	X	24.0	26,000		2.0									1.5	
27	X	24.0	22,100		2.0									1.1	
28	X	24.0	18,900		2.0									1.0	
29	X	24.0	17,000		1.3									0.8	
30		24.0	24,000												
31	X	24.0	24,000		2.5									1.4	
Total			626,500												
Average			20,210												
Maximum			29,800												

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



See Pages 4 for Instructions.

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

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

PWS Name:	Hermit's Cove	PWS Identification Number:	2540482
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:	186	Total Population Served at End of Month:	558
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	bheath@aquaamerica.com		

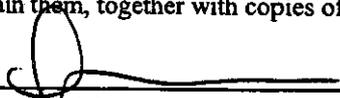
**B. Water Treatment Plant Information**

Plant Name:	Hermit's Cove	Plant Telephone Number:	(352) 787-0980
Plant Address:	Buffalo Bluff Road	City:	Satsuma
		State:	Florida
		Zip Code:	32189
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:	187,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operator Name	License Class	License Number	Day(s) / Shift(s) Worked
Paul Thompson	A	7251	Days 1st Shift
David Haring	C	14091	Days 1st Shift
Ralph Marriott	C	7527	Days 1st Shift

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

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

 9/6/06  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number

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

PWS Identification Number: 2540482 Plant Name: Hermit's Cove

**III. Daily Data for the Month/Year of:** August, 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 Operated by Operator (Place)	Operating Hours	Daily Quantity of Finished Water (gallons)	G/T Calculations of Chlorine Dose to Demonstrate Four-Log Virus Inactivation, if Applicable				G/T Dose		Minimum UV Dose Required (mW-sec/cm <sup>2</sup> )	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Chlorine Dose (mg/L-min)	Chlorine Dose (mg/L-min)	Chlorine Dose (mg/L-min)	Chlorine Dose (mg/L-min)	Minimum Chlorine Dose (mg/L-min)	Lowest Residual Disinfectant Concentration (mg/L)			
1	X	24:0	21,600		1.1						0.6	
2	X	24:0	24,500		2.5						1.3	
3	X	24:0	27,200		1.5						0.8	
4	X	24:0	22,800		2.5						1.5	
5		24:0	21,600									
6		24:0	21,600									
7	X	24:0	21,600		2.5						1.3	
8	X	24:0	17,800		1.3						0.6	
9	X	24:0	23,200		1.1						0.5	
10	X	24:0	16,300		1.0						0.5	
11	X	24:0	20,500		1.5						0.6	
12		24:0	22,700									
13		24:0	22,700									
14	X	24:0	22,700		0.8						0.3	
15	X	24:0	16,000		1.2						0.4	
16	X	24:0	31,600		0.8						0.3	
17	X	24:0	18,200		1.5						0.4	
18	X	24:0	19,600		2.5						0.5	
19		24:0	17,900									
20		24:0	17,900									
21	X	24:0	17,900		2.5						1.5	
22	X	24:0	20,400		1.0						0.4	
23	X	24:0	16,000		2.0						1.0	
24	X	24:0	15,100		2.0						0.8	
25	X	24:0	19,800		2.0						1.0	
26		24:0	21,533									
27		24:0	21,533									
28	X	24:0	21,533		2.5						1.8	
29	X	24:0	14,800		2.5						1.3	
30	X	24:0	15,800		1.1						0.5	
31	X	24:0	21,800		2.0						1.0	
Total			634,200									
Average			20,458									
Maximum			31,600									

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



See Pages 4 for Instructions.

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

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

PWS Name:	Hermit's Cove			PWS Identification Number:	2540482
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:	186			Total Population Served at End of Month:	558
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Zip Code:	34749
Contact Person's E-Mail Address:	beheath@aquaaamerica.com				

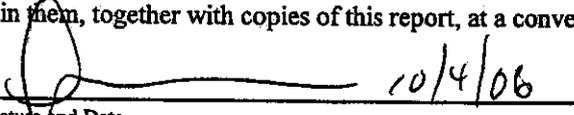
**B. Water Treatment Plant Information**

Plant Name:	Hermit's Cove			Plant Telephone Number:	(352) 787-0980
Plant Address:	Buffalo Bluff Road	City:	Satsuma	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:	187,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	RW			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operator	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	Days 1st Shift
Other Operators	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

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

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

Signature and Date:  10/4/06

Printed or Typed Name: Paul Thompson

License Number: A7251

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

PWS Identification Number: 2540482 Plant Name: Hermit's Cove

## III. Daily Data for the Month/Year of: September, 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 Month	Days from Start of Month	Time of Day (M:AM)	Flow (MGD)	pH	Calculation for Free Chlorine Residual (mg/L)				Minimum Operating Free Chlorine Residual (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation			
					Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)					
	X	24.0	17,800										
		24.0	19,467									0.3	
		24.0	19,467										
	X	24.0	19,467									0.6	
	X	24.0	24,900									1.0	
	X	24.0	16,400									0.3	
	X	24.0	21,100									0.5	
	X	24.0	15,400									1.0	
		24.0	19,067										
		24.0	19,067										
	X	24.0	19,067									1.5	
	X	24.0	18,600									1.5	
	X	24.0	17,300									1.3	
	X	24.0	15,900									1.3	
	X	24.0	19,900									2.0	
		24.0	22,100										
		24.0	22,100										
	X	24.0	12,000									0.5	
	X	24.0	24,300									0.5	
	X	24.0	15,600									1.0	
	X	24.0	16,600									0.8	
		24.0	24,933									0.4	
		24.0	24,933										
	X	24.0	24,933									0.9	
	X	24.0	16,500									1.3	
	X	24.0	19,900									1.1	
	X	24.0	22,100									0.9	
	X	24.0	20,800									0.8	
		24.0	24,800										
		24.0	24,800										
			596,600										
			19,245										
			24,933										

\* 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: 2540482 Plant Name: Hermit's Cove

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 Month	Days from Start of Month	Operating Hours	Operating Hours (1)	Disinfection Residuals (mg/L)										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine	Free Chlorine			
			24.0	37,200												
X			24.0	37,200												
X			24.0	43,900												0.3
X			24.0	45,900												1.3
X			24.0	20,100												1.2
X			24.0	43,900												1.0
			24.0	23,000												1.8
			24.0	23,000												
X			24.0	23,000												2.0
X			24.0	49,200												
X			24.0	20,200												2.0
X			24.0	20,000												0.5
X			24.0	26,400												2.5
			24.0	22,700												1.9
			24.0	22,700												
X			24.0	22,700												0.3
X			24.0	22,900												0.3
X			24.0	28,500												0.4
X			24.0	21,000												0.6
X			24.0	20,300												2.0
			24.0	20,767												
			24.0	20,767												
X			24.0	20,767												0.6
X			24.0	20,600												0.7
X			24.0	26,300												0.7
X			24.0	27,300												1.1
X			24.0	21,100												1.5
			24.0	21,900												
X			24.0	21,900												1.2
X			24.0	16,600												2.0
				690,700												
				22,281												
				37,200												

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



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

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Hermit's Cove	PWS Identification Number:	2540482
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:	186	Total Population Served at End of Month:	558
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

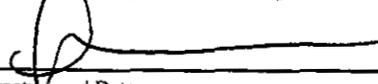
B. Water Treatment Plant Information

Plant Name:	Hermit's Cove	Plant Telephone Number:	(352) 787-0980
Plant Address:	Buffalo Bluff Road	City:	Satsuma
		State:	Florida
		Zip Code:	32189
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:	187,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date:  12/6/06

Paul Thompson  
Printed or Typed Name

A7251  
License Number

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

PWS Identification Number: 2540482 Plant Name: Hermit's Cove

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										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	19,200		3.0									2.5	
2	X	24.0	24,500		1.5									0.8	
3	X	24.0	20,200		2.2									1.1	
4		24.0	23,967												
5		24.0	23,967												
6	X	24.0	23,967		1.0									0.4	
7	X	24.0	20,200		1.2									0.5	
8	X	24.0	24,800		2.5									1.8	
9	X	24.0	25,600		1.0									0.6	
10	X	24.0	21,400		3.0									1.5	
11		24.0	28,400												
12		24.0	28,400												
13	X	24.0	28,400		3.0									1.5	
14	X	24.0	26,100		1.8									1.0	
15	X	24.0	27,800		3.0									1.5	
16	X	24.0	33,700		1.5									0.9	
17	X	24.0	20,800		3.0									1.9	
18		24.0	20,367												
19		24.0	20,367												
20	X	24.0	20,367		1.8									1.1	
21	X	24.0	20,300		3.0									1.8	
22	X	24.0	20,800		1.3									0.8	
23	X	24.0	21,400		1.0									0.5	
24	X	24.0	24,300		1.0									0.5	
25		24.0	22,667												
26		24.0	22,667												
27	X	24.0	22,667		0.8									0.4	
28	X	24.0	19,800		1.5									0.9	
29	X	24.0	19,400		2.5									0.6	
30	X	24.0	19,500		1.7									1.0	
31		24.0													
Total			696,000												
Average			22,452												
Maximum			33,700												

\* 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: 2540482 Plant Name: Hermit's Cove

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 Starts for Visited by Operator (PWS)	Hours plant in Operation	Net Quantity of Finished Water Produced (gal)	C/R Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				C/R Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Available Disinfectant Concentration (C) Before or After Customer Pipeline Peak Flow (mg/L)	Disinfectant Contact Time (T) Measurement From Pipeline Peak Flow (minutes)	Flow Provided Before or After Customer Pipeline Peak Flow (mgd)	Minimum CT Required (mg-min/L)	Minimum CT Required (mg-min/cm <sup>3</sup> )	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	15,000		1.5								0.6	
		24.0	22,600											
		24.0	22,600											
	X	24.0	22,600		1.2								0.7	
	X	24.0	20,700		2.0								1.0	
	X	24.0	15,800		1.7								0.3	
	X	24.0	19,900		2.5								0.6	
	X	24.0	19,300		2.3								0.7	
		24.0	20,100											
		24.0	20,100											
	X	24.0	20,100		0.8								0.6	
	X	24.0	19,800		2.8								1.1	
	X	24.0	18,200		3.0								1.8	
	X	24.0	13,800		3.0								1.8	
	X	24.0	19,800		2.5								1.2	
		24.0	22,700											
		24.0	22,700											
	X	24.0	22,700		1.2								0.8	
	X	24.0	22,700		1.7								1.0	
	X	24.0	23,400		2.5								0.4	
	X	24.0	23,200		3.5								2.0	
	X	24.0	22,300		3.0								2.1	
		24.0	20,867											
		24.0	20,867											
	X	24.0	20,867		4.3								0.7	
	X	24.0	27,600		2.0								0.9	
	X	24.0	18,600		2.0								1.1	
	X	24.0	28,200		1.5								0.8	
	X	24.0	20,400		1.9								1.2	
		24.0	24,733											
		24.0	24,733											
			656,966											
			21,192											
			28,200											

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

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

PWS ID: 2540482 Plant Name: Hermit's Cove

**IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: \* 2006**

A. Is any polymer containing the monomer acrylamide used at the water treatment plant?  No  Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose ppm =	Acrylamide Level, % <sup>1</sup> =
--------------------	------------------------------------

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant?  No  Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose ppm =	Epichlorohydrin Level, % <sup>1</sup> =
--------------------	---

C. Is any iron or manganese sequestrant used at the water treatment plant?  No  Yes, and the type of sequestrant, sequestrant dose, ect., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO <sub>4</sub> or mg/L of silicate as SiO <sub>2</sub> =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO <sub>2</sub> =

\* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

<sup>1</sup> Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

**DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT**

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

5600 US 1 North Fort Pierce, FL 34948 FDOH # E96080  
 4155 St. Johns Parkway Suite 1300 Sanford, FL 32771 FDOH # E83509  
 307 Coolidge Ave. Lehigh Acres, FL 33838 FDOH # E85370  
 16331 Cortez Blvd. Brooksville, FL 3460 FDOH # E84418

Lab Receipt Date and Time: 12/5/07 12:30  
 Received for Laboratory By: [Signature]  
 Analysis Date and Time: 12/5/07 17:05  
 Sample Acceptance Criteria:  
 Sample Preservation  On Ice  Not On Ice 9.3°C  
 Disinfectant Check  Not Detected  >0.1 mg/l

HBEL Report Number: 2130095 Sub-Contract Lab ID: \_\_\_\_\_

Analysis Method Requested:  
 Coliform  Membrane Filtration PWS I.D. 2540482

System Name: Hermit's Cove WTP  
 System Address: Buffalo Bluff Kal.

City: Satsuma System or Owner's Phone #: 386-329-1122 Fax #: 386-329-9977

Collector: R. Marriott Collector's Phone #: 386-937-0187

Relinquished By: R. Marriott Received By: [Signature] Relinquished By: [Signature]

Date/Time: 12-5-07 10:00 AM Date/Time: 12-5-07 1010 Date/Time: 12-5-07 1230

Type of Supply:  Community Water System  Noncommunity Water System  Nontransient-Noncommunity Water System  Limited Use System  
 Private Well  Swimming Pool  Bottled Water  Other

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

Sample Collection Date(s): 12-4-07

**LABORATORY CERTIFICATE OF ANALYSIS**

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

Fecal (MF) SM9221E		E. coli (MF) EC-MUG		(Coliform) SM9223B	
Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. <sup>2</sup>	Lab Sample Number	
	A			2130095001	
	A			002	
	A			003	
	A			2130095002	

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	Well #1	12 <sup>20</sup> PM	R	none	
2	Well #2	12 <sup>20</sup> PM	R	none	
3	111 St John Ct.	12 <sup>30</sup> PM	D	2.1	
4	215 Monroe Ave	12 <sup>40</sup> PM	D	1.5	

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.6

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other  
 Person performing analysis is:  
 A certified operator (# 0527)  Employed by a certified lab  
 Supervised by a certified operator (# \_\_\_\_\_)  Employed by DEP or DOH

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

Report authorized by: [Signature] Technical Director of Designee  
 Date: 12/5/07 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.

Name and Mailing Address of Person/Firm to Receive Report  
Aqua Utilities Fl.  
P.O. Box 490310  
Leesburg Fl.  
34748



Page 1 of 1

Satisfactory  Repeat Samples Required  
 Incomplete Collection Information  Replacement Samples Required  
 Date Reviewed by DEP/DOH: \_\_\_\_\_  
 DEP/DOH Reviewing Official: \_\_\_\_\_

FPSC-COMMISSION CLERK.

**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: December 12, 2007

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

---

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Hermits Cove TTHM [2130015]  
Received: 11/28/07 12:00

---

Dear Brian Heath;

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: 12/12/07



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: Hermits Cove TTHM  
Received: 11/28/07 12:00

[2130015]

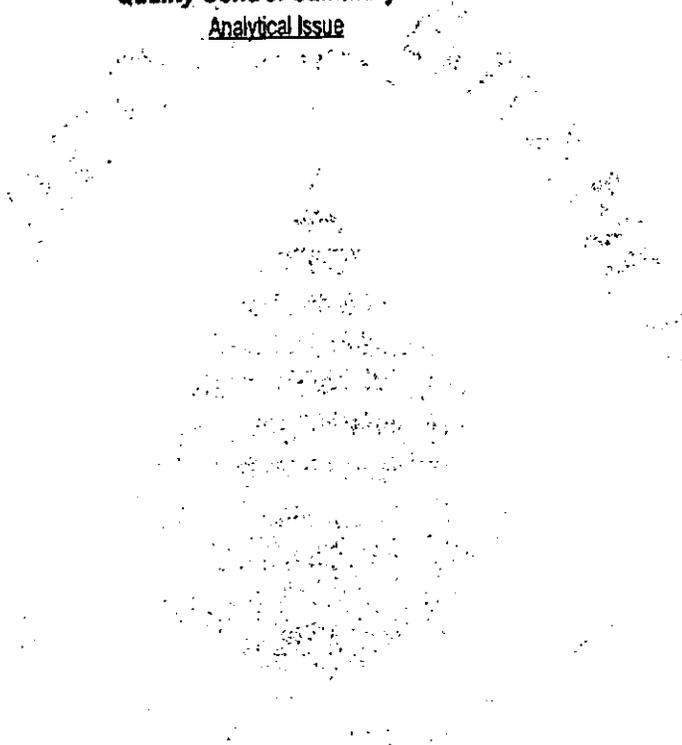
MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

HBEL Sample		Method Narratives (if Applicable)	
Number	Sample ID	Analytical Method	Description

**Quality Control Summary**

Method HBEL Batch Analyte

Analytical Issue



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

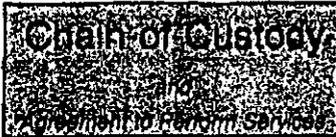


Printed: 12/12/07



# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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



Laboratory not responsible for omitted information

FD0H # E96080  
5600 U.S. 1 North  
Fort Pierce, FL 34948

FD0H # EB5370  
307 Coolidge Avenue  
Lehigh Acres, FL 33938

FD0H # E83509  
4155 St. Johns Pkwy.  
Suite 1300  
Sanford, FL 32771

FD0H # EB4418  
18331 Cortez Blvd.  
Brooksville, FL 34601



Company: AQUA UTILITIES

Method(s) of Shipment: \_\_\_\_\_

Address: P.O. Box 490310

LEESBURG, FL Zip: 34748

Phone: 386-937-1143 Fax: 386-329-9977

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

Client Contact: Paul Thomas

Or

Project Name: HEMIS CASE #6440

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

Sampled By: Paul Thomas



PRESERVATIVE									
ANALYSES REQUESTED									

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	TITIM														COMMENTS		
	DATE	TIME																					
202	11/28/07	8:40	G	DW	3	215 MANROE	X															ch -0.5	
202						Trip Blank	X																

Sample Type: G-Gas C-Composite Matrix: S-Solid SL-Sludge DW-Drinking Water GW-Ground Water SW-Surface Water WW-Wastewater

RELINQUISHED BY <u>[Signature]</u>	RELINQUISHED BY <u>[Signature]</u>	RELINQUISHED BY <u>[Signature]</u>
DATE/TIME <u>11/28/07 9:50 AM</u>	DATE/TIME <u>11/28/07 12:00</u>	DATE/TIME <u>11/28/07 16:00</u>
RECEIVED BY <u>[Signature]</u>	RECEIVED BY <u>[Signature]</u>	RECEIVED FOR <u>[Signature]</u>
DATE/TIME <u>11/28/07</u>	DATE/TIME <u>11/28/07 12:00</u>	DATE/TIME <u>11/28/07 16:00</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

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

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Hermits Cove TTHM  
Sample Location: 215 Monroe Grab Disinfectant Residual (mg/L) \_\_\_\_\_  
Sample Number: 2130015001 PWS ID \_\_\_\_\_  
Sampling Date: 11/28/07 8:40  
Date Received: 11/28/07 12:00

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	12/07/07	4:12 PM	E96080
2942	Bromoform	[N/A]	ug/L	0.41	U	EPA 524.2	0.41	12/07/07	4:12 PM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	0.32		EPA 524.2	0.25	12/07/07	4:12 PM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	0.33		EPA 524.2	0.30	12/07/07	4:12 PM	E96080
2950	Total Trihalomethanes	[80]	ug/L	0.65		EPA 524.2	0.25	12/07/07	4:12 PM	E96080

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

Reporting Format 82-550.730  
Effective January 1995, Revised January 2007

\* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 82-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, 7, \*, are unacceptable for compliance with 82-550. 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: 12/12/07



**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: HERMID CREEK PWS I.D. #: 2540482

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: BUFFALO BLUFF ROAD

City: SATSUMA State: FL ZIP Code: \_\_\_\_\_

Phone #: 386-937-1143 Fax #: 386-329-9977

E-Mail Address: N/A

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

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

Sample Date: 11/28/07 Sample Time: 8:40 AM

Sample Location (be specific): Trip Blank

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 checked="" type="checkbox"/> Other: <u>TRIP BLANK</u> |   |
| <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: PAUL THOMPSON

Sampler's Phone #: 386-937-1143 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: N/A

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

I, PAUL THOMPSON FIELD COORDINATOR  
Print Name Print Title

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

Signature: [Signature] Date: 12/17/07

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

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

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Hermits Cove TTHM  
Sample Location: Trip Blank Disinfectant Residual (mg/L) \_\_\_\_\_  
Sample Number: 2130015002 PWS ID \_\_\_\_\_  
Sampling Date: \_\_\_\_\_  
Date Received: 11/28/07 12:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH La Cert #
2941	Chloroform	[NA]	ug/L	0.25 U		EPA 524.2	0.25	12/07/07	4:46 PM	E96080
2942	Bromoform	[NA]	ug/L	0.41 U		EPA 524.2	0.41	12/07/07	4:46 PM	E96080
2943	Bromodichloromethane	[NA]	ug/L	0.25 U		EPA 524.2	0.25	12/07/07	4:46 PM	E96080
2944	Dibromochloromethane	[NA]	ug/L	0.30 U		EPA 524.2	0.30	12/07/07	4:46 PM	E96080
2950	Total Trihalomethanes	[80]	ug/L	0.25 U		EPA 524.2	0.25	12/07/07	4:46 PM	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  
Printed: 12/12/07

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



307 Coolidge Avenue  
Lough Acres, FL 33936  
FDOH # E85370

18331 Cortez Blvd.  
Brooksville, FL 34601  
FDOH # E84418

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

Public Water System Information (to be completed by sampler)

System Name: Hermito Cove PWS ID #: 0540482

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
Address: Buffalo Bluffs Rd

City: Odessa State: FL ZIP Code: 32189  
Phone #: 352-787-0980 Fax #: 352-787-1333  
E-Mail Address: na

Sample Information (to be completed by sampler)

Sample Number: 47896DW1 Location Code (if known): 215 Monroe  
Sample Date: 9/15/07 Sample Time: 1:45 AM (PM (circle one))  
Sample Location (be specific): 215 Monroe  
Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 0.4 mg/L Field pH: \_\_\_\_\_

Sample Type (check only one) Sample Reason(s) (check all that apply)

<input checked="" type="checkbox"/> Distribution	<input checked="" type="checkbox"/> Routine Compliance (with 62-550)	<input type="checkbox"/> Quarterly (which quarter?) _____
<input type="checkbox"/> Entry Point (for Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedance *	<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 checked="" type="checkbox"/> Max Residence Time	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Avg Residence Time	Sampling Procedure Used or Other Comments: _____	
<input type="checkbox"/> Near First Customer		

\* See 62-550.500(6) for requirements and restrictions. \*\* See 62-550.550(2) for requirements and attach a results page for each site.  
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrate MCL exceedances.

Sampler's Name: Paul Thompson  
Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-1333  
Sampler's E-Mail Address: na

Certification (to be completed by sampler)

Paul Thompson (Print Name) field coordinator (Print Title)

do HEREBY CERTIFY that the above public water system and collection information is complete and correct.  
Signature: [Signature] Date: 9/19/07

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

**Laboratory Certification Information** (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.  
Address: P. O. Box 160597  
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018  
Certification Expiration Date: 8/30/2008  
Phone #: 407-339-5984

**Analysis Information** (to be completed by lab)  
Sample Number: 47896DW1

Report Number: 47896  
Date Sample Received: 09/06/07

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

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

Were any analyses subcontracted?  Yes  No (If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

**Certification**

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).



Signature:

Date: 09/13/07

- \* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.
- \*\* Please provide radiochemical sample dates and 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
- Resample Requested (circle or highlight groups above)       Revised Report Requested (circle or highlight groups above)
- Reason(s):  Incomplete Report       Location Unsatisfactory       Analysis Unsatisfactory
- Missing Analyte Sheet(s)       Other \_\_\_\_\_

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

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

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

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

Disinfection Byproducts: 62-550.310(3)    Lab ID: 47696DW1    PWS ID: 2540482    Sample ID: 215 Monroe

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	ug/L	2.00	U	EPA552.2	2.00	09/12/07		E83018
2451	Dichloroacetic Acid	N/A	ug/L	2.00	U	EPA552.2	2.00	09/12/07		E83018
2452	Trichloroacetic Acid	N/A	ug/L	2.12		EPA552.2	0.500	09/12/07		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.00	U	EPA552.2	1.00	09/12/07		E83018
2454	Dibromoacetic Acid	N/A	ug/L	16.0		EPA552.2	0.500	09/12/07		E83018
2456	HAA5	60	ug/L	18.1		EPA552.2	0.500	09/12/07		E83018
2941	Chloroform	N/A	ug/L	1.88		EPA502.2	0.500	09/07/07		E83018
2942	Bromoform	N/A	ug/L	60.1		EPA502.2	0.500	09/07/07		E83018
2943	Bromodichloromethane	N/A	ug/L	3.89		EPA502.2	0.500	09/07/07		E83018
2944	Dibromochloromethane	N/A	ug/L	15.8		EPA502.2	0.500	09/07/07		E83018
2950	Total Trihalomethanes	80	ug/L	81.5		EPA502.2	0.500	09/07/07		E83018

**Flowers Chemical Laboratories, Inc.**  
 481 Newburyport Ave.  
 Altamonte Springs, FL 32701  
 Bus: 407-339-5984  
 Fax: 407-260-6110

**Flowers Chemical Labs-South**  
 8253 South US Hwy. 1  
 Port St. Lucie, FL 34952  
 Bus: 772-343-8006  
 Fax: 772-343-8089

**Flowers Chemical Labs-North**  
 812 S.W. Harvey Greene Dr.  
 Madison, FL 32340  
 Bus: 850-973-6878  
 Fax: 850-973-6878



www.flowerslabs.com

Client <b>AQUA UTILITIES PUTNAM</b>	Project Name <b>PRELUITS COVE PWS 104# 2540482</b>
Address <b>P.O. Box 490310</b>	Contact <b>PAL Thompson</b>
<b>LEESBURG, FL 34749</b>	FCL Lab Coordinator
Phone <b>386-937-1143 FAX 386-39-9977</b>	Requested Due Date <b>6/25/00</b>
P.O.# <b>PICK UP</b>	

Sampled By (PRINT): **PAL Thompson**

Sampler Signature: Date Sampled: **9/5/07**

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	MATRIX	LAB NO.	PRESERVATIVES					ANALYSES REQUEST	COMMENTS	Total #
						NONE	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	Na <sub>2</sub> S <sub>2</sub> O <sub>5</sub>			
1	215 MONROE	9/5/07	1:45AM	DW	47696DW1				XX		XX	CL-0.4	3
2												FIELD	
3												PRESERVED	
4													
5													
6													
7													
8													
9													
10													

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
	9/6/07	7:30AM		9-6	11:30		9-6	7:34		9/11/07	1:44

• WHITE - Original - To Be Returned      • YELLOW - Duplicate

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

Public Water System Information (to be completed by sampler)

System Name: Hermito Cave PWS ID #: 2540482

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
Address: Buffalo Bluff Rd

City: JOLIETTA State: FL ZIP Code: 32189  
Phone #: 352-787-0980 Fax #: 352-787-6333  
E-Mail Address: na

Sample Information (to be completed by sampler)

Sample Number: 47222DW1 Location Code (if known): POE  
Sample Date: 8/29/07 Sample Time: 9:25  AM  PM (circle one)

Sample Location (be specific): \_\_\_\_\_  
Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

Sample Type (check only one) Sample Reason(s) (check all that apply)

<input type="checkbox"/> Distribution	<input checked="" type="checkbox"/> Routine Compliance (with 62-550)	<input type="checkbox"/> Quarterly (which quarter?) _____
<input checked="" type="checkbox"/> Entry Point (for Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedance *	<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"/> Avg Residence Time	Sampling Procedure Used or Other Comments: _____	
<input type="checkbox"/> Near First Customer		

\* See 62-550.500(6) for requirements and restrictions. \*\* See 62-550.550(2) for requirements and attach a results page for each site.  
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrate MCL exceedances.

Sampler's Name: Paul Thompson  
Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333  
Sampler's E-Mail Address: na

Certification (to be completed by sampler)

Paul Thompson field coordinator  
(Print Name) (Print Title)

do HEREBY CERTIFY that the above public water system and collection information is complete and correct.  
Signature: [Signature] Date: 9/18/07

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

**Laboratory Certification Information** (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.  
Address: P. O. Box 150597  
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018  
Certification Expiration Date: 6/30/2008  
Phone #: 407-339-5984

**Analysis Information** (to be completed by lab)  
Sample Number: 47222DW1

Report Number: 47222  
Date Sample Received: 08/29/07

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

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

Were any analyses subcontracted?  Yes  No

(If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

**Certification**

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: 

Date: 09/06/07

- \* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.
- \*\* Please provide radiochemical sample dates and 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
- Resample Requested (circle or highlight groups above)       Revised Report Requested (circle or highlight groups above)
- Reason(s):  Incomplete Report       Location Unsatisfactory       Analysis Unsatisfactory
- Missing Analyte Sheet(s)       Other \_\_\_\_\_

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

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

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

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

Inorganic Contaminants: 62-550.310(1)    Lab ID: 47222DW1    PWS ID: 2540482    Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	0.0500	U	EPA300.0	0.0500	08/30/07	03:00 PM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	08/30/07	03:00 PM	E83018

**Flowers Chemical Laboratories, Inc.**  
 481 Newburyport Ave.  
 Altamonte Springs, FL 32701  
 Bus: 407-339-5984  
 Fax: 407-260-6110

**Flowers Chemical Labs-South**  
 8253 South US Hwy. 1  
 Port St. Lucie, FL 34952  
 Bus: 772-343-8006  
 Fax: 772-343-8089

**Flowers Chemical Labs-North**  
 812 S.W. Harvey Greene Dr.  
 Madison, FL 32340  
 Bus: 850-973-6878  
 Fax: 850-973-6878



www.flowerslabs.com

<b>Client</b> AQUA UTILITIES - PUTNAM COUNTY	<b>Project Name</b> HERMITS CASE AUSA 10# 2540482
<b>Address</b> P.O. Box 490310 LEESBURG, FL 34748	<b>Contact</b> PAUL THOMPSON
<b>Phone</b> 386-937-1143 FAX 386-329-9977	<b>Requested Due Date</b> 90

**PICK UP**

**Sampled By (PRINT):** Paul Thompson  
**Sampler Signature:** [Signature]  
**Date Sampled:** 8/19/07

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	MATRIX	LAB NO.	PRESERVATIVES					ANALYSES REQUEST	COMMENTS	Total #
						NONE	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	Na <sub>2</sub> S <sub>2</sub> O <sub>8</sub>			
1	P.O.E.	8/19/07	9:15A	DW	47222DW1						X	44-1	
2													
3													
4													
5													
6													
7													
8													
9													
10													

<b>Relinquished By / Affiliation</b>	<b>Date</b>	<b>Time</b>	<b>Accepted By / Affiliation</b>	<b>Date</b>	<b>Time</b>	<b>Relinquished By / Affiliation</b>	<b>Date</b>	<b>Time</b>	<b>Accepted By / Affiliation</b>	<b>Date</b>	<b>Time</b>
[Signature]	8/19/07	11:00	[Signature]	8-28	11:40	[Signature]	8-28	2:37	[Signature]	8/28/07	1441

**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 20, 2007

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

Client: Aqua Utilities Florida, Inc.

Workorder ID: Hermit's Cove DW ON

[2128813]

Received: 6/06/07 11:30

Dear Brian Heath;

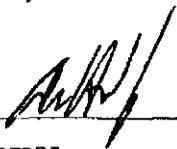
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory 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.

FD0H 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  
FD0H # E96080

4155 St. Johns Pkwy Suite 1300  
Sanford, FL 32771  
FD0H # E83509

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FD0H # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FD0H # E84418

Printed: 6/20/07



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: Hermit's Cove DW CN  
Received: 6/06/07 11:30

[2128813]

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

4155 St. Johns Pkwy Suite 1300  
Sanford, FL 32771  
FDOH # E83609

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 6/20/07



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**CERTIFICATE OF ANALYSIS**

[2128813]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Hermit's Cove DW CN

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID:		2128813001		Sampled: 06/05/07 14:40		Received: 06/06/07 11:30				
Sample ID:		POE Grab		Matrix: Water		Results reported on Wet Weight Basis				
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE27742	06/19/07 11:30	06/19/07 16:04	GG	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: 6/20/07





**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: HERMIT'S COWL PWS I.D. #: 2540482

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: BUFFALO BLUFF ROAD

City: SATSUMA State: FL ZIP Code: \_\_\_\_\_

Phone #: 386-937-1143 Fax #: 386-329-9977

E-Mail Address: N/A

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

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

Sample Date: 06/05/07 Sample Time: 2:40 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 checked="" type="checkbox"/> Quarterly (Which Qtr? <u>2<sup>+</sup></u> ) |
| <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: RALPH MARRIOTT

Sampler's Phone #: 386-937-0187 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: N/A

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

I, PAUL THOMPSON (for RALPH MARRIOTT) FIELD COORDINATOR  
Print Name Print Title

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

Signature: [Signature] Date: 6/26/07

# 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: 6/6/07

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

Lab Assigned Report Number or Job ID: 2128813001

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 checked="" 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 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: 20-Jun-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 US 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 235 Fax: (772) 467-584

**INORGANIC CONTAMINANTS**

62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc. Workorder: Hermit's Cove DW CN  
Sample Location: POE Grab Sample Number: 2128813001  
Sampling Date: 6/05/07 14:40 PWS ID (From Page 1): \_\_\_\_\_  
Date Received: 6/06/07 11:30

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1024	Cyanide	[0.2]	mg/L	0.0047	U	SM4500CN E	0.0047	6/19/07 16:04	E96080

Reporting Format 82-550.730  
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: 6/20/07



**AQUA PURE WATER & SEWAGE SERVICE, INC.**  
10865 East State Road 40 • Silver Springs, Florida 34488-2349

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

SYSTEM NAME: Hermit's Cove

SYSTEM PWS ID #: 2540482

REPORT DATE: 3/19/07

SUBMISSION #: 072709

Dear Customer,

Please read the instructions following the checked box(es).

- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **DEP Central District**.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **DEP Southwest District**.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **DEP Northeast District**.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **Marion County DOH: (or other \_\_\_\_\_)**.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **DEP: \_\_\_\_\_**.
- We have also reported the results of these analyses to: \_\_\_\_\_.
- Complete the enclosed DEP Public Water System Sampler Information page and forward with a copy of the analytical report to your governing DEP agency.

- All results satisfactory.
- Consult your governing agency or project engineer for interpretation.

*TDS exceeds allowable MCL.*  
*Jim*

This page does not constitute a portion of the NELAC report.  
If you have any questions please call Lisa Saupp at the telephone number indicated above.

Thank you !

We appreciate your business !



**AQUA PURE WATER & SEWAGE SERVICE, INC.**  
 10865 East State Road 40 • Silver Springs, Florida 34488-2349

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

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

Page 1 of 4; including Chain of Custody

**LABORATORY CERTIFICATION INFORMATION**

Laboratory Name: Aqua Pure Water & Sewage Service, Inc. Florida Certification #: E83265 Certification Expiration Date: 6/30/2007  
 Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

**ANALYSIS INFORMATION**

PWS ID: 2540482 System Name: Hermit's Cove Sample Number: 2  
 Sample Date: 2/28/07 Sample Time: 600 PM Sample Location: Point of Entry  
 Laboratory Assigned Submission Number: 072709 Date Sample(s) Received: 3/1/07

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.:  
 Inorganics, Partial  
 Secondaries, Partial

Subcontracted Laboratory DOH Certification Number(s): E83079 EL Analyte Sheet(s) Attached

**CERTIFICATION**

I, Lisa K. Saupp, Charles B. Saupp, or Michael Morse, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).  
 The results presented herein relate only to the samples submitted. If you have questions regarding this report please call Lisa Saupp at (352) 625-2822.

Signature: Lisa Saupp Date: March 19, 2007

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



# AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

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

System Name: Hermit's Cove  
PWS ID: 2540482  
Submission Number: 072709

### INORGANIC CONTAMINANTS 62-550.310(1)

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1024	Cyanide	0.2	mg/L	0.0022	U	E335.4	0.0022	3/12/07		E83079

U - The parameter was analyzed but not detected.



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

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

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

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

System Name: Hermit's Cove  
PWS ID: 2540482  
Submission Number: 072709

**SECONDARY CONTAMINANTS  
62-550.320**

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1930	Total Dissolved Solids	500	mg/L	665		SM2540C	10	3/6/07		E83265



# AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40  
Silver Springs, Florida 34488  
(352) 625-2822 • FAX (352) 625-6638

# 072709

## POTABLE: CHAIN OF CUSTODY

### THIS SECTION TO BE COMPLETED BY THE CUSTOMER

Information from this Chain of Custody will be used to generate the final report on your sample and will become a permanent part of our files. It is essential that you complete ALL applicable blanks in order for us to generate an accurate report.

Client Name: Aqua Utilities Fla  
Mailing Address: 930 S SR 19 Suite #3  
Palatka Fla, 32177  
Telephone: 386-329-1122 Fax 386-329-9977

#### PUBLIC WATER SYSTEM INFORMATION:

System Name: Hermit's Cove PWS ID No. 2540482  
Physical Address: 100 Buffalo Bluff Rd Phone No. same

Type (check box):  Community  Nontransient Noncommunity  Private  
 Noncommunity  HRS 10 D-4

#### SAMPLE INFORMATION:

Date and Hour Sampled: 2-28-07 6:00 PM  
Sample Location (be specific): Point of Entry  
Sampler Name and Phone (please print): Ralph Marriott  
Signature: Ralph Marriott Title: operator  
Type (check box):  Distribution  THM Max Res. Time  
 Recheck of MCL  Composite of Multiple Sites  
 Resample - Lab Invalidated  Distribution Entry Point  
 Clearance  Raw  Plant Tap

SAMPLE CUSTODY:	Signature	Date	Time	Condition
Sampler Relinquished:	<u>Ralph Marriott</u>	<u>3-1-07</u>	<u>8:30 AM</u>	<u>good</u>
Transporter Relinquished:	<u>David Wang</u>	<u>3-1-07</u>	<u>0930</u>	<u>OK</u>

#### PARAMETERS REQUESTED (check box):

Radiochemicals:  
 Gross Alpha  Others: \_\_\_\_\_

Group I Unregulated:  
 All 13  Partial: \_\_\_\_\_

Group II Unregulated:  
 All 23  Partial: \_\_\_\_\_

Group III Unregulated:  
 All 11  Partial: \_\_\_\_\_

Inorganics:  
 All 17  Partial: CN-As

Pesticides and PCBs:  
 All 30  Partial: \_\_\_\_\_

Secondaries:  
 All 14  Partial: TDS only

Trihalomethanes:  
 All 4  Partial: \_\_\_\_\_  
 t-THM Potential

Volatile Organics:  
 All 21  Partial: \_\_\_\_\_

Miscellaneous: TDS plain + Cyanide w/ AcOH

#### FIELD TEST RESULTS (if applicable):

Chlorine Residual: \_\_\_\_\_ pH: \_\_\_\_\_  
Dissolved Oxygen: \_\_\_\_\_ Temperature: \_\_\_\_\_  
Performed By: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR LABORATORY USE ONLY

Received By: [Signature] Date: 3-1-07 Time: 9:25 AM Condition: red  
Lab Number: 072709  
Comments: Temp = 26

Subcontracted To: \_\_\_\_\_  
Date Out: \_\_\_\_\_  
Parameters: \_\_\_\_\_  
Preservative: \_\_\_\_\_

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

072709

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

System Name: Hermit's Cove PWS I.D. #: 

2	5	4	0	4	8	2
---	---	---	---	---	---	---

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 100 Buffalo Bluff Rd

City: Sakuma State: FL ZIP Code: 32177

Phone #: 386-329-1122 Fax #: 386-329-9927

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

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

Sample Number: 2 Location Code (if known): \_\_\_\_\_

Sample Date: 2-28-07 Sample Time: 6:00 AM  PM (Circle One)

Sample Location (be specific): Point of Entry (disturbance)

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 2.8 mg/L Field pH: 7.2

**Sample Type (Check Only One)**

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

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

- Routine Compliance (with 62-550)  Quarterly (Which Quarter? 1st)
- Confirmation of MCL Exceedance\*
- Composite of Multiple Sites\*\*
- Special (not for compliance with 62-550)
- Clearance (permitting)
- Violation Resolution
- Other: \_\_\_\_\_
- Replacement (of Invalidated Sample)

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

\*See 62-550.500(6) for requirements and restrictions.  
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Ralph Marriott

Sampler's Phone #: same Sampler's Fax #: same

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

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

I, Ralph Marriott (Print Name), operator (Print Title)

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

Signature: Ralph Marriott Date: 2-28-07

**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: October 20, 2006

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

---

Client: Aqua Utilities Florida, Inc.

Workorder ID: Hermits Cove TDS DE

[2127060]

Received: 10/11/06 12:10

---

Dear Brian Heath;

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: 10/20/06



Page 1 of 4

**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 465-2400, Ext. 265 Fax: (772) 467-4584

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Hermits Cove TDS DE  
Received: 10/11/06 12:10

**[2127060]**

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

**HBEL Sample**

**Method Narratives (If Applicable)**

Number      Sample ID      Analytical Method      Description

**Quality Control Summary**

Method    HBEL Batch    Analyte      Analytical Issue

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: 10/20/06

Page 2 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

**CERTIFICATE OF ANALYSIS**

[2127060]

**Client:** Aqua Utilities Florida, Inc.

**Workorder ID:** Hermits Cove TDS DE

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2127060001					Sampled: 10/10/06 14:25		Received: 10/11/06 12:10			
Sample ID: POE Grab					Matrix: Water		Results reported on Wet Weight Basis			
Total Dissolved Solids		520	mg/L	5.0	EPA 160.1	WCDE15256		10/12/06 15:40	RM	E83509

<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: 10/20/06





**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: Hermit's Cove PWS I.D. #: 2540482

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: Buffalo Buff Rd.

City: Satsuma State: FL ZIP Code: 32189

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

E-Mail Address: NA

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

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

Sample Date: 10/10/06 Sample Time: 2:25 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)**

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

- Routine Compliance (with 62-550)
- Confirmation of MCL Exceedence\*
- Composite of Multiple Sites\*\*
- Clearance (permitting)
- Other: \_\_\_\_\_
- Quarterly (which Qtr? \_\_\_\_\_)
- Special (not for compliance with 62-550)
- Violation Resolution
- Replacement (of invalidated Sample)

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

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

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

Sampler's Name: RALPH MARIOTT

Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: NA

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

I, PAUL THOMPSON for RALPH MARIOTT SEW COORDINATOR  
Print Name Print Title

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

Signature: [Signature] Date: 11/3/06

# 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 #: E83509  
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: 10/11/06

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

Lab Assigned Report Number or Job ID: 2127060001

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"/> Chlorate           |
| <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: 20-Oct-06

\* 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) 467-584

**SECONDARY CHEMICAL ANALYSIS**

**62 - 550.320**

**(PWS031)**

Client: Aqua Utilities Florida, Inc. Workorder: Hermits Cove TDS DE  
 Sample Location: POE Grab  
 Sample Number: 2127060001  
 Sampling Date: 10/10/06 14:25  
 Preservative: Nitric Acid or None  
 Date Received: 10/11/06 12:10

ID	Parameter	MCL	Result	Method	MDL	Date	Lab ID
----	-----------	-----	--------	--------	-----	------	--------

1930	Total Dissolved Solids [500]	520	mg/L	EPA 160.1	5.0	10/12/06	E83509
------	------------------------------	-----	------	-----------	-----	----------	--------

Southeast Florida  
FDOH # E96080

Central Florida  
FDOH # E83509

Northeast Florida FDOH # E82417

Southwest Florida  
FDOH # E85370

West Central Florida  
FDOH # E84418

Printed: 10/20/06



**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: October 13, 2006

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

Client: Aqua Utilities Florida, Inc.

Workorder ID: Hermit's Cove DW Scan

[2126843]

Received: 9/19/06 11:50

Dear Brian Heath;

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: 10/13/06



Page 1 of 6

**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
 Phone: (772) 466-2400, Ext. 285 Fax: (772) 467-5884

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
 Workorder ID: Hermit's Cove DW Scan  
 Received: 9/19/06 11:50

**[2126843]**

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>
2126843001	POE Grab	EPA 548.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

**Quality Control Summary**

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
EPA 505	PEST4794		
2126843001	Decachlorobiphenyl		Surrogate - Outside acceptance Limits.

<u>Total Cyanide</u>			
	<u>WCGE26357</u>		
2126843001	Cyanide		Accuracy - Outside acceptance limits in the MS.
2126843001	Cyanide		Accuracy - Outside acceptance limits in the MSD.

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

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: 10/13/06

**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**

[2126843]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Hermit's Cove DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126843001						Sampled: 09/18/06 18:30 Received: 09/19/06 11:50				
Sample ID: POE Grab						Matrix: Water Results reported on Wet Weight Basis				
Odor - Dechlorinated		2.4	T.O.N.	1.0	EPA 140.1	WCDE15153		09/19/06 15:15	PA	E83509
pH	Q	7.55	SU	0.200	EPA 150.1	WCDE15155		09/20/06 14:47	PA	E83509
Total Dissolved Solids		780	mg/L	10	EPA 160.1	WCDE15177		09/22/06 15:07	PA	E83509
Aluminum		0.010 U	mg/L	0.010	EPA 200.7	META8148		09/28/06 14:16	DM	E96080
Barium		0.014	mg/L	0.0018	EPA 200.7	META8148		09/28/06 14:16	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8148		09/28/06 14:16	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8148		09/28/06 14:16	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8148		09/28/06 14:16	DM	E96080
Copper		0.0014 U	mg/L	0.0014	EPA 200.7	META8148		09/28/06 14:16	DM	E96080
Iron		0.025 U	mg/L	0.025	EPA 200.7	META8148		09/28/06 14:16	DM	E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META8148		09/28/06 14:16	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8148		09/28/06 14:16	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8148		09/28/06 14:16	DM	E96080
Sodium		93	mg/L	0.50	EPA 200.7	META8148		09/28/06 14:16	DM	E96080
Zinc		0.010 U	mg/L	0.010	EPA 200.7	META8148		09/28/06 14:16	DM	E96080
Antimony		0.0042 U	mg/L	0.0042	EPA 200.9	META8149		09/28/06 11:52	DM	E96080
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8156		10/3/06 12:26	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8163		10/6/06 9:10	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8162		10/5/06 11:17	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8152	09/28/06 9:54	09/29/06 12:24	DM	E96080
Chloride		240	mg/L	5.0	EPA 300.0	IC6955		09/25/06 16:14	JL	E96080
Fluoride		0.17	mg/L	0.011	EPA 300.0	IC6952		09/20/06 13:14	JL	E96080
Nitrate as N		0.073	mg/L	0.0030	EPA 300.0	IC6952		09/20/06 13:14	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6952		09/20/06 13:14	JL	E96080
Sulfate		53	mg/L	1.4	EPA 300.0	IC6955		09/25/06 16:14	JL	E96080
Surfactants as LAS, Mol.wt.340		0.16	mg/L	0.042	EPA 425.1	WCDE15170	09/20/06 13:45	09/20/06 14:30	RM	E83509
1,2-Dibromo-3- chloropropane		0.0021 U	ug/L	0.0021	EPA 504.1	PEST4802	09/29/06 10:33	09/29/06 22:47	JL	E96080
1,2-Dibromoethane		0.0050 U	ug/L	0.0050	EPA 504.1	PEST4802	09/29/06 10:33	09/29/06 22:47	JL	E96080
Chlordane		0.12 U	ug/L	0.12	EPA 505	PEST4794	09/25/06 13:52	09/26/06 1:43	JL	E96080
Endrin		0.095 U	ug/L	0.095	EPA 505	PEST4794	09/25/06 13:52	09/26/06 1:43	JL	E96080
gamma-BHC (Lindane)		0.019 U	ug/L	0.019	EPA 505	PEST4794	09/25/06 13:52	09/26/06 1:43	JL	E96080
Heptachlor		0.034 U	ug/L	0.034	EPA 505	PEST4794	09/25/06 13:52	09/26/06 1:43	JL	E96080
Heptachlor epoxide		0.028 U	ug/L	0.026	EPA 505	PEST4794	09/25/06 13:52	09/26/06 1:43	JL	E96080
Methoxychlor		0.041 U	ug/L	0.041	EPA 505	PEST4794	09/25/06 13:52	09/26/06 1:43	JL	E96080
PCB		0.13 U	ug/L	0.13	EPA 505	PEST4794	09/25/06 13:52	09/26/06 1:43	JL	E96080
Toxaphene		0.58 U	ug/L	0.56	EPA 505	PEST4794	09/25/06 13:52	09/26/06 1:43	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4797	09/26/06 10:24	10/3/06 20:59	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4797	09/26/06 10:24	10/3/06 20:59	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4797	09/26/06 10:24	10/3/06 20:59	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4797	09/26/06 10:24	10/3/06 20:59	JL	E96080

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FDOH # E84418



**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-4584

**CERTIFICATE OF ANALYSIS**

[2126843]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Hermit's Cove DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4797	09/26/06 10:24	10/3/06 20:59	JL	E96080
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4797	09/26/06 10:24	10/3/06 20:59	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2700		09/28/06 22:37	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2700		09/28/06 22:37	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2700		09/28/06 22:37	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2700		09/28/06 22:37	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2700		09/28/06 22:37	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2700		09/28/06 22:37	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2700		09/28/06 22:37	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2700		09/28/06 22:37	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2700		09/28/06 22:37	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2700		09/28/06 22:37	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2700		09/28/06 22:37	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2700		09/28/06 22:37	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2700		09/28/06 22:37	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2700		09/28/06 22:37	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2700		09/28/06 22:37	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2700		09/28/06 22:37	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2700		09/28/06 22:37	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2700		09/28/06 22:37	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2700		09/28/06 22:37	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2700		09/28/06 22:37	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2700		09/28/06 22:37	WR	E96080
Alachlor		0.61 U	ug/L	0.61	EPA 525.2	SVOC2440	09/27/06 10:25	10/3/06 9:34	WR	E96080
Atrazine		0.48 U	ug/L	0.48	EPA 525.2	SVOC2440	09/27/06 10:25	10/3/06 9:34	WR	E96080
Benzo(a)pyrene		0.070 U	ug/L	0.070	EPA 525.2	SVOC2440	09/27/06 10:25	10/3/06 9:34	WR	E96080
bis(2-ethylhexyl)phthalate		0.84 U	ug/L	0.84	EPA 525.2	SVOC2440	09/27/06 10:25	10/3/06 9:34	WR	E96080
Di(2-ethylhexyl)adipate		0.68 U	ug/L	0.68	EPA 525.2	SVOC2440	09/27/06 10:25	10/3/06 9:34	WR	E96080
Hexachlorobenzene		0.30 U	ug/L	0.30	EPA 525.2	SVOC2440	09/27/06 10:25	10/3/06 9:34	WR	E96080
Hexachlorocyclopentadiene		0.24 U	ug/L	0.24	EPA 525.2	SVOC2440	09/27/06 10:25	10/3/06 9:34	WR	E96080
Simazine		0.63 U	ug/L	0.63	EPA 525.2	SVOC2440	09/27/06 10:25	10/3/06 9:34	WR	E96080
Carboturan		0.18 U	ug/L	0.18	EPA 531.1	HPLC2338		10/3/06 16:11	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2338		10/3/06 16:11	JJM	E96080
Glyphosate		26 U	ug/L	26	EPA 547	HPLC2337		09/28/06 16:22	JJM	E96080
Endothal		2.8 U	ug/L	2.8	EPA 548.1	SVOC2443	09/22/06 11:53	10/4/06 20:13	WR	E96080
Cisquat		4.8 U	ug/L	4.8	EPA 549.2	HPLC2336	09/25/06 7:53	09/26/06 14:40	JJM	E96080
Gross Alpha		4.9 +/- 1.9	pCi/L		EPA 900.0	KNL1360		10/3/06 8:00	KNL	E84025
Radium 226		2.4 +/- 1.0	pCi/L		EPA 903.1	KNL1360		10/5/06 15:00	KNL	E84025
Radium 228		1.0 U +/- 0.8	pCi/L		EPA Alter.	KNL1360		10/5/06 14:00	KNL	E84025
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1032		09/26/06 9:48	SAL	E84129
Color		3.0	CU	1.8	SM2120 B	WCGE26304		09/20/06 13:30	TCL	E96080
Cyanide	Y	0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26357	10/2/06 9:00	10/2/06 14:56	GG	E96080

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**CERTIFICATE OF ANALYSIS**

[2126843]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Hermit's Cove DW Scan

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126843002					Sampled:		Received: 09/19/06 11:50			
Sample ID: TRIP BLANK					Matrix: Water		Results reported on Wet Weight Basis			
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2700		09/28/06 23:10	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2700		09/28/06 23:10	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2700		09/28/06 23:10	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2700		09/28/06 23:10	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2700		09/28/06 23:10	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2700		09/28/06 23:10	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2700		09/28/06 23:10	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2700		09/28/06 23:10	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2700		09/28/06 23:10	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2700		09/28/06 23:10	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2700		09/28/06 23:10	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2700		09/28/06 23:10	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2700		09/28/06 23:10	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2700		09/28/06 23:10	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2700		09/28/06 23:10	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2700		09/28/06 23:10	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2700		09/28/06 23:10	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2700		09/28/06 23:10	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2700		09/28/06 23:10	WR	E96080
Trichloroethene		0.38 U	ug/L	0.38	EPA 524.2	VOC2700		09/28/06 23:10	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2700		09/28/06 23:10	WR	E96080

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

- Q Sample held beyond the accepted holding time.
- Y Analysis performed on an Unpreserved, or Improperly Preserved sample.

5600 US 1 North  
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FDOH # E96080

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FDOH # E83509



307 Coolidge Avenue  
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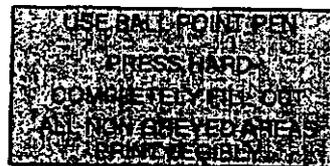
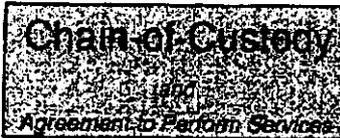
Printed: 10/13/06

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# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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



Laboratory not responsible for omitted information

\_\_\_ FDOH # E86080     \_\_\_ FDOH # E85370  
5600 U.S. 1 North     307 Coolidge Avenue  
Fort Pierce, FL 34946     Lehigh Acres, FL 33938  
 FDOH # E83509     \_\_\_ FDOH # E84418  
4155 St. Johns Pkwy.     18331 Cortez Blvd.  
Suits 1300     Brooksville, FL 34601  
Sanford, FL 32771



Company: Aqua Utilities Fla.  
Address: 930 S. SR 19, Suite #3  
Palatka Fla Zip: 32177  
Phone: 386-329-1122 Fax: 386-329-9977  
Client Contact: Paul Thompson  
Project Name: Hermit's Cove  
Sampled By: R. Marriott

Method(s) of Shipment: \_\_\_\_\_

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

PRESERVATIVE										Preservation Key		
										N-Hydrochloric Acid	P-Phosphoric Acid	
										N-Nitric Acid	ST-Sodium	
										S-Sulfuric Acid	Thio-sulfate	
										SH-Sodium Hydroxide	U-Unpreserved	
ANALYSES REQUESTED										COMMENTS		
1000	Me-fals	Cyanide	Nitrate Nitro	Sulfate Fluor	PH-Cobalt	TDSS	Color	ORP	ANALOG	Arms A.P.H.	Rad 226/228	Req. VOC's
001	-	-	-	-	-	-	-	-	-	30	3	
002	-	-	-	-	-	-	-	-	-		3	

LAB ID	COLLECTION		Sample Type	MATRIX*	# Containers	SAMPLE DESCRIPTION As Will Appear On Report
	DATE	TIME				
001	9-18-06	6:30 PM	G	DW	11	POE
002					3	Trip Blank - J

\* Sample Type: G-Grav C-Composites

Report Page 6 of 6	RELINQUISHED BY <u>R. Marriott</u>	RELINQUISHED BY <u>Steve Brown</u>	RELINQUISHED BY <u>John Lusk</u>
	DATE/TIME <u>9-19-06 8:30 AM</u>	DATE/TIME <u>9-19-06 11:50</u>	DATE/TIME <u>9-19-06 16:00</u>
	RECEIVED BY <u>Paul Thompson</u>	RECEIVED BY <u>John Lusk</u>	
	DATE/TIME <u>9-19-06/0837</u>	DATE/TIME <u>9/19/06 11:50</u>	



# SOUTHERN ANALYTICAL LABORATORIES, INC.

110 LAYVIEW BOULEVARD, LISIENSMARE, FL 34427 TEL: 813-855-1644 FAX: 813-855-2618



Harbor Branch Environmental Laboratory

DW As & HAA5

Sample ID: 2126 843 001

October 9, 2006

Sample No.: 63692.01

PWS ID: \_\_\_\_\_

## Inorganic Contaminants 62-550.310(1)

Contaminant ID	Contaminant Name	MCL Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1005	Arsenic	0.01 mg/L	0.001	U	SM 3113 B	0.001	09/26/06	09:48	E84129

\* Qualifiers:

U Analyte was undetected. Indicated concentration is method detection limit.

Harbor Branch  
Environmental Laboratory

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

63692

Subcontracting Form 001A  
REV 061  
Effective Date 12/05/2002

Receiving Laboratory: S.A.L.

The samples are to be shipped by FedEx to arrive on 9/22/06. TAT: STD

HARBOR BRANCH ENVIRONMENTAL LABORATORY						ANALYSIS REQUIRED				COLLECTION REMARKS
PROJECT NAME: <u>PW As + HAA5</u>						PRESERVATIVE				
SAMPLE TYPE: Composite = C, Grab = G, Preservative: HCl = H, HNO <sub>3</sub> = N, Na <sub>2</sub> SO <sub>3</sub> = ST, H <sub>2</sub> SO <sub>4</sub> = S, NaOH = SH, Unpreserved = U						N	HCl			
MATRIX: Drinking Water = DW, Groundwater = GW, Surface Water = SW, Wastewater = WW, Soil or solids = S, Waste = W, Oil = O						As by Amalgam	HAA5			
Client Code	MATRIX	COLLECTION DATE	TIME	TYPE	LAB SAMPLE ID	Bottle				SAMPLE COMMENTS
01	DW	9/18/06	1830	G	2126 843 001	1	✓			
02		9/18/06	1630	G	2126 844 001	1	✓			5x100ml HNO <sub>3</sub>
03		9/18/06	0800	G	2126 845 001	1	✓			2x100ml 6M HCl
04		9/18/06	1730	G	2126 846 001	1	✓			3x50ml 6M HCl
05	DW	9/18/06	1005	G	2126 861 001	1	✓			
06		9/18/06	1400	G	2126 850 001	1		✓		
07		9/18/06	1445	G	2126 857 001	1		✓		
08		9/18/06	1125	G	2126 855 002	1		✓		
09		9/18/06	045	G	2126 856 002	1		✓		
10	DW	9/18/06	1945	G	2126 857 002	1		✓		
RELINQUISHED BY:		DATE	TIME	RECEIVED BY:		DATE	TIME			
<u>Mark de to FedEx</u>		9-21-06	1600	<u>FedEx</u>						
RELINQUISHED BY:		DATE	TIME	LABORATORY NAME AND RECEIVED BY:		DATE	TIME			
<u>FedEx</u>				<u>R Nordmark</u>		9/22/06	0855			

Pg. 1 of 2  
Z.H

**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: Hermito Cove PWS I.D. #: 2540482

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: Buffalo Buff Rd.

City: Satsuma State: FL ZIP Code: 32189

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

E-Mail Address: Na

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

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

Sample Date: 09/18/06 Sample Time: 6:30 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 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: RALPH MARRIOTT

Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: Na

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

I, RALPH MARRIOTT, Fac. Operator II  
Print Name Print Title

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

Signature: Ralph Marriott Date: 10/26/06

## 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: 9/19/06

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

Lab Assigned Report Number or Job ID: 2126843001

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 checked="" type="checkbox"/> Partial<br><input type="checkbox"/> Nitrate<br><input type="checkbox"/> Nitrite<br><input type="checkbox"/> Asbestos Only | <p><u>Synthetic Organics</u></p> <input type="checkbox"/> All 30<br><input checked="" type="checkbox"/> All Except Dioxin<br><input type="checkbox"/> Partial<br><input type="checkbox"/> Dioxin Only | <p><u>Volatile Organics</u></p> <input checked="" type="checkbox"/> All 21<br><input type="checkbox"/> Partial<br><p><u>Radionuclides</u></p> <input checked="" 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 checked="" type="checkbox"/> All 14<br><input type="checkbox"/> Partial |
|---|---|---|--|

Were any analyses subcontracted?  Yes  No

If yes, please provide DOH certification numbers: E84129, E84025

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: 13-Oct-06

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

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

Client: Aqua Utilities Florida, Inc. Workorder: Hermit's Cove DW Scan  
 Sample Location: POE Grab  
 Sample Number: 2126843001  
 Sampling Date: 9/18/06 18:30  
 Date Received: 9/19/06 11:50

ID	Parameter	MCL	Units	Result	Qual.	Method	MDL	RDL	Date/Time	Lab ID
2378	1,2,4-Trichlorobenzene	[70]	ug/L	0.41	U	EPA 524.2	0.41	1.6	9/28/06 22:37	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/28/06 22:37	E96080
2955	Total Xylenes	[10000]	ug/L	0.46	U	EPA 524.2	0.46	1.8	9/28/06 22:37	E96080
2964	Methylene chloride	[5]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/28/06 22:37	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/28/06 22:37	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/28/06 22:37	E96080
2976	Vinyl chloride	[1]	ug/L	0.32	U	EPA 524.2	0.32	1.3	9/28/06 22:37	E96080
2977	1,1-Dichloroethene	[7]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/28/06 22:37	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	0.35	U	EPA 524.2	0.35	1.4	9/28/06 22:37	E96080
2980	1,2-Dichloroethane	[3]	ug/L	0.29	U	EPA 524.2	0.29	1.2	9/28/06 22:37	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/28/06 22:37	E96080
2982	Carbon tetrachloride	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.96	9/28/06 22:37	E96080
2983	1,2-Dichloropropane	[5]	ug/L	0.40	U	EPA 524.2	0.40	1.6	9/28/06 22:37	E96080
2984	Trichloroethene	[3]	ug/L	0.36	U	EPA 524.2	0.36	1.4	9/28/06 22:37	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	0.44	U	EPA 524.2	0.44	1.8	9/28/06 22:37	E96080
2987	Tetrachloroethene	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.96	9/28/06 22:37	E96080
2989	Chlorobenzene	[100]	ug/L	0.30	U	EPA 524.2	0.30	1.2	9/28/06 22:37	E96080
2990	Benzene	[1]	ug/L	0.20	U	EPA 524.2	0.20	0.80	9/28/06 22:37	E96080
2991	Toluene	[1000]	ug/L	0.22	U	EPA 524.2	0.22	0.88	9/28/06 22:37	E96080
2992	Ethylbenzene	[700]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/28/06 22:37	E96080
2996	Styrene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/28/06 22:37	E96080

Reporting Form 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, ?, \*, 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

4156 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

**INORGANIC CONTAMINANTS**

**62 - 550.310 (1)**

Client: Aqua Utilities Florida, Inc. Workorder: Hermit's Cove DW Scan  
Sample Location: POE Grab  
Sample Number: 2126843001  
Sampling Date: 9/18/06 18:30  
Date Received: 9/19/06 11:50

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	0.073		EPA 300.0	0.0030	9/20/06 13:14	E96080
1041	Nitrite as N	[1]	mg/L	0.0022	U	EPA 300.0	0.0022	9/20/06 13:14	E96080
1005	Arsenic	[0.01]	mg/L	0.0010	U	SM 3113 B	0.0010	9/26/06 9:48	E84129
1010	Barium	[2]	mg/L	0.014		EPA 200.7	0.0018	9/28/06 14:16	E96080
1015	Cadmium	[0.005]	mg/L	0.00070	U	EPA 200.7	0.00070	9/28/06 14:16	E96080
1020	Chromium	[0.1]	mg/L	0.0018	U	EPA 200.7	0.0018	9/28/06 14:16	E96080
1024	Cyanide	[0.2]	mg/L	0.0047	UY	SM4500CN E	0.0047	10/02/06 14:56	E96080
1025	Fluoride	[4]	mg/L	0.17		EPA 300.0	0.011	9/20/06 13:14	E96080
1030	Lead	[0.015]	mg/L	0.00061	U	EPA 200.9	0.00061	10/03/06 12:26	E96080
1035	Mercury	[0.002]	mg/L	0.000060	U	EPA 245.1	0.000060	9/29/06 12:24	E96080
1036	Nickel	[0.1]	mg/L	0.0020	U	EPA 200.7	0.0020	9/28/06 14:16	E96080
1045	Selenium	[0.05]	mg/L	0.0022	U	EPA 200.9	0.0022	10/06/06 9:10	E96080
1052	Sodium	[160]	mg/L	93		EPA 200.7	0.50	9/28/06 14:16	E96080
1074	Antimony	[0.006]	mg/L	0.0042	U	EPA 200.9	0.0042	9/28/06 11:52	E96080
1075	Beryllium	[0.004]	mg/L	0.00010	U	EPA 200.7	0.00010	9/28/06 14:16	E96080
1085	Thallium	[0.002]	mg/L	0.0010	U	EPA 200.9	0.0010	10/05/06 11:17	E96080

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

\* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, \*, are 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.

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FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 10/13/06

**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: Hermit's Cove DW Scan  
Sample Location: POE Grab  
Sample Number: 2126843001  
Sampling Date: 9/18/06 18:30  
Date Received: 9/19/06 11:50

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1002	Aluminum	[0.2]	mg/L	0.010	U	EPA 200.7	0.010	9/28/06 14:16	E96080
1017	Chloride	[250]	mg/L	240		EPA 300.0	5.0	9/25/06 16:14	E96080
1022	Copper	[1]	mg/L	0.0014	U	EPA 200.7	0.0014	9/28/06 14:16	E96080
1025	Fluoride	[2]	mg/L	0.17		EPA 300.0	0.011	9/20/06/20/06	E96080
1028	Iron	[0.3]	mg/L	0.025	U	EPA 200.7	0.025	9/28/06 14:16	E96080
1032	Manganese	[0.05]	mg/L	0.0037	U	EPA 200.7	0.0037	9/28/06 14:16	E96080
1050	Silver	[0.1]	mg/L	0.0010	U	EPA 200.7	0.0010	9/28/06 14:16	E96080
1055	Sulfate	[250]	mg/L	53		EPA 300.0	1.4	9/25/06 16:14	E96080
1095	Zinc	[5]	mg/L	0.010	U	EPA 200.7	0.010	9/28/06 14:16	E96080
1905	Color	[15]	CU	3.0	I	SM2120 B	1.8	9/20/06 13:30	E96080
1920	Odor - Dechlorinated	[3]	T.O.N.	2.4	I	EPA 140.1	1.0	9/19/06 15:15	E83509
1925	pH	[6.5-8.5]	SU	7.55	Q	EPA 150.1	0.200	9/20/06 14:47	E83509
1930	Total Dissolved Solids	[500]	mg/L	780		EPA 160.1	10	9/22/06 15:07	E83509
2905	Foaming Agents	[0.5]	mg/L	0.16	I	EPA 425.1	0.042	9/20/06 14:30	E83509

Reporting Form 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, 7, 1, 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.

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FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 10/13/06

# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

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

Client: Aqua Utilities Florida, Inc. Workorder: Hermit's Cove DW Scan  
 Sample Location: POE Grab  
 Sample Number: 2126843001  
 Sampling Date: 9/18/06 18:30  
 Date Received: 9/19/06 11:50

ID	Parameter	MCL	Units	Result	Qual.	Method	MDL	RDL	Extracted Date	Analyzed Date/Time	Lab ID
2005	Endrin	[2]	ug/L	0.095	U	EPA 505	0.095	0.38	9/25/06	9/26/06 1:43	E96080
2010	gamma-BHC (Lindane)	[0.2]	ug/L	0.019	U	EPA 505	0.019	0.076	9/25/06	9/26/06 1:43	E96080
2015	Methoxychlor	[40]	ug/L	0.041	U	EPA 505	0.041	0.16	9/25/06	9/26/06 1:43	E96080
2020	Toxaphene	[3]	ug/L	0.56	U	EPA 505	0.56	2.2	9/25/06	9/26/06 1:43	E96080
2031	Dalapon	[200]	ug/L	2.3	U	EPA 515.1	2.3	9.2	9/26/06	10/03/06 20:59	E96080
2032	Diquat	[20]	ug/L	4.8	U	EPA 549.2	4.8	19	9/25/06	9/26/06 14:40	E96080
2033	Endothal	[100]	ug/L	2.8	U	EPA 548.1	2.8	11	9/22/06	10/04/06 20:13	E96080
2034	Glyphosate	[700]	ug/L	26	U	EPA 547	26	100		9/28/06 16:22	E96080
2035	Di(2-ethylhexyl)adipate	[400]	ug/L	0.68	U	EPA 525.2	0.68	2.7	9/27/06	10/03/06 9:34	E96080
2036	Oxamyl	[200]	ug/L	0.41	U	EPA 531.1	0.41	1.6		10/03/06 16:11	E96080
2037	Simazine	[4]	ug/L	0.63	U	EPA 525.2	0.63	2.5	9/27/06	10/03/06 9:34	E96080
2039	bis(2-ethylhexyl)phthalate	[6]	ug/L	0.84	U	EPA 525.2	0.84	3.4	9/27/06	10/03/06 9:34	E96080
2040	Picloram	[500]	ug/L	0.23	U	EPA 515.1	0.23	0.92	9/26/06	10/03/06 20:59	E96080
2041	Dinoseb	[7]	ug/L	0.23	U	EPA 515.1	0.23	0.92	9/26/06	10/03/06 20:59	E96080
2042	Hexachlorocyclopentadiene	[50]	ug/L	0.24	U	EPA 525.2	0.24	0.96	9/27/06	10/03/06 9:34	E96080
2046	Carbofuran	[40]	ug/L	0.18	U	EPA 531.1	0.18	0.72		10/03/06 16:11	E96080
2050	Atrazine	[3]	ug/L	0.48	U	EPA 525.2	0.48	1.9	9/27/06	10/03/06 9:34	E96080
2051	Alachlor	[2]	ug/L	0.61	U	EPA 525.2	0.61	2.4	9/27/06	10/03/06 9:34	E96080
2065	Heptachlor	[0.4]	ug/L	0.034	U	EPA 505	0.034	0.14	9/25/06	9/26/06 1:43	E96080
2067	Heptachlor epoxide	[.2]	ug/L	0.026	U	EPA 505	0.026	0.10	9/25/06	9/26/06 1:43	E96080
2105	2,4-D	[70]	ug/L	0.22	U	EPA 515.1	0.22	0.88	9/26/06	10/03/06 20:59	E96080
2110	2,4,5-TP	[50]	ug/L	0.19	U	EPA 515.1	0.19	0.76	9/26/06	10/03/06 20:59	E96080
2274	Hexachlorobenzene	[1]	ug/L	0.30	U	EPA 525.2	0.30	1.2	9/27/06	10/03/06 9:34	E96080
2306	Benzo(a)pyrene	[.2]	ug/L	0.070	U	EPA 525.2	0.070	0.28	9/27/06	10/03/06 9:34	E96080
2326	Pentachlorophenol	[1]	ug/L	0.39	U	EPA 515.1	0.39	1.6	9/26/06	10/03/06 20:59	E96080
2383	PCB	[.5]	ug/L	0.13	U	EPA 505	0.13	0.52	9/25/06	9/26/06 1:43	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	ug/L	0.0021	U	EPA 504.1	0.0021	0.0084	9/29/06	9/29/06 22:47	E96080
2946	1,2-Dibromoethane	[.02]	ug/L	0.0050	U	EPA 504.1	0.0050	0.020	9/29/06	9/29/06 22:47	E96080
2959	Chlordane	[2]	ug/L	0.12	U	EPA 505	0.12	0.48	9/25/06	9/26/06 1:43	E96080

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

NOTE: Effective 1/1/2004, results indicating a non-detection with a reported MDL >50% of the MCL will not be accepted for compliance work with 62-550.310(4)(b)

\* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, D, T, Z, 7, \*, 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.

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16331 Cortez Blvd.  
 Brooksville, FL 34601  
 FDOH # E84418

Printed: 10/13/06



KNL Laboratory Services, Inc.  
 2742 N. Florida Ave.  
 P.O. Box 1833  
 Tampa, FL 33601  
 Ph: (813) 229-2879 Fax: (813) 229-0002

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

RADIONUCLIDES  
 62-550.310(6)  
 Client ID: 2126843 001

KNL Report Number/Job ID: 8947  
 PWS ID(From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier *	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha (incl Uranium)	15	pCi/L	4.9		EPA 900.0	2.0	3	1.9	10-03-06	0800	E84025
4020	Radium-226		pCi/L	2.4		EPA 903.0	1.0	1	1.0	10-05-06	1500	E84025
4030	Radium-228		pCi/L	1.0	U	EPA Ra-05	1.0	1	0.8	10-5-06	1400	E84025

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

\*Qualifier Codes: U = indicates that the compound was analyzed for but not detected.  
 I = the reported value is between the laboratory detection limit and the laboratory practical quantitation limit.



**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: 9/19/06

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

Lab Assigned Report Number or Job ID: 2126843002

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

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

Were any analyses subcontracted?  Yes  No

If yes, please provide DOH certification numbers: E84129, E84025

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: 13-Oct-06

\* 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. 295 Fax: (772) 467-584

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

Client: Aqua Utilities Florida, Inc. Workorder: Hermit's Cove DW Scan  
Sample Location: TRIP BLANK  
Sample Number: 2126843002  
Sampling Date:  
Date Received: 9/19/06 11:50

ID	Parameter	MCL	Units	Result	Qual.	Method	MDL	RDL	Date/Time	Lab ID
2378	1,2,4-Trichlorobenzene	[70]	ug/L	0.41	U	EPA 524.2	0.41	1.6	9/28/06 23:10	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/28/06 23:10	E96080
2955	Total Xylenes	[10000]	ug/L	0.46	U	EPA 524.2	0.46	1.8	9/28/06 23:10	E96080
2964	Methylene chloride	[5]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/28/06 23:10	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/28/06 23:10	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/28/06 23:10	E96080
2976	Vinyl chloride	[1]	ug/L	0.32	U	EPA 524.2	0.32	1.3	9/28/06 23:10	E96080
2977	1,1-Dichloroethene	[7]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/28/06 23:10	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	0.35	U	EPA 524.2	0.35	1.4	9/28/06 23:10	E96080
2980	1,2-Dichloroethane	[3]	ug/L	0.29	U	EPA 524.2	0.29	1.2	9/28/06 23:10	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/28/06 23:10	E96080
2982	Carbon tetrachloride	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.96	9/28/06 23:10	E96080
2983	1,2-Dichloropropane	[5]	ug/L	0.40	U	EPA 524.2	0.40	1.6	9/28/06 23:10	E96080
2984	Trichloroethene	[3]	ug/L	0.36	U	EPA 524.2	0.36	1.4	9/28/06 23:10	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	0.44	U	EPA 524.2	0.44	1.8	9/28/06 23:10	E96080
2987	Tetrachloroethene	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.96	9/28/06 23:10	E96080
2989	Chlorobenzene	[100]	ug/L	0.30	U	EPA 524.2	0.30	1.2	9/28/06 23:10	E96080
2990	Benzene	[1]	ug/L	0.20	U	EPA 524.2	0.20	0.80	9/28/06 23:10	E96080
2991	Toluene	[1000]	ug/L	0.22	U	EPA 524.2	0.22	0.88	9/28/06 23:10	E96080
2992	Ethylbenzene	[700]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/28/06 23:10	E96080
2996	Styrene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/28/06 23:10	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, ?, ., 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. 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: 10/13/06



**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: October 9, 2006

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

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Hermits Cove 6440 THM/HAA5  
Received: 9/13/06 12:45

**[2126798]**

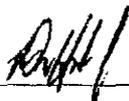
Dear Brian Heath;

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: 10/9/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946  
Phone: (772) 467-2400, Ext. 285 Fax: (772) 467-594

**Quality Control Summary**

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Hermits Cove 6440 THM/HAA5  
Received: 9/13/06 12:45

[2126798]

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**

<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: 10/3/06



**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**

[2126798]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Hermits Cove 6440 THM/HAA5

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: <b>2126798001</b>						Sampled: 09/12/06 15:35		Received: 09/13/06 12:45			
Sample ID: <b>215 Monroe Grab</b>						Matrix: Water					Results reported on Wet Weight Basis
Bromodichloromethane		0.87	ug/L	0.25	EPA 524.2	VOC2697		09/26/06 12:57	WR	E96080	
Bromoform		1.7	ug/L	0.41	EPA 524.2	VOC2697		09/26/06 12:57	WR	E96080	
Chloroform		0.48	ug/L	0.25	EPA 524.2	VOC2697		09/26/06 12:57	WR	E96080	
Dibromochloromethane		1.7	ug/L	0.30	EPA 524.2	VOC2697		09/26/06 12:57	WR	E96080	
Total THMs		4.7	ug/L	0.50	EPA 524.2	VOC2697		09/26/06 12:57	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  
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Sanford, FL 32771  
FDOH # E83509



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FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 10/9/06



**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: Hermit's Cove PWS I.D. #: 2540482

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: Buffalo Buff Rd

City: Satsuma State: FL ZIP Code: 32189

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

E-Mail Address: Na

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

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

Sample Date: 09/12/06 Sample Time: 3:35 PM

Sample Location (be specific): 215 Monroe Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.2 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"/> Entry Point (to Distribution)	<input checked="" type="checkbox"/> Quarterly (Which Qtr: <u>3rd</u> )
<input type="checkbox"/> Plant Tap not for compliance with 62-550	<input type="checkbox"/> Confirmation of MCL Exceedence*
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Special (not for compliance with 62-550)
<input checked="" type="checkbox"/> Max Residence Time	<input type="checkbox"/> Composite of Multiple Sites**
<input type="checkbox"/> Ave Residence Time	<input type="checkbox"/> Clearance (permitting)
<input type="checkbox"/> Near First Customer	<input type="checkbox"/> Violation Resolution
	<input type="checkbox"/> Replacement (of Invalidated Sample)
	<input type="checkbox"/> Other: _____
	Sampling Procedure Used or Other Comments: _____

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

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

Sampler's Name: PAUL THOMPSON

Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: Na

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

I, PAUL THOMPSON FIELD COORDINATOR  
Print Name Print Title

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

Signature: [Signature] Date: 10/19/06

# 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: 9/13/06

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

Lab Assigned Report Number or Job ID: 2126798001

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 type="checkbox"/> Nitrate<br><input 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 checked="" type="checkbox"/> Trihalomethanes<br><input checked="" 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 type="checkbox"/> Partial |
|--|--|---|---|

Were any analyses subcontracted?  Yes  No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

## CERTIFICATION

I, 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-Oct-06

\* 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 Hermits Cove 6440 THM/HAA5  
Sample Location: 215 Monroe Grab Disinfectant Residual (mg/L) \_\_\_\_\_  
Sample Number: 2126798001 PWS ID \_\_\_\_\_  
Sampling Date: 9/12/06 15:35  
Date Received: 9/13/06 12:45

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2941	Chloroform	[N/A]	ug/L	0.48		EPA 524.2	0.25	9/26/06	12:57 PM	E96080
2942	Bromoform	[N/A]	ug/L	1.7		EPA 524.2	0.41	9/26/06	12:57 PM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	0.87		EPA 524.2	0.25	9/26/06	12:57 PM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	1.7		EPA 524.2	0.30	9/26/06	12:57 PM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

**NOTE:** Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

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.

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: 10/9/06

# SOUTHERN ANALYTICAL LABORATORIES, INC.

1110 BAYVIEW DRIVE, VAHID, CALDENMAR, FL 32637 TEL: 352-285-1844 FAX: 352-285-6211



Harbor Branch Environmental Laboratory  
 2126 773- 2126 798  
 Sample ID: 2126 798 001B

September 29, 2006  
 Sample No.: 63442.10  
 PWS ID: \_\_\_\_\_  
 Disinfectant Residual (mg/L): \_\_\_\_\_

## Disinfection Byproducts 62-550.310(3)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MCL	Analysis Date	Analysis Time	DOR Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	09/29/06	04:59	E84129
2451	Dichloroacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	09/29/06	04:59	E84129
2452	Trichloroacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	09/29/06	04:59	E84129
2453	Monobromoacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	09/29/06	04:59	E84129
2454	Dibromoacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	09/29/06	04:59	E84129
2456	Total Haloacetic Acids	60	µg/L	1	U	EPA 552.2	1	09/29/06	04:59	E84129

\* Qualifiers:

U Analyte was undetected. Indicated concentration is method detection limit.

Harbor Branch  
Environmental Laboratory

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

Subcontracting Form 001A  
REV 001  
Effective Date 12/05/2003

UJ1717

Receiving Laboratory: S.A.L.

The samples are to be shipped by FEDEX to arrive on 9/15/06. TAT: STAD

HARBOR BRANCH ENVIRONMENTAL LABORATORY							ANALYSIS REQUIRED					COLLECTION REMARKS	
PROJECT NAME: <u>HAAS</u>							PRESERVATIVE						
SAMPLE TYPE: Composite = C, Grab = G.			Preservative: HCl = H, HNO <sub>3</sub> = N, Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> = ST, H <sub>2</sub> SO <sub>4</sub> = S, NaOH = SH, Unpreserved = U				HAAS						
MATRIX: Drinking Water = DW, Groundwater = GW, Surface Water = SW, Wastewater = WW, Soil or solids = S, Waste = W, Oil = O													
Client Code	MATRIX	COLLECTION DATE	TIME	TYPE	IDEL SAMPLE ID	Bottles							SAMPLE COMMENTS
01	DW	9/12/06	0940	G	2126-773001B	1	✓					7x 50ml a6 NH <sub>4</sub> Cl	
02		9/12/06	1110		2126-774002	1	✓					3x 100ml a6 NH <sub>4</sub> Cl	
03		9/12/06	0900		2126-775001B	1	✓						
04		9/12/06	0810		2126-776002	1	✓						
05		9/12/06	0925		2126-777001B	1	✓						
06		9/12/06	0925		2126-778002	1	✓						
07		9/12/06	0845		2126-779001B	1	✓						
08		9/12/06	1505		2126-796001B	1	✓						
09		9/12/06	1635		2126-797002B	1	✓						
10	DW	9/12/06	1535	G	2126-798001B	1	✓						
RELINQUISHED BY: <u>Alvina to Felix</u>				DATE	TIME	RECEIVED BY: <u>Felix</u>				DATE	TIME		
RELINQUISHED BY: <u>Felix</u>				DATE	TIME	LABORATORY NAME AND RECEIVED BY: <u>L. P. ...</u>				DATE	TIME		
										9/15/06	0820		

**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 6, 2006

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

---

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Hermits Cove 6440 TTHM [2126115]  
Received: 6/21/06 13:00

---

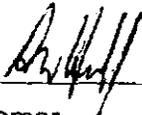
Dear Brian Heath;

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 4155 St Johns Pkwy Suite 1300  
Fort Pierce, FL 34946 Sanford, FL 32771  
FDOH # E96080 FDOH # E83509

307 Coolidge Avenue 16331 Cortez Blvd  
Lehigh Acres, FL 33936 Brooksville, FL 34601  
FDOH # E85370 FDOH # E84418

Printed: 7/6/06





**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**CERTIFICATE OF ANALYSIS**

[2126115]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Hermits Cove 6440 TTHM

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
<b>Laboratory ID: 2126115001</b> <b>Sample ID: 215 Monroe Grab</b>						<b>Sampled: 06/20/06 14:30</b> <b>Matrix: Water</b>		<b>Received: 06/21/06 13:00</b> <b>Results reported on Wet Weight Basis</b>		
Bromodichloromethane		0.40	ug/L	0.25	EPA 524.2	VOC2655	07/3/06 19:55	07/3/06 19:55	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2655	07/3/06 19:55	07/3/06 19:55	WR	E96080
Chloroform		0.57	ug/L	0.25	EPA 524.2	VOC2655	07/3/06 19:55	07/3/06 19:55	WR	E96080
Dibromochloromethane		0.35	ug/L	0.30	EPA 524.2	VOC2655	07/3/06 19:55	07/3/06 19:55	WR	E96080
Total THMs		1.3	ug/L	0.50	EPA 524.2	VOC2655	07/3/06 19:55	07/3/06 19:55	WR	E96080
<b>Laboratory ID: 2126115002</b> <b>Sample ID: Trip Blank</b>						<b>Sampled:</b> <b>Matrix: Water</b>		<b>Received: 06/21/06 13:00</b> <b>Results reported on Wet Weight Basis</b>		
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2655	07/3/06 20:28	07/3/06 20:28	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2655	07/3/06 20:28	07/3/06 20:28	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2655	07/3/06 20:28	07/3/06 20:28	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2655	07/3/06 20:28	07/3/06 20:28	WR	E96080
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2655	07/3/06 20:28	07/3/06 20:28	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: 7/6/06





# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946  
Phone (772) 465-2400, Ext. 285 Fax (772) 467-384

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

USE BALL POINT PEN  
PRESS HARD  
COMPLETELY FILL OUT  
ALL NON-GREYED AREAS  
FRONT/REAR

Laboratory not responsible for omitted information

FDOH # E96080 FDOH # E85370  
5600 U.S. 1 North 307 Coolidge Avenue  
Fort Pierce, FL 34946 Lighthouse Point, FL 33936

FDOH # E83509 FDOH # E84418  
255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.  
Deltona, FL 32725 Spring Hill, FL 34607



Company: AUF  
Address: 930 SW 15th St. R. 19 Suite 3  
PALATKA, FL Zip: 32177  
Phone: 386-329-1122 Fax: 386-329-9977  
Client Contact: PAUL THOMPSON  
Project Name: Hemlock Cove # 6440  
Sampled By: PAUL THOMPSON

Method(s) of Shipment: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
Standard Laboratory Turn Around Time \_\_\_\_\_  
Or \_\_\_\_\_  
Rush in \_\_\_\_\_ Business Days  
Requires Laboratory Approval

LAB ID		COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION	PRESERVATIVE		ANALYSES REQUESTED	COMMENTS
DATE	TIME					As Will Appear On Report	HEC	MUS			
001	6/20/06	2:30pm	G	DW	3	215 MONKEY TRIP BLANK	X				cl-0.6 PH-7.4
002							X				

Report Page	RELINQUISHED BY	RELINQUISHED BY	RELINQUISHED BY
	DATE/TIME 6/20/06 8:00	DATE/TIME 6/21/06 1:00	DATE/TIME 6/21/06 10:30
	RECEIVED BY	RECEIVED BY	RECEIVED FOR HDEL CUSTODY
	DATE/TIME 6/21/06 10:00	DATE/TIME 6/21/06 13:00	DATE/TIME 6/21/06 10:30

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: Hermitas Cove PWS I.D. #: 2540482

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: Buffalo Bluffs Rd

City: Satsuma State: FL ZIP Code: 32189

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

E-Mail Address: n/a

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

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

Sample Date: 06/20/06 Sample Time: 2:30 PM

Sample Location (be specific): 215 Monroe 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 checked="" type="checkbox"/> Quarterly (Which Qtr? <u>2nd</u> )
<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 checked="" 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: PAUL THOMPSON

Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: n/a

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

I, PAUL THOMPSON FIELD COORDINATOR  
Print Name Print Title

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

Signature: [Signature] Date: 7/11/06

## 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: 6/21/06

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

Lab Assigned Report Number or Job ID: 2126115001

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 type="checkbox"/> Nitrate<br><input 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><br><p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample<br><input type="checkbox"/> Qtrly Composite** | <p><u>Disinfection Byproducts</u></p> <input checked="" type="checkbox"/> Trihalomethanes<br><input type="checkbox"/> Haloacetic Acids<br><input type="checkbox"/> Bromate<br><input type="checkbox"/> Chlorite<br><br><p><u>Secondaries</u></p> <input type="checkbox"/> All 14<br><input type="checkbox"/> Partial |
|--|--|---|--|

Were any analyses subcontracted?  Yes  No

If yes, please provide DOH certification numbers: None

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: 06-Jul-06

\* 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) 467-584

**DISINFECTION BYPRODUCTS ANALYSES**

**62-550.310(3)**

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Hermits Cove 6440 TTHM  
 Sample Location: 215 Monroe Grab Disinfectant Residual (mg/L) \_\_\_\_\_  
 Sample Number: 2126115001 PWS ID \_\_\_\_\_  
 Sampling Date: 6/20/06 14:30  
 Date Received: 6/21/06 13:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
-----------	-------------	-----	-------	-----------------	-----------	-------------------	---------	---------------	---------------	--------

2941	Chloroform	[N/A]	ug/L	0.57		EPA 524.2	0.25	7/03/06	7:55 PM	E96080
2942	Bromoform	[N/A]	ug/L	0.41 U		EPA 524.2	0.41	7/03/06	7:55 PM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	0.40		EPA 524.2	0.25	7/03/06	7:55 PM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	0.35		EPA 524.2	0.30	7/03/06	7:55 PM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

**NOTE:** Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

Reporting Format 82-550.730  
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, ? , \* , unacceptable for compliance with 82-550. 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. 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 32777  
FDOH # E63509

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Bristolville FL 34807  
FDOH # E84418

Printed: 7/6/06





**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: 6/21/06

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

Lab Assigned Report Number or Job ID: 2126115002

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 checked="" 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 type="checkbox"/> Partial                    |

Were any analyses subcontracted?  Yes  No

If yes, please provide DOH certification numbers: None

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: 06-Jul-06

\* 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) 467-1584

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

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Hermits Cove 6440 TTHM  
Sample Location: Trip Blank Disinfectant Residual (mg/L) \_\_\_\_\_  
Sample Number: 2126115002 PWS ID \_\_\_\_\_  
Sampling Date: \_\_\_\_\_  
Date Received: 8/21/06 13:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2941	Chloroform	[NA]	ug/L	0.25 U		EPA 524.2	0.25	7/03/06	8:28 PM	E96080
2942	Bromoform	[NA]	ug/L	0.41 U		EPA 524.2	0.41	7/03/06	8:28 PM	E96080
2943	Bromodichloromethane	[NA]	ug/L	0.25 U		EPA 524.2	0.25	7/03/06	8:28 PM	E96080
2944	Dibromochloromethane	[NA]	ug/L	0.30 U		EPA 524.2	0.30	7/03/06	8:28 PM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

**NOTE:** Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

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, ?, \*, 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. avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring peri

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

4155 St Johns Pkwy Suite 1300  
Sanford, FL 32777  
FDOH # E83509

307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd  
Bristolville FL 32807  
FDOH # E84418

Printed: 7/6/06



**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 8, 2006

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

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Hermits Cove 6440-TTHM [2125745]  
Received: 5/17/06 14:00

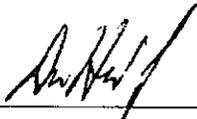
Dear Brian Heath;

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: 6/8/06





**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**CERTIFICATE OF ANALYSIS**

[2125745]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Hermits Cove 6440 TTHM

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: <b>2125745001</b>					Sampled: 05/16/06 12:50		Received: 05/17/06 14:00			
Sample ID: <b>215 Monroe Grab</b>					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane	Q	0.25 U	ug/L	0.25	EPA 524.2	VOC2639		05/31/06 2:18	WR	E96080
Bromofom	Q	0.41 U	ug/L	0.41	EPA 524.2	VOC2639		05/31/06 2:18	WR	E96080
Chloroform	Q	0.25 U	ug/L	0.25	EPA 524.2	VOC2639		05/31/06 2:18	WR	E96080
Dibromochloromethane	Q	0.30 U	ug/L	0.30	EPA 524.2	VOC2639		05/31/06 2:18	WR	E96080
Total THMs	Q	0.50 U	ug/L	0.50	EPA 524.2	VOC2639		05/31/06 2:18	WR	E96080

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

Q Sample held beyond the accepted holding time.

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: 6/8/06

Page 3 of 4



**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: 05/16/06 Sample Time: 12:50 PM

Sample Location (be specific): 215 Monroe 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"/> Entry Point (to Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedence*
<input type="checkbox"/> Plant Tap not for compliance with 62-550	<input type="checkbox"/> Composite of Multiple Sites**
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Clearance (permitting)
<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: PAUL THOMPSON

Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9977

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

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

I, PAUL THOMPSON \_\_\_\_\_ FIELD COORDINATOR  
Print Name Print Title

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

Signature: [Signature] Date: 6/19/06

# 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: 06/30/2006  
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 5/17/06

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

Lab Assigned Report Number or Job ID: 2125745001

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 checked="" 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           | <u>Radionuclides</u>                       | <input type="checkbox"/> Bromate                    |
| <input type="checkbox"/> Nitrite       | <input type="checkbox"/> Dioxin Only       | <input type="checkbox"/> Single Sample     | <input type="checkbox"/> Chlorite                   |
| <input type="checkbox"/> Asbestos Only |  | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u>                                  |
|  |  |  | <input type="checkbox"/> All 14                     |
|  |  |  | <input 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: 08-Jun-06

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

**DISINFECTION BYPRODUCTS ANALYSES**

62-550.310(3)

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Hermits Cove 6440 TTHM  
 Sample Location: 215 Monroe Grab Disinfectant Residual (mg/L) \_\_\_\_\_  
 Sample Number: 2125745001 PWS ID \_\_\_\_\_  
 Sampling Date: 5/16/06 12:50  
 Date Received: 5/17/06 14:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2941	Chloroform	[NA]	ug/L	0.25 U	Q	EPA 524.2	0.25	5/31/06	2:18 AM	E96080
2942	Bromoform	[NA]	ug/L	0.41 U	Q	EPA 524.2	0.41	5/31/06	2:18 AM	E96080
2943	Bromodichloromethane	[NA]	ug/L	0.25 U	Q	EPA 524.2	0.25	5/31/06	2:18 AM	E96080
2944	Dibromochloromethane	[NA]	ug/L	0.30 U	Q	EPA 524.2	0.30	5/31/06	2:18 AM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

**NOTE:** Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

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.

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: 6/8/06



**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: March 14, 2006

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

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Hermits Cove 6440 THM/HAA5 [2124847]  
Received: 2/22/06 12:40

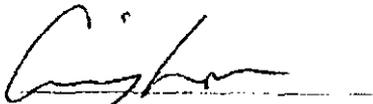
Dear Brian Heath;

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 2002 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 3393  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 3460  
FDOH # E84418

Printed: 3/14/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 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: Hermits Cove 6440 THM/HAA5  
Received: 2/22/06 12:40

[2124847]

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>	<u>Analytical Issue</u>
---------------	-------------------	----------------	-------------------------

EPA 552.1

PEST4864

2124847001	Trichloroacetic acid	Accuracy - Outside acceptance limits in the MS.
2124847001	Trichloroacetic acid	Accuracy - Outside acceptance limits in the MSD.

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 3393  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 3460  
FDOH # E84418

Printed: 3/14/08



**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**

**[2124847]**

**Client:** Aqua Utilities Florida, Inc.

**Workorder ID:** Hermits Cove 6440 THM/HAA5

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
<b>Laboratory ID: 2124847001</b>						<b>Sampled: 02/21/06 11:50</b>		<b>Received: 02/22/06 12:40</b>		
<b>Sample ID: 215 Monroe Grab</b>						<b>Matrix: Water</b>				
<b>Results reported on Wet Weight Basis</b>										
Bromodichloromethane		0.42	ug/L	0.25	EPA 524.2	VOC2604		02/28/06 20:35	WR	E96080
Bromoform	U	0.41	ug/L	0.41	EPA 524.2	VOC2604		02/28/06 20:35	WR	E96080
Chloroform		0.37	ug/L	0.25	EPA 524.2	VOC2604		02/28/06 20:35	WR	E96080
Dibromochloromethane		0.55	ug/L	0.30	EPA 524.2	VOC2604		02/28/06 20:35	WR	E96080
Total THMs		1.7	ug/L	0.50	EPA 524.2	VOC2604		02/28/06 20:35	WR	E96080
Dibromoacetic Acid		3.8	ug/L	0.18	EPA 552.1	PEST4664	03/3/06 9:23	03/4/06 9:12	RS	E96080
Dichloroacetic Acid		1.3	ug/L	0.66	EPA 552.1	PEST4664	03/3/06 9:23	03/4/06 9:12	RS	E96080
Monobromoacetic Acid		0.29	ug/L	0.28	EPA 552.1	PEST4664	03/3/06 9:23	03/4/06 9:12	RS	E96080
Monochloroacetic Acid	U	0.88	ug/L	0.88	EPA 552.1	PEST4664	03/3/06 9:23	03/4/06 9:12	RS	E96080
Total HAAs		5.4	ug/L	0.18	EPA 552.1	PEST4664	03/3/06 9:23	03/4/06 9:12	RS	E96080
Trichloroacetic acid	U	0.20	ug/L	0.20	EPA 552.1	PEST4664	03/3/06 9:23	03/4/06 9:12	RS	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. John's Pkwy, Suite 1300  
Sanford, FL 32771  
FDOH # E83509



307 Coolidge Avenue  
Lehigh Acres, FL 3393  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 3460  
FDOH # E84418

Printed: 3/14/06

Page 3 of 4



**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: Hermits Cove PWS I.D. #: 12|5|4|0|4|8|2|

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: Buffalo Bluff Road

City: Satsuma State: FL ZIP Code: 32189

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

E-Mail Address: NA

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

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

Sample Date: 02/21/06 Sample Time: 11:50 AM

Sample Location (be specific): 215 Monroe Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.3 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 checked="" type="checkbox"/> Quarterly (Which Qtr? <u>1st</u> )
<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: Paul Thompson

Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: NA

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

I, Paul Thompson AWD coordinator  
Print Name Print Title

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

Signature: [Signature] Date: 3/23/06

## 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: 06/30/2006  
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

**ANALYSIS INFORMATION** (to be completed by lab) Date Sample(s) Received: 2/22/06

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

Lab Assigned Report Number or Job ID: 2124847001

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

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

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-Mar-06

\* 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) 467-584

## DISINFECTION BYPRODUCTS ANALYSES 62-550.310(3)

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Hermits Cove 6440 THM/HAA5  
Sample Location: 215 Monroe Grab Disinfectant Residual (mg/L) .....  
Sample Number: 2124847001 PWS ID .....  
Sampling Date: 2/21/06 11:50  
Date Received: 2/22/06 12:40

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2450	Monochloroacetic Acid	[NA]	ug/L	0.88	U	EPA 552.1	0.88	3/04/06	9:12 AM	E96080
2451	Dichloroacetic Acid	[NA]	ug/L	1.3		EPA 552.1	0.66	3/04/06	9:12 AM	E96080
2452	Trichloroacetic acid	[NA]	ug/L	0.20	U	EPA 552.1	0.20	3/04/06	9:12 AM	E96080
2453	Monobromoacetic Acid	[NA]	ug/L	0.29		EPA 552.1	0.28	3/04/06	9:12 AM	E96080
2454	Dibromoacetic Acid	[NA]	ug/L	3.8		EPA 552.1	0.18	3/04/06	9:12 AM	E96080
2456	Total Haloacetic Acids (HAA5)	[60]	ug/L							
2941	Chloroform	[NA]	ug/L	0.37		EPA 524.2	0.25	2/28/06	8:35 PM	E96080
2942	Bromoform	[NA]	ug/L	0.41	U	EPA 524.2	0.41	2/28/06	8:35 PM	E96080
2943	Bromodichloromethane	[NA]	ug/L	0.42		EPA 524.2	0.25	2/28/06	8:35 PM	E96080
2944	Dibromochloromethane	[NA]	ug/L	0.55		EPA 524.2	0.30	2/28/06	8:35 PM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

**NOTE:** Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

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.

5600 US 1 North  
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307 Coolidge Avenue  
Lehigh Acres, FL 33936  
FDOH # E85370

2514 Osawaw Boulevard  
Spring Hill, FL 34607  
FDOH # E84418

Printed: 3/14/06





# Florida Department of Environmental Protection

Northeast District  
7825 Baymeadows Way, Suite B200  
Jacksonville, Florida 32256-7590  
Phone: 904/807-3300 • Fax: 904/448-4366

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

September 12, 2007

SENT VIA EMAIL: [cmmclure@aquaamerica.com](mailto:cmmclure@aquaamerica.com)

Ms. Candice McClure  
Aqua Utilities Florida, Inc.  
Post Office Box 490310  
Leesburg, FL 34749

Putnam County - Potable Water  
Sanitary Survey 2007  
Hermit's Cove WTP // PWS ID: 2540482

Dear Ms. McClure:

On August 2, 2007, a Sanitary Survey of the above referenced Community water system was conducted with the courteous assistance of Mr. Paul Thompson. The following deficiencies were noted as requiring action to bring this system into compliance with Chapter 62 of the Florida Administrative Code:

1. There was a threaded tap at the water treatment plant without a hose bib vacuum breaker (HBVB). Ensure that all threaded taps at the water treatment plant are downward facing and provide hose bib vacuum breakers (HBVBs) or remove the threads on all taps to prevent any possible contamination of the water supply. *FAC rule 62-555.360*
2. The pumps and system piping exhibited signs of corrosion. Scrape and paint these components to prevent any possible contamination of the well. *FAC rule 62-555.350*
3. Provide a lid or cap for the chlorine vat to avoid any possible contamination as well as provide as small air gap to allow the pressure within the container to remain stable. *FAC rule 62-555.350*

As a reminder, this system is required to monitor for the following parameters during 2007: Nitrate/Nitrite, Disinfection Byproducts during the months of July through September, and Total Coliform Bacteria with Residual Disinfectant Levels on a monthly basis.

DOCUMENT NUMBER - DATE

04326 MAY 22 08

FPSC-COMMISSION CLERK

Ms. Candice McClure  
September 12, 2007  
Page 2 of 2

In addition, please provide a copy of the Bacteriological and Cross Connection Control Plans so that the Department files for the system are complete. The plans were observed during the inspection, but are not on file at the Department.

Please provide a written response within **15 days of receipt** of this letter detailing how all deficiencies will be addressed within the next 30 days. Please contact me at (904) 807-3334 or Benjamin.Piltz@dep.state.fl.us if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Ben Piltz". The signature is written in a cursive style with a large, looped "B" and "P".

Ben Piltz  
Environmental Specialist I

BRR: BLP: bp

cc: Mr. Paul Thompson, Operator, Aqua Utilities Florida via pdthompson@aquaamerica.com

State of Florida  
 Department of Environmental Protection  
 Northeast District  
**SANITARY SURVEY REPORT**

Plant Name Hermit's Cove WTP County Putnam PWS ID # 2540482  
 Plant Location 283 East Buffalo Bluff Road, Satsuma, FL 32189 Phone -  
 Owner Name Aqua Utilities Florida, Inc. // Ms. Candice McClure Phone (352) 435-4020  
 Owner Address PO Box 490310, Leesburg, FL 34749  
 Designated Rep. Ms. Candice McClure Title Owner Phone (352) 435-4020  
 Facility Contact Mr. Paul Thompson Title Operator Phone (386) 937-1143  
 This Survey Date 8/2/07 Last Survey Date 3/3/04 Last C.I. Date 4/19/06

**PWS TYPE & CLASS:** Community - (4C)

**SERVICE AREA CHARACTERISTICS**

Residential Subdivision

Food Service:  Yes  No  N/A

**GENERAL INFORMATION**

Number of Service Connections 186  
 Population Served 641 Basis Operator  
 Plant Design Capacity 130,000 gpd  
 Basis Well Pump Capacity \_\_\_\_\_  
 Average Day (from MORs) 19,957 gpd  
 Max. Day (from MORs) 32,900 gpd  
 Total Storage Capacity 26,800 gallons  
 Comments Based on July 2007 MOR data.

**LOCATION**

Latitude 29° 34' 46.98" North  
 Longitude 81° 40' 24.07" West  
 GPS: Yes Date: 8/15/07  
 Directions Take exit 311 (FL-207) from I-95 west towards East Palatka (~20 miles). Turn left (south) on US Highway 17. Turn right (west) on County Road 309B, and the plant is on the left after River Villas.

**OPERATION & MAINTENANCE**

Certified Operator:  Yes  No  Not required  
 Operator(s) & Certification Class-Number  
Mr. Paul Thompson A-7251

O & M Log:  Yes  No  Not required  
 Operator Visitation Frequency  
 Hrs/day: Required \_\_\_\_\_ Actual \_\_\_\_\_  
 Days/wk: Required 5 Actual 5  
 Non-consecutive Days?  Yes  No  N/A  
 MORs submitted regularly?  Yes  No  N/A  
 Data missing from MORs?  No  Yes  N/A  
Complete operations, maintenance, equipment logs and sampling plans are on site.

**RAW WATER SOURCE**

GROUND; Number of Wells 2  
 SURFACE/UDI; Source \_\_\_\_\_  
 PURCHASED from PWS ID # \_\_\_\_\_  
 Emergency Water Source \_\_\_\_\_  
 Emergency Water Capacity \_\_\_\_\_

**AUXILIARY POWER SOURCE**

Yes  None  Not Required  
 Source Generac Generator  
 Capacity of Standby (kW) 30  
 Switchover:  Automatic  Manual  
 Standby Plan:  Yes  No  
 Hrs Operated Under Load 4 hrs/wk.  
 What equipment does it operate?  
 Well pumps \_\_\_\_\_  
 High Service Pumps \_\_\_\_\_  
 Treatment Equipment \_\_\_\_\_  
 Satisfy 1/2 max-day demand?  Yes  No  Unk  
 Comments Model 91A03548-S

**TREATMENT PROCESSES IN USE**

Hypochlorination and aeration.

What additional treatment is needed?  
No additional treatment is required.  
 For control of what deficiencies?  
 -

**DISTRIBUTION SYSTEM**

Flow Measuring Device Flow Meter  
 Meter Size & Type 4" Turbine McCrometer  
 Backflow Prevention Devices:  Yes  No  
 Cross-connections Threaded tap observed.  
 Written Cross-connection Control Program: Yes  
 Coliform Sampling Plan:  Yes  No  
 Comments Please fit any threaded taps with hose bib vacuum breakers (HBVBs) to prevent any possible cross contamination of the potable water system.

**GROUND WATER SOURCE**

Well Number (PWS Identification)	2540482	2540482	
Well Name (System Identification)	1	2	
Year Drilled	Unknown	2002	
Depth Drilled	166'	166'	
Latitude	29° 34' 47.399" N	29° 34' 47.399" N	
Longitude	81° 40' 24.475" W	81° 40' 24.475" W	
GPS (Y or N) / Date (if applicable)	Y - 7/97	N	
Florida Well ID	AAC 1855	-	
Static Water Level	Artesian	Artesian	
Actual Yield (if different than rated capacity)			
Strainer	Unknown	Unknown	
Length (outside casing)	100'	100'	
Diameter (outside casing)	4"	4"	
Material (outside casing)	Steel	Steel	
Well Contamination History	OK	OK	
Is inundation of well possible?	NO	NO	
6' X 6' X 4" Concrete Pad	OK	OK	
SET BACKS	Septic Tank	>200'	>200'
	Reuse Water	OK	OK
	WW Plumbing	OK	OK
	Other Sanitary Hazard	OK	OK
PUMP	Type	Centrifugal	
	Manufacturer Name	Goulds	
	Model Number	3BF25035	
	Rated Capacity (gpm)	150	
	Motor Horsepower	5	
Well casing 12" above grade?	OK	OK	
Well Casing Sanitary Seal	OK	OK	
Raw Water Sampling Tap	Smooth/downturned	Smooth/downturned	
Above Ground Check Valve	OK	OK	
Fence/Housing	Secured	Secured	
Well Vent Protection	Not required	Not required	

**COMMENTS** Minor corrosion was observed during the Sanitary Survey. One pump

**CHLORINATION (Disinfection)**

Type: Hypo-Chlorination  
 Make Stenner Capacity 17 gpd (each)  
 Chlorine Feed Rate 45%  
 Avg. Amount of Cl<sub>2</sub> gas used N/A  
 Chlorine Residuals: Plant 2.17 Remote 0.6  
 Remote tap location Bacti Sampling Point  
 DPD Test Kit:  On-site  With operator  
 None  Not Used Daily  
 Injection Points Before aerator  
 Booster Pump Info Booster pump not installed.  
 Comments Provide a lid for the chlorine vat.

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

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

Type Cascade Capacity 90 gpm  
 Aerator Condition Good  
 Bloodworm Presence None observed  
 Visible Algae Growth OK  
 Protective Screen Condition OK  
 Comments Aerator is in good condition.

**STORAGE FACILITIES**

(B) Bladder (CW) Clearwell (C) Contact (E) Elevated (G) Ground (H) Hydropneumatic (S.C.) See Comments

Tank Type/Number	GST		
Capacity (gal)	25 K		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	L.I.		
Fittings for Sight Glass	N/A		
Protected Openings	Yes		
PRV/ARV	N/A		
On/Off Pressure	N/A		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	N/A		
Height to Max. Water Level	N/A		

Comments 50 psig at remote tap from Bacteriological Sampling Plan.

**HIGH SERVICE PUMPS**

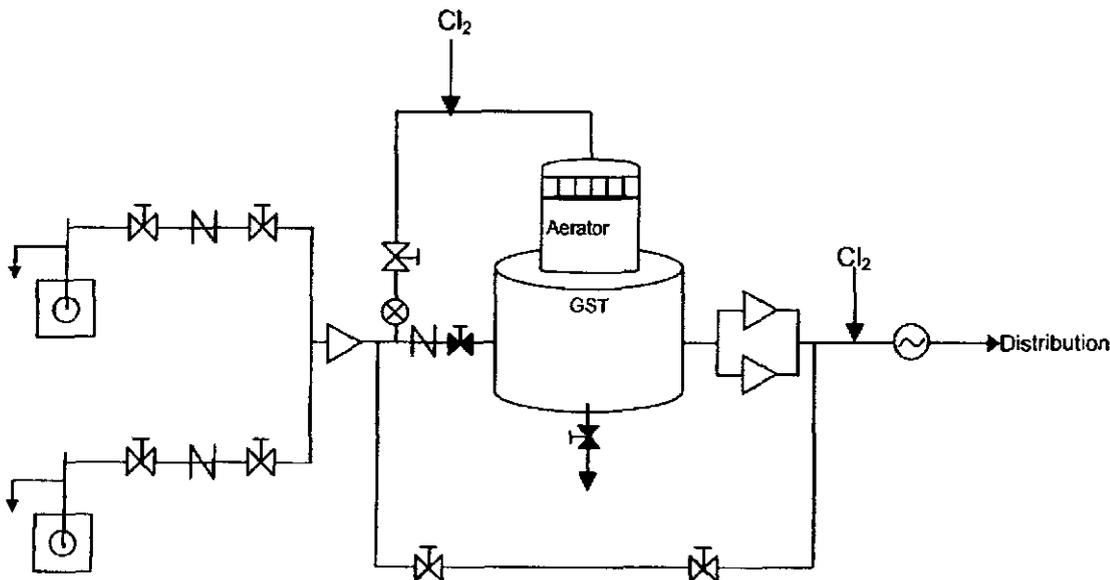
Pump Number	1	2	
Type	Centrifugal	Centrifugal	
Make	Peerless	Peerless	
Model			
Capacity (gpm)	160	160	
Motor HP	7.5	7.5	
Date Installed	Good	Good	
Maintenance	Good	Good	

Comments \_\_\_\_\_

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS			
CONTAMINANT	Last Sampled	Due Date	COMMENTS
Microbiological (Bacteria)	xxxxxxx	Monthly	2 distribution samples + 1 from <u>each</u> raw source (distribution number based upon the population served)
Disinfectant Levels	xxxxxxx	Monthly	2 field readings (i.e. one taken with each microbiological sample that is taken from the distribution system). <b>Only report the quarterly averages of the monthly readings.</b>
Disinfection Byproducts (DBPs)	2006	2007	Total Trihalomethanes (TTHMs) & Haloacetic Acids (HAA5s) taken in accordance with your D/DBPR Monitoring Plan.
Nitrate & Nitrite (as N)	2006	2007	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Inorganic Contaminants	2006	2009	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Volatile Organic Contaminants	2006	2009	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Synthetic Organic Contaminants	2006	2009	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent). <b>2 quarterly samples required if &gt;3,300 people served.</b>
Radionuclides	2006	2009	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Secondary Standards	2006	2009	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)
Lead and Copper	2005	2008	<b>Samples taken from pre-approved sample plan sites.</b>
Asbestos	Waiver	2011	<b>Samples taken from distribution.</b> Waiver available if there is no asbestos pipe in the distribution system.

Unless otherwise noted, all samples shall be representative of each source after treatment.

**SCHEMATIC (not to scale):**







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

T: 352.787.0980  
F: 352.787.6333  
[www.aquautilitiesflorida.com](http://www.aquautilitiesflorida.com)

December 11, 2007

Ben Piltz  
Environmental Specialist I  
FDEP Northeast District  
7825 Baymeadows Way, Suite B200  
Jacksonville FL 32256-4366

**RE: Reply to Sanitary Survey  
Hermit's Cove  
PWS ID No. 2540482  
Putnam County**

Dear Mr. Piltz:

Thank you for your inspection on August 2, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

1. Hose bib vacuum breakers have been installed on all threaded taps at the water treatment plant.
2. The pumps and system piping have been brushed and painted.
3. A cap has been provided on the chlorine drums.

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

Sincerely,

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

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

**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: Interlachen Lakes Estates		PWS Identification Number: 2540545	
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: 251		Total Population Served at End of Month: 753	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

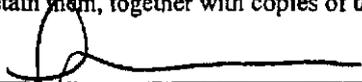
**B. Water Treatment Plant Information**

Plant Name: Interlachen Lakes Estates		Plant Telephone Number: (352) 787-0980	
Plant Address: Velvet Avenue		City: Hollister	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 32177	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,115,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operator's Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator: Paul Thompson	A	7251	Days 1st Shift
Other Operator: David Haring	C	14091	Days 1st Shift
Ralph Marriott	C	7527	Days 1st Shift

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

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

Signature and Date:  2/7/07      DOCUMENT NUMBER - DATE: Paul Thompson      Printed or Typed Name: Paul Thompson      License Number: A7251

04326 MAY 22 8  
FPSC-COMMISSION CLERK

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

PWS Identification Number: 2540545 Plant Name: Interlachen Lakes Estates

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 Visited by Operator (Place)	Hours plant in Operation	Net Quantity of Water Produced gal.	CT Calculations, or U.V. Dose, to Demolish Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					U.V. 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 Customer 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 U.V. Dose, mW-sec/cm <sup>2</sup>	Minimum U.V. Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
	X	24.0	59,299		1.3									0.8	
	X	24.0	59,500		1.1									0.8	
	X	24.0	64,200		1.3									0.9	
	X	24.0	60,300		1.3									0.9	
		24.0	49,000		1.3									1.0	
		24.0	62,700												
		24.0	62,700												
	X	24.0	62,700		1.3									1.0	
	X	24.0	53,700		1.2									1.0	
	X	24.0	58,400		1.2									0.9	
	X	24.0	65,700		1.1									0.9	
	X	24.0	54,400		1.0									0.8	
		24.0	58,067												
		24.0	58,067												
	X	24.0	58,067		1.2									0.8	
	X	24.0	65,700		1.5									1.0	
	X	24.0	59,000		1.0									1.2	
	X	24.0	58,800		1.1									0.9	
	X	24.0	58,900		1.5									1.1	
		24.0	62,067												
		24.0	62,067												
	X	24.0	62,067		1.5									1.0	
	X	24.0	54,800		1.5									1.3	
	X	24.0	59,600		1.5									1.1	
	X	24.0	59,300		1.4									1.2	
	X	24.0	60,100		1.8									1.5	
		24.0	58,533												
		24.0	58,533												
	X	24.0	58,533		1.2									0.9	
	X	24.0	69,300		1.3									1.0	
	X	24.0	65,300		1.1									0.8	
			1,859,399												
			59,981												
			69,300												

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

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



See Pages 4 for Instructions.

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

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

PWS Name: Interlachen Lakes Estates		PWS Identification Number: 2540545	
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: 251		Total Population Served at End of Month: 753	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aguaamerica.com		Contact Person's Fax Number: (352) 787-6333	

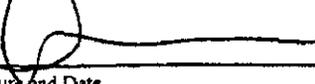
**B. Water Treatment Plant Information**

Plant Name: Interlachen Lakes Estates		Plant Telephone Number: (352) 787-0980	
Plant Address: Velvet Avenue		City: Hollister	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 32177	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,115,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators:	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

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

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

Signature and Date:  3/7/07

Printed or Typed Name: Paul Thompson

License Number: A7251

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

PWS Identification Number: 2540345 Plant Name: Interlachen Lakes Estates

III. Daily Data for the Month/Year 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	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	57,600		1.2									0.8	
2	X	24.0	64,500		1.4									1.1	
3		24.0	56,433												
4		24.0	56,433												
5	X	24.0	56,433		1.2									0.8	
6	X	24.0	62,900		1.0									1.0	
7	X	24.0	65,200		1.6									0.8	
8	X	24.0	47,700		1.1									0.7	
9	X	24.0	56,100		1.3									0.8	
10		24.0	60,800												
11		24.0	60,800												
12	X	24.0	60,800		1.3									0.9	
13	X	24.0	54,600		1.1									0.7	
14	X	24.0	61,000		1.5									1.1	
15	X	24.0	127,100		0.8									0.3	
16	X	24.0	54,000		1.5									1.0	
17		24.0	78,733												
18		24.0	78,733												
19	X	24.0	78,733		1.1									0.7	
20	X	24.0	51,600		1.5									0.9	
21	X	24.0	61,900		1.5									1.0	
22	X	24.0	60,900		1.5									1.0	
23	X	24.0	60,200		1.5									1.0	
24		24.0	64,800												
25		24.0	64,800												
26	X	24.0	64,800		1.6									1.1	
27	X	24.0	63,300		1.4									1.0	
28	X	24.0	67,300		0.8									0.5	
29		24.0													
30		24.0													
31		24.0													
<b>Total</b>			1,798,200												
<b>Average</b>			58,006												
<b>Maximum</b>			127,100												

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

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



See Pages 4 for Instructions.

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

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

PWS Name:	Interlachen Lakes Estates			PWS Identification Number:	2540545
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:	251			Total Population Served at End of Month:	753
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquamerica.com				

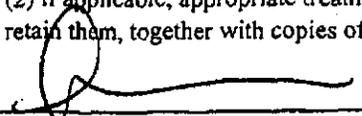
**B. Water Treatment Plant Information**

Plant Name:	Interlachen Lakes Estates			Plant Telephone Number:	(352) 787-0980
Plant Address:	Velvet Avenue	City:	Hollister	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:	1,115,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

**II Certification by Lead/Chief Operator**

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

 4/5/07  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number

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

PWS Identification Number: 2540545 Plant Name: Interlachen Lakes Estates

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 Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	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>	Temp of Water, °C		
1	X	24.0	56,600		1.2							0.8	
2	X	24.0	64,800		1.6							0.9	
3		24.0	56,833										
4		24.0	56,833										
5	X	24.0	56,833		1.4							1.0	
6	X	24.0	68,700		1.2							0.7	
7	X	24.0	70,600		1.5							0.7	
8	X	24.0	50,300		1.4							0.8	
9	X	24.0	74,000		1.5							0.8	
10		24.0	61,400										
11		24.0	61,400										
12	X	24.0	61,400		1.4							1.1	
13	X	24.0	64,100		1.2							0.8	
14	X	24.0	58,000		1.3							0.9	
15	X	24.0	70,200		1.5							1.0	
16	X	24.0	64,900		1.6							1.0	
17		24.0	63,700										
18		24.0	63,700										
19	X	24.0	63,700		2.1							1.6	
20	X	24.0	67,800		1.8							1.1	
21	X	24.0	68,400		1.6							1.2	
22	X	24.0	65,300		1.5							1.0	
23	X	24.0	59,200		1.3							0.9	
24		24.0	68,100										
25		24.0	68,100										
26	X	24.0	68,100		1.2							0.8	
27	X	24.0	65,600		1.0							1.0	
28	X	24.0	66,700		1.2							0.8	
29	X	24.0	76,100		1.1							0.7	
30	X	24.0	67,600		1.4							0.8	
31		24.0	72,633										
Total			2,001,633										
Average			64,569										
Maximum			76,100										

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

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



See Pages 4 for Instructions.

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

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

PWS Name:	Interlachen Lakes Estates	PWS Identification Number:	2540545
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:	251	Total Population Served at End of Month:	753
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

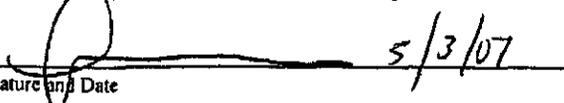
**B. Water Treatment Plant Information**

Plant Name:	Interlachen Lakes Estates	Plant Telephone Number:	(352) 787-0980
Plant Address:	Velvet Avenue	City:	Hollister
		State:	Florida
		Zip Code:	32177
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:	1,115,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	Days 1st Shift
Other Operators	David Haring	C	14091	Days 1st Shift
	Ralph Marriot	C	7527	Days 1st Shift

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

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

Signature and Date:  5/3/07

Printed or Typed Name: Paul Thompson

License Number: A7251

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

PWS Identification Number: 2540545 Plant Name: Interlachen Lakes Estates

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 Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	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>	Temp. of Water, °C		
1		24.0	108,950										
2	X	24.0	108,950		1.0							0.6	
3	X	24.0	59,800		1.3							0.8	
4	X	24.0	72,200		1.3							0.8	
5	X	24.0	59,700		1.4							0.8	
6	X	24.0	66,400		1.3							0.8	
7		24.0	69,767										
8		24.0	69,767										
9	X	24.0	69,767		1.2							0.8	
10	X	24.0	66,700		1.4							0.9	
11	X	24.0	53,600		1.5							0.9	
12	X	24.0	62,700		1.2							1.0	
13	X	24.0	68,400		1.5							1.1	
14		24.0	63,767										
15		24.0	63,767										
16	X	24.0	63,767		1.7							1.4	
17	X	24.0	80,200		1.7							1.2	
18	X	24.0	64,400		1.3							1.0	
19	X	24.0	71,700		1.5							1.0	
20	X	24.0	61,500		1.4							0.9	
21		24.0	67,633										
22		24.0	67,633										
23	X	24.0	67,633		1.2							1.3	
24	X	24.0	66,200		1.0							0.8	
25	X	24.0	68,900		1.5							1.0	
26	X	24.0	72,900		1.5							1.0	
27	X	24.0	75,700		1.4							1.1	
28		24.0	72,567										
29		24.0	72,567										
30	X	24.0	72,567		1.2							0.8	
31		24.0											
Total			2,110,100										
Average			68,068										
Maximum			108,950										

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

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



See Pages 4 for Instructions.

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

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

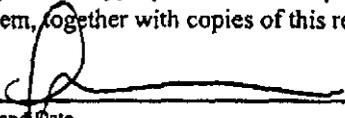
PWS Name:	Interlachen Lakes Estates		PWS Identification Number:	2540545
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month:	251		Total Population Served at End of Month:	753
PWS Owner:	Aqua Utilities Florida			
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Loesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aguaamerica.com			

**B. Water Treatment Plant Information**

Plant Name:	Interlachen Lakes Estates		Plant Telephone Number:	(352) 787-0980
Plant Address:	Velvet Avenue		City:	Hollister State: Florida Zip Code: 32177
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:	1,115,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

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

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

Signature and Date:  6/5/07

Paul Thompson  
Printed or Typed Name

A7251  
License Number

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

PWS Identification Number: 2540545 Plant Name: Interlachen Lakes Estates

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*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>			Minimum UV Dose Required, mW-sec/cm <sup>2</sup>
1	X	24.0	70,100		1.2								0.9	
2	X	24.0	99,200		1.2								0.8	
3	X	24.0	77,200		1.5								0.9	
4	X	24.0	78,400		1.3								1.0	
5		24.0	71,300											
6		24.0	71,300											
7	X	24.0	71,300		1.0								0.7	
8	X	24.0	61,600		1.3								0.8	
9	X	24.0	60,000		1.8								2.5	
10	X	24.0	76,200		1.5								0.8	
11	X	24.0	66,700		2.0								1.5	
12		24.0	74,233											
13		24.0	74,233											
14	X	24.0	74,233		1.2								0.7	
15	X	24.0	60,700		1.0								0.7	
16	X	24.0	70,000		1.3								0.8	
17	X	24.0	75,500		1.4								1.0	
18	X	24.0	64,300		1.5								1.0	
19		24.0	69,000											
20		24.0	69,000											
21	X	24.0	69,000		1.3								1.0	
22	X	24.0	71,800		1.8								0.8	
23	X	24.0	71,900		1.6								0.8	
24	X	24.0	67,400		1.7								0.9	
25	X	24.0	77,600		1.0								0.8	
26		24.0	66,800											
27		24.0	66,800											
28	X	24.0	66,800		0.8								0.8	
29	X	24.0	78,700		1.5								1.1	
30	X	24.0	65,200		1.2								0.8	
31	X	24.0	68,000		1.3								1.0	
<b>Total</b>			2,204,500											
<b>Average</b>			71,113											
<b>Maximum</b>			99,200											

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

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



See Pages 4 for Instructions.

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

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

PWS Name:	Interlachen Lakes Estates	PWS Identification Number:	2540545
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:	251	Total Population Served at End of Month:	753
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Loesburg
		State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Zip Code:	34749
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Contact Person's Fax Number:	(352) 787-6333

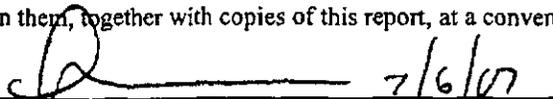
**B. Water Treatment Plant Information**

Plant Name:	Interlachen Lakes Estates	Plant Telephone Number:	(352) 787-0980
Plant Address:	Velvet Avenue	City:	Hollister
		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:	1,115,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators:	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

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

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

 7/6/07  
Signature and Date

Paul Thompson  
Printed or Typed Name

A7251  
License Number

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

PWS Identification Number: 2540545 Plant Name: Interlachen Lakes Estates

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 Demostat Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	68,500		1.2									1.0	
2		24.0	59,167												
3		24.0	59,167												
4	X	24.0	59,167		1.3									1.0	
5	X	24.0	67,500		1.5									1.0	
6	X	24.0	83,700		1.2									0.5	
7	X	24.0	67,500		1.7									0.9	
8	X	24.0	66,800		1.7									0.5	
9		24.0	72,333												
10		24.0	72,333												
11	X	24.0	72,333		0.9									0.6	
12	X	24.0	58,000		1.7									1.0	
13	X	24.0	61,500		1.5									1.0	
14	X	24.0	56,200		1.1									1.0	
15	X	24.0	67,900		1.7									1.2	
16		24.0	71,100												
17		24.0	71,100												
18	X	24.0	71,100		1.3									1.0	
19	X	24.0	70,700		0.8									0.6	
20	X	24.0	66,200		1.8									1.1	
21	X	24.0	65,500		1.4									1.2	
22	X	24.0	62,100		1.2									1.0	
23		24.0	74,367												
24		24.0	74,367												
25	X	24.0	74,367		1.0									0.8	
26	X	24.0	57,400		1.2									0.8	
27	X	24.0	77,600		1.0									0.6	
28	X	24.0	68,800		0.7									0.4	
29	X	24.0	74,400		0.7									0.4	
30		24.0	80,800												
31		24.0													
Total			2,052,000												
Average			66,194												
Maximum			83,700												

\* 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: 2540545 Plant Name: Interlachen Lakes Estates

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 Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer, During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1		24.0	80,800											0.4	
2	X	24.0	80,800		1.0									0.5	
3	X	24.0	80,500		1.3									0.5	
4	X	24.0	70,000		1.2									0.5	
5	X	24.0	87,800		1.1									0.4	
6	X	24.0	87,300		0.9									0.4	
7		24.0	87,400												
8		24.0	87,400												
9	X	24.0	87,400		1.0									0.7	
10	X	24.0	82,200		1.0									0.7	
11	X	24.0	92,100		1.3									0.8	
12	X	24.0	94,900		1.5									0.9	
13	X	24.0	90,200		1.3									0.8	
14		24.0	96,333												
15		24.0	96,333												
16	X	24.0	96,333		1.5									1.0	
17	X	24.0	101,300		1.0									0.7	
18	X	24.0	86,900		1.3									0.8	
19	X	24.0	98,300		1.4									0.8	
20	X	24.0	99,200		1.2									0.7	
21		24.0	63,900												
22		24.0	63,900												
23	X	24.0	63,900		1.0									0.6	
24	X	24.0	57,100		0.8									0.4	
25	X	24.0	56,100		1.0									0.7	
26	X	24.0	68,900		1.4									0.9	
27	X	24.0	66,100		1.5									1.0	
28		24.0	58,933												
29		24.0	58,933												
30	X	24.0	58,933		1.0									0.6	
31	X	24.0	71,300		1.1									0.6	
Total			2,471,500												
Average			79,726												
Maximum			101,300												

\* Refer to the instructions for this report to determine which plants must provide this information.  
 DEP Form 62-555.900(3) Alternate

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



See Pages 4 for Instructions.

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

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

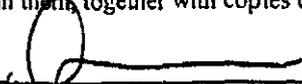
PWS Name: Interlachen Lakes Estates		PWS Identification Number: 2540545	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 251		Total Population Served at End of Month: 753	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aguaamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Interlachen Lakes Estates		Plant Telephone Number: (352) 787-0980		
Plant Address: Velvet Avenue		City: Hollister	State: Florida	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 32177		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,115,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	Days 1st Shift
Other Operators	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

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

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

Signature and Date:  8/6/07

Paul Thompson  
Printed or Typed Name

A7251  
License Number

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

PWS Identification Number: 2540545 Plant Name: Interlachen Lakes Estates

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 Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	X	24.0	49,100		0.9									0.6	
2	X	24.0	55,500		1.4									0.8	
3	X	24.0	61,900		2.0									1.4	
4		24.0	63,467												
5		24.0	63,467												
6	X	24.0	63,467		0.8									0.5	
7	X	24.0	68,200		1.0									0.6	
8	X	24.0	75,900		1.5									1.0	
9	X	24.0	49,700		1.3									0.7	
10	X	24.0	63,800		1.4									0.8	
11		24.0	61,367												
12		24.0	61,367												
13	X	24.0	61,367		1.3									0.7	
14	X	24.0	53,500		1.1									0.7	
15	X	24.0	69,000		1.0									0.6	
16	X	24.0	59,500		1.3									0.7	
17	X	24.0	64,200		1.5									0.8	
18		24.0	70,667												
19		24.0	70,667												
20	X	24.0	70,667		1.7									1.2	
21	X	24.0	55,700		1.7									1.3	
22	X	24.0	67,500		1.0									0.6	
23	X	24.0	69,600		1.9									1.3	
24	X	24.0	66,900		1.3									1.0	
25		24.0	64,467												
26		24.0	64,467												
27	X	24.0	64,467		1.5									1.0	
28	X	24.0	56,800		1.5									1.1	
29	X	24.0	54,200		1.5									0.9	
30	X	24.0	65,600		1.4									0.9	
31	X	24.0	63,100		2.0									1.4	
Total			1,949,600												
Average			62,890												
Maximum			75,900												

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

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



See Pages 4 for Instructions.

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

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

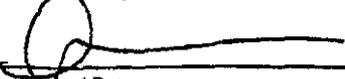
PWS Name:	Interlachen Lakes Estates			PWS Identification Number:	2540545
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	251			Total Population Served at End of Month:	753
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	bheath@aquaaamerica.com				

**B. Water Treatment Plant Information**

Plant Name:	Interlachen Lakes Estates			Plant Telephone Number:	(352) 787-0980	
Plant Address:	Velvet Avenue			City:	Hollister	
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	State:	Florida		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,115,000					
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
Licensed Operators:	Name	License Class	License Number	Day(s) / Shift(s) Worked		
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift		
Other Operators:	David Haring	C	14091	Days 1st Shift		
	Ralph Marriott	C	7527	Days 1st Shift		

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

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

 10/09/07  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number

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

PWS Identification Number: 2540545 Plant Name: Interlachen Lakes Estates

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 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	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1		24.0	55,500												
2		24.0	55,500												
3	X	24.0	55,500		1.4									0.8	
4	X	24.0	61,100		1.5									0.8	
5	X	24.0	67,700		1.4									0.7	
6	X	24.0	54,600		2.0									1.4	
7	X	24.0	61,700		1.0									0.6	
8		24.0	58,800												
9		24.0	58,800												
10	X	24.0	58,800		1.7									1.1	
11	X	24.0	54,100		1.1									0.9	
12	X	24.0	55,200		1.3									0.8	
13	X	24.0	64,100		1.5									0.8	
14	X	24.0	73,000		1.8									1.1	
15		24.0	57,933												
16		24.0	57,933												
17	X	24.0	57,933		1.4									1.0	
18	X	24.0	61,100		1.4									1.0	
19	X	24.0	47,500		1.3									0.9	
20	X	24.0	51,400		1.3									0.8	
21	X	24.0	59,400		1.0									0.6	
22		24.0	59,367												
23		24.0	59,367												
24	X	24.0	59,367		1.5									0.9	
25	X	24.0	52,700		1.5									0.9	
26	X	24.0	62,900		1.3									0.8	
27	X	24.0	106,700		0.8									0.3	
28	X	24.0	54,700		2.3									1.5	
29		24.0	25,367												
30		24.0	25,367												
31		24.0													
Total			1,733,433												
Average			55,917												
Maximum			106,700												

\* 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: 2540545 Plant Name: Interlachen Lakes Estates

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 (gals)	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)	Emergency or Abnormal Operating Conditions Report 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>	Temp of Water, °C		
1	X	24.0	50,734		1.3							0.9	
2	X	24.0	60,000		1.0							0.8	
3	X	24.0	58,400		1.8							1.1	
4	X	24.0	49,900		1.6							1.0	
5	X	24.0	63,400		1.6							0.8	
6		24.0	53,067										
7		24.0	53,067										
8	X	24.0	53,067		1.5							0.8	
9	X	24.0	61,400		1.5							0.8	
10	X	24.0	63,700		1.5							0.8	
11	X	24.0	185,200		0.6							0.3	
12	X	24.0	53,900		1.3							0.6	
13		24.0	56,267										
14		24.0	56,267										
15	X	24.0	56,267		1.5							0.7	
16	X	24.0	51,000		1.0							0.5	
17	X	24.0	56,000		1.5							0.8	
18	X	24.0	59,400		1.7							0.9	
19	X	24.0	56,800		2.0							1.3	
20		24.0	56,067										
21		24.0	56,067										
22	X	24.0	56,067		1.4							0.9	
23	X	24.0	53,300		1.3							0.9	
24	X	24.0	53,600		1.0							0.7	
25	X	24.0	49,600		1.4							0.8	
26	X	24.0	77,000		1.8							1.1	
27		24.0	54,300										
28		24.0	54,300										
29	X	24.0	54,300		1.7							1.1	
30	X	24.0	60,100		1.5							1.0	
31	X	24.0	45,700		1.5							1.0	
Total			1,870,234										
Average			60,330										
Maximum			185,200										

\* 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: 2540545 Plant Name: Interlachen Lakes Estates

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 Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg·min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg·min/L	Lowest Operating UV Dose, mW·sec/cm <sup>2</sup>	Minimum UV Dose Required, mW·sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24.0	52,600		1.7										1.1	
2	X	24.0	60,100		1.2										0.7	
3		24.0	55,200													
4		24.0	55,200													
5	X	24.0	55,200		0.8										0.5	
6	X	24.0	52,600		0.7										0.4	
7	X	24.0	77,000		1.0										0.7	
8	X	24.0	46,500		1.0										0.7	
9	X	24.0	46,500		0.8										0.5	
10		24.0	56,367													
11		24.0	56,367													
12	X	24.0	56,367		1.0										0.6	
13	X	24.0	63,700		1.0										0.7	
14	X	24.0	62,000		1.1										0.7	
15	X	24.0	48,600		1.0										0.7	
16	X	24.0	56,500		0.6										0.4	
17		24.0	58,167													
18		24.0	58,167													
19	X	24.0	58,167		0.8										0.4	
20	X	24.0	54,100		1.0										0.5	
21	X	24.0	51,700		1.2										0.6	
22	X	24.0	78,600		1.4										0.8	
23	X	24.0	86,200		1.4										0.7	
24		24.0	36,233													
25		24.0	36,233													
26	X	24.0	36,233		1.6										0.8	
27	X	24.0	60,400		1.7										0.8	
28	X	24.0	61,000		1.6										0.8	
29	X	24.0	50,900		1.7										0.8	
30	X	24.0	63,600		1.8										1.0	
31		24.0														
Total			1,690,500													
Average			54,532													
Maximum			86,200													

\* 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**

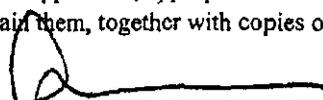
PWS Name: Interlachen Lakes Estates		PWS Identification Number: 2540545	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 294		Total Population Served at End of Month: 753	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aguaamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Interlachen Lakes Estates		Plant Telephone Number: (352) 787-0980	
Plant Address: Velvet Avenue		City: Hollister	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: 1,115,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Paul Thompson	A	7251
Other Operators:	David Haring	C	14091
	Ralph Marriott	C	7527

**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:  01/09/08

Paul Thompson  
Printed or Typed Name

A7251  
License Number

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

PWS Identification Number: 2540545 Plant Name: Interlachen Lakes Estates

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 Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>				
1			24.0	53,867												
2			24.0	53,867												
3	X		24.0	53,867	1.5									0.9		
4	X		24.0	63,300	1.6									0.9		
5	X		24.0	55,100	1.4									0.8		
6	X		24.0	59,400	1.6									0.9		
7	X		24.0	57,800	1.6									1.0		
8			24.0	53,967												
9			24.0	53,967												
10	X		24.0	53,967	1.6									1.0		
11	X		24.0	69,000	1.3									0.9		
12	X		24.0	46,600	1.4									0.9		
13	X		24.0	51,300	1.3									0.9		
14	X		24.0	51,500	1.6									1.0		
15			24.0	55,300												
16			24.0	55,300												
17	X		24.0	55,300	1.0									0.8		
18	X		24.0	51,700	1.3									0.9		
19	X		24.0	52,300	1.5									1.0		
20	X		24.0	52,500	1.5									1.0		
21	X		24.0	62,500	1.9									1.2		
22			24.0	52,167												
23			24.0	52,167												
24	X		24.0	52,167	1.5									1.1		
25	X		24.0	50,400	1.7									1.3		
26	X		24.0	53,100	1.2									1.0		
27	X		24.0	51,800	1.2									0.9		
28	X		24.0	60,300	1.3									0.8		
29			24.0	60,333												
30			24.0	60,333												
31	X		24.0	60,333	1.4									0.8		
Total				1,715,500												
Average				55,339												
Maximum				69,000												

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

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

PWS ID:	2540545	Plant Name:	Interlachen Lakes Estates
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**IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: \* 2005**

A. Is any polymer containing the monomer acrylamide used at the water treatment plant?  No  Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose ppm =	Acrylamide Level, % <sup>1</sup> =
--------------------	------------------------------------

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant?  No  Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose ppm =	Epichlorohydrin Level, % <sup>1</sup> =
--------------------	---

C. Is any iron or manganese sequestrant used at the water treatment plant?  No  Yes, and the type of sequestrant, sequestrant dose, ect., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO <sub>4</sub> or mg/L of silicate as SiO <sub>2</sub> =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO <sub>2</sub> =

\* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

<sup>1</sup> Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



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

PWS Identification Number: 2540545 Plant Name: Interlachen Lakes Estates

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's)	Hours Plant in Operation	Net Quantity of Finished Water Produced (gallons)	Concentrations of Free Chlorine or Chlorine Dioxide for Disinfection (if Applicable)				Minimum Operating Dose (mg/L)	Minimum Residual Concentration at Remote Point in Distribution System (mg/L)	Indication of Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate (gpm)	Lowest Flow Rate (gpm)	Minimum Concentration (mg/L)	Maximum Concentration (mg/L)			
1		24.0	81,266							
2	X	24.0	81,266					1.0		
3	X	24.0	68,800					0.8		
4	X	24.0	59,600					1.2		
5	X	24.0	50,800					1.2		
6	X	24.0	62,800					1.3		
7		24.0	59,900							
8		24.0	59,900							
9	X	24.0	59,900					0.8		
10	X	24.0	50,900					0.8		
11	X	24.0	72,600					0.9		
12	X	24.0	57,700					0.8		
13	X	24.0	61,500					0.7		
14		24.0	60,733							
15		24.0	60,733							
16	X	24.0	60,733					0.5		
17	X	24.0	65,200					0.8		
18	X	24.0	54,900					1.0		
19	X	24.0	59,500					0.8		
20	X	24.0	64,200					1.0		
21		24.0	51,966							
22		24.0	51,966							
23	X	24.0	51,966					0.7		
24	X	24.0	62,700					1.0		
25	X	24.0	56,400					0.8		
26	X	24.0	61,300					1.3		
27	X	24.0	49,300					0.7		
28		24.0	59,999							
29		24.0	59,999							
30	X	24.0	59,999					0.9		
31	X	24.0	66,800					0.8		
Total			1,885,327							
Average			60,817							
Maximum			81,266							

\* 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:	Interlachen Lakes Estates	PWS Identification Number:	2540545
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:	251	Total Population Served at End of Month:	753
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	bheath@aquaaamerica.com		

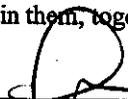
**B. Water Treatment Plant Information**

Plant Name:	Interlachen Lakes Estates	Plant Telephone Number:	(352) 787-0980
Plant Address:	Velvet Avenue	City:	Hollister
		State:	Florida
		Zip Code:	32177
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:	1,115,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Operator	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	Days 1st Shift
Other Operator	David Haring	C	14091	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:  3/6/06

Paul Thompson  
Printed or Typed Name

A7251  
License Number





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

PWS Identification Number: 2540545 Plant Name: Interlachen Lakes Estates

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	Day/Plant Started or Sifted by Operator (Plat. No. & X)	Hours plant in Operation	Net Quantity of Finished Water Produced (gals)	Disinfection Information, and Type of Disinfectant Four-Log Virus Inactivation, if Applicable										Free Chlorine Residual Concentration (mg/L) in Distribution System (m2)	Emergency or Abnormal Operating Conditions: Repairs or Maintenance Work that Involve Taking Water System Components Out of Operation
				Peak Flow Rate (gpm)	Free Chlorine Residual Concentration (mg/L) Before Disinfection	Free Chlorine Residual Concentration (mg/L) After Disinfection	Free Chlorine Demand (mg/L)	Free Chlorine Residual Concentration (mg/L) at Point of Use	Free Chlorine Residual Concentration (mg/L) at Point of Use	Free Chlorine Residual Concentration (mg/L) at Point of Use	Free Chlorine Residual Concentration (mg/L) at Point of Use	Free Chlorine Residual Concentration (mg/L) at Point of Use	Free Chlorine Residual Concentration (mg/L) at Point of Use		
1	X	24.0	76,200		1.6									0.7	
2	X	24.0	56,100		1.5									1.3	
3	X	24.0	60,200		1.5									1.0	
4		24.0	65,433												
5		24.0	65,433												
6	X	24.0	65,433		1.5									0.8	
7	X	24.0	59,100		0.8									0.4	
8	X	24.0	52,600		1.4									0.9	
9	X	24.0	62,700		1.3									0.5	
10	X	24.0	62,300		1.4									0.8	
11		24.0	65,599												
12		24.0	65,599												
13	X	24.0	65,599		1.8									0.7	
14	X	24.0	63,200		1.8									1.0	
15	X	24.0	62,200		1.6									1.0	
16	X	24.0	60,200		1.8									0.8	
17	X	24.0	95,700		1.6									0.8	
18		24.0	60,833												
19		24.0	60,833												
20	X	24.0	60,833		1.8									1.1	
21	X	24.0	81,800		1.7									1.5	
22	X	24.0	50,400		1.7									1.2	
23	X	24.0	55,300		1.6									0.8	
24	X	24.0	62,700		1.5									1.0	
25		24.0	72,399												
26		24.0	72,399												
27	X	24.0	72,399		1.7									1.0	
28	X	24.0	64,600		1.6									1.0	
29	X	24.0	98,800		1.6									0.8	
30	X	24.0	43,900		1.5									0.8	
31	X	24.0	56,100		1.4									0.8	
<b>Total</b>			<b>2,016,894</b>												
<b>Minimum</b>			<b>65,061</b>												
<b>Maximum</b>			<b>98,800</b>												

\*.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**

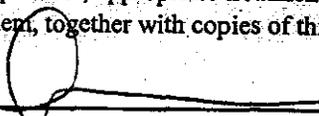
PWS Name:	Interlachen Lakes Estates			PWS Identification Number:	2540545
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	251			Total Population Served at End of Month:	753
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquadamerica.com				

**B. Water Treatment Plant Information**

Plant Name:	Interlachen Lakes Estates			Plant Telephone Number:	(352) 787-0980
Plant Address:	Velvet Avenue			City:	Hollister
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:	1,135,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.):	
				C	
Licensed Operators	Name	License Class	License Number	Day(s) Shift(s) Worked	
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift	
Other Operators:	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

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

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

Signature and Date:  5/4/06

Paul Thompson  
Printed or Typed Name

A7251  
License Number

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

PWS Identification Number: 2540545 Plant Name: Interlachen Lakes Estates

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

Day of the Month	Days Plant Stated or Visited by Operator (Place X's)	Hours plant in Operation	Net Quantity of Finished Water Produced (gal)	Calculation of Free Chlorine Residual to Demonstrate Four-Log Virus Inactivation, if Applicable										Flow Residual Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involve Making Water System Components Inoperative	
				Flow Rate (gpd)	Flow Rate (mgd)			Flow Rate (MGD)								
1		24.0	74,300													
2		24.0	74,300													
3	X	24.0	74,300		1.6									0.8		
4	X	24.0	70,700		1.4									0.7		
5	X	24.0	87,800		1.4									0.8		
6	X	24.0	63,500		1.4									0.5		
7	X	24.0	67,900		1.4									0.9		
8		24.0	69,267													
9		24.0	69,267													
10	X	24.0	69,267		1.6									0.9		
11	X	24.0	70,700		1.5									1.2		
12	X	24.0	47,000		1.8									1.2		
13	X	24.0	74,100		2.0									1.6		
14	X	24.0	70,400		1.5									1.4		
15		24.0	66,367													
16		24.0	66,367													
17	X	24.0	66,367		1.1									0.7		
18	X	24.0	76,500		1.2									0.7		
19	X	24.0	65,100		1.2									1.0		
20	X	24.0	84,700		1.2									0.7		
21	X	24.0	68,400		1.2									0.6		
22		24.0	65,967													
23		24.0	65,967													
24	X	24.0	65,967		1.2									0.6		
25	X	24.0	74,000		1.1									0.6		
26	X	24.0	73,900		0.8									0.2		
27	X	24.0	69,200		1.0									0.5		
28	X	24.0	66,300		1.2									0.8		
29		24.0	67,700													
30		24.0	67,700													
31		24.0														
Total			2,093,300													
Average			67,526													
Maximum			87,800													

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



See Pages 4 for Instructions.

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

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

PWS Name:	Interlachen Lakes Estates	PWS Identification Number:	2540545
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:	251	Total Population Served at End of Month:	753
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	Florida
Contact Person's E-Mail Address:	bheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

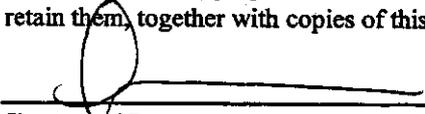
**B. Water Treatment Plant Information**

Plant Name:	Interlachen Lakes Estates	Plant Telephone Number:	(352) 787-0980
Plant Address:	Velvet Avenue	City:	Hollister
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	Florida
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	1,115,000	Zip Code:	32177
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operator	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead Operator	Paul Thompson	A	7251	Days 1st Shift
Chief Operator	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7577	Days 1st Shift

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

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

 6/6/06  
Signature and Date

Paul Thompson  
Printed or Typed Name

A7251  
License Number

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

PWS Identification Number: 2540545 Plant Name: Interlachen Lakes Estates

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

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

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

Day of the Month	Days Plant Operated	Flow (MGD)	Sum of Flow (MG)	Calculations										Minimum Disinfectant Residual (mg/L)	Presence of Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)				
X		24.0	97,600													0.3	
X		24.0	72,300													1.0	
X		24.0	67,400													1.1	
X		24.0	88,800													0.5	
X		24.0	73,800													0.5	
		24.0	73,533														
		24.0	73,533														
X		24.0	73,533													0.8	
X		24.0	64,600													0.7	
X		24.0	64,300													0.2	
X		24.0	71,400													0.6	
X		24.0	47,500													1.0	
		24.0	64,633														
		24.0	64,633														
X		24.0	64,633													1.0	
X		24.0	67,200													0.8	
X		24.0	59,500													0.6	
X		24.0	74,500													0.6	
X		24.0	84,900													0.7	
		24.0	67,033														
		24.0	67,033														
X		24.0	67,033													0.7	
X		24.0	69,300													1.0	
X		24.0	63,900													0.5	
X		24.0	84,900													0.7	
X		24.0	71,200													0.5	
		24.0	73,567														
		24.0	73,567														
X		24.0	73,567													0.6	
X		24.0	77,900													1.0	
X		24.0	58,200													1.0	
			2,195,500														
			70,823														
			97,600														

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

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



See Pages 4 for Instructions.

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

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

PWS Name: Interlachen Lakes Estates		PWS Identification Number: 2540545	
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: 251		Total Population Served at End of Month: 753	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
		Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Interlachen Lakes Estates		Plant Telephone Number: (352) 787-0980		
Plant Address: Velvet Avenue		City: Hollister	State: Florida	
		Zip Code: 32177		
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: 1,115,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	Days 1st Shift
Other Operators	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

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

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

7/6/06  
 \_\_\_\_\_  
 Signature and Date

Paul Thompson  
 \_\_\_\_\_  
 Printed or Typed Name

A7251  
 \_\_\_\_\_  
 License Number

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

PWS Identification Number: 2540545 Plant Name: Interlachen Lakes Estates

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 Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation			
				CT Calculations					UV Dose								
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L				
1	X	24.0	97,500		1.5												
2	X	24.0	87,000		1.5												1.0
3		24.0	65,233														1.0
4		24.0	65,233														
5	X	24.0	65,233		1.2												0.9
6	X	24.0	67,400		1.3												0.9
7	X	24.0	64,000		1.8												1.5
8	X	24.0	81,700		1.8												1.1
9	X	24.0	68,400		1.0												0.5
10		24.0	68,067														
11		24.0	68,067														
12	X	24.0	68,067		1.2												0.6
13	X	24.0	54,800		1.2												0.8
14	X	24.0	62,400		1.3												0.8
15	X	24.0	68,000		1.0												0.8
16	X	24.0	54,900		1.0												0.6
17		24.0	60,633														
18		24.0	60,633														
19	X	24.0	60,633		1.8												1.1
20	X	24.0	61,100		1.3												0.9
21	X	24.0	71,900		1.7												1.2
22	X	24.0	67,000		1.7												1.0
23	X	24.0	57,700		1.5												1.0
24		24.0	67,633														
25		24.0	67,633														
26	X	24.0	67,633		2.2												1.5
27	X	24.0	61,000		1.0												0.5
28	X	24.0	49,900		1.5												0.7
29	X	24.0	54,900		1.5												0.9
30	X	24.0	59,400		1.5												1.1
31		24.0															
Total			1,973,700														
Average			63,668														
Maximum			97,500														

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

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



See Pages 4 for Instructions.

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

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

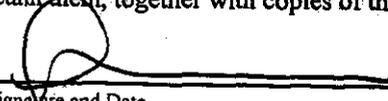
PWS Name:	Interlachen Lakes Estates			PWS Identification Number:	2540545
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	251			Total Population Served at End of Month:	753
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquamerica.com				

**B. Water Treatment Plant Information**

Plant Name:	Interlachen Lakes Estates			Plant Telephone Number:	(352) 787-0980	
Plant Address:	Velvet Avenue			City:	Hollister	
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:	1,115,000					
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV				Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked		
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift		
Other Operators:	David Haring	C	14091	Days 1st Shift		
	Ralph Marriott	C	7527	Days 1st Shift		

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

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

Signature and Date:  8/8/06

Printed or Typed Name: Paul Thompson

License Number: A7251





See Pages 4 for Instructions.

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

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

PWS Name:	Interlachen Lakes Estates			PWS Identification Number:	2540545
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:	251			Total Population Served at End of Month:	753
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490340	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

**B. Water Treatment Plant Information**

Plant Name:	Interlachen Lakes Estates			Plant Telephone Number:	(352) 787-0980
Plant Address:	Velvet Avenue	City:	Hollister	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:	1,115,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operator	Name	License Class	License Number	Day(s) Shift(s) Worked	
	Paul Thompson	A	7251	Days 1st Shift	
	David Haring	C	14091	Days 1st Shift	
	Ralph Marriott	C	7527	Days 1st Shift	

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

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

Signature and Date:  9/6/06

Paul Thompson  
Printed or Typed Name

A7251  
License Number

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

PWS Identification Number: 2540545 Plant Name: Interlachen Lakes Estates

III. Daily Data for the Month/Year of: August, 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	Day Plant Started by Operator (Plants)	Hours in Operation	Gallons of Water Produced	Calculation of Free Chlorine Dose for Four-Log Virus Inactivation, if Applicable										Minimum UV Dose Required (mJ/sec/cm <sup>2</sup> )	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Free Chlorine Dose (mg/L-min)	Chlorine Dioxide Dose (mg/L-min)	Ozone Dose (mg/L-min)	Combined Chlorine Dose (mg/L-min)	UV Dose (mJ/sec/cm <sup>2</sup> )	Free Chlorine Residual (mg/L)	Chlorine Dioxide Residual (mg/L)	Ozone Residual (mg/L)	Combined Chlorine Residual (mg/L)	UV Dose (mJ/sec/cm <sup>2</sup> )			
	X	24.0	62,700	1.2										0.9		
	X	24.0	60,400	1.3										0.9		
	X	24.0	65,600	1.5										0.9		
	X	24.0	72,600	1.8										1.2		
		24.0	61,100													
		24.0	61,100													
	X	24.0	61,100	1.5										0.8		
	X	24.0	58,100	1.3										0.6		
	X	24.0	64,000	1.5										0.7		
	X	24.0	55,600	1.5										0.8		
	X	24.0	59,300	1.1										0.8		
		24.0	69,267													
		24.0	69,267													
	X	24.0	69,267	1.2										0.9		
	X	24.0	66,700	1.5										0.9		
	X	24.0	59,300	1.5										0.9		
	X	24.0	79,800	1.5										0.9		
	X	24.0	116,800	1.7										1.1		
		24.0	46,733													
		24.0	46,733													
	X	24.0	46,733	1.8										1.1		
	X	24.0	65,500	1.2										0.9		
	X	24.0	59,100	1.2										0.8		
	X	24.0	54,300	1.3										0.8		
	X	24.0	65,000	1.5										0.9		
		24.0	57,700													
		24.0	57,700													
	X	24.0	57,700	1.0										0.6		
	X	24.0	54,900	0.8										0.4		
	X	24.0	55,000	1.1										0.7		
	X	24.0	61,900	1.3										0.7		
			1,941,000													
			62,613													
			116,800													

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



See Pages 4 for Instructions.

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

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

PWS Name:	Interlachen Lakes Estates	PWS Identification Number:	2540545
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:	251	Total Population Served at End of Month:	753
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	bheath@aguaamerica.com		

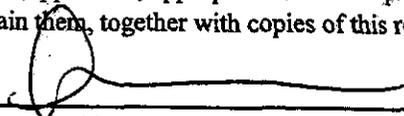
**B. Water Treatment Plant Information**

Plant Name:	Interlachen Lakes Estates	Plant Telephone Number:	(352) 787-0980
Plant Address:	Velvet Avenue	City:	Hollister
		State:	Florida
		Zip Code:	32177
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:	1,115,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
	Paul Thompson	A	7251	Days 1st Shift
	David Haring	C	14091	Days 1st Shift
	Ralph Maddott	C	7527	Days 1st Shift

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

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

Signature and Date:  10/4/06 Printed or Typed Name: Paul Thompson License Number: A7251

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

PWS Identification Number: 2540545 Plant Name: Interlachen Lakes Estates

III. Daily Data for the Month/Year of: September, 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 Started or Returned to Operation	Operator	Plant Location	Flow (MGD)	Water Purchased (MGD)	Disinfection Data						Minimum Chlorine Residual (mg/L)	Operating Chlorine Residual (mg/L)	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
						Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	UV Dose (mJ/cm <sup>2</sup> )	Other (Describe)				
	X			24.0	54,100									0.7	
				24.0	57,933										
				24.0	57,933										
	X			24.0	57,933									0.7	
	X			24.0	66,400									0.5	
	X			24.0	47,000									0.7	
	X			24.0	63,480									0.7	
	X			24.0	60,580									0.8	
				24.0	63,733										
				24.0	63,733										
	X			24.0	63,733									0.6	
	X			24.0	38,100									0.6	
	X			24.0	63,300									0.2	
	X			24.0	47,500									0.6	
	X			24.0	60,000									0.7	
				24.0	57,533										
				24.0	57,533										
	X			24.0	57,533									0.4	
	X			24.0	59,500									0.4	
	X			24.0	57,300									0.5	
	X			24.0	58,800									0.5	
	X			24.0	61,000									0.3	
				24.0	60,767										
				24.0	60,767										
	X			24.0	60,767									0.6	
	X			24.0	63,400									0.6	
	X			24.0	58,500									0.4	
	X			24.0	61,100									0.8	
	X			24.0	59,800									0.7	
				24.0	60,899										
				24.0											
					1,748,499										
					56,403										
					66,400										

\* 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: 2540545 Plant Name: Interlachen Lakes Estates

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 Month	Hour of Day	Flow (MGD)	Chlorine Dose (mg/L)	Free Chlorine Residual (mg/L)				Minimum Required Residual (mg/L)	System Inflow	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involve Taking Water System Components Out of Operation
				at Plant	at 1500 ft	at 3000 ft	at 4500 ft			
		24.0	92.850							
X		24.0	92.850	0.7				0.5		
X		24.0	58.600	0.5				0.6		
X		24.0	53.000	1.0				0.7		
X		24.0	68.100	1.7				1.0		
X		24.0	62.800	1.5				1.0		
		24.0	63.067							
		24.0	63.067	1.0						
X		24.0	67.400	1.0				0.8		
X		24.0	69.000	1.0				0.9		
X		24.0	72.000	1.0				0.8		
X		24.0	59.000	1.4				0.8		
		24.0	62.200							
		24.0	62.200							
X		24.0	62.200	1.1				0.8		
X		24.0	61.300	1.0				0.8		
X		24.0	58.700	1.5				1.0		
X		24.0	51.700	1.3				0.8		
X		24.0	67.000	1.7				1.2		
		24.0	62.267							
X		24.0	62.267	1.4						
X		24.0	56.000	1.0				0.6		
X		24.0	56.100	1.3				0.5		
X		24.0	62.000	2.2				0.6		
X		24.0	61.000	1.5				1.6		
		24.0	58.733					1.2		
		24.0	58.733							
X		24.0	58.733	1.0						
X		24.0	55.700	1.0				0.5		
		1,967,000						0.7		
		63,452								
		92,850								

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

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



See Pages 4 for Instructions.

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

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

PWS Name: Interlachen Lakes Estates		PWS Identification Number: 2540545	
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: 251		Total Population Served at End of Month: 753	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
		Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aguaamerica.com			

**B. Water Treatment Plant Information**

Plant Name: Interlachen Lakes Estates		Plant Telephone Number: (352) 787-0980		
Plant Address: Velvet Avenue		City: Hollister	State: Florida	
		Zip Code: 32177		
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: 1,115,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	Days 1st Shift
Other Operators:	David Haring	C	14091	Days 1st Shift
	Ralph Marriott	C	7527	Days 1st Shift

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

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

12/6/06  
 Signature and Date

Paul Thompson  
 Printed or Typed Name

A7251  
 License Number

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

PWS Identification Number: 2540545 Plant Name: Interlachen Lakes Estates

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*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>				
1	X	24.0	56,200		1.1										0.7	
2	X	24.0	55,400		1.1										0.9	
3	X	24.0	64,100		1.3										1.1	
4		24.0	59,567													
5		24.0	59,567													
6	X	24.0	59,567		0.7										0.4	
7	X	24.0	60,200		0.8										0.5	
8	X	24.0	55,500		1.2										0.6	
9	X	24.0	63,900		1.3										0.9	
10	X	24.0	54,100		1.2										1.0	
11		24.0	61,267													
12		24.0	61,267													
13	X	24.0	61,267		1.0										0.8	
14	X	24.0	56,900		1.1										0.8	
15	X	24.0	64,700		1.3										0.9	
16	X	24.0	64,200		1.5										0.9	
17	X	24.0	54,500		1.1										0.8	
18		24.0	64,100													
19		24.0	64,100													
20	X	24.0	64,100		1.0										0.8	
21	X	24.0	63,200		1.0										0.8	
22	X	24.0	53,800		1.0										0.8	
23	X	24.0	65,800		1.2										0.9	
24	X	24.0	65,700		1.3										0.8	
25		24.0	69,467													
26		24.0	69,467													
27	X	24.0	69,467		2.0										1.8	
28	X	24.0	57,200		1.8										1.3	
29	X	24.0	65,300		1.0										0.8	
30	X	24.0	62,200		1.3										1.1	
31		24.0														
Total			1,846,100													
Average			59,552													
Maximum			69,467													

\* 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: 2540545 Plant Name: Interlachen Lakes Estates

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	Day of Plant Start-up/Visited by	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations for UV Doses to Remostrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Doses						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before local meter Customers During Peak Flowing (min/L)	Disinfectant Contact Time (T) at (C) Measurements Point During Peak Flowing (minutes)	Lowest Residual Disinfectant Concentration (C) During Peak Flowing (min/L)	Temp. of Water (deg C)	pH of Water, if Applicable	Minimum CT Required (min/L)	Operating UV Dose (mWsec/cm <sup>2</sup> )	Minimum UV Dose (mWsec/cm <sup>2</sup> )	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)		
	X	24.0	62,500		1.0									0.6	
		24.0	58,700												
		24.0	58,700												
	X	24.0	58,700		1.3									0.9	
	X	24.0	55,400		1.0									0.7	
	X	24.0	71,100		1.2									0.7	
	X	24.0	46,700		1.2									0.7	
	X	24.0	56,400		1.3									0.7	
		24.0	58,467												
		24.0	58,467												
	X	24.0	58,467		1.0									0.5	
	X	24.0	64,600		1.2									1.0	
	X	24.0	60,800		1.5									1.0	
	X	24.0	59,200		1.5									1.2	
	X	24.0	50,300		1.0									0.8	
		24.0	57,700												
		24.0	57,700												
	X	24.0	57,700		1.2									0.8	
	X	24.0	61,000		1.2									0.9	
	X	24.0	59,200		1.3									1.0	
	X	24.0	65,500		1.4									0.9	
	X	24.0	56,600		1.3									1.0	
		24.0	57,067												
		24.0	57,067												
	X	24.0	57,067		1.3									1.0	
	X	24.0	73,300		1.4									1.0	
	X	24.0	56,000		1.3									1.0	
	X	24.0	61,600		1.4									1.0	
	X	24.0	70,500		1.1									1.1	
		24.0	59,299												
		24.0	59,299												
			1,845,098												
			59,519												
			73,300												

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

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

PWS ID:	2540545	Plant Name:	Interlachen Lakes Estates
---------	---------	-------------	---------------------------

**IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: \* 2006**

A. Is any polymer containing the monomer acrylamide used at the water treatment plant?  No  Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose ppm =	Acrylamide Level, % <sup>1</sup> =
--------------------	------------------------------------

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant?  No  Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose ppm =	Epichlorohydrin Level, % <sup>1</sup> =
--------------------	---

C. Is any iron or manganese sequestrant used at the water treatment plant?  No  Yes, and the type of sequestrant, sequestrant dose, ect., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO <sub>4</sub> or mg/L of silicate as SiO <sub>2</sub> =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO <sub>2</sub> =

\* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

<sup>1</sup> Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

Interlachen LAKE Estates



# St. Johns River Water Management District

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

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

CERTIFIED NUMBER: 7004 0750 0003 3823 0165

August 24, 2004

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

SUBJECT: Consumptive Use Permit #7986

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

The above referenced permit is hereby transferred to Aqua Utilities Florida as the new permit holder, you are required to comply with all the conditions as noted in the permit. If you have any questions concerning the conditions of your permit, please contact Todd Eller, Supervising Regulatory Hydrologist, 386-329-4210.

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

Sincerely,

Gloria Lewis, Director  
Division of Permit Data Services

Enclosures:

- Permit
- Conditions of Issuance
- Compliance Forms
- Well Tags

CC: District Permit File  
Lynn Minor, Data Management Supervisor

DOCUMENT NUMBER - DATE

04326 MAY 22 08

FPSC-COMMISSION CLERK

GOVERNING BOARD

Omerias D. Long CHAIRMAN APOPKA	David G. Graham VICE-CHAIRMAN JACKSONVILLE	R. Clay Albright SECRETARY TALLAHASSEE	Duane Ottenstrop TREASURER JACKSONVILLE
W. Michael Branch FERRISBURGH BEACH	John G. Sowinski ORLANDO	William Ken NEEBOURNE BEACH	Ann T. Moore SUMNER
			Susan N. Hughes JACKSONVILLE

40C-1.612 TRANSFER OF OWNERSHIP OF PERMIT

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

PERMIT NO. 7986

ORIGINAL PERMIT ISSUED: September 30, 1999

TRANSFER PROCESS DATE: August 16, 2004

PROJECT NAME: Interlachen/Park Manor

**A PERMIT AUTHORIZING:**

This permit authorizes the use of ground water from the Floridan aquifer for the household use of 807 people.

**LOCATION:**

Site: Interlachen/Park Manor  
Putnam County

Section(s): 7                      Township(s): 10S                      Range(s): 25E

**ISSUED TO:**

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

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all maps and specifications attached thereto, is by reference made a part hereof.

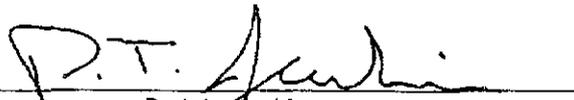
This permit does not convey to permittee any property rights nor any rights of privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

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

**PERMIT IS CONDITIONED UPON:**

See conditions on attached "Exhibit A", dated September 30, 1999

**AUTHORIZED BY:** St. Johns River Water Management District  
Department of Resource Management

By:   
Dwight Jenkins  
Division Director

**"EXHIBIT A"**  
**CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 7986**  
**AQUA UTILITIES FLORIDA**  
**DATED SEPTEMBER 30, 1999**

1. District Authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event a water shortage, is declared by the District Governing Board, the permittee must adhere to the water shortage restriction as specified by the District, even though the specified water shortage restrictions may be inconsistent with the terms and conditions of this permit.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District, or the appropriate local government pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification, or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to eliminate the leak or make the system fully operational.
5. Legal uses of water existing at the time of the permit application may not be interfered with by the consumptive use. If unanticipated interference occurs, the District may revoke the permit in whole or in part to curtail or abate the interference unless the permittee mitigates for the interference. In those cases where other permit holders are identified by the District as also contributing to the interference, the permittee may choose to mitigate in a cooperative effort with these other permittees. The permittee must submit a mitigation plan to the District for approval prior to implementing such mitigation.
6. Off-site land uses existing at the time of permit application may not be significantly adversely impacted as a result of the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the permittee.
7. The District must be notified, in writing, within 30 days of any sale, conveyance, or other transfer of a well or facility from which the permitted consumptive use is made or within 30 days of any transfer of ownership or control of the real property at which the permitted consumptive use is located. All transfers of ownership or transfers of permits are subject to the provisions of section 40C-1.612, Florida Administrative Code.
8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
9. Wells number 1 and 2 (as listed on the application) are equipped with totalizing flow meters. These meters must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications.

10. This permit will expire on September 30, 2019.
11. The maximum annual withdrawals for all uses within the site Interlachen/Park Manor must not exceed 20.600 million gallons.
12. Maximum annual withdrawal from the Floridan Aquifer for flushing of lines must not exceed: 1.700 million gallons from September 30, 1999 to September 30, 2019
13. Maximum annual withdrawal from the Floridan Aquifer for household type uses must not exceed:  
18.900 million gallons from September 30, 1999 to September 30, 2019
14. All submittals made to demonstrate compliance with this permit must include the permit number 7986 plainly labeled.
15. Total withdrawals from wells number 1 and 2 (as listed on the application) must be recorded continuously, totaled monthly, and reported to the District at least every six months for the duration of this permit using Form No. EN-50. The reporting dates each year will be as follows for the duration of the permit:

Reporting Period	Report Due Date
January - June	July 31
July - December	January 31
16. Permittee must have all flow meters checked for accuracy at least once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/calibration.
17. The permittee must maintain all flow meters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.
18. The permittee must implement the Water Conservation Plan submitted to the District, and maintain these practices for the duration of the permit.
19. The lowest quality water source, such as reclaimed water and surface/storm water, must be used as irrigation water when deemed feasible pursuant to District rules and applicable state law.

**DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT**

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

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

307 Coolidge Ave.  
Lehigh Acres, FL 33936  
FDOH # E85370

16331 Cortez Blvd.  
Brooksville, 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: 219020Y Sub-Contract Lab ID: \_\_\_\_\_

Analysis Method Requested:

Colient  Membrane Filtration PWS I.D. 2540545

System Name: Interlachen Lakes Estates

System Address: 116 Velvet St

City: Interlachen

System or Owner's Phone #: 386-329-1127 Fax #: 386-329-9977

Collector: R. Marriott

Collector's Phone #: 386-977-0187

Relinquished By: R. Marriott

Received By: [Signature]

Relinquished By: [Signature]

Date/Time: 12-12-07 10:00 AM

Date/Time: 12/12/07

Date/Time: 12/12/07 12:00

Type of Supply: (check only one)

Community Water System  Noncommunity Water System  Nontransient-Noncommunity Water System  Limited Use System  
 Private Well  Swimming Pool  Bottled Water  Other

Reason for Sampling: (check only one)

Routine Compliance  Repeat  Replacement  Main Clearance  Well Survey  Other

Sample Collection Date(s): 12-11-07

**LABORATORY CERTIFICATE OF ANALYSIS**

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

Fecal (MF) SM9221E		E. coli (MF) EC-MUG (Colient) SM9223B		Lab Sample Number
Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. 2	
	A			219020Y 001
	A			002
	A			003
	A			219020Y 004

DOCUMENT NUMBER 04326 MAY 22 88

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
7	Well #1	30 12 PM	R	none	
8	Well #2	55 12 PM	R	none	
9	102 Salem	45 12 PM	D	1.0	
10	139 Pidgeon	55 12 PM	D	1.0	

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

Disinfectant Residual Analysis Method:  DPD Colorimetric  Other  
Person performing analysis is:  A certified operator (# C7527)  Employed by a certified lab  
 Supervised by a certified operator (# \_\_\_\_\_)  Employed by DEP or DOH

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

Report authorized by: [Signature] Technical Director or Designee

Date: 12/12/07 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.

Name and Mailing Address of Person/Firm to Receive Report  
Aqua Utilities Fl.  
PO Bx 490310  
Leesburg 34748



Page 1 of 1

Satisfactory  Repeat Samples Required  
 Incomplete Collection Information  Replacement Samples Required  
Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

FPSC-COMMISSION CLERK

**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 19, 2007

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

Client: Aqua Utilities Florida, Inc.

Workorder ID: Interlachen Lk Estates Odor DE

[2128915]

Received: 6/15/07 12:20

Dear Brian Heath;

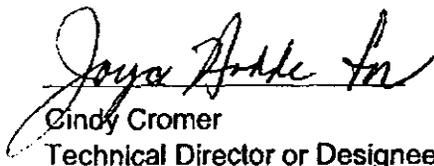
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory 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: 6/19/07



Page 1 of 4

**Quality Control Summary**

**Client:** Aqua Utilities Florida, Inc.  
**Workorder ID:** Interlachen Lk Estates Odor DE  
**Received:** 6/15/07 12:20

**[2128915]**

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>
---------------	-------------------	----------------	-------------------------



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

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

**CERTIFICATE OF ANALYSIS**

[2128915]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Interlachen Lk Estates Odor DE

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2128915001						Sampled: 06/15/07 8:30		Received: 06/15/07 12:20		
Sample ID: POE Grab						Matrix: Water		Results reported on Wet Weight Basis		
Odor - Dechlorinated		1.0 U	T.O.N.	1.0	EPA 140.1	WCDE16217		06/15/07 15:00	PA	E83509

<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: 6/19/07

Page 3 of 4



**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: INTERLAKEN LAKES ESTATES PWS I.D. #: 2540545

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: R VELVET AVE.

City: INTERLAKEN State: FL ZIP Code: \_\_\_\_\_

Phone #: 386-937-0187 Fax #: 386-329-9977

E-Mail Address: N/A

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

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

Sample Date: 06/15/07 Sample Time: 8:30 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 checked="" type="checkbox"/> Quarterly (Which Qtr? <u>2nd</u> ) |
| <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: RALPH MARRIOTT

Sampler's Phone #: 386-937-0187 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: N/A

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

I, PAUL THOMPSON (for RALPH MARRIOTT) FIELD COORDINATOR  
Print Name Print Title

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

Signature: [Signature] Date: 6/26/07

## 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 #: E83509  
 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: 6/15/07

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

Lab Assigned Report Number or Job ID: 2128915001

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"/> Chlorate           |
| <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: 19-Jun-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: Interlachen Lk Estates Odor DE  
Sample Location: POE Grab  
Sample Number: 2128915001  
Sampling Date: 6/15/07 8:30  
Date Received: 6/15/07 12:20

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	EPA 140.1	1.0	6/15/07 15:00	E83509

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.

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: 6/19/07





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

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

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

**SYSTEM NAME: Interlachen**

**SYSTEM PWS ID #: 2540545**

**REPORT DATE: 3/22/07**

**SUBMISSION #: 072706**

Dear Customer,

Please read the instructions following the checked box(es).

*Revised Report  
JLS  
3/22/07*

- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **DEP Central District**.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **DEP Southwest District**.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **DEP Northeast District**.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **Marion County DOH: (or other \_\_\_\_\_)**.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **DEP: \_\_\_\_\_**.
- We have also reported the results of these analyses to: \_\_\_\_\_.
- Complete the enclosed DEP Public Water System Sampler Information page and forward with a copy of the analytical report to your governing DEP agency.
  
- All results satisfactory.
- Consult your governing agency or project engineer for interpretation.

This page does not constitute a portion of the NELAC report.  
If you have any questions please call Lisa Saupp at the telephone number indicated above.

**Thank you !**

**We appreciate your business !**



**AQUA PURE WATER & SEWAGE SERVICE, INC.**  
10865 East State Road 40 • Silver Springs, Florida 34488-2349

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

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

System Name: Interlachen  
PWS ID: 2540545  
Submission Number: 072706

**SECONDARY CONTAMINANTS  
62-550.320**

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1920	Odor	3	TON	4.0		SM2150B	1.0	3/1/07	14:15	E83079



10865 East State Road 40  
 Silver Springs, Florida 34488  
 (352) 625-2822 • FAX (352) 625-6638

#072706

COPY

POTABLE: CHAIN OF CUSTODY

THIS SECTION TO BE COMPLETED BY THE CUSTOMER

Information from this Chain of Custody will be used to generate the final report on your sample and will become a permanent part of our files. It is essential that you complete ALL applicable blanks in order for us to generate an accurate report.

Client Name: Aqua Utilities Fla.  
 Mailing Address: 930 S. SR 19 Suite #3  
Palatka Fla 32177  
 Telephone: 386-329-1122 Fax 386-329-9977

PUBLIC WATER SYSTEM INFORMATION:

System Name: Interlachen PWS ID No. 2540545  
 Physical Address: 116 Velvet Dr Phone No. Same  
Interlachen  
 Type (check box):  Community  Nontransient Noncommunity  Private  
 Noncommunity  HRS 10 D-4

SAMPLE INFORMATION:

Date and Hour Sampled: 2-29-07 3:20 PM  
 Sample Location (be specific): Point of Entry  
 Sampler Name and Phone (please print): Ralph Marriott Same as above  
 Signature: Ralph Marriott Title Operator  
 Type (check box):  Distribution  THM Max Res. Time  
 Recheck of MCL  Composite of Multiple Sites  
 Resample - Lab Invalidated  Distribution Entry Point  
 Clearance  Raw  Plant Tap

SAMPLE CUSTODY:

Signature	Date	Time	Condition
<u>Ralph Marriott</u>	<u>2-1-07</u>	<u>8:30 AM</u>	<u>good</u>
<u>Debra Harvey</u>	<u>3-1-07</u>	<u>0930</u>	<u>OK</u>

PARAMETERS REQUESTED (check box):

Radiochemicals:  
 Gross Alpha  Others: \_\_\_\_\_  
 Group I Unregulated:  
 All 13  Partial: \_\_\_\_\_  
 Group II Unregulated:  
 All 23  Partial: \_\_\_\_\_  
 Group III Unregulated:  
 All 11  Partial: \_\_\_\_\_  
 Inorganics:  
 All 17  Partial: \_\_\_\_\_  
 Pesticides and PCBs:  
 All 30  Partial: \_\_\_\_\_  
 Secondaries:  
 All 14  Partial: odor  
 Trihalomethanes:  
 All 4  Partial: \_\_\_\_\_  
 T-THM Potential  
 Volatile Organics:  
 All 21  Partial: \_\_\_\_\_  
 Miscellaneous: odor

FIELD TEST RESULTS (if applicable):

Chlorine Residual: \_\_\_\_\_ pH: \_\_\_\_\_  
 Dissolved Oxygen: \_\_\_\_\_ Temperature: \_\_\_\_\_  
 Performed By: \_\_\_\_\_ Date: \_\_\_\_\_

FOR LABORATORY USE ONLY

Received By:	Date	Time	Condition
<u>Cred Level</u>	<u>3-1-07</u>	<u>9:35 AM</u>	<u>iced</u>

Lab Number: 072706  
 Comments: \_\_\_\_\_  
Temp = 4C

Subcontracted To: \_\_\_\_\_  
 Date Out: \_\_\_\_\_  
 Parameters: \_\_\_\_\_  
 Preservative: \_\_\_\_\_

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

**COPY**

072706

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

System Name: Interlachen PWS I.D. #: 2540545  
 System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
 Address: 116 Velvet Dr  
 City: Interlachen State: FL ZIP Code: 32177  
 Phone #: 386-329-1122 Fax #: 386-329-9977  
 E-Mail Address: \_\_\_\_\_

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

Sample Number: 1 Location Code (if known): \_\_\_\_\_  
 Sample Date: 2-28-07 Sample Time: 3<sup>20</sup> AM  PM (Circle One)  
 Sample Location (be specific): Point of entry  
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.5 mg/L Field pH: 7.2

**Sample Type (Check Only One)**

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

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

- Routine Compliance (with 62-550)  Quarterly (Which Quarter? 1st)
- Confirmation of MCL Exceedance\*
- Composite of Multiple Sites\*\*
- Clearance (permitting)
- Violation Resolution
- Replacement (of Invalidated Sample)
- Other: \_\_\_\_\_

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

\*See 62-550.500(6) for requirements and restrictions.  
 NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Ralph Marriott  
 Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9977  
 Sampler's E-Mail Address: \_\_\_\_\_

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

Ralph Marriott  
 (Print Name)

Operator  
 (Print Title)

I HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: Ralph Marriott Date: 2-28-07



# AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40  
Silver Springs, Florida 34488  
(352) 625-2822 • FAX (352) 625-6638

# 072706

## POTABLE: CHAIN OF CUSTODY

### THIS SECTION TO BE COMPLETED BY THE CUSTOMER

Information from this Chain of Custody will be used to generate the final report on your sample and will become a permanent part of our files. It is essential that you complete ALL applicable blanks in order for us to generate an accurate report.

Client Name: Aqua Utilities Fla.  
Mailing Address: 936 S. SR 19 Suite #3  
Palatka Fla 32177  
Telephone: 386-329-1122 Fax 386-329-9977

**PUBLIC WATER SYSTEM INFORMATION:**  
System Name: Interlachen PWS ID No. 2540545  
Physical Address: 116 Velvet Dr Phone No. Same  
Interlachen  
Type (check box):  Community  Nontransient Noncommunity  Private  
 Noncommunity  HRS 10 D-4

**SAMPLE INFORMATION:**  
Date and Hour Sampled: 2-29-07 3:20 PM  
Sample Location (be specific): Point of Entry  
Sampler Name and Phone (please print): Ralph Marriott same as above  
Signature: Ralph Marriott Title Operator  
Type (check box):  Distribution  THM Max Res. Time  
 Recheck of MCL  Composite of Multiple Sites  
 Resample - Lab Invalidated  Distribution Entry Point  
 Clearance  Raw  Plant Tap

**SAMPLE CUSTODY:**

Signature	Date	Time	Condition
<u>Ralph Marriott</u>	<u>3-1-07</u>	<u>8:30 AM</u>	<u>good</u>
<u>Debra Haring</u>	<u>3-1-07</u>	<u>0930</u>	<u>OK</u>

**PARAMETERS REQUESTED (check box):**

Radiochemicals:  
 Gross Alpha  Others: \_\_\_\_\_

Group I Unregulated:  
 All 13  Partial: \_\_\_\_\_

Group II Unregulated:  
 All 23  Partial: \_\_\_\_\_

Group III Unregulated:  
 All 11  Partial: \_\_\_\_\_

Inorganics:  
 All 17  Partial: \_\_\_\_\_

Pesticides and PCBs:  
 All 30  Partial: \_\_\_\_\_

Secondaries:  
 All 14  Partial: odor etc

Trihalomethanes:  
 All 4  Partial: \_\_\_\_\_  
 t-THM Potential

Volatile Organics:  
 All 21  Partial: \_\_\_\_\_

Miscellaneous: Odor etc

**FIELD TEST RESULTS (if applicable):**

Chlorine Residual: \_\_\_\_\_ pH: \_\_\_\_\_  
Dissolved Oxygen: \_\_\_\_\_ Temperature: \_\_\_\_\_  
Performed By: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR LABORATORY USE ONLY

Received By: Candice Date 3-1-07 Time 9:35 AM Condition good  
Lab Number: 072706  
Comments: \_\_\_\_\_

Subcontracted To: \_\_\_\_\_  
Date Out: \_\_\_\_\_  
Parameters: 1  
Preservative: \_\_\_\_\_

Temp = VC

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

072706

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

System Name: Interlachen PWS I.D. #: 2540545

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity

Address: 116 Velvet Dr

City: Interlachen State: FL ZIP Code: 32177

Phone #: 386-329-1122 Fax #: 386-329-9977

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 1 Location Code (if known): \_\_\_\_\_

Sample Date: 2-28-07 Sample Time: 3:20 AM  PM (Circle One)

Sample Location (be specific): Point of entry

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.5 mg/L Field pH: 7.2

Sample Type (Check Only One)

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

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

- Routine Compliance (with 62-550)  Quarterly (Which Quarter? 1st)
- Confirmation of MCL Exceedance\*
- Composite of Multiple Sites\*\*
- Violation Resolution
- Clearance (permitting)
- Replacement (of Invalidated Sample)
- Other: \_\_\_\_\_

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

\*See 62-550.500(6) for requirements and restrictions.  
NOTE: See 62-550.512(3) for additional requirements  
for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Ralph Marriott

Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9977

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

CERTIFICATION (to be completed by sampler)

I, Ralph Marriott (Print Name) Operator (Print Title)

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

Signature: Ralph Marriott Date: 2-28-07



**AQUA PURE WATER & SEWAGE SERVICE, INC.**  
10865 East State Road 40 • Silver Springs, Florida 34488-2349

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

**SYSTEM NAME:** Interlachen

**SYSTEM PWS ID #:** 2540545

**REPORT DATE:** 3/16/07

**SUBMISSION #:** 072706

Dear Customer,

Please read the instructions following the checked box(es).

- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **DEP Central District**.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **DEP Southwest District**.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **DEP Northeast District**.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **Marion County DOH: (or other \_\_\_\_\_)**.
- Enclosed is the report for your recent laboratory analyses.  
We have reported the results of these analyses for you to the **DEP: \_\_\_\_\_**.
- We have also reported the results of these analyses to: \_\_\_\_\_.
- Complete the enclosed DEP Public Water System Sampler Information page and forward with a copy of the analytical report to your governing DEP agency.

- All results satisfactory.
- Consult your governing agency or project engineer for interpretation.

*Odor result exceeds the allowable MCL.*

*Jim*

This page does not constitute a portion of the NELAC report.  
If you have any questions please call Lisa Saupp at the telephone number indicated above.

**Thank you !**

**We appreciate your business !**



# AQUA PURE WATER & SEWAGE SERVICE, INC.

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

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

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

Page 1 of 3; Including Chain of Custody

### LABORATORY CERTIFICATION INFORMATION

Laboratory Name: Aqua Pure Water & Sewage Service, Inc. Florida Certification #: E83265 Certification Expiration Date: 6/30/2007  
Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

### ANALYSIS INFORMATION

PWS ID: 2540545 System Name: Interfachen Sample Number: 1  
Sample Date: 2/28/07 Sample Time: 320 PM Sample Location: Point of Entry  
Laboratory Assigned Submission Number: 072706 Date Sample(s) Received: 3/1/07

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.:  
Secondaries, Partial

Subcontracted Laboratory DOH Certification Number(s): E83079 EL

Analyte Sheet(s) Attached

### CERTIFICATION

I, Lisa K. Saupp, Charles B. Saupp, or Michael Morse, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).  
The results presented herein relate only to the samples submitted. If you have questions regarding this report please call Lisa Saupp at (352) 625-2822.

Signature: *Lisa K. Saupp*

Date: March 16, 2007

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



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

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

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

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

System Name: interlachen  
PWS ID: 2540545  
Submission Number: 072706

**SECONDARY CONTAMINANTS  
62-550.320**

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1920	Odor	3	TON	4.0		E140.1	1.0	3/1/07	14:15	E83079

**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: October 23, 2006

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

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Interlachen 6441 THM/HAA5  
Received: 9/27/06 12:00

**[2126922]**

Dear Brian Heath:

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: 10/23/2006



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: Interlachen 6441 THM/HAA5  
Received: 9/27/06 12:00

**[2126922]**

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

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: 10/23/2006



**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**

[2126922]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Interlachen 6441 THM/HAA5

Parameter	Qualifier	Result <sup>1</sup>	Units	Detection Limit	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2126922001							Sampled: 09/27/06 8:45		Received: 09/27/06 12:00			
Sample ID: 126 Park Road Grab							Matrix: Water					Results reported on Wet Weight Basis
Bromodichloromethane		6.2	ug/L	0.25	1.0	EPA 524.2	VOC2705		10/9/06 20:30	WR	E96080	
Bromoform		0.41 U	ug/L	0.41	1.6	EPA 524.2	VOC2705		10/9/06 20:30	WR	E96080	
Chloroform		18	ug/L	0.25	1.0	EPA 524.2	VOC2705		10/9/06 20:30	WR	E96080	
Dibromochloromethane		1.7	ug/L	0.30	1.2	EPA 524.2	VOC2705		10/9/06 20:30	WR	E96080	
Total THMs		26	ug/L	0.50	2.0	EPA 524.2	VOC2705		10/9/06 20:30	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: 10/23/2006





**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: Interlachen PWS I.D. #: 2540545

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: Velvet Avenue

City: Holiston State: FL ZIP Code: 321m

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

E-Mail Address: na

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

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

Sample Date: 09/27/06 Sample Time: 8:45 AM

Sample Location (be specific): 126 Park Road Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.4 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 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 checked="" 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: RALPH MARRIOTT

Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: na

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

I, PAUL THOMPSON FOR RALPH MARRIOTT FIELD COORDINATOR  
Print Name Print Title

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

Signature: [Signature] Date: 11/3/06

# 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: 9/27/2006

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

Lab Assigned Report Number or Job ID: 2126922001

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 checked="" type="checkbox"/> Trihalomethanes  |
| <input type="checkbox"/> Partial       | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial           | <input checked="" 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 type="checkbox"/> Partial                     |

Were any analyses subcontracted?  Yes  No

If yes, please provide DOH certification numbers: E84129  
 ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\*

### CERTIFICATION

I, 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: 23-Oct-06

\* 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: Interlachen 6441 THM/HAA5  
 Sample Location: 126 Park Road Grab Disinfectant Residual (mg/L) \_\_\_\_\_  
 Sample Number: 2126922001 PWS ID \_\_\_\_\_  
 Sampling Date: 9/27/06 8:45  
 Date Received: 9/27/06 12:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2941	Chloroform	[N/A]	ug/L	18		EPA 524.2	0.25	10/09/06	8:30 PM	E96080
2942	Bromoform	[N/A]	ug/L	0.41	U	EPA 524.2	0.41	10/09/06	8:30 PM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	6.2		EPA 524.2	0.25	10/09/06	8:30 PM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	1.7		EPA 524.2	0.30	10/09/06	8:30 PM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

**NOTE:** Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

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.

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: 10/23/2006



# SOUTHERN ANALYTICAL LABORATORIES, INC.

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



Harbor Branch Environmental Laboratory  
Drinking Water Analyses  
Sample ID: 2126922001B

October 18, 2006  
Sample No.: 63937.05  
PWS ID: \_\_\_\_\_

Disinfectant Residual (mg/L): \_\_\_\_\_

## Disinfection Byproducts 62-550.310(3)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	10/13/06	06:03	E84129
2451	Dichloroacetic Acid	N/A	µg/L	5.9		EPA 552.2	1	10/13/06	06:03	E84129
2452	Trichloroacetic Acid	N/A	µg/L	4.6		EPA 552.2	1	10/13/06	06:03	E84129
2453	Monobromoacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	10/13/06	06:03	E84129
2454	Dibromoacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	10/13/06	06:03	E84129
2456	Total Haloacetic Acids	50	µg/L	10.5		EPA 552.2	1	10/13/06	06:03	E84129

\* Qualifiers:

U Analyte was undetected. Indicated concentration is method detection limit.

63937

Harbor Branch  
Environmental Laboratory

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

Subcontracting Form 001A  
REV 001  
Effective Date: 12/03/2002

Receiving Laboratory: S.A.L.

The samples are to be shipped by FEDEX to arrive on 9/29/06. TAT: STD

HARBOR BRANCH ENVIRONMENTAL LABORATORY							ANALYSIS REQUIRED				COLLECTION REMARKS																												
PROJECT NAME: <u>HAA5</u>							PRESERVATIVE																																
SAMPLE TYPE: Composite = C, Grab = G.							Preservative: HCl = H, HNO <sub>3</sub> = N, Na <sub>2</sub> S <sub>2</sub> O <sub>5</sub> = ST, H <sub>2</sub> SO <sub>4</sub> = S, NaOH = SH, Unpreserved = U				<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">HAA5</div> <table border="1" style="width: 100%; height: 100%;"> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> </div>																												
MATRIX: Drinking Water = DW, Groundwater = GW, Surface Water = SW, Wastewater = WW, Soil or solids = S, Waste = W, Oil = O																																							
Client Code	MATRIX	COLLECTION DATE	TIME	TYPE	FBIEL SAMPLE ID							SAMPLE COMMENTS																											
01	DW	9-26-06	1310	G	2126 918001B	1	✓					9x 500mlab NH <sub>4</sub> Cl																											
02		9-26-06	1330		2126 919001B	1	✓																																
03		9-26-06	1515		2126 920001B	1	✓																																
04		9-26-06	1620		2126 921001B	1	✓																																
05		9-27-06	08:45		2126 922001B	1	✓																																
06		9-27-06	0720		2126 923001B	1	✓																																
07	DW	9-27-06	1230		2126 935001	1	✓																																
08	DW	9-27-06	1310	G	2126 935002	1	✓																																
09	DW	9-28-06	0900	G	2126 941001	1	✓																																
RELINQUISHED BY:		DATE	TIME	RECEIVED BY:		DATE	TIME			DATE	TIME																												
<u>Shipped to FedEx</u>		9-28-06	16:00	<u>FedEx</u>																																			
RELINQUISHED BY:		DATE	TIME	LABORATORY NAME AND RECEIVED BY:		DATE	TIME			DATE	TIME																												
<u>FedEx</u>				<u>X-Roadmark</u>		9/29/06	0850																																

**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: September 15, 2006

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

Client: Aqua Utilities Florida, Inc.

Workorder ID: Interlachen Lk Est 6441 OdorDE

[2126795]

Received: 9/13/06 12:45

Dear Brian Heath;

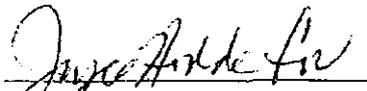
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory 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: 9/15/06



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) 467-1584

**Quality Control Summary**

**Client:** Aqua Utilities Florida, Inc.  
**Workorder ID:** Interlachen Lk Est 6441 OdorDE  
**Received:** 9/13/06 12:45

**[2126795]**

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

**HBEL Sample**

**Method Narratives (If Applicable)**

Number      Sample ID      Analytical Method      Description

**Quality Control Summary**

Method    HBEL Batch    Analyte      Analytical Issue

5600 US 1 North  
Fort Pierce, FL 34946  
FDOH # E96080  
Printed: 9/15/06

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) 467-5284

**CERTIFICATE OF ANALYSIS**

[2126795]

**Client:** Aqua Utilities Florida, Inc.

**Workorder ID:** Interlachen Lk Est 6441 OdorDE

Parameter	Qualifier	Result <sup>1</sup>	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
<b>Laboratory ID: 2126795001</b>						<b>Sampled: 09/12/06 16:45</b>		<b>Received: 09/13/06 12:45</b>		
<b>Sample ID: POE Grab</b>						<b>Matrix: Water</b>				
						<b>Results reported on Wet Weight Basis</b>				
Odor - Dechlorinated		1.0 U	T.O.N.	1.0	EPA 140.1	WCDE15128		09/13/06 15:15	PA	E83509

<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: 9/15/06



**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: INTERLAKEN LACES ESTATES PWS I.D. #: 2540545

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: VELVET AVENUE

City: HOLLISTER State: FL ZIP Code: \_\_\_\_\_

Phone #: 386-329-1122 Fax #: 386-329-9977

E-Mail Address: na

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

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

Sample Date: 09/12/06 Sample Time: 4:45 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 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: DAVID HARING

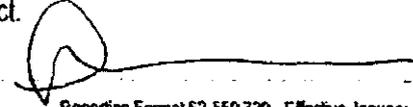
Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: na

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

I, PAUL THOMPSON FOR DAVID HARING, FIELD COORDINATOR  
Print Name Print Title

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

Signature:  Date: 9/28/06

**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 #: E83509  
 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: 9/13/06  
 PWS ID (From Page 1): \_\_\_\_\_ Sample Number (From Page 1): \_\_\_\_\_  
 Lab Assigned Report Number or Job ID: 2126795001

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           | <u>Radionuclides</u>                       | <input type="checkbox"/> Bromate            |
| <input type="checkbox"/> Nitrite       | <input type="checkbox"/> Dioxin Only       | <input type="checkbox"/> Single Sample     | <input type="checkbox"/> Chlorate           |
| <input type="checkbox"/> Asbestos Only |  | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u>                          |
|  |  |  | <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: 15-Sep-06

\* 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

**SECONDARY CHEMICAL ANALYSIS**

**62 - 550.320**

**(PWS031)**

Client: Aqua Utilities Florida, Inc. Workorder: Interlachen Lk Est 6441 OdorDE  
Sample Location: POE Grab  
Sample Number: 2126795001  
Sampling Date: 9/12/06 16:45  
Preservative: Nitric Acid or None  
Date Received: 9/13/06 12:45

ID	Parameter	MCL	Result	Method	MDL	Date	Lab ID
1920	Odor - Dechlorinated [3]		1.0 U	T.O.N. EPA 140.1	1.0	9/13/06 15:15	E83509

Southeast Florida  
FDOH # E96080  
Printed: 9/19/06

Central Florida  
FDOH # E83509



Southwest Florida  
FDOH # E85370

West Central Florida  
FDOH # E84418

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

Date issued: October 13, 2006

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

---

Client: Aqua Utilities Florida, Inc.  
Workorder ID: Interlachen Lk Est DW Scan [2126753]  
Received: 9/12/06 11:50

---

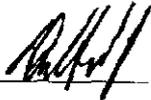
Dear Brian Heath;

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: 10/13/06



**LABOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 U.S. 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: Interlachen Lk Est DW Scan  
Received: 9/12/06 11:50

**[2126753]**

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>
2126753001	POE Grab	EPA 548.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

**Quality Control Summary**

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
EPA 504.1	PEST4792		
2126753001	1,2,3-Trichloropropane		Surrogate - Outside acceptance Limits.
EPA 505	PEST4791		
2126753001	Decachlorobiphenyl		Surrogate - Outside acceptance Limits.

The above due to matrix effects.

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: 10/13/06



# 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

[2126753]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Interlachen Lk Est DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID:		2126753001		Sampled: 09/11/06 17:30		Received: 09/12/06 11:50				
Sample ID:		POE Grab		Matrix: Water		Results reported on Wet Weight Basis				
pH	Q	7.82	SU	0.200	EPA 150.1	WCDE15129		09/13/06 16:20	PA	E83509
Total Dissolved Solids		160	mg/L	5.0	EPA 160.1	WCDE15143		09/15/06 15:30	PA	E83509
Aluminum		0.010 U	mg/L	0.010	EPA 200.7	META8148		09/28/06 13:32	DM	E96080
Barium		0.0037	mg/L	0.0018	EPA 200.7	META8148		09/28/06 13:32	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8148		09/28/06 13:32	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8148		09/28/06 13:32	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8148		09/28/06 13:32	DM	E96080
Copper		0.0014 U	mg/L	0.0014	EPA 200.7	META8148		09/28/06 13:32	DM	E96080
Iron		0.031	mg/L	0.025	EPA 200.7	META8148		09/28/06 13:32	DM	E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META8148		09/28/06 13:32	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8148		09/28/06 13:32	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8148		09/28/06 13:32	DM	E96080
Sodium		9.6	mg/L	0.50	EPA 200.7	META8148		09/28/06 13:32	DM	E96080
Zinc		0.010 U	mg/L	0.010	EPA 200.7	META8148		09/28/06 13:32	DM	E96080
Antimony		0.0042 U	mg/L	0.0042	EPA 200.9	META8149		09/28/06 11:29	DM	E96080
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8155		10/2/06 18:14	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8135		09/19/06 12:18	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8150		09/28/06 18:41	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8126	09/13/06 13:45	09/14/06 12:59	DM	E96080
Chloride		18	mg/L	5.0	EPA 300.0	IC6947		09/15/06 1:48	JL	E96080
Fluoride		0.12	mg/L	0.011	EPA 300.0	IC6940		09/13/06 13:51	JL	E96080
Nitrate as N		0.0077	mg/L	0.0030	EPA 300.0	IC6940		09/13/06 13:51	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6940		09/13/06 13:51	JL	E96080
Sulfate		3.1	mg/L	1.4	EPA 300.0	IC6947		09/15/06 1:48	JL	E96080
Surfactants as LAS, Mol.wt.340		0.042 U	mg/L	0.042	EPA 425.1	WCDE15131	09/13/06 11:30	09/13/06 15:45	RM	E83509
1,2-Dibromo-3-chloropropane		0.0010 U	ug/L	0.0010	EPA 504.1	PEST4792	09/20/06 14:09	09/20/06 1:01	JL	E96080
1,2-Dibromoethane		0.0024 U	ug/L	0.0024	EPA 504.1	PEST4792	09/20/06 14:09	09/20/06 1:01	JL	E96080
Chlordane		0.15 U	ug/L	0.15	EPA 505	PEST4791	09/19/06 14:54	09/19/06 2:59	JL	E96080
Endrin		0.11 U	ug/L	0.11	EPA 505	PEST4791	09/19/06 14:54	09/19/06 2:59	JL	E96080
gamma-BHC (Lindane)		0.022 U	ug/L	0.022	EPA 505	PEST4791	09/19/06 14:54	09/19/06 2:59	JL	E96080
Heptachlor		0.040 U	ug/L	0.040	EPA 505	PEST4791	09/19/06 14:54	09/19/06 2:59	JL	E96080
Heptachlor epoxide		0.031 U	ug/L	0.031	EPA 505	PEST4791	09/19/06 14:54	09/19/06 2:59	JL	E96080
Methoxychlor		0.049 U	ug/L	0.049	EPA 505	PEST4791	09/19/06 14:54	09/19/06 2:59	JL	E96080
PCB		0.15 U	ug/L	0.15	EPA 505	PEST4791	09/19/06 14:54	09/19/06 2:59	JL	E96080
Toxaphene		0.67 U	ug/L	0.67	EPA 505	PEST4791	09/19/06 14:54	09/19/06 2:59	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4793	09/20/06 14:08	09/20/06 22:32	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4793	09/20/06 14:08	09/20/06 22:32	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4793	09/20/06 14:08	09/20/06 22:32	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4793	09/20/06 14:08	09/20/06 22:32	JL	E96080
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4793	09/20/06 14:08	09/20/06 22:32	JL	E96080

5600 US 1 North  
 Fort Pierce, FL 34948  
 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: 10/13/06

**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**

[2126753]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Interlachen Lk Est DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4793	09/20/06 14:08	09/20/06 22:32	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2693		09/25/06 2:22	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2693		09/25/06 2:22	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2693		09/25/06 2:22	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2693		09/25/06 2:22	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2693		09/25/06 2:22	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2693		09/25/06 2:22	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2693		09/25/06 2:22	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2693		09/25/06 2:22	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2693		09/25/06 2:22	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2693		09/25/06 2:22	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2693		09/25/06 2:22	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2693		09/25/06 2:22	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2693		09/25/06 2:22	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2693		09/25/06 2:22	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2693		09/25/06 2:22	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2693		09/25/06 2:22	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2693		09/25/06 2:22	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2693		09/25/06 2:22	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2693		09/25/06 2:22	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2693		09/25/06 2:22	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2693		09/25/06 2:22	WR	E96080
Alachlor		0.61 U	ug/L	0.61	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 3:02	WR	E96080
Atrazine		0.48 U	ug/L	0.48	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 3:02	WR	E96080
Benzo(a)pyrene		0.070 U	ug/L	0.070	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 3:02	WR	E96080
bis(2-ethylhexyl)phthalate		0.84 U	ug/L	0.84	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 3:02	WR	E96080
Di(2-ethylhexyl)adipate		0.68 U	ug/L	0.68	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 3:02	WR	E96080
Hexachlorobenzene		0.30 U	ug/L	0.30	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 3:02	WR	E96080
Hexachlorocyclopentadiene		0.24 U	ug/L	0.24	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 3:02	WR	E96080
Simazine		0.63 U	ug/L	0.63	EPA 525.2	SVOC2441	09/22/06 9:05	10/3/06 3:02	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2333		09/18/06 16:58	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2333		09/18/06 16:58	JJM	E96080
Glyphosate		26 U	ug/L	26	EPA 547	HPLC2335		09/20/06 14:28	JJM	E96080
Endothal		2.8 U	ug/L	2.8	EPA 548.1	SVOC2439	09/15/06 11:06	09/20/06 2:02	WR	E96080
Diquat		4.8 U	ug/L	4.8	EPA 549.2	HPLC2334	09/15/06 11:10	09/20/06 14:01	JJM	E96080
Gross Alpha		1.3 U +/- 0.8	pCi/L		EPA 900.0	KNL1360		10/13/06 8:00	KNL	E84025
Radium 226		1.1 U +/- 0.8	pCi/L		EPA 903.1	KNL1360		10/5/06 15:00	KNL	E84025
Radium 228		1.0 U +/- 0.7	pCi/L		EPA Alter.	KNL1360		10/5/06 14:00	KNL	E84025
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1031		09/26/06 9:48	SAL	E84129
Color		3.0	CU	1.8	SM2120 B	WCGE26264		09/13/06 16:15	TCL	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26317	09/21/06 11:00	09/21/06 15:41	GG	E96080

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



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Page 4 of 6

**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**

[2126753]

**Client:** Aqua Utilities Florida, Inc.

**Workorder ID:** Interlachen Lk Est DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
-----------	-----------	--------	-------	-----------------	--------	------------------	----------------	--------------------	---------	--------

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

Q Sample held beyond the accepted holding time.

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

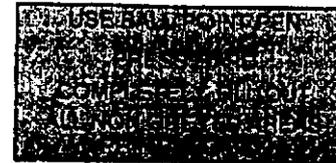
Printed: 10/13/06





# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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



Laboratory not responsible for omitted information

FDOH # E98080  
5600 U.S. 1 North  
Fort Pierce, FL 34948

FDOH # E85370  
307 Coolidge Avenue  
Lehigh Acres, FL 33936

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

FDOH # E84418  
18331 Cortez Blvd.  
Brooksville, FL 34601



Company: Aqua Utilities Fla

Address: 930 S. SR 19 Suite #3

Palatka Fl. Zip: 32177

Phone: 386-329-1122 Fax: 386-329-9977

Client Contact: Paul Thompson

Project Name: Interlachen Lake Filtration

Sampled By: R. Marriott

Method(s) of Shipment: \_\_\_\_\_

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

PRESERVATIVE									
ANALYSES REQUESTED									
<input checked="" type="checkbox"/>									

**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	1 1/2 L bottles	Cyanide	Nitrate, Nitrite, Sulfate, Fluoride	P.H. Control	TDS	Volatile Organic Compounds	Chloride	Gross Alpha	Radon	Reg. Vols	COMMENTS
	DATE	TIME															
011	9-11-06	5:30 PM	G	DW	1	PDE	<input checked="" type="checkbox"/>										
	9-11-06	5:30 PM	G	DW	1												
	9-11-06	5:30 PM	G	DW	1												
	9-11-06	5:30 PM	G	DW	1												
	9-11-06	5:30 PM	G	DW	1												
	9-11-06	5:30 PM	G	DW	1												
	9-11-06	5:30 PM	G	DW	2												Bottle received empty - be rechecked for leaking, but OK
011	9-11-06	5:30 PM	G	DW	3												

\* Sample Type: G=Grab C=Composite

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

Report Page	RELINQUISHED BY <u>R. Marriott</u>	RELINQUISHED BY <u>Paul Thompson</u>	RELINQUISHED BY _____
	DATE/TIME <u>9-12-06 1150</u>	DATE/TIME <u>9-12-06 1600</u>	DATE/TIME _____
	RECEIVED BY <u>Paul Thompson</u>	RECEIVED BY _____	RECEIVED BY _____
	DATE/TIME <u>9-12-06 1150</u>	DATE/TIME _____	DATE/TIME _____

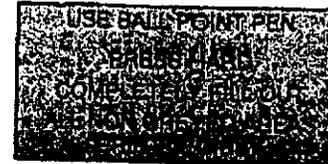
Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

CHAIN PAGE



**HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.**

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



Laboratory not responsible for omitted information  
 FDOH # E86080 FDOH # E85370  
 5600 U.S. 1 North 307 Coolidge Avenue  
 Fort Pierce, FL 34948 Lohigh Acres, FL 33936

FDOH # E83509 FDOH # EB4418  
 4155 St. Johns Pkwy. 16331 Cortez Blvd.  
 Suite 1300 Brooksville, FL 34601  
 Sanford, FL 32771

Company: Aqua Utilities Fla

Address: 430 S. SR 19 Suite 3

Palatka FL Zip: 32177

Phone: 386-329-1122 Fax: 386-329-9977

Client Contact: Paul Thompson

Project Name: Interlachen

Sampled By: R. Marriott

Method(s) of Shipment: \_\_\_\_\_

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



PRESERVATIVE									

ANALYSES REQUESTED									

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

LAB ID	COLLECTION		Sample Type	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	504 (EDS/DBFC)	515.1	525.2	531.1	547.1	558	579	505	COMMENTS
	DATE	TIME													
501	9-11-06	5:30 PM	G	DW	3	POE	✓								
	9-11-06	5:30 PM	G	DW	1			✓							
	9-11-06	5:30 PM	G	DW	1				✓						
	9-11-06	5:30 PM	G	DW	1					✓					
	9-11-06	5:30 PM	G	DW	1						✓				
	9-11-06	5:30 PM	G	DW	3							✓			
	9-11-06	5:30 PM	G	DW	1								✓		
601	9-11-06	5:30 PM	G	DW	3									✓	

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

69 of 6 Report Page	RELINQUISHED BY: <u>R. Marriott</u>	RELINQUISHED BY: <u>Quade to Field</u>	RELINQUISHED BY: _____
	DATE/TIME: <u>9-12-06 1150</u>	DATE/TIME: <u>9/20/06 1600</u>	DATE/TIME: _____
	RECEIVED BY: <u>Quade</u>	RECEIVED BY: _____	RECEIVED BY: _____
	DATE/TIME: <u>9/22/06 1150</u>	DATE/TIME: _____	DATE/TIME: _____

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

# SOUTHERN ANALYTICAL LABORATORIES, INC.

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



Harbor Branch Environmental Laboratory  
DW Compliance  
Sample ID: 2126 753 001

September 29, 2006  
Sample No.: 63443.04  
PWS ID: \_\_\_\_\_

## Inorganic Contaminants 62-550.310(1)

Contaminant ID	Contaminant Name	MCL Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1005	Arsenic	0.01 mg/L	0.001	U	SM 3113 B	0.001	09/26/06	08:48	E84129

\* Qualifiers:

U Analyte was undetected. Indicated concentration is method detection limit.

Harbor Branch  
Environmental Laboratory

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

63443

Subcontracting Form 001A  
REV 001  
Effective Date 12/05/2003

Receiving Laboratory: S.A.L.

The samples are to be shipped by FEDEX to arrive on 9/15/06. TAT: STD

HARBOR BRANCH ENVIRONMENTAL LABORATORY							ANALYSIS REQUIRED				COLLECTION REMARKS	
PROJECT NAME: <u>DW Compliance A<sub>9</sub> + HAA5</u>							PRESERVATIVE					
SAMPLE TYPE: Composite = C, Grab = G,			Preservative: HCl = H, HNO <sub>3</sub> = N, Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> = ST, H <sub>2</sub> SO <sub>4</sub> = S, NaOH = SH, Unpreserved = U				As by Anal	HAA5				
MATRIX: Drinking Water = DW, Groundwater = GW, Surface Water = SW, Wastewater = WW, Soil or solids = S, Waste = W, Oil = O												
Client Code	MATRIX	COLLECTION DATE	TIME	TYPE	NSL SAMPLE ID	Bottles					SAMPLE COMMENTS	
01	DW	9-12-06	1020	G	2126750001	1	✓					
02		9-11-06	1415	G	2126757001	1	✓					6x100ml P-HNO <sub>3</sub>
03		9-11-06	1515	G	2126758001	1	✓					4x50ml aG Nitric
04	DW	9-11-06	1730	G	2126753001	1	✓					
05	DW	9-12-06	1630	G	2126793001	1	✓					
06	DW	9-12-06	0740	G	2126794001	1	✓					
07	DW	9-12-06	1010	G	2126769002	1	✓					
08			1010		2126770001B	1	✓					
09			1145		2126771002	1	✓					
10	DW	9-12-06	1040	G	2126778001B	1	✓					
RELINQUISHED BY:		DATE		TIME	RECEIVED BY:		DATE	TIME				
<u>Handed to FedEx</u>		9-14-06		1600	Fed Ex							
RELINQUISHED BY:		DATE		TIME	LABORATORY NAME AND RECEIVED BY:		DATE	TIME				
<u>FedEx</u>					<u>K Nordmark</u>		9/15/06	0820				

**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: Interlochen Lakes PWS I.D. #: 2540546

System Type (check one)  Community  Nontransient Noncommunity  Transient Noncommunity

Address: Velvet Avenue

City: Houliester State: FL ZIP Code: 32177

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

E-Mail Address: na

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

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

Sample Date: 09/11/06 Sample Time: 5:30 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 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: RALPH MARSDEN

Sampler's Phone #: 386-329-1122 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: na

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

I, PAUL THOMPSON FOR RALPH MARSDEN FIELD COORDINATOR  
Print Name Print Title

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

Signature: [Signature] Date: 10/19/06

**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: 9/12/06

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

Lab Assigned Report Number or Job ID: 2126753001

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

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

Were any analyses subcontracted?  Yes  No

If yes, please provide DOH certification numbers: E84129, E84025  
 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: 13-Oct-06

\* 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) 467-584

**VOLATILE ORGANICS**

**62 - 550.310 (4) (a)**

Client: Aqua Utilities Florida, Inc. Workorder: Interlachen Lk Est DW Scan  
Sample Location: POE Grab  
Sample Number: 2126753001  
Sampling Date: 9/11/06 17:30  
Date Received: 9/12/06 11:50

ID	Parameter	MCL	Units	Result	Qual.*	Method	MDL	RDL	Date/Time	Lab ID
2378	1,2,4-Trichlorobenzene	[70]	ug/L	0.41	U	EPA 524.2	0.41	1.6	9/25/06 2:22	E96080
2380	cis-1,2-Dichloroethene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/25/06 2:22	E96080
2955	Total Xylenes	[10000]	ug/L	0.46	U	EPA 524.2	0.46	1.8	9/25/06 2:22	E96080
2964	Methylene chloride	[5]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/25/06 2:22	E96080
2968	1,2-Dichlorobenzene	[600]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/25/06 2:22	E96080
2969	1,4-Dichlorobenzene	[75]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/25/06 2:22	E96080
2976	Vinyl chloride	[1]	ug/L	0.32	U	EPA 524.2	0.32	1.3	9/25/06 2:22	E96080
2977	1,1-Dichloroethene	[7]	ug/L	0.23	U	EPA 524.2	0.23	0.92	9/25/06 2:22	E96080
2979	trans-1,2-Dichloroethene	[100]	ug/L	0.35	U	EPA 524.2	0.35	1.4	9/25/06 2:22	E96080
2980	1,2-Dichloroethane	[3]	ug/L	0.29	U	EPA 524.2	0.29	1.2	9/25/06 2:22	E96080
2981	1,1,1-Trichloroethane	[200]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/25/06 2:22	E96080
2982	Carbon tetrachloride	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.96	9/25/06 2:22	E96080
2983	1,2-Dichloropropane	[5]	ug/L	0.40	U	EPA 524.2	0.40	1.6	9/25/06 2:22	E96080
2984	Trichloroethene	[3]	ug/L	0.36	U	EPA 524.2	0.36	1.4	9/25/06 2:22	E96080
2985	1,1,2-Trichloroethane	[5]	ug/L	0.44	U	EPA 524.2	0.44	1.8	9/25/06 2:22	E96080
2987	Tetrachloroethene	[3]	ug/L	0.24	U	EPA 524.2	0.24	0.96	9/25/06 2:22	E96080
2989	Chlorobenzene	[100]	ug/L	0.30	U	EPA 524.2	0.30	1.2	9/25/06 2:22	E96080
2990	Benzene	[1]	ug/L	0.20	U	EPA 524.2	0.20	0.80	9/25/06 2:22	E96080
2991	Toluene	[1000]	ug/L	0.22	U	EPA 524.2	0.22	0.88	9/25/06 2:22	E96080
2992	Ethylbenzene	[700]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/25/06 2:22	E96080
2996	Styrene	[70]	ug/L	0.21	U	EPA 524.2	0.21	0.84	9/25/06 2:22	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, 1, \*, 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. 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: 10/13/06



# HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

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

Client: Aqua Utilities Florida, Inc. Workorder: Interlachen Lk Est DW Scan  
 Sample Location: POE Grab  
 Sample Number: 2126753001  
 Sampling Date: 9/11/06 17:30  
 Date Received: 9/12/06 11:50

ID	Parameter	MCL	Units	Result	Qual.	Method	MDL	RDL	Extracted Date	Analyzed Date/Time	Lab ID
2005	Endrin	[2]	ug/L	0.11	U	EPA 505	0.11	0.44	9/19/06	9/19/06 2:59	E96080
2010	gamma-BHC (Lindane)	[0.2]	ug/L	0.022	U	EPA 505	0.022	0.088	9/19/06	9/19/06 2:59	E96080
2015	Methoxychlor	[40]	ug/L	0.049	U	EPA 505	0.049	0.20	9/19/06	9/19/06 2:59	E96080
2020	Toxaphene	[3]	ug/L	0.67	U	EPA 505	0.67	2.7	9/19/06	9/19/06 2:59	E96080
2031	Dalapon	[200]	ug/L	2.3	U	EPA 515.1	2.3	9.2	9/20/06	9/20/06 22:32	E96080
2032	Diquat	[20]	ug/L	4.8	U	EPA 549.2	4.8	19	9/15/06	9/20/06 14:01	E96080
2033	Endothal	[100]	ug/L	2.8	U	EPA 548.1	2.8	11	9/15/06	9/20/06 2:02	E96080
2034	Glyphosate	[700]	ug/L	26	U	EPA 547	26	100		9/20/06 14:28	E96080
2035	O(2-ethylhexyl)adipate	[400]	ug/L	0.68	U	EPA 525.2	0.68	2.7	9/22/06	10/03/06 3:02	E96080
2036	Oxamyl	[200]	ug/L	0.41	U	EPA 531.1	0.41	1.6		9/18/06 16:58	E96080
2037	Simazine	[4]	ug/L	0.63	U	EPA 525.2	0.63	2.5	9/22/06	10/03/06 3:02	E96080
2039	bis(2-ethylhexyl)phthalate	[6]	ug/L	0.84	U	EPA 525.2	0.84	3.4	9/22/06	10/03/06 3:02	E96080
2040	Picloram	[500]	ug/L	0.23	U	EPA 515.1	0.23	0.92	9/20/06	9/20/06 22:32	E96080
2041	Dinoseb	[7]	ug/L	0.23	U	EPA 515.1	0.23	0.92	9/20/06	9/20/06 22:32	E96080
2042	Hexachlorocyclopentadiene	[50]	ug/L	0.24	U	EPA 525.2	0.24	0.96	9/22/06	10/03/06 3:02	E96080
2046	Carbofuran	[40]	ug/L	0.18	U	EPA 531.1	0.18	0.72		9/18/06 16:58	E96080
2050	Atrazine	[3]	ug/L	0.48	U	EPA 525.2	0.48	1.9	9/22/06	10/03/06 3:02	E96080
2051	Alachlor	[2]	ug/L	0.61	U	EPA 525.2	0.61	2.4	9/22/06	10/03/06 3:02	E96080
2065	Heptachlor	[0.4]	ug/L	0.040	U	EPA 505	0.040	0.16	9/19/06	9/19/06 2:59	E96080
2067	Heptachlor epoxide	[.2]	ug/L	0.031	U	EPA 505	0.031	0.12	9/19/06	9/19/06 2:59	E96080
2105	2,4-D	[70]	ug/L	0.22	U	EPA 515.1	0.22	0.88	9/20/06	9/20/06 22:32	E96080
2110	2,4,5-TP	[50]	ug/L	0.19	U	EPA 515.1	0.19	0.76	9/20/06	9/20/06 22:32	E96080
2274	Hexachlorobenzene	[1]	ug/L	0.30	U	EPA 525.2	0.30	1.2	9/22/06	10/03/06 3:02	E96080
2306	Benzo(a)pyrene	[.2]	ug/L	0.070	U	EPA 525.2	0.070	0.28	9/22/06	10/03/06 3:02	E96080
2326	Pentachlorophenol	[1]	ug/L	0.39	U	EPA 515.1	0.39	1.6	9/20/06	9/20/06 22:32	E96080
2383	PCB	[.5]	ug/L	0.15	U	EPA 505	0.15	0.60	9/19/06	9/19/06 2:59	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	ug/L	0.0010	U	EPA 504.1	0.0010	0.0040	9/20/06	9/20/06 1:01	E96080
2946	1,2-Dibromoethane	[.02]	ug/L	0.0024	U	EPA 504.1	0.0024	0.0096	9/20/06	9/20/06 1:01	E96080
2959	Chlordane	[2]	ug/L	0.15	U	EPA 505	0.15	0.60	9/19/06	9/19/06 2:59	E96080

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

NOTE: Effective 1/1/2004, results indicating a non-detection with a reported MDL >50% of the MCL will not be accepted for compliance work with 62-550.310(4)(b)

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

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 FDOH # E85370

16331 Cortez Blvd.  
 Brooksville, FL 34601  
 FDOH # E84418

Printed: 10/13/06



# 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: Interlachen Lk Est DW Scan  
 Sample Location: POE Grab  
 Sample Number: 2126753001  
 Sampling Date: 9/11/06 17:30  
 Date Received: 9/12/06 11:50

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1002	Aluminum	[0.2]	mg/L	0.010	U	EPA 200.7	0.010	9/28/06 13:32	E96080
1017	Chloride	[250]	mg/L	18	I	EPA 300.0	5.0	9/15/06 1:48	E96080
1022	Copper	[1]	mg/L	0.0014	U	EPA 200.7	0.0014	9/28/06 13:32	E96080
1025	Fluoride	[2]	mg/L	0.12	I	EPA 300.0	0.011	9/13/06/9/13/06	E96080
1028	Iron	[0.3]	mg/L	0.031	I	EPA 200.7	0.025	9/28/06 13:32	E96080
1032	Manganese	[0.05]	mg/L	0.0037	U	EPA 200.7	0.0037	9/28/06 13:32	E96080
1050	Silver	[0.1]	mg/L	0.0010	U	EPA 200.7	0.0010	9/28/06 13:32	E96080
1055	Sulfate	[250]	mg/L	3.1	I	EPA 300.0	1.4	9/15/06 1:48	E96080
1095	Zinc	[5]	mg/L	0.010	U	EPA 200.7	0.010	9/28/06 13:32	E96080
1905	Color	[15]	CU	3.0	I	SM2120 B	1.8	9/13/06 16:15	E96080
1925	pH	[8.5-8.5]	SU	7.82	Q	EPA 150.1	0.200	9/13/06 16:20	E83509
1930	Total Dissolved Solids	[500]	mg/L	160	I	EPA 160.1	5.0	9/15/06 15:30	E83509
2905	Foaming Agents	[0.5]	mg/L	0.042	U	EPA 425.1	0.042	9/13/06 15:45	E83509

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.

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 FDOH # E85370

16331 Cortez Blvd  
 Brooksville, FL 34601  
 FDOH # E84418

Printed: 10/13/06



**HARBOR BRANCH  
ENVIRONMENTAL  
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce FL 34946  
Phone: (772) 465-2400, Ext 235 Fax: (772) 467-584

**INORGANIC CONTAMINANTS**

62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc. Workorder: Interlachen Lk Est DW Scan  
Sample Location: POE Grab  
Sample Number: 2126753001  
Sampling Date: 9/11/06 17:30  
Date Received: 9/12/06 11:50

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	0.0077	I	EPA 300.0	0.0030	9/13/06 13:51	E96080
1041	Nitrite as N	[1]	mg/L	0.0022	U	EPA 300.0	0.0022	9/13/06 13:51	E96080
1005	Arsenic	[0.01]	mg/L	0.0010	U	EPA 200.9	0.0010	9/26/06 9:48	E84129
1010	Barium	[2]	mg/L	0.0037	I	EPA 200.7	0.0018	9/28/06 13:32	E96080
1015	Cadmium	[0.005]	mg/L	0.00070	U	EPA 200.7	0.00070	9/28/06 13:32	E96080
1020	Chromium	[0.1]	mg/L	0.0018	U	EPA 200.7	0.0018	9/28/06 13:32	E96080
1024	Cyanide	[0.2]	mg/L	0.0047	U	SM4500CN E	0.0047	9/21/06 15:41	E96080
1025	Fluoride	[4]	mg/L	0.12		EPA 300.0	0.011	9/13/06 13:51	E96080
1030	Lead	[0.015]	mg/L	0.00061	U	EPA 200.9	0.00061	10/02/06 18:14	E96080
1035	Mercury	[0.002]	mg/L	0.000060	U	EPA 245.1	0.000060	9/14/06 12:59	E96080
1036	Nickel	[0.1]	mg/L	0.0020	U	EPA 200.7	0.0020	9/28/06 13:32	E96080
1045	Selenium	[0.05]	mg/L	0.0022	U	EPA 200.9	0.0022	9/19/06 12:18	E96080
1052	Sodium	[160]	mg/L	9.6		EPA 200.7	0.50	9/28/06 13:32	E96080
1074	Antimony	[0.006]	mg/L	0.0042	U	EPA 200.9	0.0042	9/28/06 11:29	E96080
1075	Beryllium	[0.004]	mg/L	0.00010	U	EPA 200.7	0.00010	9/28/06 13:32	E96080
1085	Thallium	[0.002]	mg/L	0.0010	U	EPA 200.9	0.0010	9/28/06 18:41	E96080

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

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

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FDOH # E85370

16331 Cortez Blvd  
Brooksville, FL 34601  
FDOH # E84418

Printed: 10/13/06



KNL Laboratory Services, Inc.  
 2742 N. Florida Ave.  
 P.O. Box 1833  
 Tampa, FL 33601  
 Ph: (813) 229-2879 Fax: (813) 229-0002

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

RADIONUCLIDES  
 62-550.310(6)  
 Client ID: 2126753 001

KNL Report Number/Job ID: 8944  
 PWS ID(From Page 1):

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier *	Analytical Method	Lab MDL	RDL	Analysis Error	Analysis Date	Analysis Time	DOH Lab Certification #
4002	Gross Alpha (incl Uranium)	15	pCi/L	1.3	U	EPA 900.0	1.3	3	0.8	10-03-06	0800	E84025
4020	Radium-226		pCi/L	1.1	u	EPA 903.0	1.1	1	0.8	10-05-06	1500	E84025
4030	Radium-228		pCi/L	1.0	U	EPA Ra-05	1.0	1	0.7	10-5-06	1400	E84025

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

\*Qualifier Codes: U = indicates that the compound was analyzed for but not detected.  
 I = the reported value is between the laboratory detection limit and the laboratory practical quantitation limit.

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

Public Water System Information (to be completed by sampler)

System Name: Interlachen PWS ID #: 2540545

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity

Address: Velvet Ave

City: Hawthorn State: FL ZIP Code: 32177

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

E-Mail Address: n/a

Sample Information (to be completed by sampler)

Sample Number: 47693DW1 Location Code (if known): 126 Park Rd.

Sample Date: 9/5/09 Sample Time: 12:10 AM  PM (circle one)

Sample Location (be specific): 126 Park Rd

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

Sample Type (check only one)	Sample Reason(s) (check all that apply)	
<input checked="" type="checkbox"/> Distribution	<input checked="" type="checkbox"/> Routine Compliance (with 62-550)	<input type="checkbox"/> Quarterly (which quarter?) _____
<input type="checkbox"/> Entry Point (for Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedance *	<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 checked="" type="checkbox"/> Max Residence Time	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Avg Residence Time	Sampling Procedure Used or Other Comments: _____	
<input type="checkbox"/> Near First Customer		

\* See 62-550.500(6) for requirements and restrictions.

\*\* See 62-550.550(2) for requirements and attach a results page for each site.

NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrate MCL exceedances.

Sampler's Name: Paul Thompson

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

Sampler's E-Mail Address: n/a

Certification (to be completed by sampler)

Paul Thompson (Print Name) field coordinator (Print Title)

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

Signature: [Signature] Date: 9/19/09

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

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.  
Address: P. O. Box 150597  
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018  
Certification Expiration Date: 8/30/2008  
Phone #: 407-339-5984

Analysis Information (to be completed by lab)  
Sample Number: 47893DW1

Report Number: 47893  
Date Sample Received: 09/08/07

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics

- All 17  
 Partial  
 Nitrate  
 Nitrite  
 Asbestos

Volatile Organics

- All 21  Partial  
  
Synthetic Organics  
 All 30  Partial

Radionuclides

- Single Sample  
 Qtrly Composite\*\*  
  
Secondaries  
 All 14  Partial

Disinfection Byproducts

- Trihalomethanes  
 Haloacetic Acids  
 Bromate  
 Chlorite

Were any analyses subcontracted?  Yes  No

(If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Certification

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:



Date: 09/13/07

- \* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.  
\*\* Please provide radiochemical sample dates and 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  
 Resample Requested (circle or highlight groups above)       Revised Report Requested (circle or highlight groups above)  
Reason(s):  Incomplete Report       Location Unsatisfactory       Analysis Unsatisfactory  
 Missing Analyte Sheet(s)       Other \_\_\_\_\_

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

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

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

**Flowers Chemical Laboratories, Inc.**  
481 Newburyport Ave.  
Altamonte Springs, FL 32701  
Bus: 407-339-5984  
Fax: 407-260-6110

**Flowers Chemical Labs-South**  
8253 South US Hwy. 1  
Port St. Lucie, FL 34952  
Bus: 772-343-8006  
Fax: 772-343-8089

**Flowers Chemical Labs-North**  
812 S.W. Harvey Greene Dr.  
Madison, FL 32340  
Bus: 850-973-6878  
Fax: 850-973-6878



www.flowerslabs.com

<b>Client</b> AQUA UTILITIES PUNAM	<b>Project Name</b> INTERLAKEN PWS 10# 2540545
<b>Address</b> PO. BOX 490310 LEESBURG, FL 34749	<b>Contact</b> PAUL THOMPSON <b>FCL Lab Coordinator</b>
<b>Phone</b> 386-937-1143 FAX 386-329-9977	<b>Requested Due Date</b> 10
<b>Sampled By (PRINT)</b> PAUL THOMPSON	<b>P.O.#</b> <b>PICK UP</b>

<b>Sampler Signature</b> 	<b>Date Sampled</b> 9/5/07	<b>PRESERVATIVES</b>	<b>ANALYSES REQUEST</b> TITRIM HEATS	<b>COMMENTS</b> c4u		
GW - ground water   DW - drinking water   WW - wastewater SW - surface water   S - Soil/solid   SL - sludge   A - Air		NONE	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	MATRIX	LAB NO.	NONE	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>	ANALYSES REQUEST	COMMENTS	Total #
1	126 PARK RD.	9/5/07	12:10P	DW	47693DW1				XX		XX	CL - 0.6	3
2												FIELD	
3												PRESERVED	
4													
5													
6													
7													
8													
9													
10													

<b>Requisitioned By / Affiliation</b> 	<b>Date</b> 9/6/07	<b>Time</b> 7:30AM	<b>Accepted By / Affiliation</b> 	<b>Date</b> 9-6	<b>Time</b> 1:30	<b>Requisitioned BY / Affiliation</b> 	<b>Date</b> 9-6	<b>Time</b> 2:30	<b>Accepted By / Affiliation</b> 	<b>Date</b> 9/6/07	<b>Time</b> 1441
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Florida Department of Environmental Protection  
Safe Drinking Water Program Laboratory Reporting Form

Public Water System Information (to be completed by sampler)

System Name: Interlachen PWS ID #: 2540545

System Type (check one):  Community  Nontransient Noncommunity  Transient Noncommunity  
Address: Velvet Ave

City: Houliester State: FL ZIP Code: 32117  
Phone #: 352-787-0980 Fax #: 352-787-6333  
E-Mail Address: N/A

Sample Information (to be completed by sampler)

Sample Number: 47224DW1 Location Code (if known): POE  
Sample Date: 8/21/07 Sample Time: 8:20  AM  PM (circle one)  
Sample Location (be specific): \_\_\_\_\_  
Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): \_\_\_\_\_ mg/L Field pH: \_\_\_\_\_

Sample Type (check only one) Sample Reason(s) (check all that apply)

<input type="checkbox"/> Distribution	<input checked="" type="checkbox"/> Routine Compliance (with 62-550)	<input type="checkbox"/> Quarterly (which quarter?) _____
<input checked="" type="checkbox"/> Entry Point (for Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedance *	<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"/> Avg 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 nitrate MCL exceedances.

\*\* See 62-550.550(2) for requirements and  
attach a results page for each site.

Sampler's Name: Paul Thompson  
Sampler's Phone # 352-787-0980 Sampler's Fax # 352-787-6333  
Sampler's E-Mail Address: N/A

Certification (to be completed by sampler)

Paul Thompson field coordinator  
(Print Name) (Print Title)

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

Signature: [Signature] Date: 9/18/07

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

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.  
Address: P. O. Box 150597  
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018  
Certification Expiration Date: 8/30/2008  
Phone #: 407-339-5984

Analysis Information (to be completed by lab)  
Sample Number: 47224DW1

Report Number: 47224  
Date Sample Received: 08/29/07

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics

All 17

Partial

Nitrate

Nitrite

Asbestos

Volatile Organics

All 21  Partial

Synthetic Organics

All 30  Partial

Radionuclides

Single Sample

Qtrly Composite\*\*

Secondaries

All 14  Partial

Disinfection Byproducts

Trihalomethanes

Haloacetic Acids

Bromate

Chlorite

Were any analyses subcontracted?  Yes  No

(If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Certification

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:



Date: 09/06/07

\* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.

\*\* Please provide radiochemical sample dates and 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

Resample Requested (circle or highlight groups above)

Revised Report Requested (circle or highlight groups above)

Reason(s):  Incomplete Report

Location Unsatisfactory

Analysis Unsatisfactory

Missing Analyte Sheet(s)

Other \_\_\_\_\_

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

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

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

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

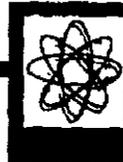
DEP/DOH Reviewing Official: \_\_\_\_\_

**Flowers Chemical Laboratories, Inc.**  
 481 Newburyport Ave.  
 Altamonte Springs, FL 32701  
 Bus: 407-339-5984  
 Fax: 407-260-6110

**Flowers Chemical Labs-South**  
 8253 South US Hwy. 1  
 Port St. Lucie, FL 34952  
 Bus: 772-343-8006  
 Fax: 772-343-8089

**Flowers Chemical Labs-North**  
 812 S.W. Harvey Greene Dr.  
 Madison, FL 32340  
 Bus: 850-973-6878  
 Fax: 850-973-6878

**FLOWERS**  
**CHEMICAL**  
**LABORATORIES**  
 INCORPORATED



www.flowerslabs.com

Client: **AQUA UTILITIES - PUTNAM COUNTY**  
 Address: **P.O. Box 490310**  
**LESSBURG, FL 34748**  
 Phone: **386-937-1143** FAX: **386-329-9977**  
 Project Name: **INTERLAKEN PWSID# 2540545**  
 Contact: **PAUL THOMPSON**  
 FCL Lab Coordinator: \_\_\_\_\_  
 Requested Due Date: **80**

**PICK UP**

Sampled By (PRINT): **PAUL THOMPSON**

Sampler Signature: \_\_\_\_\_ Date Sampled: **8/29/07 8:20am**

GW - ground water DW - drinking water WW - wastewater  
 SW - surface water S - Soil/solid SL - sludge A - Air

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	MATRIX	LAB NO.	PRESERVATIVES					ANALYSES REQUEST	COMMENTS	Total #
						NONE	H <sub>2</sub> SO <sub>4</sub>	HNO <sub>3</sub>	HCl	NH <sub>2</sub> S <sub>2</sub> O <sub>8</sub>			
1	P.O.E	8/29/07	8:20am	DW	47224DW1						X NO <sub>2</sub> /NO <sub>3</sub>		2400
2													
3													
4													
5													
6													
7													
8													
9													
10													

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
[Signature]	8/29/07	11:20	[Signature]	8/29	11:40	[Signature]	8-29	2:17	[Signature]	8/29/07	1:41

• WHITE - Original - To Be Returned      • YELLOW - Duplicate



# Department of Environmental Protection

Jeb Bush  
Governor

Northeast District  
7825 Baymeadows Way, Suite B-200  
Jacksonville Florida 32256-7590

Colleen M. Castille  
Secretary

July 18, 2006

SENT VIA EMAIL: [CMMcClure@aquaamerica.com](mailto:CMMcClure@aquaamerica.com)

Ms. Candice McClure  
Interlachen Lake Estates  
P.O. Box 490310  
Leesburg, FL 34749

Putnam County – Potable Water  
Compliance Inspection 2006  
**Interlachen Lake Estates// PWS ID: 2540545**

Dear Ms. McClure:

On July 14, 2006, a Compliance Inspection of the above referenced Community water system was conducted with the courteous assistance of Mr. Paul Thompson. The Department is pleased to inform you that your facility is in compliance with the Florida Safe Drinking Water Act, Section 403, Florida Statutes (FS), and the Florida Administrative Code (FAC) Title 62.

**As a reminder, this system is required to monitor for the following remaining parameters during 2006: All Inorganic Contaminants, including Nitrate and Nitrite, Synthetic Organic Contaminants, Volatile Organic Contaminants, Secondaries, Disinfection Byproducts (TTHMs and HAA5s), Bacteriologicals (monthly), and Disinfectant Residual Levels (monthly with Bacti's).**

Enclosed is a copy of the Compliance Inspection. Please contact me at (904) 807-3321 or [Amber.Otto@dep.state.fl.us](mailto:Amber.Otto@dep.state.fl.us) if you have any questions.

Sincerely,

Amber Otto  
Environmental Specialist

BRR:AMO:ao

cc: Paul Thompson, Operator (via mail)

DOCUMENT NUMBER-DATE

04326 MAY 22 00

FPSC-COMMISSION CLERK

**State of Florida  
Department of Environmental Protection**

**PUBLIC WATER SYSTEM INSPECTION REPORT**

System Name: Interlachen Lake Estates Inspection Date: 7/14/2006  
 Location: Velvet Ave. PWS ID: 2540545  
 Owner: Candice McClure (CMMCCLURE@AQUAAMERICA.COM) Phone No.: (352)732-6027  
 Address P.O. Box 490310 Zip Code: 34749 County: Putnam  
 Certified Operator: Mr. Paul Thompson Level & No.: A - 7251  
 Type of System: Community Type of Inspection: Compliance

**INSPECTION RESULTS**

Selections marked with an X are unsatisfactory. Selections marked with an I are in need of improvement.  
 Referenced sections are from Title 62, Florida Administrative Code

<u>OK</u>	Aeration	555.350	Screens secure, aerator clean
<u>OK</u>	Auxiliary Power	555.320(14)	
<u>OK</u>	Check Valve	555.330(3)	Check valves on both wells
<u>OK</u>	Cross Connection	555.360	None seen
<u>OK</u>	Chlorination (Disinfection)	555.320(12)(d)&.350(6)	
	Plant <u>1.46</u> mg/l Remote <u>1.22</u> mg/l		Remote at Salem and Reaves St. (bacti site)
<u>N/A</u>	Chlorination, Gas	555.320(13)(a)	
<u>OK</u>	Chlorine Test Kit - DPD	555.330(3)	On-site and with operator
<u>OK</u>	Flow Meter	555.320(16)	One for each well
<u>OK</u>	Logs, on-site	555.350(12)	Current, 5 visits per week
<u>OK</u>	Maintenance of Facilities	555.350	Very good
<u>OK</u>	Monitoring: Bacteriological	550.518	Due MONTHLY; Current
<u>OK</u>	Monitoring: Chemical	550.500-521	DUE in 2006: Inorganics, SOCs, VOCs, Secondaries & DBPs
<u>N/A</u>	Monitoring: Well Clearance	555.315(6)(b)	
<u>OK</u>	Monthly Operation Reports	550.730(1)(d)	Due MONTHLY; Current
<u>OK</u>	Operator, Certified	555.350(8)	Paul Thompson; A-7251
<u>OK</u>	Plant Design	555.330	
<u>OK</u>	Security of Water System	555.315(1) & .320(5)	Locked fencing
<u>OK</u>	System Pressure	555.320(15)(a)2	
<u>OK</u>	Well, Concrete Apron	532.500(3)(c)	Good for both wells
<u>2</u>	Wells, Number of	555.315(2)	
<u>OK</u>	Well, Raw Sample Tap	555.320(8)(b)2	Good for both
<u>OK</u>	Well Set Backs	555.312	None seen

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

It is required that a written response be provided to this office within ten days of receipt of this report regarding any unsatisfactory results listed above.

Inspector: Amber M. Otto

Date: July 18, 2006

Amber Otto, (904) 807-3321

or e-mail address:

Amber.Otto@DEP.STATE.FL.US



Jeb Bush  
Governor

# Department of Environmental Protection

Northeast District  
7825 Baymeadows Way, Suite 8200  
Jacksonville, Florida 32256-7590

David B. Struhs  
Secretary

March 5, 2004

Received

MAR 08 2004

Environmental Services

Mr. Craig Anderson  
Florida Water Services  
Post Office Box 609520  
Orlando, Florida 32860

Dear Mr. Anderson:

Putnam County - Potable Water  
Interlachen Lake Estates WTP  
PWS ID: 2540545

On March 3, 2004 a Sanitary Survey inspection of the referenced community water system was conducted with the courteous assistance of Mr. Paul Thompson and Mr. Donald Holcomb of Florida Water Services. I was pleased to find that the water system is in good operating condition and generally well maintained. Based on this survey and our records, the Department is pleased to inform you that the above referenced facility is in compliance with the Florida Safe Drinking Water Act, Sections 403, Florida Statutes (FS), and the rules promulgated there-under, Florida Administrative Code (FAC) Title 62.

A copy of the sanitary survey report is enclosed for your records. If I may be of further assistance to you, please contact me at [Annalise.Stahlman@dep.state.fl.us](mailto:Annalise.Stahlman@dep.state.fl.us) or (904) 807-3335. Thank you for your cooperation with Florida's Safe Drinking Water Act.

Sincerely:

Annalise M. Stahlman  
Environmental Specialist

*Annalise*  
Correspondence File  
EDC:BRR:AMS:ams

Enclosure: Sanitary Survey Dated 3/3/04

"More Protection, Less Process"

Printed on recycled paper.

State of Florida  
 Department of Environmental Protection  
 Northeast District  
**SANITARY SURVEY REPORT**

Plant Name INTERLACHEN LAKE ESTATES WTP County Putnam PWS ID # 2540545  
 Plant Location Palm Shores Subdivision, east of Interlachen, Florida Phone 386-329-1122  
 Owner Name Florida Water Services (Attn: Mr. Craig Anderson) Phone 407-880-0058  
 Owner Address Post Office Box 609520, Orlando, Florida 32860  
 Contact Person Mr. Paul Thompson Title Lead Operator, FWS Phone 386-329-1122  
 This Survey Date 3/3/04 Last Survey Date 6/19/01 Last C.I. Date 8/1/02

PWS TYPE & CLASS: Community - (4D)

**SERVICE AREA CHARACTERISTICS**

Residential Subdivision

Food Service:  Yes  No  N/A

**GENERAL INFORMATION**

Number of Service Connections 245  
 Population Served 560 Basis MOR data  
 Plant Design Capacity 145,600 gpd  
 Basis estimate limited by HSP capacities  
 Average Day (from MORs) 34,058 gpd  
 Max. Day (from MORs) 42,700 gpd  
 Total Storage Capacity 28,000 gallons  
 Comments MOR data from January 2004.

**LOCATION**

Latitude 29° 38' 6.59" North  
 Longitude 81° 50' 33.59" West  
 GPS: Yes Date: 7/24/97  
 Directions Highway 20, east of Interlachen, plant located in Palm Shores Mobile Home subdivision

**OPERATION & MAINTENANCE**

Certified Operator:  Yes  No  Not required  
 Operator(s) & Certification Class-Number  
Paul Thompson, A-7251  
Donald Holcomb, A-5091  
 O & M Log:  Yes  No  Not required  
 Operator Visitation Frequency  
 Hrs/day: Required N/A Actual N/A  
 Days/wk: Required 5 Actual 5  
 Non-consecutive Days?  Yes  No  N/A  
 MORs submitted regularly?  Yes  No  N/A  
 Data missing from MORs?  No  Yes  N/A  
Complete Operations, Equipment, & Maintenance logs and sampling plans at the facility.

COMET: SITE ID \_\_\_\_\_ PROJECT ID \_\_\_\_\_

**RAW WATER SOURCE**

GROUND; Number of Wells 2  
 SURFACE/UDI; Source \_\_\_\_\_  
 PURCHASED from PWS ID # \_\_\_\_\_  
 Emergency Water Source \_\_\_\_\_  
 Emergency Water Capacity \_\_\_\_\_

**AUXILIARY POWER SOURCE**

Yes  None  Not Required  
 Source Generac generator (propane)  
 Capacity of Standby (kW) 50  
 Switchover:  Automatic  Manual  
 Standby Plan:  Yes  No  
 Hrs Operated Under Load 4 hrs/mo.  
 What equipment does it operate?  
 Well pumps \_\_\_\_\_  
 High Service Pumps \_\_\_\_\_  
 Treatment Equipment \_\_\_\_\_  
 Satisfy 1/2 max-day demand?  Yes  No  Unk  
 Comments Satisfactory

**TREATMENT PROCESSES IN USE**

Hypo-chlorination and Aeration

What additional treatment is needed?

None

For control of what deficiencies?

N/A

**DISTRIBUTION SYSTEM**

Flow Measuring Device Flow Meter  
 Meter Size & Type 4" turbine McCrometer  
 Backflow Prevention Devices:  Yes  No  
 Cross-connections none noted  
 Written Cross-connection Control Program: Yes  
 Coliform Sampling Plan:  Yes  No  N/A  
 Comments Satisfactory

**GROUND WATER SOURCE**

Well Number (PWS Identification)	2540545	2540545		
Well Name (System Identification)	1	2		
Year Drilled	1971	1971		
Depth Drilled	250'	250'		
Latitude	29:38:6.589 N	29:38:6.879 N		
Longitude	81:50:33.585 W	81:50:33.509 W		
GPS (Y or N) / Date (if applicable)	Yes, 7/24/97	Yes, 7/24/97		
Florida Well ID	AAC1926	AAC1925		
Static Water Level	Unknown	Unknown		
Actual Yield (if different than rated capacity)				
Strainer	Unknown	Unknown		
Length (outside casing)	160'	160'		
Diameter (outside casing)	6"	6"		
Material (outside casing)	Steel	Steel		
Well Contamination History	No	No		
Is Inundation of well possible?	No	No		
6' X 6' X 4" Concrete Pad	OK	OK		
SET BACKS	Septic Tank			
	Reuse Water			
	WW Plumbing			
	Other Sanitary Hazard			
PUMP	Type	Turbine	Turbine	
	Manufacturer Name	Goulds	Goulds	
	Model Number	Unknown	Unknown	
	Rated Capacity (gpm)	180	180	
	Motor Horsepower	5	15	
Well casing 12" above grade?	OK	OK		
Well Casing Sanitary Seal	OK	OK		
Raw Water Sampling Tap	OK - smooth	OK - smooth		
Above Ground Check Valve	OK	OK		
Fence/Housing	Secure	Secure		
Well Vent Protection	Not required	Not required		

COMMENTS The wells appear to be in good operating condition.

**CHLORINATION (Disinfection)**

Type: Hypo-Chlorination  
 Make Stenner Capacity 22 gpd  
 Chlorine Feed Rate 70%  
 Avg. Amount of Cl<sub>2</sub> gas used N/A  
 Chlorine Residuals: Plant 2.5 Remote 2.5  
 Remote tap location \_\_\_\_\_  
 DPD Test Kit;  On-site  With operator  
 None  Not Used Daily  
 Injection Points down stream of HSP's  
 Booster Pump Info N/A  
 Comments Satisfactory

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

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

Type Cascade Capacity 300  
 Aerator Condition Clean, well maintained  
 Bloodworm Presence No  
 Visible Algae Growth None  
 Protective Screen Condition Sealed, secure  
 Comments Aerator appears to be clean and in good operating condition.

**STORAGE FACILITIES**

(G) Ground (H) Hydropneumatic (E) Elevated  
 (B) Bladder (C) Clearwell

Tank Type/Number	G	H	
Capacity (gal)	25000	5000	
Material	Conc.	Steel	
Gravity Drain	Yes	Yes	
By-pass Piping	Yes	Yes	
Pressure Gauge	N/A	Yes	
Sight Glass or Level Indicator	Yes	Yes	
Fittings for Sight Glass	No	Yes	
Protected Openings	Yes	Yes	
PRV/ARV	N/A	PRV	
On/Off Pressure	N/A	40/50	
Access Padlocked	Yes	Yes	
Height to Bottom of Elevated Tank	N/A	N/A	
Height to Max. Water Level	N/A	N/A	

Comments Storage tanks appear to be in good condition.

**HIGH SERVICE PUMPS**

Pump Number	1	2	
Type	cent.	cent.	
Make	Sta-Rite	Unknown	
Model		Unknown	
Capacity (gpm)	150	150	
Motor HP	15	15	
Date Installed	Unknown	Unknown	
Maintenance	Good	Good	

Comments Model # 20-E2CS70M3  
Pumps appear to be in good condition.

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS serving < 3300 persons			
CONTAMINANT	Last Sampled	Due Date	COMMENTS
Microbiological (Bacti)	xxxxxxx	Monthly	2 distribution samples + 1 from each raw source (based upon population served)
Volatile Organic Contaminants	2003	2006	Samples due every 3 years
Synthetic Organic Contaminants	2003	2006	Samples due every 3 years
Nitrate & Nitrite (as N)	2003	2004	Nitrate / Nitrite samples due annually
Inorganic Contaminants	2003	2006	Samples due every 3 years
Asbestos	Waiver	Waiver expires 12/31/2010	Samples taken from distribution. Waiver available if no asbestos pipe in the distribution system.
Secondary Standards	2003	2006	Samples due every 3 years
Radionuclides	2003	2006	Samples due every 3 years
Disinfection Byproducts (i.e. Total Trihalomethanes (TTHMs) and Haloacetic Acids (HAA5s));	N/A	2004	Per sampling plan
Lead and Copper	2002	2005	Sample locations are from pre-approved sample plan

Unless otherwise noted, all samples shall be taken at each entry point to the distribution system, and representative of each source after treatment.

**SCHEMATIC:**

