

SUMTER COUNTY

**The Woods WTF
The Woods WWTF**

Docket No. 080121-WS

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

Florida

**Volume 5
Book 2
Set 14 of 16**

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

DOCUMENT NUMBER - DATE

04333 MAY 22 08

FPSC - COMMISSION CLERK

Aqua Utilities Florida, Inc.



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

See page 4 for instructions

I. General Information for the Month/Year of: January-07

A. Public Water System (PWS) Information

PWS Name: <u>The Woods</u>		PWS Identification Number: <u>6600347</u>	
PWS 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>72</u>		Total Population Served at End of Month: <u>216</u>	
PWS 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>bheath@aquamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>The Woods</u>		Plant Telephone Number: <u>(352) 787-0980</u>		
Plant Address: <u>CR 576</u>		City: <u>Webster</u>	State: <u>FL</u> Zip Code: <u>33597</u>	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>72,000</u>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	<u>Will Fontaine</u>	<u>C</u>	<u>6813</u>	<u>6 Days per week</u>
Other Operators	<u>John Worrell</u>	<u>C</u>	<u>6597</u>	<u>6 Days per week</u>
	<u>Marty Neal</u>	<u>C</u>	<u>10027</u>	<u>6 Days per week</u>
	<u>Jay Aldrich</u>	<u>C</u>	<u>6368</u>	<u>6 Days per week</u>

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. 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] 2-9-07 Will Fontaine C6813
 Signature and Date Printed or Typed Name License Number

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

PWS Identification Number: 6600347 Plant Name: The Woods

III. Daily Data for the Month/Year of: **January-07**

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 of 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 the Water System Components Out of Operation
				Free Chlorine					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer's Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer's Point During Peak Flow, mg-min/L	Temperature of Water, °C	Applicable	Minimum Required CT, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24 hrs	22,000		1.8									1	
2	X	24 hrs	22,000		1.5									1	
3	X	24 hrs	17,000		1.2									0.6	
4	X	24 hrs	23,000		1									0.4	
5	X	24 hrs	19,000		1.1									0.5	
6	X	24 hrs	20,000		1									0.5	
7	X	24 hrs	11,000		1									0.5	
8	X	24 hrs	21,000		1									0.5	
9	X	24 hrs	15,000		1									0.5	
10	X	24 hrs	10,000		1									0.5	
11	X	24 hrs	12,000		2									1.2	
12	X	24 hrs	18,000		2									1.2	
13	X	24 hrs	28,000												
14	X	24 hrs	13,000		1									0.5	
15	X	24 hrs	22,000		1									0.5	
16	X	24 hrs	48,000		1									0.5	
17	X	24 hrs	16,000		1									0.5	
18	X	24 hrs	21,000		1									0.5	
19	X	24 hrs	18,000		1.2									1.0	
20	X	24 hrs	18,000		1.2									0.8	
21	X	24 hrs	18,000		1.3									0.8	
22	X	24 hrs	18,000												
23	X	24 hrs	18,000		1.1									0.4	
24	X	24 hrs	18,000		1.2									0.5	
25	X	24 hrs	22,000		1									0.4	
26	X	24 hrs	18,000		1									0.4	
27	X	24 hrs	18,000		1.8									1.0	
28	X	24 hrs	18,000												
29	X	24 hrs	18,000		1.1									0.5	
30	X	24 hrs	18,000		1									0.5	
31	X	24 hrs	18,000		1.2									0.6	
Total			596,000												
Average			19,226												
Maximum			48,000												

* 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 Identification Number: 6600347 Plant Name: The Woods

III. Daily Data for the Month/Year of: **February-07**

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, 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	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24 hrs	12,300		1.2									0.6	
2	X	24 hrs	12,300		1									0.5	
3		24 hrs	12,300												
4		24 hrs	12,300												
5	X	24 hrs	12,300		1.1									0.5	
6	X	24 hrs	12,300		1									0.5	
7	X	24 hrs	12,300		1.8									0.8	
8	X	24 hrs	12,300		1.3									0.7	
9	X	24 hrs	12,300		1.8									0.8	
10	X	24 hrs	16,300		1.3									0.5	
11	X	24 hrs	11,300		1.3										
12	X	24 hrs	9,100		1.4									0.6	
13	X	24 hrs	10,700		1.2									0.5	
14	X	24 hrs	11,200		1.1									0.5	
15	X	24 hrs	12,700		1.5									0.8	
16	X	24 hrs	11,700		1									0.5	
17		24 hrs	11,200												
18		24 hrs	12,300												
19	X	24 hrs	12,300		1									0.5	
20	X	24 hrs	12,600		1									0.5	
21	X	24 hrs	14,300		1									0.5	
22	X	24 hrs	13,100		1.8									1.2	
23	X	24 hrs	16,400		1									0.6	
24		24 hrs	10,000												
25	X	24 hrs	10,000		1.1									0.6	
26	X	24 hrs	13,800		1.1									0.6	
27	X	24 hrs	13,900		1.8									1.2	
28	X	24 hrs	10,900		1.1									0.6	
29		24 hrs													
30		24 hrs													
31		24 hrs													

Total	344,500
Average	12,304
Maximum	16,400

* 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 page 4 for instructions

I. General Information for the Month/Year of: **March-07**

A. Public Water System (PWS) Information

PWS Name: The Woods		PWS Identification Number: 6600347	
PWS 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: 72		Total Population Served at End of Month: 216	
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: FL
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: The Woods		Plant Telephone Number: (352) 787-0980	
Plant Address: CR 576		City: Webster	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
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:	Will Fontaine	C	6813	6 Days per week
Other Operators:	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 Days per week
	Jay Aldrich	C	6368	6 Days per week

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. 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	Will Fontaine Printed or Typed Name	C6813 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6600347 Plant Name: The Woods

III. Daily Data for the Month/Year of: March-07

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

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

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable:

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
					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, sec/cm ²	Minimum UV Dose Required, mW sec/cm ²			
1	X	24 hrs	13,500		1								0.5		
2	X	24 hrs	11,200		1								0.6		
3		24 hrs	11,300												
4		24 hrs	11,300												
5	X	24 hrs	11,300		1								0.5		
6	X	24 hrs	11,300		1								0.5		
7	X	24 hrs	10,500		1.8								1.2		
8	X	24 hrs	12,500		1.8								1.2		
9	X	24 hrs	11,000		1.5								1.0		
10	X	24 hrs	10,400		1.2								0.6		
11	X	24 hrs	11,300		1.2								0.6		
12	X	24 hrs	11,300		1								0.5		
13	X	24 hrs	12,000		1.2								0.6		
14	X	24 hrs	11,100		1								0.5		
15	X	24 hrs	10,000		1								0.5		
16	X	24 hrs	10,000		1.2								0.5		
17	X	24 hrs	12,400		1.8										
18	X	24 hrs	10,900		1.5										
19	X	24 hrs	10,600		1.2								0.6		
20	X	24 hrs	10,500		1.8								1.0		
21	X	24 hrs	10,800		1.1								0.6		
22	X	24 hrs	10,360		1								0.5		
23	X	24 hrs	10,000		1								0.5		
24	X	24 hrs	10,600		1.5								0.8		
25	X	24 hrs	10,400		1.1								0.7		
26	X	24 hrs	10,200		1.1								0.6		
27	X	24 hrs	9,500		1								0.5		
28	X	24 hrs	12,100		1								0.5		
29	X	24 hrs	11,300		1								0.5		
30	X	24 hrs	11,500		1								0.5		
31	X	24 hrs	10,100		1								0.5		
Total			341,260												
Average			11,008												
Maximum			13,500												

* 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 page 4 for instructions

I. General Information for the Month/Year of: April-07

A. Public Water System (PWS) Information

PWS Name: The Woods		PWS Identification Number: 6600347	
PWS 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: 72		Total Population Served at End of Month: 216	
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: 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			

B. Water Treatment Plant Information

Plant Name: The Woods		Plant Telephone Number: (352) 787-0980		
Plant Address: CR 576		City: Webster	State: FL Zip Code: 33597	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000				
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:	Will Fontaine	C	6813	6 Days per week
Other Operators:	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 Days per week
	Jay Aldrich	C	6368	6 Days per week

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. 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.

5-4-07
Signature and Date

Will Fontaine
Printed or Typed Name

6813
License Number

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

PWS Identification Number: **6600347** Plant Name: **The Woods**

III. Daily Data for the Month/Year of: **April-07**

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 ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24 hrs	15,100		1.9										0.7	
2	X	24 hrs	6,800		1.9										0.5	
3	X	24 hrs	10,700		1.6										0.5	
4	X	24 hrs	9,400		1.6										0.5	
5	X	24 hrs	18,600		1.6										0.4	
6	X	24 hrs	15,800		2										0.8	
7	X	24 hrs	13,500		2										0.8	
8	X	24 hrs	13,600		1.3										0.5	
9	X	24 hrs	5,200		1.5										0.5	
10	X	24 hrs	11,700		1.3										0.4	
11	X	24 hrs	10,300		2										0.6	
12	X	24 hrs	11,100		1.8										0.5	
13	X	24 hrs	8,900		1.5										0.6	
14	X	24 hrs	8,800		1.8										0.6	
15	X	24 hrs	13,200		1.8										0.6	
16	X	24 hrs	14,500		1.8										0.6	
17	X	24 hrs	1,000		1.8										0.6	
18	X	24 hrs	12,400		1.8										0.6	
19	X	24 hrs	7,400		1.8										0.6	
20	X	24 hrs	11,000		1.6										0.6	
21	X	24 hrs	14,200		1.5										0.5	
22	X	24 hrs	11,400		1.2										0.5	
23	X	24 hrs	6,700		1.2										0.5	
24	X	24 hrs	10,600		1.5										0.5	
25	X	24 hrs	11,900		1.5										0.6	
26	X	24 hrs	10,800		1.3										0.5	
27	X	24 hrs	10,100		1.5										0.5	
28	X	24 hrs	11,900		1.4										0.5	
29	X	24 hrs	13,900		1.5										0.5	
30	X	24 hrs	6,300		1.2										0.5	
31		24 hrs														
Total			326,800													
Average			10,893													
Maximum			18,600													

* 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 page 4 for instructions

I. General Information for the Month/Year of: **May-07**

A. Public Water System (PWS) Information

PWS Name: The Woods		PWS Identification Number: 6600347	
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Number of Service Connections at End of Month: 72		Total Population Served at End of Month: 216	
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: FL
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: The Woods		Plant Telephone Number: (352) 787-0980	
Plant Address: CR 576		City: Webster	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000			
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	Will Fontaine	C	6813	6 Days per week
Other Operators	John Worrell	C	6597	6 Days per week
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	Jay Aldrich	C	6368	6 Days per week

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6-8-07
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number: 6600347 Plant Name: The Woods

III. Daily Data for the Month/Year of: May-07

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 Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24 hrs	9,000		1.2										0.5	
2	X	24 hrs	9,200		1.2										0.5	
3	X	24 hrs	9,900		1.2										0.5	
4	X	24 hrs	12,000		1.5										0.7	
5	X	24 hrs	14,800		1.5										0.7	
6	X	24 hrs	8,800													
7	X	24 hrs	14,900		1.2										0.5	
8	X	24 hrs	2,200		1.2										0.5	
9	X	24 hrs	6,900		1.1										0.5	
10	X	24 hrs	8,900		1.2										0.5	
11	X	24 hrs	11,900		1										0.4	
12	X	24 hrs	8,600		1.1											
13	X	24 hrs	16,700		1.5											
14	X	24 hrs	9,000		1.3										0.6	
15	X	24 hrs	10,100		1.2										0.5	
16	X	24 hrs	10,200		1.2										0.5	
17	X	24 hrs	13,100		1										0.5	
18	X	24 hrs	11,600		1										0.5	
19	X	24 hrs	16,100		1										0.6	
20	X	24 hrs	12,100		1										0.5	
21	X	24 hrs	25,300		1										0.5	
22	X	24 hrs	11,600		1.2										0.5	
23	X	24 hrs	11,700		1.5										0.8	
24	X	24 hrs	9,600		1										0.5	
25	X	24 hrs	15,700		1.3										0.7	
26	X	24 hrs	13,400		1.3										0.7	
27	X	24 hrs	9,500		1										0.5	
28	X	24 hrs	8,400		1										0.5	
29	X	24 hrs	12,300		1.3										0.6	
30	X	24 hrs	8,400		1.2										0.5	
31	X	24 hrs	16,100		1.4										0.6	
Total			358,000													
Average			11,548													
Maximum			25,300													

* 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 Identification Number: 6600347 Plant Name: The Woods

III. Daily Data for the Month/Year of: **June-07**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	14,300		1.4									0.6	
2		24 hrs	13,200												
3	X	24 hrs	13,200		1.3										
4	X	24 hrs	6,900		1.1									0.5	
5	X	24 hrs	8,500		1									0.5	
6	X	24 hrs	11,200		1									0.5	
7	X	24 hrs	16,300		1.1									0.6	
8	X	24 hrs	7,100		1									0.5	
9	X	24 hrs	8,800		1									0.5	
10		24 hrs	10,700												
11	X	24 hrs	10,700		1									0.5	
12	X	24 hrs	8,700		1.1									0.5	
13	X	24 hrs	8,500		1.1									0.6	
14	X	24 hrs	14,200		1.2									0.6	
15	X	24 hrs	6,100		1									0.5	
16	X	24 hrs	21,000												
17	X	24 hrs	7,000		1										
18	X	24 hrs	11,600		1									0.5	
19	X	24 hrs	13,000		1.2									0.6	
20	X	24 hrs	8,100		1.1									0.5	
21	X	24 hrs	6,500		1									0.5	
22	X	24 hrs	11,700		1									0.5	
23	X	24 hrs	9,200		1.1									0.6	
24	X	24 hrs	13,000		1.3									0.8	
25	X	24 hrs	8,200		1									0.5	
26	X	24 hrs	7,800		1									0.6	
27	X	24 hrs	10,200		1									0.5	
28	X	24 hrs	5,600		1									0.6	
29	X	24 hrs	9,000		1.6									1.0	
30	X	24 hrs	10,900		1.5										
31		24 hrs													
Total			311,200												
Average			10,373												
Maximum			21,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **July-07**

A. Public Water System (PWS) Information

PWS Name: The Woods		PWS Identification Number: 6600347	
PWS 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: 72		Total Population Served at End of Month: 216	
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: FL
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: The Woods		Plant Telephone Number: (352) 787-0980	
Plant Address: CR 576		City: Webster	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000			
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	Will Fontaine	C	6813	6 Days per week
Other Operators	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 Days per week
	Jay Aldrich	C	6368	6 Days per week

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. 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.

8-8-07
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number: 6600347 Plant Name: The Woods

III. Daily Data for the Month/Year of: July-07

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, sec/cm ²	Minimum UV Dose Required, mW sec/cm ²				
1	X	24 hrs	13,800		1.4										0.4	
2	X	24 hrs	19,000		1.4										0.4	
3	X	24 hrs	10,400		1.3										1.3	
4	X	24 hrs	12,700		1.9										1.0	
5	X	24 hrs	12,600		1.9										1.0	
6	X	24 hrs	10,800		2.1										1.0	
7	X	24 hrs	11,600		1.8										0.7	
8	X	24 hrs	13,800		2										1.2	
9	X	24 hrs	9,600		1.8										0.8	
10	X	24 hrs	12,700		1.6										0.8	
11	X	24 hrs	11,600		1.6										1.0	
12	X	24 hrs	10,000		1										0.5	
13	X	24 hrs	9,100		1										0.5	
14	X	24 hrs	10,600		1										0.5	
15	X	24 hrs	10,700		1.2										0.6	
16	X	24 hrs	5,900		1.2										0.6	
17	X	24 hrs	8,900		1.3										0.6	
18	X	24 hrs	8,200		1.3										0.6	
19	X	24 hrs	8,300		1.5										0.8	
20	X	24 hrs	9,500		1.6										0.8	
21	X	24 hrs	11,700		1.2										0.6	
22	X	24 hrs	7,600		1.2										0.6	
23	X	24 hrs	8,700		1.2										0.6	
24	X	24 hrs	10,000		1.3										0.6	
25	X	24 hrs	9,000		1.2										0.5	
26	X	24 hrs	5,900		1										0.5	
27	X	24 hrs	8,800		1.3										0.6	
28	X	24 hrs	11,500		1.5										0.8	
29		24 hrs	10,300													
30	X	24 hrs	10,400		1.2										0.6	
31	X	24 hrs	11,100		1.3										0.6	
Total			324,800													
Average			10,477													
Maximum			19,000													

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



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

See page 4 for instructions

I. General Information for the Month/Year of: August-07

A. Public Water System (PWS) Information

PWS Name:	The Woods	PWS Identification Number:	6600347
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:	72	Total Population Served at End of Month:	216
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: 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@aquagamerica.com		

B. Water Treatment Plant Information

Plant Name:	The Woods	Plant Telephone Number:	(352) 787-0980
Plant Address:	CR 576	City:	Webster State: FL Zip Code: 33597
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	72,000		
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:	Will Fontaine	C	6813	6 Days per week
Other Operators:	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 Days per week
	Jay Aldrich	C	6368	6 Days per week

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. 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.

Will Fontaine 9.7.07
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number: 6600347 Plant Name: The Woods

III. Daily Data for the Month/Year of: August-07

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/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24 hrs	5,300		1.3									0.5	
2	X	24 hrs	14,800		1.4									0.7	
3	X	24 hrs	9,300		1.4									0.7	
4	X	24 hrs	7,400		1.3									0.6	
5	X	24 hrs	12,100		1.3									0.6	
6	X	24 hrs	5,000		1.2									0.6	
7	X	24 hrs	10,100												
8	X	24 hrs	9,000		1.2									0.6	
9	X	24 hrs	12,000		1.2									0.6	
10	X	24 hrs	8,200		1.2									0.6	
11	X	24 hrs	17,100		1.5									0.8	
12	X	24 hrs	6,900		1.4									0.7	
13	X	24 hrs	11,300		1.3									0.7	
14	X	24 hrs	8,500		1.3									0.7	
15	X	24 hrs	14,800		1									0.6	
16	X	24 hrs	12,200		1									0.4	
17	X	24 hrs	10,400		1.2									0.4	
18	X	24 hrs	15,800		1.5									0.4	
19	X	24 hrs	9,500		1.6										
20	X	24 hrs	11,000		1.5									0.5	
21	X	24 hrs	10,600		1.2									0.5	
22	X	24 hrs	15,600		1.2									0.5	
23	X	24 hrs	9,000		1.3									0.6	
24	X	24 hrs	11,800		1.3									0.6	
25	X	24 hrs	8,500		1.3									0.6	
26	X	24 hrs	13,000		1.4									0.7	
27	X	24 hrs	55,000		1.3									0.6	
28	X	24 hrs	9,200		1.3									0.6	
29	X	24 hrs	9,500		1.2									0.6	
30	X	24 hrs	9,000		1.2									0.6	
31	X	24 hrs	11,000		1.2									0.6	
Total			372,900												
Average			12,029												
Maximum			55,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **September-07**

A. Public Water System (PWS) Information			
PWS Name:	The Woods	PWS Identification Number:	6600347
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:	72	Total Population Served at End of Month:	216
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: 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		

B. Water Treatment Plant Information				
Plant Name:	The Woods	Plant Telephone Number:	(352) 787-0980	
Plant Address:	CR 576	City:	Webster State: FL Zip Code: 33597	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	72,000			
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:	Will Fontaine	C	6813	6 Days per week
Other Operators:	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 Days per week
	Jay Aldrich	C	6368	6 Days per week

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. 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	Will Fontaine Printed or Typed Name	C6813 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6600347 Plant Name: The Woods

III. Daily Data for the Month/Year of: **September-07**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	4,400		1.3									0.7	
2		24 hrs	4,500												
3	X	24 hrs	4,500		1.2									0.6	
4	X	24 hrs	8,800		1.2									0.6	
5	X	24 hrs	9,200		1									0.5	
6	X	24 hrs	9,100		1.5									0.8	
7	X	24 hrs	8,500		1.3									0.6	
8	X	24 hrs	9,000		1.1									0.6	
9	X	24 hrs	17,000		1									0.5	
10	X	24 hrs	9,200		1.1									0.6	
11	X	24 hrs	24,000		1.2									0.6	
12	X	24 hrs	27,700		1.3									0.7	
13	X	24 hrs	14,900		1.3									0.7	
14	X	24 hrs	36,100		1.4									0.7	
15	X	24 hrs	12,100		1.5										
16	X	24 hrs	10,800		1.7										
17	X	24 hrs	10,800		1.7									0.9	
18	X	24 hrs	10,700		1.4									0.7	
19	X	24 hrs	8,500		1.3									0.7	
20	X	24 hrs	8,500		1.3									0.7	
21	X	24 hrs	11,300		1.1									0.6	
22	X	24 hrs	10,000		1.1									0.6	
23		24 hrs	9,400												
24	X	24 hrs	9,400		1									0.5	
25	X	24 hrs	9,200		1.1									0.6	
26	X	24 hrs	8,300		1.1									0.6	
27	X	24 hrs	7,800		1.3									0.7	
28	X	24 hrs	9,600		1.2									0.6	
29	X	24 hrs	10,000		1.2									0.6	
30	X	24 hrs	32,200		1.2									0.6	
31		24 hrs													

Total	365,500
Average	12,183
Maximum	36,100

* 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 page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	The Woods	PWS Identification Number:	6600347
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	Consecutive	
Number of Service Connections at End of Month:	78	Total Population Served at End of Month:	216
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: 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@aquaaamerica.com		

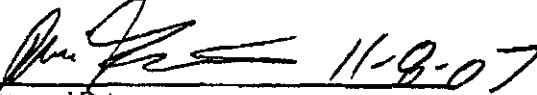
B. Water Treatment Plant Information

Plant Name:	The Woods	Plant Telephone Number:	(352) 787-0980
Plant Address:	CR 576	City:	Webster State: FL Zip Code: 33597
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	72,000		
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:	Will Fontaine	C	6813	6 Days per week
Other Operators:	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 Days per week
	Jay Aldrich	C	6368	6 Days per week

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

 11-9-07
 Signature and Date

Will Fontaine
 Printed or Typed Name

C6813
 License Number

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

PWS Identification Number: **6600347** Plant Name: **The Woods**

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	On Calculations to UV Dose to Demonstrate Four-Log Virus Inactivation (if Applicable)										Flow at Point of Distribution System, mg/L	Notes on Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation			
				Peak Flow Rate, gpd	Free Chlorine Concentration (Chlorine) During Peak Flow, mg/L	Minimum Contact Time (CT) Measurement, minutes	Flow at Point of Distribution, mgd	Flow at Point of Distribution, mgd	Flow at Point of Distribution, mgd	Flow at Point of Distribution, mgd	Flow at Point of Distribution, mgd	Flow at Point of Distribution, mgd	Flow at Point of Distribution, mgd			Flow at Point of Distribution, mgd	Flow at Point of Distribution, mgd	Flow at Point of Distribution, mgd
1	X	24 hrs	9,000		0.9												0.5	
2		24 hrs	9,700		1												0.5	
3	X	24 hrs	9,700		1.5												0.8	
4	X	24 hrs	11,800		1												0.5	
5	X	24 hrs	10,500		1.1												0.6	
6	X	24 hrs	10,700		1.3												0.8	
7		24 hrs	9,700		1.5												1.0	
8	X	24 hrs	9,700		1												0.6	
9	X	24 hrs	9,100		1.2												0.6	
10	X	24 hrs	13,600		1.2												0.6	
11	X	24 hrs	8,200		1.1												0.6	
12	X	24 hrs	12,400		1.2												0.6	
13	X	24 hrs	11,100		1.1												0.6	
14		24 hrs	10,400		1												0.5	
15	X	24 hrs	10,400		0.9												0.5	
16	X	24 hrs	18,800		0.9												0.5	
17	X	24 hrs	8,500		1.5												1.0	
18	X	24 hrs	11,500		1												0.5	
19	X	24 hrs	14,900		1												0.5	
20	X	24 hrs	10,100		1												0.5	
21	X	24 hrs	10,100		1.3												.6	
22	X	24 hrs	12,000		1												0.5	
23	X	24 hrs	10,800		1.2												0.6	
24	X	24 hrs	14,800		1.4												0.8	
25	X	24 hrs	13,300		1.4												0.8	
26	X	24 hrs	11,800		1.3												0.6	
27	X	24 hrs	11,900		1.3												0.6	
28	X	24 hrs	15,100		1												0.5	
29	X	24 hrs	7,300		1												0.5	
30	X	24 hrs	11,000		1												0.5	
31	X	24 hrs	12,800		1.5												0.7	
Total			350,700															
Average			11,313															
Maximum			18,800															

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **November-07**

A. Public Water System (PWS) Information

PWS Name: The Woods		PWS Identification Number: 6600347	
PWS 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: 78		Total Population Served at End of Month: 216	
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: FL
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: The Woods		Plant Telephone Number: (352) 787-0980	
Plant Address: CR 576		City: Webster	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000			
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	Will Fontaine	C	6813
Operator	John Worrell	C	6597
	Marty Neal	C	10027
	Jay Aldrich	C	6368

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. 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.

Will Fontaine 12-6-07
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number: **6600347** Plant Name: **The Woods**

III. Daily Data for the Month/Year of: **November-07**

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 in Operation (X)	Hours of Operation	Volume of Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Removal Point, mg/L	Emergency or Unusual Operating Conditions (Repair or Maintenance Work Involves Taking Water System Components Out of Operation)
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or After First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, sec/cm ²	Minimum UV Dose Required, sec/cm ²			
11-01	X	24 hrs	8,700		1.3									0.6	
11-02	X	24 hrs	10,300		1.3									0.7	
11-03	X	24 hrs	12,500		1.7										
11-04	X	24 hrs	7,900		1.6										
11-05	X	24 hrs	12,000		1.5									0.7	
11-06	X	24 hrs	11,800		1.4									0.7	
11-07	X	24 hrs	11,500		1.4									0.7	
11-08	X	24 hrs	9,000		1									0.6	
11-09	X	24 hrs	12,000		1.5									1.0	
11-10	X	24 hrs	9,800		1.1									0.7	
11-11	X	24 hrs	9,600		1.2									0.7	
11-12	X	24 hrs	9,600		1.1									0.6	
11-13	X	24 hrs	11,600		1									0.6	
11-14	X	24 hrs	14,100		1									0.8	
11-15	X	24 hrs	7,100		1.5									1.0	
11-16	X	24 hrs	10,600		1.3									0.7	
11-17	X	24 hrs	12,900		1.2									0.7	
11-18		24 hrs	10,300												
11-19	X	24 hrs	10,300		1.3									0.8	
11-20	X	24 hrs	10,700		1.2									0.7	
11-21	X	24 hrs	10,900		1.2									0.7	
11-22	X	24 hrs	11,800		1.2									0.7	
11-23	X	24 hrs	11,500		1.4									0.8	
11-24	X	24 hrs	12,500		1.3									0.7	
11-25	X	24 hrs	12,800		1.3										
11-26	X	24 hrs	11,900		1.4									0.8	
11-27	X	24 hrs	16,900		1.3									0.7	
11-28	X	24 hrs	13,000		1.3									0.8	
11-29	X	24 hrs	12,900		1.3									0.8	
11-30	X	24 hrs	12,500		1.4									0.9	
11-31		24 hrs													
			339,000												
			11,300												
			16,900												

* 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

PWS Identification Number: 6600347 Plant Name: The Woods

III. Daily Data for the Month/Year of: **December-07**

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*										Notes	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24 hrs	13,200												
2		24 hrs	13,200												
3	X	24 hrs	13,200		1.3								0.8		
4	X	24 hrs	15,000		1.2								0.6		
5	X	24 hrs	11,700		1.2								0.6		
6	X	24 hrs	9,900		1.2								0.6		
7	X	24 hrs	15,100		1.2								0.6		
8	X	24 hrs	8,000		1.3								0.7		
9		24 hrs	9,800												
10	X	24 hrs	9,800		1								0.6		
11	X	24 hrs	12,200		1.6								0.8		
12	X	24 hrs	10,200		1.4								0.7		
13	X	24 hrs	8,600		1.2								0.6		
14	X	24 hrs	14,700		1.3								0.7		
15	X	24 hrs	10,000		1.2								0.7		
16		24 hrs	10,000												
17	X	24 hrs	10,000		1.4								0.8		
18		24 hrs	10,500												
19	X	24 hrs	10,500		1.8								1.2		
20	X	24 hrs	6,400		1								0.8		
21	X	24 hrs	15,900		1.4								1.0		
22	X	24 hrs	10,000		1.3										
23	X	24 hrs	11,500		1.3										
24	X	24 hrs	17,200		1.2								0.8		
25	X	24 hrs	13,900		1.2								0.7		
26	X	24 hrs	10,000		1.3								0.8		
27	X	24 hrs	18,300		1.2								0.7		
28	X	24 hrs	10,100		1.2								0.7		
29	X	24 hrs	9,500		1.2								0.7		
30	X	24 hrs	13,000		1								0.6		
31	X	24 hrs	11,000		1.2								0.8		
Total			362,400												
Average			11,690												
Maximum			18,300												

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

PWS ID: 6600347 Plant Name: The Woods

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2007

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? No

follows:

Polymer Dose ppm =	Acrylamide Level, % [†] =
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No

polymer are as follows:

Polymer Dose ppm =	Epichlorohydrin Level, % [†] =
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C. Is any iron or manganese sequestrant used at the water treatment plant? No

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* 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.

[†] 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 page 4 for instructions

I. General Information for the Month/Year of: **January-06**

A. Public Water System (PWS) Information

PWS Name: The Woods		PWS Identification Number: 6600347	
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: 72		Total Population Served at End of Month: 216	
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: 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			

B. Water Treatment Plant Information

Plant Name: The Woods		Plant Telephone Number: (352) 787-0980	
Plant Address: CR 576		City: Webster	State: FL Zip Code: 33597
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000			
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 Number	Day(s) Worked
Lead/Chief Operator	Will Fontaine	C 6813	6 Days per week
Other Operators	John Worrell	C 6597	6 Days per week
	Marty Neal	C 10027	6 Days per week

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. 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	Will Fontaine Printed or Typed Name	C6813 License Number
--------------------	--	-------------------------

04333 MAY 22 8

FPSC-COMMISSION CLERK

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

PWS Identification Number: **6600347** Plant Name: **The Woods**

III. Daily Data for the Month/Year of: **January-06**

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

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

Day of Month	Days Plant Started	24 hr Plant Operating	Volume of Water Produced, gal	Concentrations of Disinfectant Residuals, mg/L (ppm) (Mandatory for all plants)										Average Residual Concentration, mg/L (ppm)	Remarks on Abnormal Operating Conditions, Repair or Maintenance Work that has been done, or any Water System Components Out of Operation
				Free Chlorine at Plant	Free Chlorine at Distribution System	Chlorine Dioxide at Plant	Chlorine Dioxide at Distribution System	Ozone at Plant	Ozone at Distribution System	Combined Chlorine (Chloramines) at Plant	Combined Chlorine (Chloramines) at Distribution System	Chlorine Dioxide at Plant	Chlorine Dioxide at Distribution System		
1	X	24 hrs	5,650		1.7									0.9	
2	X	24 hrs	8,500		1.7									1	
3	X	24 hrs	5,600		1.8									0.8	
4	X	24 hrs	6,800		2									0.8	
5	X	24 hrs	4,700		2.1									1.2	
6	X	24 hrs	5,100		1.6										
7	X	24 hrs	7,300		1.6										
8	X	24 hrs	7,600		1.9									1.1	
9	X	24 hrs	6,600		1.7									1.1	
10	X	24 hrs	6,000		2.1									1.6	
11	X	24 hrs	7,100		2.2									1.7	
12	X	24 hrs	6,500		2.1									1.7	
13	X	24 hrs	6,900		2										
14	X	24 hrs	5,600		1.8										
15	X	24 hrs	10,000		2.1									1.7	
16	X	24 hrs	6,400		1.6									1.3	
17	X	24 hrs	6,000		2									1.7	
18	X	24 hrs	7,300		1.9									1.5	
19	X	24 hrs	6,500		1.6									1.2	
20	X	24 hrs	3,900		1.7										
21	X	24 hrs	7,900		1.6										
22	X	24 hrs	6,400		2									1.1	
23	X	24 hrs	6,500		1.7									1.1	
24	X	24 hrs	4,900		2.2									1.3	
25	X	24 hrs	8,200		2									1.2	
26	X	24 hrs	4,700		1.5									1.1	
27	X	24 hrs	6,600		1.7										
28	X	24 hrs	6,000		1.8										
29	X	24 hrs	6,100		1.6									1.3	
30	X	24 hrs	6,400		1.5									1.2	
Total			199,400												
Average			6,432												
Maximum			10,000												

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



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

See page 4 for instructions.

I. General Information for the Month/Year of: February-06

A. Public Water System (PWS) Information

PWS Name: <u>The Woods</u>		PWS Identification Number: <u>6600347</u>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <u>72</u>		Total Population Served at End of Month: <u>216</u>	
PWS 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@aquaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>The Woods</u>		Plant Telephone Number: <u>(352) 787-0980</u>	
Plant Address: <u>CR 576</u>		City: <u>Webster</u>	State: <u>FL</u> Zip Code: <u>33597</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>72,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	
Name	License Class	License Number	Days per Week
<u>Will Fontaine</u>	<u>C</u>	<u>6813</u>	<u>6 Days per week</u>
<u>John Worrell</u>	<u>C</u>	<u>6597</u>	<u>6 Days per week</u>
<u>Marty Neal</u>	<u>C</u>	<u>10027</u>	<u>6 Days per week</u>

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. 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.

<u>3-6-06</u> Signature and Date	<u>Will Fontaine</u> Printed or Typed Name	<u>C6813</u> License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions

I. General Information for the Month/Year of: **March-06**

A. Public Water System (PWS) Information

PWS Name: The Woods		PWS Identification Number: 6600347	
PWS 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: 72		Total Population Served at End of Month: 216	
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: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

B. Water Treatment Plant Information

Plant Name: The Woods		Plant Telephone Number: (352) 787-0980		
Plant Address: CR 576		City: Webster	State: FL Zip Code: 33597	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000				
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	Days (or Shifts) Worked
Lead/Chief Operator	Will Fontaine	C	6813	6 Days per week
Other Operators	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 Days per week

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. 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.

Will Fontaine 4-6-06
 Signature and Date

Will Fontaine
 Printed or Typed Name

C6813
 License Number

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

PWS Identification Number: **6600347** Plant Name: **The Woods**

III. Daily Data for the Month/Year of: **March-06**

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 Visited	Hours Plant in Operation	New Quantity of Water Produced	Disinfection Residuals										System Residual	Operational Conditions	
				Peak Residual	Minimum Residual	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine	Chloramines	Chlorine Dioxide	Residual	Residual			
1	X	24 hrs	6,300		1.1										0.8	
2	X	24 hrs	6,700		1.4										1	
3	X	24 hrs	6,500		1.2										0.7	
4	X	24 hrs	5,500		1.2											
5	X	24 hrs	6,200		1.4											
6	X	24 hrs	6,800		1.1										0.5	
7	X	24 hrs	7,200		1.3										0.7	
8	X	24 hrs	4,500		1.3										0.6	
9	X	24 hrs	9,100		1.3										0.6	
10	X	24 hrs	3,800		1.4										0.8	
11	X	24 hrs	10,400		1.8											
12	X	24 hrs	7,100		1.6											
13	X	24 hrs	7,000		1.9										1.4	
14	X	24 hrs	7,700		1.8										1.4	
15	X	24 hrs	6,900		2										1.3	
16	X	24 hrs	7,300		1.8										1.3	
17	X	24 hrs	4,900		2.1										1.5	
18	X	24 hrs	6,000		1.6											
19	X	24 hrs	8,400		1.5											
20	X	24 hrs	6,500		1										0.5	
21	X	24 hrs	6,700		1.1										0.4	
22	X	24 hrs	6,200		1.1										0.7	
23	X	24 hrs	6,000		1										0.5	
24	X	24 hrs	5,900		1.3										0.6	
25	X	24 hrs	5,300		1.5											
26	X	24 hrs	7,400		1.6											
27	X	24 hrs	6,000		1.9										1.1	
28	X	24 hrs	8,800		1.6										1.1	
29	X	24 hrs	5,700		1.4										1.0	
30	X	24 hrs	5,800		1.4										0.9	
31	X	24 hrs	6,900		1.3										0.7	
Total			205,500													
Average			6,629													
Maximum			10,400													

* 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 page 4 for instructions

I. General Information for the Month/Year of: April-06

A. Public Water System (PWS) Information

PWS Name: The Woods		PWS Identification Number: 6600347	
PWS 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: 72		Total Population Served at End of Month: 216	
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: FL
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: The Woods		Plant Telephone Number: (352) 787-0980	
Plant Address: CR 576		City: Webster	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Plant Category (per subsection 62-699.310(4), F.A.C.): IV			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	6 Days per week
Other Operators	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 Days per week

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. 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.

5-5-06
 Signature and Date

Will Fontaine
 Printed or Typed Name

C6813
 License Number

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

PWS Identification Number: 6600347 Plant Name: The Woods

III. Daily Data for the Month/Year of: **April-06**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	5,600		1.6										
2	X	24 hrs	6,500		1.6										
3	X	24 hrs	6,400		1.4								0.7		
4	X	24 hrs	7,400		1.4								0.6		
5	X	24 hrs	4,300		1.2								0.6		
6	X	24 hrs	5,900		1.2								0.8		
7	X	24 hrs	6,300		1.5								1.0		
8	X	24 hrs	7,100		1.6										
9	X	24 hrs	5,500		1.8										
10	X	24 hrs	6,100		1.6								0.8		
11	X	24 hrs	5,100		1.6								0.8		
12	X	24 hrs	7,100		1.5								1.0		
13	X	24 hrs	7,000		1.5								1.1		
14	X	24 hrs	6,600		1.5								1.0		
15	X	24 hrs	5,200		1.5										
16	X	24 hrs	10,700		1.5										
17	X	24 hrs	9,300		1.3								0.9		
18	X	24 hrs	7,300		1.4								0.9		
19	X	24 hrs	6,300		1.2								0.6		
20	X	24 hrs	7,200		1.4								0.8		
21	X	24 hrs	8,500		1.5								1.0		
22	X	24 hrs	6,300		1.6										
23	X	24 hrs	5,800		1.5										
24	X	24 hrs	8,300		1.4								1.0		
25	X	24 hrs	8,900		1.8								1.2		
26	X	24 hrs	7,400		1.6								1.2		
27	X	24 hrs	6,150		1.8								1.3		
28	X	24 hrs	6,150		1.7								1.3		
29	X	24 hrs	5,600		1.7										
30	X	24 hrs	8,000		1.6										
31		24 hrs													
Total			204,000												
Average			6,800												
Maximum			10,700												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **May-06**

A. Public Water System (PWS) Information			
PWS Name:	The Woods	PWS Identification Number:	6600347
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:	72	Total Population Served at End of Month:	216
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: 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		

B. Water Treatment Plant Information			
Plant Name:	The Woods	Plant Telephone Number:	(352) 787-0980
Plant Address:	CR 576	City:	Webster State: FL Zip Code: 33597
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	72,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	IV	Plant Class (per subsection 62-699.310(4), F.A.C.):	C
	Will Fontaine	C	6813 6 Days per week
	John Worrell	C	6597 6 Days per week
	Marty Neal	C	10027 6 Days per week

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. 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	Will Fontaine Printed or Typed Name	C6813 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6600347 Plant Name: The Woods

III. Daily Data for the Month/Year of: **May-06**

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	Time	Flow (gpm)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
X	24 hrs	7,500	1.5				1
X	24 hrs	6,400	1.5				1.1
X	24 hrs	5,500	1.6				1.1
X	24 hrs	7,900	1.5				1.1
X	24 hrs	5,600	1.5				1.2
X	24 hrs	6,000	1.5				
X	24 hrs	8,800	1.5				
X	24 hrs	6,800	1.6				0.7
X	24 hrs	8,000	1.4				0.7
X	24 hrs	5,400	1.3				0.5
X	24 hrs	7,500	1.4				0.8
X	24 hrs	5,500	1.9				0.6
X	24 hrs	11,100	1.8				
X	24 hrs	9,700	1.7				
X	24 hrs	6,300	2.2				1.7
X	24 hrs	5,400	2.2				1.6
X	24 hrs	5,600	1.9				1.6
X	24 hrs	9,000	2				1.5
X	24 hrs	5,200	1.8				1.4
X	24 hrs	6,900	1.9				
X	24 hrs	8,600	1.7				
X	24 hrs	7,700	1.7				1.3
X	24 hrs	5,700	1.8				1.3
X	24 hrs	10,100	1.5				1.1
X	24 hrs	4,200	1.8				1.1
X	24 hrs	6,000	1.6				1.2
X	24 hrs	7,700	1.8				
X	24 hrs	8,100	1.6				
X	24 hrs	5,800	1.7				1.0
X	24 hrs	6,800	1.4				0.6
X	24 hrs	6,000	1.6				0.5
		216,800					
		6,994					
		11,100					

* 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 page 4 for instructions

I. General Information for the Month/Year of: June-06

A. Public Water System (PWS) Information

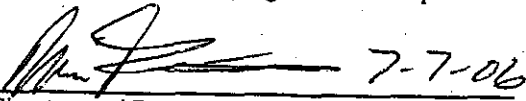
PWS Name: <u>The Woods</u>		PWS Identification Number: <u>6600347</u>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <u>72</u>	Total Population Served at End of Month: <u>216</u>		
PWS 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@aguaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>The Woods</u>		Plant Telephone Number: <u>(352) 787-0980</u>		
Plant Address: <u>CR 576</u>		City: <u>Webster</u>	State: <u>FL</u> Zip Code: <u>33597</u>	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>72,000</u>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</u> Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>				
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	<u>Will Fontaine</u>	<u>C</u>	<u>6813</u>	<u>6 Days per week</u>
Other Operators	<u>John Worrell</u>	<u>C</u>	<u>6597</u>	<u>6 Days per week</u>
	<u>Marty Neal</u>	<u>C</u>	<u>10027</u>	<u>6 Days per week</u>

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. 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.

 7-7-06
 Signature and Date

Will Fontaine
 Printed or Typed Name

C6813
 License Number

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

PWS Identification Number: 6600347 Plant Name: The Woods

III. Daily Data for the Month/Year of: **June-06**

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/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24 hrs	6,800		1.7									0.9	
2	X	24 hrs	5,400		1.9									1	
3	X	24 hrs	5,200		1.8										
4	X	24 hrs	8,600		1.7										
5	X	24 hrs	8,100		2									1.1	
6	X	24 hrs	10,000		2									1.2	
7	X	24 hrs	7,500		1.8									1.2	
8	X	24 hrs	10,100		1.4									1.0	
9	X	24 hrs	5,000		1.3									0.7	
10	X	24 hrs	12,200		1.4										
11	X	24 hrs	7,300		1.5										
12	X	24 hrs	5,700		1.5									0.8	
13	X	24 hrs	5,200		1.4									0.8	
14	X	24 hrs	5,200		1.6									0.7	
15	X	24 hrs	5,900		2.2									0.9	
16	X	24 hrs	6,100		1.9									1.0	
17	X	24 hrs	5,500		1.8										
18	X	24 hrs	6,400		2										
19	X	24 hrs	6,600		2.2									1.3	
20	X	24 hrs	6,400		1.8									1.6	
21	X	24 hrs	5,700		1.5									0.9	
22	X	24 hrs	6,100		1.3									0.4	
23	X	24 hrs	5,600		1.8									0.5	
24	X	24 hrs	5,400		1.6										
25	X	24 hrs	6,200		1.7										
26	X	24 hrs	6,300		1.7									0.7	
27	X	24 hrs	5,800		1.9									1.1	
28	X	24 hrs	5,700		1.8									1.2	
29	X	24 hrs	6,000		1.6									0.8	
30	X	24 hrs	6,100		1.5									0.8	
31		24 hrs													
Total			198,100												
Average			6,603												
Maximum			12,200												

* 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 page 4 for instructions

I. General Information for the Month/Year of: July-06

A. Public Water System (PWS) Information

PWS Name: <u>The Woods</u>		PWS Identification Number: <u>6600347</u>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <u>72</u>		Total Population Served at End of Month: <u>216</u>	
PWS 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. Water Treatment Plant Information

Plant Name: <u>The Woods</u>		Plant Telephone Number: <u>(352) 787-0980</u>	
Plant Address: <u>CR 576</u>		City: <u>Webster</u>	State: <u>FL</u> Zip Code: <u>33597</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>72,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	<u>Will Fontaine</u>	<u>C</u>	<u>6813</u>	<u>6 Days per week</u>
Other Operators	<u>John Worrell</u>	<u>C</u>	<u>6597</u>	<u>6 Days per week</u>
	<u>Marty Neal</u>	<u>C</u>	<u>10027</u>	<u>6 Days per week</u>

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. 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	Will Fontaine Printed or Typed Name	C6813 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6600347 Plant Name: The Woods

III. Daily Data for the Month/Year of: July-06

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	Operate (X)	Hours of Operation	Net Quantity of Finished Water Produced, gal	Chlorine Calculations, or UV Dose, or 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	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or After Customized Turbidity, mg/L	Disinfectant Concentration Measurement Point, mg/L	Disinfectant Contact Time, minutes	Lowest Residual Disinfectant Concentration at First Point of Use, mg/L	Lowest Residual Disinfectant Concentration at Last Point of Use, mg/L	Water Temperature, °C	Water Temperature, °F	Minimum Required UV Dose, sec/cm ²	Minimum Required UV Dose, mJ/cm ²			
1	X	24 hrs	5,800		1.5											
2	X	24 hrs	8,200		1.5											
3	X	24 hrs	6,400		1.4								0.7			
4	X	24 hrs	6,700		1.4								0.9			
5	X	24 hrs	7,800		1.3								0.5			
6	X	24 hrs	5,100		1.8								1.0			
7	X	24 hrs	5,500		2								0.8			
8	X	24 hrs	5,300		2.1											
9	X	24 hrs	5,300		2.1											
10	X	24 hrs	5,500		2.2								1.0			
11	X	24 hrs	5,500		2.1								1.2			
12	X	24 hrs	5,100		1.8								1.0			
13	X	24 hrs	6,700		1.8								1.2			
14	X	24 hrs	4,000		2								1.2			
15	X	24 hrs	5,600		1.7											
16	X	24 hrs	6,100		1.7											
17	X	24 hrs	6,300		1.5								0.7			
18	X	24 hrs	8,400		1.8								0.8			
19	X	24 hrs	6,000		1.6								0.7			
20	X	24 hrs	9,700		2.2								1.8			
21	X	24 hrs	6,800		1.8								1.2			
22	X	24 hrs	8,700		2.1											
23	X	24 hrs	6,500		2											
24	X	24 hrs	6,200		1.4								0.5			
25	X	24 hrs	6,200		1.4								0.4			
26	X	24 hrs	6,000		1.2								0.5			
27	X	24 hrs	12,900		1.8								0.4			
28	X	24 hrs	6,000		1.6								0.6			
29	X	24 hrs	6,600		1.2											
30	X	24 hrs	7,700		1.7											
31	X	24 hrs	8,400		2.2								1.9			
Total			207,000													
Average			6,677													
Maximum			12,900													

* 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 page 4 for instructions

I. General Information for the Month/Year of: **August-06**

A. Public Water System (PWS) Information

PWS Name: The Woods		PWS Identification Number: 6600347	
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: 72		Total Population Served at End of Month: 216	
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: 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			

B. Water Treatment Plant Information

Plant Name: The Woods		Plant Telephone Number: (352) 787-0980	
Plant Address: CR 576		City: Webster	State: FL Zip Code: 33597
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.) C	
Licensee/Operator	License Class	License Number	Days/Shift/Week
Will Fontaine	C	6813	6 Days per week
John Worrell	C	6597	6 Days per week
Marty Neal	C	10027	6 Days per week

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. 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.

9-7-06
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number



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

See page 4 for instructions

I. General Information for the Month/Year of: September-06

A. Public Water System (PWS) Information

PWS Name: <u>The Woods</u>		PWS Identification Number: <u>6600347</u>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <u>72</u>		Total Population Served at End of Month: <u>216</u>	
PWS 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@aquaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>The Woods</u>		Plant Telephone Number: <u>(352) 787-0980</u>	
Plant Address: <u>CR 576</u>		City: <u>Webster</u>	State: <u>FL</u> Zip Code: <u>33597</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>72,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>IV</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	
	Name	License No.	Days/Shift(s) Worked
Lead/Chief Operator	<u>Will Fontaine</u>	<u>C</u>	<u>6 Days per week</u>
Operator	<u>John Worrell</u>	<u>C</u>	<u>6 Days per week</u>
Operator	<u>Marty Neal</u>	<u>C</u>	<u>6 Days per week</u>

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. 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.

<u>10-6-06</u> Signature and Date	<u>Will Fontaine</u> Printed or Typed Name	<u>C6813</u> License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: **6600347** Plant Name: **The Woods**

III. Daily Data for the Month/Year of: **September-06**

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	Time of Day	Flow (gpm)	Flow (MGD)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Notes
X	24 hrs	5,866	1.2						0.6	
X	24 hrs	5,866	1.2							
X	24 hrs	5,866	1.1							
X	24 hrs	6,100	1.2						0.7	
X	24 hrs	5,400	1.1						0.6	
X	24 hrs	2,500	1.2						0.6	
X	24 hrs	6,200	1.2						0.7	
X	24 hrs	5,400	1.1						0.6	
X	24 hrs	5,600	1.4							
X	24 hrs	6,200	1.3							
X	24 hrs	5,300	1.5						0.6	
X	24 hrs	4,700	1.6						0.8	
X	24 hrs	4,700	1.4						0.8	
X	24 hrs	5,100	1.3						0.5	
X	24 hrs	9,000	2.2						1.9	
X	24 hrs	4,800	1.9							
X	24 hrs	5,100	2.0							
X	24 hrs	6,200	2.1						1.7	
X	24 hrs	5,200	2.1						1.5	
X	24 hrs	5,350	2.2						1.5	
X	24 hrs	5,350	2.1						1.1	
X	24 hrs	4,700	1.7						0.8	
X	24 hrs	5,200	1.8							
X	24 hrs	7,400	1.6							
X	24 hrs	6,800	2						0.5	
X	24 hrs	5,500	2.2						0.5	
X	24 hrs	5,800	2.1						0.5	
X	24 hrs	5,200	1.8						0.6	
X	24 hrs	5,700	1.4						0.4	
X	24 hrs	5,400	1.7							
	24 hrs									
		167,498								
		5,583								
		9,000								

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



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

See page 4 for instructions

I. General Information for the Month/Year of: October-06

A. Public Water System (PWS) Information

PWS Name:	The Woods	PWS Identification Number:	6600347
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	Consecutive	
Number of Service Connections at End of Month:	72	Total Population Served at End of Month:	216
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:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	The Woods	Plant Telephone Number:	(352) 787-0980
Plant Address:	CR 576	City:	Webster
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	72,000	Zip Code:	33597
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	Days/Shifts Worked
Will Fontaine	C	6813	6 Days per week
John Worrell	C	6597	6 Days per week
Marty Neal	C	10027	6 Days per week
Jay Aldrich	C	6368	6 Days per week

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. 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.

Will Fontaine 11-3-06
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number: 6600347 Plant Name: The Woods

III. Daily Data for the Month/Year of: **October-06**

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

Date	Time	Type of Disinfectant	Residual (mg/L)	Chlorine Residual (mg/L)										Total Chlorine Residual (mg/L)	Notes		
				1	2	3	4	5	6	7	8	9	10				
X	24 hrs	Free Chlorine	5,700		1.6												
X	24 hrs	Free Chlorine	10,200		1.9											0.5	
X	24 hrs	Free Chlorine	6,400		2.1											0.5	
X	24 hrs	Free Chlorine	5,400		1.9											0.4	
X	24 hrs	Free Chlorine	7,300		2.2											0.6	
X	24 hrs	Free Chlorine	7,400		2.2											0.7	
X	24 hrs	Free Chlorine	7,000		2.2												
X	24 hrs	Free Chlorine	8,300		1.8												
X	24 hrs	Free Chlorine	8,500		1.5											0.5	
X	24 hrs	Free Chlorine	12,900		2.2											0.7	
X	24 hrs	Free Chlorine	6,700		2											0.6	
X	24 hrs	Free Chlorine	7,000		2.1											0.5	
X	24 hrs	Free Chlorine	5,900		2.2											0.5	
X	24 hrs	Free Chlorine	4,800		1.9												
X	24 hrs	Free Chlorine	4,500		1.7												
X	24 hrs	Free Chlorine	6,200		2											0.4	
X	24 hrs	Free Chlorine	7,100		1.9											0.4	
X	24 hrs	Free Chlorine	5,300		1.2											0.7	
X	24 hrs	Free Chlorine	5,000		2.2											0.8	
X	24 hrs	Free Chlorine	7,500		1											0.6	
X	24 hrs	Free Chlorine	5,100		2.2											0.8	
X	24 hrs	Free Chlorine	4,900		1.7												
X	24 hrs	Free Chlorine	5,900		1.7											0.6	
X	24 hrs	Free Chlorine	5,700		2											0.8	
X	24 hrs	Free Chlorine	6,700		2.1											0.7	
X	24 hrs	Free Chlorine	6,000		1.8											0.6	
X	24 hrs	Free Chlorine	6,000		2											0.6	
X	24 hrs	Free Chlorine	5,200		1.8											0.6	
X	24 hrs	Free Chlorine	4,300		1.9											0.6	
X	24 hrs	Free Chlorine	5,700		2.2											0.5	
X	24 hrs	Free Chlorine	4,700		1.8											0.5	
			199,300														
			6,429														
			12,900														

* 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 page 4 for instructions

I. General Information for the Month/Year of: **November-06**

A. Public Water System (PWS) Information

PWS Name: The Woods		PWS Identification Number: 6600347	
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: 72		Total Population Served at End of Month: 216	
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: 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			

B. Water Treatment Plant Information

Plant Name: The Woods		Plant Telephone Number: (352) 787-0980	
Plant Address: CR 576		City: Webster	State: FL Zip Code: 33597
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000			
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	Will Fontaine	C	6813	6 Days per week
Other Operators	John Worrell	C	6597	6 Days per week
	Marty Neal	C	10027	6 Days per week
	Jay Aldrich	C	6368	6 Days per week

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

12-8-06
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number: 6600347 Plant Name: The Woods

III. Daily Data for the Month/Year of: **November-06**

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	Hours Plant in Operations	Net Quantity of Finished Water Produced (gal)	CF 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 Operations		
				CF Calculations					UV Dose							
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or During Peak Flow (mg/l)	Disinfectant Contact Time (T) (minutes)	Lowest CT Provided Before or After Customer Purchase (mg-min/l)	Temp. of Water (°C)	Factor Applicable	Minimum CT Required (mg-min/l)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/l)			
1	X	24 hrs	4,800		2										0.7	
2	X	24 hrs	6,000		1.2										0.5	
3	X	24 hrs	5,000		1.4										0.5	
4	X	24 hrs	5,000		2										0.8	
5	X	24 hrs	5,300		1.5										0.6	
6	X	24 hrs	6,200		1.6										0.6	
7	X	24 hrs	5,000		1.6										0.8	
8	X	24 hrs	5,400		1.5										0.6	
9	X	24 hrs	4,800		1.8										0.8	
10	X	24 hrs	4,100		2										1.0	
11	X	24 hrs	6,000		2											
12	X	24 hrs	5,500		1.8											
13	X	24 hrs	3,100		2										1.0	
14	X	24 hrs	4,600		2										0.8	
15	X	24 hrs	4,200		1.8										0.8	
16	X	24 hrs	4,100		2										1.1	
17	X	24 hrs	3,500		1.8										0.8	
18	X	24 hrs	4,900		1.8										0.8	
19	X	24 hrs	4,100		1.8										0.8	
20	X	24 hrs	4,000		2										1.0	
21	X	24 hrs	3,600		2										1.0	
22	X	24 hrs	3,900		2										1.0	
23	X	24 hrs	5,700		1.8										0.8	
24	X	24 hrs	4,400		2										1.0	
25	X	24 hrs	4,900		1.8										0.8	
26	X	24 hrs	2,900		2										1.0	
27	X	24 hrs	6,200		2										1.0	
28	X	24 hrs	5,100		2										1.0	
29	X	24 hrs	3,700		2										1.1	
30	X	24 hrs	4,100		1.8										1	
31		24 hrs														
Total			140,100													
Average			4,670													
Maximum			6,200													

* 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 page 4 for instructions

I. General Information for the Month/Year of: **December-06**

A. Public Water System (PWS) Information

PWS Name: The Woods		PWS Identification Number: 6600347	
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: 72		Total Population Served at End of Month: 216	
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: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

B. Water Treatment Plant Information

Plant Name: The Woods		Plant Telephone Number: (352) 787-0980	
Plant Address: CR 576		City: Webster	State: FL Zip Code: 33597
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 72,000			
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	Name	License Class	License Number	Days/Shifts/Week
Lead/Chief Operator	Will Fontaine	C	6813	6 Days per week
Operator	John Worrell	C	6597	6 Days per week
Operator	Marty Neal	C	10027	6 Days per week
Operator	Jay Aldrich	C	6368	6 Days per week

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

1-5-07
Signature and Date

Will Fontaine
Printed or Typed Name

C6813
License Number

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

PWS Identification Number: 6600347 Plant Name: The Woods

III. Daily Data for the Month/Year of: **December-06**

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

Date Month	Days Plant Operated	Hours Plant Operated	Net Quantity of Free Chlorine Added (gallons)	Calculations of Free Chlorine Residuals (mg/L) at Various Points in Distribution System										Emergency or Abnormal Operating Conditions Report of Maintenance Work that Involves a Major Water System Component Out of Operation			
				Residual at Point	Residual at Point	Residual at Point	Residual at Point	Residual at Point	Residual at Point	Residual at Point	Residual at Point	Residual at Point	Residual at Point				
	X	24 hrs	3,000		1.8											1	
	X	24 hrs	2,400		25											1.1	
	X	24 hrs	2,100		1.8											1.2	
	X	24 hrs	3,200		2											1.2	
	X	24 hrs	4,300		2											1.1	
	X	24 hrs	2,400		1.8											1.1	
	X	24 hrs	3,300		1.8											1.1	
	X	24 hrs	1,800		2											1.1	
	X	24 hrs	2,500		1											0.5	
	X	24 hrs	1,100													0.8	
	X	24 hrs	3,500		1.5											0.6	
	X	24 hrs	3,500		1.2											0.7	
	X	24 hrs	1,100		1.3											0.4	
	X	24 hrs	2,900		1											0.4	
	X	24 hrs	1,000		1											0.5	
	X	24 hrs	1,200		1											0.8	
	X	24 hrs	1,800		1.5											0.6	
	X	24 hrs	2,100		1.3											1.0	
	X	24 hrs	2,000		1.8											1.0	
	X	24 hrs	2,100		1.8											1.0	
	X	24 hrs	2,000		1.8											1.2	
	X	24 hrs	1,700		2											0.3	
	X	24 hrs	1,800		0.8											1.3	
		24 hrs	1,800		1.3												
		24 hrs	1,800														
	X	24 hrs	1,800		0.8											0.3	
	X	24 hrs	2,200		2											1.2	
	X	24 hrs	2,800		1.5											0.8	
	X	24 hrs	2,000		2											1.0	
	X	24 hrs	4,000		1.5											0.8	
		24 hrs	3,000														
			72,200														
			2,329														
			4,300														

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

PWS ID: 6600347 Plant Name: The Woods

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

follows:

Polymer Dose ppm =	Acrylamide Level, % ¹ =
--------------------	------------------------------------

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No

polymer are as follows:

Polymer Dose ppm =	Epichlorohydrin Level, % ¹ =
--------------------	---

C. Is any iron or manganese sequestrant used at the water treatment plant? No

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

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

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

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

Lab Receipt Date and Time: 12/6/07 1245
 Received for Laboratory By: Paul
 Analysis Date and Time: 12/6/07 1505
 Sample Acceptance Criteria:
 Sample Preservation On Ice Not On Ice 12/6/07
 Disinfectant Check Not Detected >0.1 mg/l

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

HBEL Report Number: 2130137 Sub-Contract Lab ID: _____
 Analysis Method Requested:
 Colliert Membrane Filtration PWS I.D. 6600347
 System Name: THE WOODS # 6564
 System Address: CR 576

City: WEBSTER System or Owner's Phone #: 352-787-0980 Fax #: 352-787-6333
 Collector: H. J. AION Collector's Phone #: Same

Relinquished By: [Signature] Received By: [Signature] Relinquished By: [Signature]
 Date/Time: 12-6-07/1030 Date/Time: 12/6/07 Date/Time: 12/6/07 1245

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): 12-6-07

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. 2	Lab Sample Number
	A			2130137001
	A			002
	A			2130137003

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	730	R	0	
2	2793 SW 116th Ave	745	D	0.6	
3	2287 CR 675	800	D	0.8	

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.7

Disinfectant Residual Analysis Method: DPD Colorimetric Other _____
 Person performing analysis is:
 A certified operator (# CC368) 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 Claram Florida, Inc.
 1100 Thomas Avenue
 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: Paul
 Date: 12/6/07 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-DATE 04333 MAY 22 88 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) 467-584

Date issued: January 3, 2008

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.

Workorder ID: The Woods THM

[2130291]

Received: 12/20/07 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: 1/3/08



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: The Woods THM
Received: 12/20/07 12:00

[2130291]

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>
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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: 1/3/08

**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

[2130291]

Client: Aqua Utilities Florida, Inc.

Workorder ID: The Woods THM

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2130291001					Sampled: 12/20/07 8:00		Received: 12/20/07 12:00			
Sample ID: 2793 SW 116th Ave Grab					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		26	ug/L	0.25	EPA 524.2	VOC2871		01/2/08 20:05	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2871		01/2/08 20:05	WR	E96080
Chloroform		190	ug/L	2.5	EPA 524.2	VOC2871		01/3/08 11:45	WR	E96080
Dibromochloromethane		2.3	ug/L	0.30	EPA 524.2	VOC2871		01/2/08 20:05	WR	E96080
Total THMs		220	ug/L	0.25	EPA 524.2	VOC2871		01/2/08 20:05	WR	E96080
Laboratory ID: 2130291002					Sampled:		Received: 12/20/07 12:00			
Sample ID: Trip Blank					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2871		01/3/08 9:33	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2871		01/3/08 9:33	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2871		01/3/08 9:33	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2871		01/3/08 9:33	WR	E96080
Total THMs		0.25 U	ug/L	0.25	EPA 524.2	VOC2871		01/3/08 9:33	WR	E96080

¹Result 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: 1/3/08



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date Issued: November 21, 2007

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.

Workorder ID: The Woods THM/HAA5

[2129870]

Received: 11/08/07 12:07

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: 11/21/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: The Woods THM/HAA5
Received: 11/08/07 12:07

[2129870]

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

<u>Method</u>			Quality Control Summary	
<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: 11/21/07



**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

[2129870]

Client: Aqua Utilities Florida, Inc.

Workorder ID: The Woods THM/HAA5

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2129870001					Sampled: 11/08/07 8:00					
Sample ID: 2793 SW 116th Ave Grab					Received: 11/08/07 12:07					
					Matrix: Water					
					Results reported on Wet Weight Basis					
Dibromoacetic Acid		0.18 U	ug/L	0.18	EPA 552.1	PEST5030	11/20/07 11:37	11/20/07 20:13	JL	E96080
Dichloroacetic Acid		43	ug/L	0.66	EPA 552.1	PEST5030	11/20/07 11:37	11/20/07 20:13	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	EPA 552.1	PEST5030	11/20/07 11:37	11/20/07 20:13	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST5030	11/20/07 11:37	11/20/07 20:13	JL	E96080
Total HAAs		75	ug/L	0.18	EPA 552.1	PEST5030	11/20/07 11:37	11/20/07 20:13	JL	E96080
Trichloroacetic acid		32	ug/L	0.98	EPA 552.1	PEST5030	11/20/07 11:37	11/21/07 9:45	JL	E96080
Laboratory ID: 2129870002					Sampled: 11/08/07 8:15					
Sample ID: 2793 SW 116th Ave Grab					Received: 11/08/07 12:07					
					Matrix: Water					
					Results reported on Wet Weight Basis					
Bromodichloromethane		17	ug/L	0.25	EPA 524.2	VOC2857		11/14/07 12:22	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2857		11/14/07 12:22	WR	E96080
Chloroform	L	120	ug/L	0.25	EPA 524.2	VOC2857		11/14/07 12:22	WR	E96080
Dibromochloromethane		1.8	ug/L	0.30	EPA 524.2	VOC2857		11/14/07 12:22	WR	E96080
Total THMs		140	ug/L	0.25	EPA 524.2	VOC2857		11/14/07 12:22	WR	E96080
Laboratory ID: 2129870003					Sampled:					
Sample ID: TRIP BLANK					Matrix: Water					
					Received: 11/08/07 12:07					
					Results reported on Wet Weight Basis					
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2857		11/14/07 12:56	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2857		11/14/07 12:56	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2857		11/14/07 12:56	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2857		11/14/07 12:56	WR	E96080
Total THMs		0.25 U	ug/L	0.25	EPA 524.2	VOC2857		11/14/07 12:56	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.
L Off-scale high. Actual value is known to be greater than value given.

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: 11/21/07



**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: June 8, 2007

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: The Woods 6564 HAA5/THM [2128700]
Received: 5/17/07 13:00

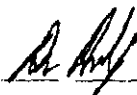
Dear Brian Heath;

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
Fort Pierce, FL 34946
FDOH # E96080

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FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 6/8/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: The Woods 6564 HAA5/THM
Received: 5/17/07 13:00

[2128700]

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: 6/8/07



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

CERTIFICATE OF ANALYSIS

[2128700]

Client: Aqua Utilities Florida, Inc.

Workorder ID: The Woods 6564 HAA5/THM

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2128700001 Sample ID: MRT 2793 116th St Grab						Sampled: 05/17/07 8:45 Matrix: Water		Received: 05/17/07 13:00 Results reported on Wet Weight Basis		
Dibromoacetic Acid		0.58	ug/L	0.18	EPA 552.1	PEST4931	05/21/07 11:08	05/22/07 0:10	JL	E96080
Dichloroacetic Acid		12	ug/L	0.66	EPA 552.1	PEST4931	05/21/07 11:08	05/22/07 0:10	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	EPA 552.1	PEST4931	05/21/07 11:08	05/22/07 0:10	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST4931	05/21/07 11:08	05/22/07 0:10	JL	E96080
Total HAAs		27	ug/L	0.18	EPA 552.1	PEST4931	05/21/07 11:08	05/22/07 0:10	JL	E96080
Trichloroacetic acid		9.6	ug/L	0.20	EPA 552.1	PEST4931	05/21/07 11:08	05/22/07 0:10	JL	E96080
Laboratory ID: 2128700002 Sample ID: MRT 2793 116th St Grab						Sampled: 05/17/07 8:50 Matrix: Water		Received: 05/17/07 13:00 Results reported on Wet Weight Basis		
Bromodichloromethane		16	ug/L	0.25	EPA 524.2	VOC2793		05/24/07 1:16	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2793		05/24/07 1:16	WR	E96080
Chloroform		110	ug/L	0.25	EPA 524.2	VOC2793		05/24/07 1:16	WR	E96080
Dibromochloromethane		2.1	ug/L	0.30	EPA 524.2	VOC2793		05/24/07 1:16	WR	E96080
Total THMs		130	ug/L	0.25	EPA 524.2	VOC2793		05/24/07 1:16	WR	E96080
Laboratory ID: 2128700003 Sample ID: Trip Blank						Sampled: Matrix: Water		Received: 05/17/07 13:00 Results reported on Wet Weight Basis		
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2796		05/30/07 16:14	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2796		05/30/07 16:14	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2796		05/30/07 16:14	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2796		05/30/07 16:14	WR	E96080
Total THMs		0.25 U	ug/L	0.25	EPA 524.2	VOC2796		05/30/07 16:14	WR	E96080

¹Result 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: 6/8/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: May 4, 2007

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.

Workorder ID: The Woods NO2/NO3

[2128522]

Received: 5/01/07 13:05

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.

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Fort Pierce, FL 34946
FDOH # E96080

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Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

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Brooksville, FL 34601
FDOH # E84418

Printed: 5/4/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

500 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: The Woods NO2/NO3
Received: 5/01/07 13:05

[2128522]

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>		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>		

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E98080

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 5/4/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

500 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 235 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2128522]

Client: Aqua Utilities Florida, Inc.

Workorder ID: The Woods NO2/NO3

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID:		2128522001				Sampled: 05/01/07 7:00		Received: 05/01/07 13:05		
Sample ID:		Entry Point Eff Grab				Matrix: Water		Results reported on Wet Weight Basis		
Nitrate as N		0.017	mg/L	0.0030	EPA 300.0	IC7206		05/2/07 11:53	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC7206		05/2/07 11:53	JL	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.

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: 5/4/07

**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: April 5, 2007

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6564 The Woods THM/HAA5 [2128218]
Received: 3/22/07 13:05


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.

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FDOH # E85370

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Brooksville, FL 34601
FDOH # E84418

Printed: 4/5/07



**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: 6564 The Woods THM/HAA5
Received: 3/22/07 13:05

[2128218]

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

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

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Lehigh Acres, FL 33936
FDOH # E85370

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Brooksville, FL 34601
FDOH # E84418

Printed: 4/5/07



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

[2128218]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6564 The Woods THM/HAA5

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Balch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2128218001						Sampled: 03/22/07 8:30		Received: 03/22/07 13:05			
Sample ID: 2793 SW 116th Ave Grab						Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		4.2	ug/L	0.25	EPA 524.2	VOC2775		04/4/07 11:07	WR	E96080	
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2775		04/4/07 11:07	WR	E96080	
Chloroform		24	ug/L	0.25	EPA 524.2	VOC2775		04/4/07 11:07	WR	E96080	
Dibromochloromethane		0.49	ug/L	0.30	EPA 524.2	VOC2775		04/4/07 11:07	WR	E96080	
Total THMs		29	ug/L	0.25	EPA 524.2	VOC2775		04/4/07 11:07	WR	E96080	
Dibromoacetic Acid		0.19	ug/L	0.18	EPA 552.1	PEST4900	04/3/07 12:42	04/3/07 18:33	JL	E96080	
Dichloroacetic Acid		11	ug/L	0.66	EPA 552.1	PEST4900	04/3/07 12:42	04/3/07 18:33	JL	E96080	
Monobromoacetic Acid		0.28 U	ug/L	0.28	EPA 552.1	PEST4900	04/3/07 12:42	04/3/07 18:33	JL	E96080	
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST4900	04/3/07 12:42	04/3/07 18:33	JL	E96080	
Total HAAs		15	ug/L	0.18	EPA 552.1	PEST4900	04/3/07 12:42	04/3/07 18:33	JL	E96080	
Trichloroacetic acid		4.4	ug/L	0.20	EPA 552.1	PEST4900	04/3/07 12:42	04/3/07 18:33	JL	E96080	

Laboratory ID: 2128218002						Sampled:		Received: 03/22/07 13:05			
Sample ID: Trip Blank						Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2775		04/4/07 11:41	WR	E96080	
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2775		04/4/07 11:41	WR	E96080	
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2775		04/4/07 11:41	WR	E96080	
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2775		04/4/07 11:41	WR	E96080	
Total THMs		0.25 U	ug/L	0.25	EPA 524.2	VOC2775		04/4/07 11:41	WR	E96080	

¹Result 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

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 Sanford, FL 32771
 FDOH # E83509



307 Coolidge Avenue
 Lehigh Acres, FL 33936
 FDOH # E85370

16331 Cortez Blvd
 Brooksville, FL 34601
 FDOH # E84418

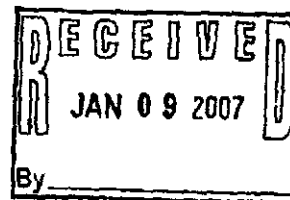
Printed: 4/5/07

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: January 5, 2007

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749



Client: Aqua Utilities Florida, Inc.
Workorder ID: The Woods THM/HAA5
Received: 12/14/06 13:15

[2127531]

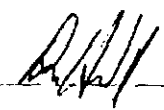
Dear Brian Heath;

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
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Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 1/5/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

500 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: The Woods THM/HAA5
Received: 12/14/06 13:15

[2127531]

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>
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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: 1/5/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

CERTIFICATE OF ANALYSIS

[2127531]

Client: Aqua Utilities Florida, Inc.

Workorder ID: The Woods THM/HAA5

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2127531001					Sampled: 12/14/06 9:05		Received: 12/14/06 13:15			
Sample ID: 2793 SW 116th Ave Grab					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		19	ug/L	0.25	EPA 524.2	VOC2741		12/24/06 16:20	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2741		12/24/06 16:20	WR	E96080
Chloroform		77	ug/L	0.25	EPA 524.2	VOC2741		12/24/06 16:20	WR	E96080
Dibromochloromethane		2.4	ug/L	0.30	EPA 524.2	VOC2741		12/24/06 16:20	WR	E96080
Total THMs		98	ug/L	0.50	EPA 524.2	VOC2741		12/24/06 16:20	WR	E96080
Dibromoacetic Acid		1.4	ug/L	0.18	EPA 552.1	PEST4849	01/2/07 12:57	01/3/07 9:12	JL	E96080
Dichloroacetic Acid		54	ug/L	0.68	EPA 552.1	PEST4849	01/2/07 12:57	01/3/07 9:12	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	EPA 552.1	PEST4849	01/2/07 12:57	01/3/07 9:12	JL	E96080
Monochloroacetic Acid		4.9	ug/L	0.88	EPA 552.1	PEST4849	01/2/07 12:57	01/3/07 9:12	JL	E96080
Total HAAs		79	ug/L	0.18	EPA 552.1	PEST4849	01/2/07 12:57	01/3/07 9:12	JL	E96080
Trichloroacetic acid		19	ug/L	0.20	EPA 552.1	PEST4849	01/2/07 12:57	01/3/07 9:12	JL	E96080
Laboratory ID: 2127531002					Sampled: 12/14/06 8:45		Received: 12/14/06 13:15			
Sample ID: Trip Blank					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2741		12/24/06 16:53	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2741		12/24/06 16:53	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2741		12/24/06 16:53	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2741		12/24/06 16:53	WR	E96080
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2741		12/24/06 16:53	WR	E96080

¹Result 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
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Printed: 1/5/07

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



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: October 31, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: THE WOODS Tri-Annual DW Scan [2127042]
Received: 10/10/06 13:15

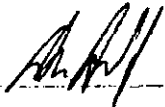
Dear Brian Heath;

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
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Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

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Brooksville, FL 34601
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Printed: 10/31/06



Page 1 of 5

**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: THE WOODS Tri-Annual DW Scan
Received: 10/10/06 13:15

[2127042]

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: 10/31/06



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

CERTIFICATE OF ANALYSIS

[2127042]

Client: Aqua Utilities Florida, Inc.

Workorder ID: THE WOODS Tri-Annual DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2127042001						Sampled: 10/10/06 10:48		Received: 10/10/06 13:15			
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	WCDE15242		10/10/06 16:04	RM	E83509	
pH [6.5-8.5]	Q	7.73	SU	0.200	EPA 150.1	WCGE26433		10/14/06 19:18	GS	E96080	
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META8185		10/26/06 13:51	DM	E96080	
Barium		0.0096	mg/L	0.0018	EPA 200.7	META8185		10/26/06 13:51	DM	E96080	
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8185		10/26/06 13:51	DM	E96080	
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8185		10/26/06 13:51	DM	E96080	
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8185		10/26/06 13:51	DM	E96080	
Copper		0.014	mg/L	0.0014	EPA 200.7	META8185		10/26/06 13:51	DM	E96080	
Iron		0.047	mg/L	0.025	EPA 200.7	META8185		10/26/06 13:51	DM	E96080	
Manganese		0.0054	mg/L	0.0037	EPA 200.7	META8185		10/26/06 13:51	DM	E96080	
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8185		10/26/06 13:51	DM	E96080	
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8185		10/26/06 13:51	DM	E96080	
Sodium		18	mg/L	0.50	EPA 200.7	META8185		10/26/06 13:51	DM	E96080	
Zinc		0.010 U	mg/L	0.010	EPA 200.7	META8185		10/26/06 13:51	DM	E96080	
Antimony		0.0042 U	mg/L	0.0042	EPA 200.9	META8175		10/17/06 15:07	DM	E96080	
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8182		10/20/06 11:31	DM	E96080	
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8186		10/26/06 15:19	DM	E96080	
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8177		10/18/06 18:38	DM	E96080	
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8176	10/16/06 9:34	10/17/06 13:25	DM	E96080	
Chloride		29	mg/L	5.0	EPA 300.0	IC6981		10/13/06 7:45	JL	E96080	
Fluoride		0.086	mg/L	0.011	EPA 300.0	IC6975		10/11/06 16:22	JL	E96080	
Nitrate as N		0.023	mg/L	0.0030	EPA 300.0	IC6975		10/11/06 16:22	JL	E96080	
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6975		10/11/06 16:22	JL	E96080	
Sulfate		1.4 U	mg/L	1.4	EPA 300.0	IC6981		10/13/06 7:45	JL	E96080	
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2713		10/19/06 23:08	WR	E96080	
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2713		10/19/06 23:08	WR	E96080	
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2713		10/19/06 23:08	WR	E96080	
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2713		10/19/06 23:08	WR	E96080	
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2713		10/19/06 23:08	WR	E96080	
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2713		10/19/06 23:08	WR	E96080	
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2713		10/19/06 23:08	WR	E96080	
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2713		10/19/06 23:08	WR	E96080	
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2713		10/19/06 23:08	WR	E96080	
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2713		10/19/06 23:08	WR	E96080	
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2713		10/19/06 23:08	WR	E96080	
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2713		10/19/06 23:08	WR	E96080	
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2713		10/19/06 23:08	WR	E96080	
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2713		10/19/06 23:08	WR	E96080	
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2713		10/19/06 23:08	WR	E96080	
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2713		10/19/06 23:08	WR	E96080	
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2713		10/19/06 23:08	WR	E96080	
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2713		10/19/06 23:08	WR	E96080	

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

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

307 Coalidge 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) 466-2400, Ext. 285 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2127042]

Client: Aqua Utilities Florida, Inc.

Workorder ID: THE WOODS Tri-Annual DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2713		10/19/06 23:08	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2713		10/19/06 23:08	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2713		10/19/06 23:08	WR	E96080
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1033		10/13/06 15:27	SAL	EB4129
Color		4.0	CU	1.8	SM2120 B	WCGE26407		10/11/06 14:10	TCL	E96080
Total Dissolved Solids		240	mg/L	16	SM2540 C	WCGE26409		10/12/06 18:30	EE	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26500	10/19/06 12:00	10/23/06 11:25	GG	E96080
Surfactants as LAS, Mol.wt.340		0.022 U	mg/L	0.022	SM5540 C	WCGE26436	10/11/06 14:00	10/11/06 16:30	GG	E96080

Laboratory ID: 2127042002
Sample ID: TRIP BLANK

Sampled: Received: 10/10/06 13:15
Matrix: Water Results reported on Wet Weight Basis

1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2713		10/19/06 23:41	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2713		10/19/06 23:41	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2713		10/19/06 23:41	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2713		10/19/06 23:41	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2713		10/19/06 23:41	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2713		10/19/06 23:41	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2713		10/19/06 23:41	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2713		10/19/06 23:41	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2713		10/19/06 23:41	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2713		10/19/06 23:41	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2713		10/19/06 23:41	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2713		10/19/06 23:41	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2713		10/19/06 23:41	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2713		10/19/06 23:41	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2713		10/19/06 23:41	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2713		10/19/06 23:41	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2713		10/19/06 23:41	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2713		10/19/06 23:41	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2713		10/19/06 23:41	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2713		10/19/06 23:41	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2713		10/19/06 23:41	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

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Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
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Brooksville, FL 34601
FDOH # E84418

Printed: 10/31/06



Page 4 of 5

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: October 30, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6564 The Woods Raw Well [2025984]
Received: 10/05/06 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

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FDOH # E83509

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Lehigh Acres, FL 33936
FDOH # E85370

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Brooksville, FL 34601
FDOH # E84418

Printed: 10/30/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

1600 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: 6564 The Woods Raw Well
Received: 10/05/06 12:00

[2025984]

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>
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Quality Control Summary

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

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Brooksville, FL 34601
FDOH # E84418

Printed: 10/30/08

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

CERTIFICATE OF ANALYSIS

[2025984]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6564 The Woods Raw Well

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2025984001 Sample ID: Well/Raw Grab						Sampled: 10/05/06 9:50		Received: 10/05/06 12:00		
						Matrix: Water		Results reported on Wet Weight Basis		
Sulfide, as S-		0.14	mg/L	0.079	EPA 376.1	WCGE26418		10/12/06 8:10	GG	E96080
Laboratory ID: 2025984002 Sample ID: Well/Aik Grab						Sampled: 10/05/06 9:55		Received: 10/05/06 12:00		
						Matrix: Water		Results reported on Wet Weight Basis		
Alkalinity		210	mg/L CaCO3	4.3	EPA 310.1	WCGE26389		10/7/06 17:45	GS	E96080
Laboratory ID: 2025984003 Sample ID: Well/Hardness Grab						Sampled: 10/05/06 9:56		Received: 10/05/06 12:00		
						Matrix: Water		Results reported on Wet Weight Basis		
Hardness		210	mg/L CaCO3	1.5	EPA 130.2	WCGE26427		10/12/06 19:00	GS	E96080
Laboratory ID: 2025984004 Sample ID: Well/Diss Fe Grab						Sampled: 10/05/06 9:57		Received: 10/05/06 12:00		
						Matrix: Water		Results reported on Wet Weight Basis		
Total Dissolved Iron		0.025 U	mg/L	0.025	EPA 200.7	META8185		10/26/06 13:04	DM	E96080
Laboratory ID: 2025984005 Sample ID: Well/TOC Grab						Sampled: 10/05/06 10:00		Received: 10/05/06 12:00		
						Matrix: Water		Results reported on Wet Weight Basis		
OC		4.0	mg/L	0.28	EPA 415.1	WCGE26446		10/23/06 18:28	GG	E96080

¹Result 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.

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FDOH # E96080

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Sanford, FL 32771
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FDOH # E85370

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Brooksville, FL 34601
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Printed: 10/30/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: September 11, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: The Woods TTHM/HAA5 [2126617]
Received: 8/22/06 13:50

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.

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FDOH # E96080

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Brooksville, FL 34601
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Printed: 9/11/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: The Woods TTHM/HAA5
Received: 8/22/06 13:50

[2126617]

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

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Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 9/11/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

CERTIFICATE OF ANALYSIS

[2126617]

Client: Aqua Utilities Florida, Inc.

Workorder ID: The Woods TTHM/HAA5

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126617001 Sample ID: 2793 SW 116th Ave Grab						Sampled: 08/22/06 11:25 Matrix: Water		Received: 08/22/06 13:50 Results reported on Wet Weight Basis		
Bromodichloromethane		11	ug/L	0.25	EPA 524.2	VOC2685	08/27/06 19:15	WR		E96080
Bromoform	U	0.41	ug/L	0.41	EPA 524.2	VOC2685	08/27/06 19:15	WR		E96080
Chloroform		41	ug/L	0.25	EPA 524.2	VOC2685	08/27/06 19:15	WR		E96080
Dibromochloromethane		1.4	ug/L	0.30	EPA 524.2	VOC2685	08/27/06 19:15	WR		E96080
Total THMs		53	ug/L	0.50	EPA 524.2	VOC2685	08/27/06 19:15	WR		E96080
Laboratory ID: 2126617003 Sample ID: Trip Blank						Sampled: Matrix: Water		Received: 08/22/06 13:50 Results reported on Wet Weight Basis		
Bromodichloromethane	U	0.25	ug/L	0.25	EPA 524.2	VOC2685	08/27/06 19:49	WR		E96080
Bromoform	U	0.41	ug/L	0.41	EPA 524.2	VOC2685	08/27/06 19:49	WR		E96080
Chloroform	U	0.25	ug/L	0.25	EPA 524.2	VOC2685	08/27/06 19:49	WR		E96080
Dibromochloromethane	U	0.30	ug/L	0.30	EPA 524.2	VOC2685	08/27/06 19:49	WR		E96080
Total THMs	U	0.50	ug/L	0.50	EPA 524.2	VOC2685	08/27/06 19:49	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.

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

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Sanford, FL 32771
FDOH # E83509

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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

Date issued: August 29, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.

Workorder ID: The Woods DW WQP

[2126522]

Received: 8/10/06 13:25

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: 8/29/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: The Woods DW WQP
Received: 8/10/06 13:25

[2126522]

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

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

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

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

4156 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: 8/29/06



**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

[2126522]

Client: Aqua Utilities Florida, Inc.

Workorder ID: The Woods DW WQP

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126522001 Sample ID: POE Site 01 Grab						Sampled: 08/09/06 10:15 Received: 08/10/06 13:25 Matrix: Water Results reported on Wet Weight Basis				
Specific Conductance		500	umhos/cm	1.4	EPA 120.1	WCDE15014		08/12/06 15:12	PA	E83509
Calcium		82	mg/L	0.10	EPA 200.7	META8090		08/24/06 21:39	DM	E96080
Alkalinity		220	mg/L CaCO3	0.87	EPA 310.1	WCDE15046		08/22/06 16:30	RM	E83509
Laboratory ID: 2126522002 Sample ID: 11387 CR675 Dist Site 02 Grab						Sampled: 08/09/06 10:35 Received: 08/10/06 13:25 Matrix: Water Results reported on Wet Weight Basis				
Specific Conductance		490	umhos/cm	1.4	EPA 120.1	WCDE15014		08/12/06 15:12	PA	E83509
Calcium		0.24	mg/L	0.10	EPA 200.7	META8090		08/24/06 21:58	DM	E96080
Alkalinity		220	mg/L CaCO3	0.87	EPA 310.1	WCDE15046		08/22/06 16:30	RM	E83509

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

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 8/29/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: September 5, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: The Woods Pb/Cu Grab [2126546]
Received: 8/10/06 13:20

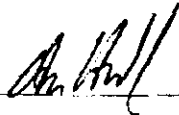
Dear Brian Heath;

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 34948
FDOH # E96080

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Sanford, FL 32771
FDOH # E83509

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Page 1 of 5

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 US 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: The Woods Pb/Cu Grab
Received: 8/10/06 13:20

[2126546]

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>
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Quality Control Summary

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

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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) 467-584

CERTIFICATE OF ANALYSIS

[2126546]

Client: Aqua Utilities Florida, Inc.

Workorder ID: The Woods Pb/Cu Grab

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126546001					Sampled: 08/08/06 4:30 Received: 08/10/06 13:20					
Sample ID: 3257 CR 676					Matrix: Water Results reported on Wet Weight Basis					
Lead		0.0024	mg/L	0.00061	EPA 200.9	META8087		08/23/06 19:49	DM	E96080
Copper		0.067	mg/L	0.0051	SM-3111B	META8100		09/1/06 21:25	DM	E96080
Laboratory ID: 2126546002					Sampled: 08/08/06 7:00 Received: 08/10/06 13:20					
Sample ID: 11490 CR 678					Matrix: Water Results reported on Wet Weight Basis					
Lead		0.0015	mg/L	0.00061	EPA 200.9	META8087		08/23/06 19:53	DM	E96080
Copper		0.10	mg/L	0.0051	SM-3111B	META8100		09/1/06 21:25	DM	E96080
Laboratory ID: 2126546003					Sampled: 08/08/06 7:45 Received: 08/10/06 13:20					
Sample ID: 11552 CR 678					Matrix: Water Results reported on Wet Weight Basis					
Lead		0.0020	mg/L	0.00061	EPA 200.9	META8087		08/23/06 19:57	DM	E96080
Copper		0.13	mg/L	0.0051	SM-3111B	META8100		09/1/06 21:25	DM	E96080
Laboratory ID: 2126546004					Sampled: 08/09/06 16:00 Received: 08/10/06 13:20					
Sample ID: 3209 CR 676					Matrix: Water Results reported on Wet Weight Basis					
Lead		0.010	mg/L	0.00061	EPA 200.9	META8087		08/23/06 20:02	DM	E96080
Copper		0.17	mg/L	0.0051	SM-3111B	META8100		09/1/06 21:25	DM	E96080
Laboratory ID: 2126546005					Sampled: 08/08/06 7:00 Received: 08/10/06 13:20					
Sample ID: 3390 CR 677					Matrix: Water Results reported on Wet Weight Basis					
Lead		0.0016	mg/L	0.00061	EPA 200.9	META8087		08/23/06 20:06	DM	E96080
Copper		0.20	mg/L	0.0051	SM-3111B	META8100		09/1/06 21:25	DM	E96080
Laboratory ID: 2126546006					Sampled: 08/08/06 7:00 Received: 08/10/06 13:20					
Sample ID: 11427 CR 675					Matrix: Water Results reported on Wet Weight Basis					
Lead		0.0065	mg/L	0.00061	EPA 200.9	META8088		08/23/06 22:23	DM	E96080
Copper		0.15	mg/L	0.0051	SM-3111B	META8101		09/1/06 21:25	DM	E96080
Laboratory ID: 2126546007					Sampled: 08/09/06 6:00 Received: 08/10/06 13:20					
Sample ID: 11522 CR 675					Matrix: Water Results reported on Wet Weight Basis					
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8088		08/23/06 22:27	DM	E96080
Copper		0.032	mg/L	0.0051	SM-3111B	META8101		09/1/06 21:25	DM	E96080
Laboratory ID: 2126546008					Sampled: 08/10/06 9:25 Received: 08/10/06 13:20					
Sample ID: 11432 CR 678					Matrix: Water Results reported on Wet Weight Basis					
Lead		0.0089	mg/L	0.00061	EPA 200.9	META8088		08/23/06 22:32	DM	E96080
Copper		0.29	mg/L	0.0051	SM-3111B	META8101		09/1/06 21:25	DM	E96080
Laboratory ID: 2126546009					Sampled: 08/07/06 4:00 Received: 08/10/06 13:20					
Sample ID: 3280 CR 676					Matrix: Water Results reported on Wet Weight Basis					
Lead		0.0023	mg/L	0.00061	EPA 200.9	META8088		08/23/06 22:36	DM	E96080
Copper		0.091	mg/L	0.0051	SM-3111B	META8101		09/1/06 21:25	DM	E96080

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 FDOH # E85370

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 Brooksville, FL 34601
 FDOH # E84418



Printed: 9/5/08

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

CERTIFICATE OF ANALYSIS

[2126546]

Client: Aqua Utilities Florida, Inc.

Workorder ID: The Woods Pb/Cu Grab

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID:		2126546010		Sampled: 08/08/06 7:45		Received: 08/10/06 13:20				
Sample ID:		11478 CR 678		Matrix: Water		Results reported on Wet Weight Basis				
Lead		0.0042	mg/L	0.00061	EPA 200.9	META8088		08/23/06 22:40	DM	E96080
Copper		1.0	mg/L	0.0051	SM-3111B	META8101		09/1/06 21:25	DM	E96080

¹Result 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.

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Fort Pierce, FL 34946
FDOH # E96080

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Sanford, FL 32771
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FDOH # E84418

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**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: July 17, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: The Woods THM/HAA5 Grab [2126132]
Received: 6/22/06 13:00

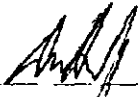
Dear Brian Heath;

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

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Brooksville, FL 34601
FDOH # E84418

Printed: 7/17/06



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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
 Workorder ID: The Woods THM/HAA5 Grab
 Received: 6/22/06 13:00

[2126132]

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>		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>		

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 Fort Pierce, FL 34946
 FDOH # E96080

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

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 FDOH # E85370

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 Brooksville, FL 34601
 FDOH # E84418

Printed: 7/17/06



**HARBOR BRANCH
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LABORATORIES, INC.**

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

CERTIFICATE OF ANALYSIS

[2126132]

Client: Aqua Utilities Florida, Inc.

Workorder ID: The Woods THM/HAA5 Grab

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Prep Batch	Analyzed Date/Time	Lab Analyst	Lab ID
Laboratory ID: 2126132001					Sampled: 06/22/06 9:50		Received: 06/22/06 13:00		
Sample ID: 2793 CR 116 Ave Site ID#1					Matrix: Water		Results reported on Wet Weight Basis		
Bromodichloromethane		22	ug/L	0.25	EPA 524.2	VOC2656	07/5/06 18:11	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2656	07/5/06 18:11	WR	E96080
Chloroform		130	ug/L	2.5	EPA 524.2	VOC2656	07/6/06 9:13	WR	E96080
Dibromochloromethane		2.2	ug/L	0.30	EPA 524.2	VOC2656	07/5/06 18:11	WR	E96080
Total THMs		150	ug/L	0.50	EPA 524.2	VOC2656	07/5/06 18:11	WR	E96080
Laboratory ID: 2126132002					Sampled: 06/22/06 9:25		Received: 06/22/06 13:00		
Sample ID: 2793 CR 116 Ave Site ID#1					Matrix: Water		Results reported on Wet Weight Basis		
Dibromoacetic Acid		0.79	ug/L	0.18	EPA 552.1	PEST4752	06/30/06 10:00	JL	E96080
Dichloroacetic Acid		71	ug/L	3.3	EPA 552.1	PEST4752	06/30/06 10:00	CAC	E96080
Monobromoacetic Acid		0.39	ug/L	0.28	EPA 552.1	PEST4752	06/30/06 10:00	JL	E96080
Monochloroacetic Acid		4.9	ug/L	0.88	EPA 552.1	PEST4752	06/30/06 10:00	JL	E96080
Total HAAs		120	ug/L	0.18	EPA 552.1	PEST4752	06/30/06 10:00	JL	E96080
Trichloroacetic acid		41	ug/L	0.98	EPA 552.1	PEST4752	06/30/06 10:00	CAC	E96080
Laboratory ID: 2126132003					Sampled:		Received: 06/22/06 13:00		
Sample ID: Trip Blank					Matrix: Water		Results reported on Wet Weight Basis		
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2656	07/5/06 18:45	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2656	07/5/06 18:45	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2656	07/5/06 18:45	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2656	07/5/06 18:45	WR	E96080
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2656	07/5/06 18:45	WR	E96080

¹Result 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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FDOH # E96080

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Sanford, FL 32771
FDOH # E83509

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Lehigh Acres, FL 33936
FDOH # E85370

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Brooksville, FL 34601
FDOH # E84418

Printed: 7/17/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: April 5, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.

Workorder ID: The Woods THM HAA

[2125186]

Received: 3/23/06 13:30

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.

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

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FDOH # E85370

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Printed: 4/5/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 225 Fax: (772) 467-1584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: The Woods THM HAA
Received: 3/23/06 13:30

[2125186]

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>		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>

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

Printed: 4/5/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

600 U.S. 1 North, Fort Pierce, FL 34946
Phone (772) 465-2400, Ext. 265 Fax (772) 467-6884

CERTIFICATE OF ANALYSIS

[2125186]

Client: Aqua Utilities Florida, Inc.

Workorder ID: The Woods THM HAA

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2125186001						Sampled: 03/23/06 9:20		Received: 03/23/06 13:30			
Sample ID: Site ID #1 2793 SW 116th AVE						Matrix: Water		Results reported on Wet Weight Basis			
Dibromoacetic Acid		1.1	ug/L	0.18	EPA 552.1	PEST4686	03/30/06 6:00	03/30/06 17:56	RS	E96080	
Dichloroacetic Acid		52	ug/L	0.66	EPA 552.1	PEST4686	03/30/06 6:00	03/30/06 17:56	RS	E96080	
Monobromoacetic Acid		0.34	ug/L	0.28	EPA 552.1	PEST4686	03/30/06 6:00	03/30/06 17:56	RS	E96080	
Monochloroacetic Acid		2.4	ug/L	0.88	EPA 552.1	PEST4686	03/30/06 6:00	03/30/06 17:56	RS	E96080	
Total HAAs		84	ug/L	0.18	EPA 552.1	PEST4686	03/30/06 6:00	03/30/06 17:56	RS	E96080	
Total HAAAs		28	ug/L	0.37	EPA 552.1	PEST4686	03/30/06 6:00	03/31/06 12:23	RS	E96080	
Trichloroacetic acid		28	ug/L	0.39	EPA 552.1	PEST4686	03/30/06 6:00	03/31/06 12:23	RS	E96080	

Laboratory ID: 2125186002						Sampled: 03/23/06 9:30		Received: 03/23/06 13:30			
Sample ID: Site ID #1 2793 SW 116th AVE						Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		14	ug/L	0.25	EPA 524.2	VOC2616		04/4/06 2:05	WR	E96080	
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2616		04/4/06 2:05	WR	E96080	
Chloroform		89	ug/L	0.25	EPA 524.2	VOC2616		04/4/06 2:05	WR	E96080	
Dibromochloromethane		2.2	ug/L	0.30	EPA 524.2	VOC2616		04/4/06 2:05	WR	E96080	
Total THMs		110	ug/L	0.50	EPA 524.2	VOC2616		04/4/06 2:05	WR	E96080	
Chlorine (Residual)	D	0.50	mg/L	0.018	SM5500CIG	FLD3268		03/23/06 9:30	FLD		

Laboratory ID: 2125186003						Sampled: 03/23/06 9:30		Received: 03/23/06 13:30			
Sample ID: Trip Blank						Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2616		04/4/06 2:38	WR	E96080	
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2616		04/4/06 2:38	WR	E96080	
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2616		04/4/06 2:38	WR	E96080	
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2616		04/4/06 2:38	WR	E96080	
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2616		04/4/06 2:38	WR	E96080	

¹Result 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.
D Measurement was made in the field.

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

Printed: 4/5/06



**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: March 6, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6564 The Woods NO2/NO3 [2124929]
Received: 3/02/06 13:20

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.

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FDOH # E84418

Printed: 3/6/06



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

CERTIFICATE OF ANALYSIS

[2124929]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6564 The Woods NO2/NO3

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID:		2124929001		Sampled: 03/02/06 10:00		Received: 03/02/06 13:20				
Sample ID:		POE Grab		Matrix: Water		Results reported on Wet Weight Basis				
Nitrate as N		0.016	mg/L	0.0030	EPA 300.0	IC6706		03/306 18:07	RS	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6706		03/306 18:07	RS	E96080

¹Result 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

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

Printed: 3/6/06

Page 3 of 4

COMPLIANCE INSPECTION

Supervisor Initials: BR
 Date Reviewed: BR 4/26
 Inspectors Initials: JFB

OWNER/ADDRESS
Patrick Farris
P.O. Box 490310
Leesburg, FL 34749

SYSTEM NAME The Woods
 ID# 6600347
 SYSTEM TYPE C
 COUNTY Sumter

SUPERVISOR: Bill Ryland
 INSPECTOR: Jim Berghorn
 INSPECTION DATE: 4/25/07

Check List:

- Well Protection - Housing Security Fencing
- * Sanitary Seal/Disinfection Port * Sanitary Hazard _____
- * 6' x 6' x 4" Concrete Apron - Cracked Missing Inadequate size
- Raw Water Tap - Missing Threaded Wrong location
- * Check Valve - Inoperable Missing Wrong location
- Time Clock Flow Meter - Make Neptune Missing Broken
- Water Pressure Gauge - Missing Broken/Cracked On/Off _____ P.S.I.
- * Disinfection Free Cl₂ Plant 0.91 mg/l Remote 0.62 mg/l Chlorinator 2-Stenner 3-17 gpd
- * Gas Chlorination: Need Separate Room Cross-Ventilation
 Scales; Safety Equipment; Dual Gas; Cylinders Chained; Breathing Apparatus; Ammonia;
 Wrenches; Auto Switch Over; Lack of Chlorination Alarm
- NSF or UL Approved Chlorine Yes No
- * Cross-Connection - Location: _____
- * Auxiliary Power/Second Well Operated Monthly - Yes No 1 Hr/Wk
- Certified Operator Name: H.A. Aldrich Number C-6368 Maintenance Logs _____
- OTHER TREATMENT - Softeners Filters Aerators Other _____
- Tanks checked annually Yes No Date Cleaned _____ Date Inspected _____
- ARV/PRV testing on Hydro tank Yes No Exercising of isolation valves Yes No
- O & M manual Yes No Distribution Map Yes No N/A
- Emergency/response Plan Yes No Preventative maintenance plan Yes No
- System flushing plan Yes No System flushed Yes No
- Miscellaneous HNT rusting, small leaks at joints
- NO DEFICIENCIES NOTED THIS DATE

***(X) REQUIRES REINSPECTION**

Well # 1	ID# AAC 1546	Well #	ID#	Well #	ID#	Well #	ID#
4">12"							
Blow off							
Sight glass							
PRV							
By Pass							

Comments

Small leaks at fittings
 Storage tank needs to be painted
 TTHM/HAA5's needed quarterly until RAA < 80 and 60 respectively
 RAA for TTHM as of 3/07 is 83.67
 RAA for HAA5's as of 3/07 is 75.24

DOCUMENT NUMBER - DATE

04333 MAY 22 08

FPSC - COMMISSION CLERK



Florida Department of Environmental Protection

Southwest District Office
13051 North Telecom Parkway
Temple Terrace, Florida 33637-0926

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

April 26, 2007

Mr. Patrick Farris
P.O. Box 490310
Leesburg, FL 34749

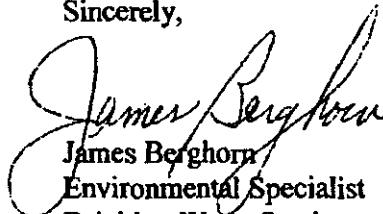
Re: Compliance Inspection
The Woods
PWS-ID No. 660-0347
Sumter County

Dear Mr. Farris:

The attached Compliance Inspection was conducted on the referenced public water system. No deficiencies were noted at the time of this inspection.

If you have any questions, please contact me at (813) 632-7600, extension 460.

Sincerely,


James Berghorn
Environmental Specialist
Drinking Water Section

JB/dsm

Attachment

cc: Will Fountaine, Operator

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD: From: 1/1/07 To: 1/31/07
 THREE MONTH ROLLING ADF: 0.010 % OF PERMITTED CAPACITY 68%

REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825

FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

COUNTY: Sumter

DMR DATE: 2/20/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/Analysis	Sample Type
CBODS	Sample Measurement			2.8	Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)	mg/L		Monthly	Rolling Annual Avg.
CBODS	Sample Measurement			2.0	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement			30.0 (Mo Avg.)	mg/L		Monthly	Grab
TSS	Sample Measurement			2.3	Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)	mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement			6.5	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement			30.0 (Mo Avg.)	mg/L		Monthly	Grab
pH	Sample Measurement			7.4	S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I Permit Requirement			6.0 (Min)	s.u.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.1	#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)	#100mL		Monthly	Rolling Annual Avg.

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	02/02/07

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

DOCUMENT NUMBER-DATE

04333 MAY 22 08

FPSC-COMMISSION CLERK

DISCHARGE MONITORING REPORT - PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 1/2007

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				1.0		#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)	800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				2.2		Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)		mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement					2.2	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement					12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.010	0.009	MGD				0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg.	Report (Mo Avg.)	mgd					5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.011	MGD				0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MONSITE NO. INF-01-24568	Permit Requirement		Report (Ann.Avg)	mgd					Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					140	Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample	mg/L		Annually	Grab
TSS	Sample Measurement					59	Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample	mg/L		Annually	Grab

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

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

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA013500**
 Month/Year: **1/2007**

Facility Name: **The Woods S/D WWTP**

Three month Average Daily Flow: **0.010**
 Daily Flow % Permitted Capacity: **68%**

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.009			7.7		2.2+			
2	.011			7.7		2.2+			
3	.008			7.8		2.2+			
4	.008			7.8		2.2+			
5	.008			7.7		2.2+			
6	.008								
7	.008			7.7		2.2+			
8	.008			7.8		2.2+			
9	.008	2.0U	6.5	7.7	1.0	2.2+	2.2	140	59
10	.011			7.7		2.2+			
11	.010			7.7		2.2+			
12	.011			7.8		2.2+			
13	.009			7.8		2.2+			
14	.009								
15	.009			7.8		2.2+			
16	.011			7.7		2.2+			
17	.010			7.7		2.2+			
18	.009			7.6		2.2+			
19	.010			7.7		2.2+			
20	.009								
21	.009			7.7		2.2+			
22	.008			7.7		2.2+			
23	.009			7.4		2.2			
24	.009			7.6		2.2			
25	.009			7.6		2.2			
26	.008			7.7		2.2			
27	.009			7.6		2.2			
28	.008								
29	.009			7.7		2.2			
30	.009			7.7		2.2			
31	.008			7.8		2.2			

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse: **(2) Cell Rapid restricted access Part IV infiltration Basins**
 Limited Wet Weather Discharge Activated: Yes: No: X Not Applicable: If yes, cumulative days of wet weather _____

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749
 FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD: From: 2/1/07 To: 2/28/07
 THREE MONTH ROLLING ADF: 0.009 % OF PERMITTED CAPACITY 60%

REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825


COUNTY: Sumter

DMR DATE: 3/20/07

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5	Sample Measurement			2.8		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement			2.0	2.0	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
TSS	Sample Measurement			2.2		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement			1.5	1.5	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.6	7.7	S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I Permit Requirement			6.0 (Min)	8.5 (Max)	s.u.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.1		#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)		#100mL		Monthly	Rolling Annual Avg.

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	07/03/21

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

DISCHARGE MONITORING REPORT - PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 2/2007

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				1.0	1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)	800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				2.2		Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)		mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement					1.8	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement					12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.009	0.008	MGD				0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg.	Report (Mo Avg.)	mgd					5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.011	MGD				0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MONSITE NO. INF-01-24568	Permit Requirement		Report (Ann. Avg)	mgd					Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement				250		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement				Report annual sample		mg/L		Annually	Grab
TSS	Sample Measurement				110		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement				Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA013500**
 Month/Year: **2/2007**

Facility Name: **The Woods S/D WWTP**

Three month Average Daily Flow: **0.009**
 Daily Flow % Permitted Capacity: **60%**

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.008			7.6		2.2			
2	.008			7.7		2.2			
3	.007								
4	.007			7.6		2.2			
5	.007			7.6		2.2			
6	.008			7.7		2.2			
7	.010			7.7		2.2			
8	.009			7.7		2.2			
9	.008			7.7		2.2			
10	.007			7.6		2.2			
11	.007								
12	.007			7.6		2.2			
13	.007	2.0U	1.5	7.7	1.0U	2.2	1.8	250	110
14	.008			7.6		2.2			
15	.007			7.6		2.2			
16	.009			7.7		2.2			
17	.009			7.6		2.2			
18	.009								
19	.009			7.6		2.2			
20	.009			7.7		2.2			
21	.008			7.7		2.2			
22	.009			7.6		2.2			
23	.009			7.6		2.2			
24	.008								
25	.008								
26	.009			7.6		2.2			
27	.007			7.7		2.2			
28	.009			7.6		2.2			
29									
30									
31									

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelsen</u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse: **(2) Cell Rapid restricted access Part IV infiltration Basins**

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749
 FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD: From: 3/1/07 To: 3/31/07
 THREE MONTH ROLLING ADF: 0.008 % OF PERMITTED CAPACITY 57%

REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825

COUNTY: Sumter

DMR DATE: 4/24/07

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/Analysis	Sample Type
CBOD5	Sample Measurement			2.6		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement			<2.0	<2.0	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
TSS	Sample Measurement			2.2		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement			1.7	1.7	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement			7.6	7.7	S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I Permit Requirement			6.0 (Min)	8.5 (Max)	s.u.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.1		#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)		#100mL		Monthly	Rolling Annual Avg.

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	07/04/07

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

DISCHARGE MONITORING REPORT - PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 3/2007

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				<1.0	<1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EPA-01-17228	Permit Requirement				Report (Mo Geo Mean)	800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				2.2		Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EPA-01-17228	Permit Requirement				0.5 (Min)		mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement					1.8	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EPA-01-17228	Permit Requirement					12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.008	0.009	MGD				0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg.	Report (Mo Avg.)	mgd					5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.011	MGD				0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MONSITE NO. INF-01-24568	Permit Requirement		Report (Ann.Avg)	mgd					Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement				200		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement				Report annual sample		mg/L		Annually	Grab
TSS	Sample Measurement				88		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement				Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013500
 Month/Year: 3/2007

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.008
 Daily Flow % Permitted Capacity: 57%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.009			7.6		2.2			
2	.009			7.7		2.2			
3	.009			7.7		2.2			
4	.009								
5	.009			7.6		2.2			
6	.009			7.6		2.2			
7	.009			7.7		2.2			
8	.009	<2.0	1.7	7.7	<1.0	2.2	1.8	200	88
9	.009			7.6		2.2			
10	.010			7.6		2.2			
11	.010								
12	.010								
13	.010			7.6		2.2			
14	.009			7.7		2.2			
15	.009			7.6		2.2			
16	.009			7.6		2.2			
17	.015			7.7		2.2			
18	.010								
19	.008			7.7		2.2			
20	.013			7.6		2.2			
21	.009			7.6		2.2			
22	.008			7.7		2.2			
23	.008			7.6		2.2			
24	.009			7.6		2.2			
25	.009								
26	.009			7.6		2.2			
27	.008			7.6		2.2			
28	.010			7.6		2.2			
29	.010			7.6		2.2			
30	.008			7.7		2.2			
31	.009			7.7		2.2			

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>8854</u>	Name: <u>Howard J Aldrich</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Night Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749
 FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

PERMIT NUMBER: FLA013500
 LIMIT: Final REPORT: Monthly
 CLASS SIZE: Minor GROUP: Domestic
 DISCHARGE POINT NUMBER: R001 (RIBs) WAFR SITE NO: 34825
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD From: 4/1/07 To: 4/30/07
 THREE MONTH ROLLING ADF: 0.008 % OF PERMITTED CAPACITY 55%


COUNTY: Sumter

DMR DATE: 5/21/07

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/Analysis	Sample Type
CBOD5	Sample Measurement			2.6		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement			4.5	4.5	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
TSS	Sample Measurement			2.3		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement			3.3	3.3	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.5	7.7	S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I Permit Requirement			6.0 (Min)	8.5 (Max)	s.u.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.1		#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)		#100mL		Monthly	Rolling Annual Avg.

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	07/05/22

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

DISCHARGE MONITORING REPORT - PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 4/2007

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				1.0	<1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)	800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				2.2		Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)		mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement					3.8	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement					12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.008	0.008	MGD				0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg.	Report (Mo Avg.)	mgd					5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.011	MGD				0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MONSITE NO. INF-01-24568	Permit Requirement		Report (Ann.Avg)	mgd					Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement				190		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement				Report annual sample		mg/L		Annually	Grab
TSS	Sample Measurement				93		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement				Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS -- PART B

Permit Number: FLA013500
 Month/Year: 4/2007

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.008
 Daily Flow % Permitted Capacity: 55%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.010								
2	.010			7.6		2.2			
3	.010			7.6		2.2			
4	.009			7.7		2.2			
5	.007			7.6		2.2			
6	.008			7.6		2.2			
7	.011								
8	.011			7.6		2.2			
9	.007			7.7		2.2			
10	.007			7.5		2.2			
11	.007			7.6		2.2			
12	.009			7.6		2.2			
13	.007			7.5		2.2			
14	.008			7.5		2.2			
15	.008								
16	.008			7.5		2.2			
17	.008	4.5	3.3	7.5	<1.0	2.2	3.8	190	93
18	.008			7.5		2.2			
19	.007			7.6		2.2			
20	.006			7.6		2.2			
21	.006			7.6		2.2			
22	.006								
23	.006			7.6		2.2			
24	.006			7.6		2.2			
25	.006			7.6		2.2			
26	.006			7.5		2.2			
27	.006			7.5		2.2			
28	.006			7.5		2.2			
29	.006								
30	.006			7.6		2.2			
31									

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>8854</u>	Name: <u>Howard J Aldrich</u>
Evening Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Night Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P.O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FLA013500

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic


FACILITY: The Woods WWTF
 LOCATION: US Highway 301 North and County Road 674
 St. Catherine, FL 33597
 COUNTY: Sumter

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: RIB (R-001), including Inluent

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 5/1/07 To: 5/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB	Sample Measurement	0.011		MGD				0	Monthly	Calculation
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.015 (12MADF)		MGD					Monthly	Calculation
Flow	Sample Measurement	0.008		MGD				0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)		MGD					5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.7		mg/L	0	Monthly	Calculation
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.0	5.5	mg/L	0	Monthly	Grab
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.4		mg/L	0	Monthly	Calculation
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement				20.0 (An. Avg.)		mg/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				3.75	4.7	mg/L	0	Monthly	Grab
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		352-787-0980	07/06/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:
Sumter County

The Woods WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 5/1/07

PERMIT NUMBER: FLA013500
To: 5/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type		
pH PARM Code 00406 A Mon. Site No. EFA-01	Sample Measurement			7.4		7.5	SU	0	5 Days/Week	Grab
	Permit Requirement			6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-01	Sample Measurement			1.1			#/100mL	0	Monthly	Calculation
	Permit Requirement			200 (Ar. Avg.)			#/100mL		Monthly	Calculation
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-01	Sample Measurement			1.0		1.0	#/100mL	0	Monthly	Grab
	Permit Requirement			Report (Mo. Geo. Mean)		800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-01	Sample Measurement			2.2			mg/L	0	5 Days/Week	Grab
	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site No. EFA-01	Sample Measurement					3.1	mg/L	0	Monthly	Grab
	Permit Requirement					12.0 (Max.)	mg/L		Monthly	Grab
Flow, Total Plant PARM Code 50050 Q Mon. Site No. FLW-01	Sample Measurement	0.008	MGD					0	Monthly	Calculation
	Permit Requirement	0.015 (3MADF)	MGD						Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 100 PARM Code 00180 I Mon. Site No. FLW-01	Sample Measurement			55%			%	0	Monthly	Calculation
	Permit Requirement			Report			%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site No. INF-01	Sample Measurement			140			mg/L	0	Annually (February)	Grab
	Permit Requirement			Report			mg/L		Annually (February)	Grab
Solids, Total Suspended PARM Code 00530 G Mon. Site No. INF-01	Sample Measurement			120			mg/L	0	Annually (February)	Grab
	Permit Requirement			Report			mg/L		Annually (February)	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013500
 Monitoring Period From: 5/1/02

To: 5/31/02

Facility: The Woods WWTF
 County: Sumter

	Flow (MGD) R-001	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	.006				7.5	2.2		
2	.006				7.5	2.2		
3	.006				7.4	2.2		
4	.006				7.5	2.2		
5	.006							
6	.006				7.4	2.2		
7	.006				7.5	2.2		
8	.006	5.5	<4.7	<1.0	7.5	2.2	3.1	
9	.006				7.5	2.2		
10	.006				7.4	2.2		
11	.005				7.5	2.2		
12	.006					2.2		
13	.011							
14	.011				7.4	2.2		
15	.011	2.5	2.8		7.5	2.2		
16	.009				7.4	2.2		
17	.012				7.4	2.2		
18	.010				7.5	2.2		
19	.005					2.2		
20	.005							
21	.011				7.4	2.2		
22	.010				7.4	2.2		
23	.010				7.4	2.2		
24	.009				7.5	2.2		
25	.009				7.4	2.2		
26	.009							
27	.009				7.4	2.2		
28	.009				7.5	2.2		
29	.008				7.4	2.2		
30	.009				7.4	2.2		
31	.008				7.5	2.2		
Total								
Mo. Avg.								

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>8854</u>	Name: <u>Howard J. Aldrich</u>
Evening Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Night Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelsen</u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P.O Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FLA013500

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic


FACILITY: The Woods WWTF
 LOCATION: US Highway 301 North and County Road 674
 St. Catherine, FL 33597
 COUNTY: Sumter

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: RIB (R-001), including Influent

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 6/1/07 To: 6/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB	Sample Measurement	0.011	MGD			0	Monthly	Calculation
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.015 (12MADF)	MGD				Monthly	Calculation
Flow	Sample Measurement	0.010	MGD			0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 I Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.7	mg/L	0	Monthly	Calculation
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	mg/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2.0	mg/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.4	mg/L	0	Monthly	Calculation
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	mg/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			2.8	mg/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		352-787-0980	07/07/07

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: The Woods WWTF
 Sumter County

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 6/1/07

PERMIT NUMBER: FLA013500
 To 6/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00406 A Mon.Site No. EFA-01	Sample Measurement			7.3		0	5 Days/Week	Grab
	Permit Requirement			6.0 (Min.)			5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-01	Sample Measurement			1.1		0	Monthly	Calculation
	Permit Requirement			200 (An.Avg.)			Monthly	Calculation
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-01	Sample Measurement			<1.0		0	Monthly	Grab
	Permit Requirement			Report (Mo.Geo.Mean)			Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement					0	5 Days/Week	Grab
	Permit Requirement			0.5 (Min.)			5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-01	Sample Measurement					0	Monthly	Grab
	Permit Requirement						Monthly	Grab
Flow, Total Plant PARM Code 50050 Q Mon.Site No. FLW-01	Sample Measurement	0.008	MGD			0	Monthly	Calculation
	Permit Requirement	0.015 (3MADF)	MGD				Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. FLW-01	Sample Measurement			57%		0	Monthly	Calculation
	Permit Requirement			Report			Monthly	Calculation
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-01	Sample Measurement			120		0	Annually (February)	Grab
	Permit Requirement			Report			Annually (February)	Grab
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-01	Sample Measurement			46		0	Annually (February)	Grab
	Permit Requirement			Report			Annually (February)	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013500
 Monitoring Period From: 6/1/07

To: 6/30/07

Facility: The Woods WWTF
 County: Sumter

	Flow (MGD) R-001	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	.008				7.4	2.2		
2	.008							
3	.016				7.5	2.2		
4	.016				7.4	2.2		
5	.013				7.4	2.2		
6	.011				7.5	2.2		
7	.011				7.4	2.2		
8	.012				7.4	2.2		
9	.009				7.4	2.2		
10	.010							
11	.010				7.5	2.2		
12	.010				7.5	2.2		
13	.010				7.4	2.2		
14	.010				7.4	2.2		
15	.010				7.4	2.2		
16	.010				7.3	2.2		
17	.010							
18	.010				7.3	2.2		
19	.009	<2.0	2.8	<1.0	7.3	2.2	3.2	
20	.009				7.4	2.2		
21	.006				7.4	2.2		
22	.011				7.3	2.2		
23	.006				7.3	2.2		
24	.009				7.4	2.2		
25	.009				7.3	2.2		
26	.008				7.5	2.2		
27	.009				7.5	2.2		
28	.008				7.4	2.2		
29	.010				7.4	2.2		
30	.011					2.2		
31								
Total								
Mo. Avg.								

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 8854 Name: Howard J. Aldrich

Evening Shift Operator Class: B Certificate No: 7243 Name: John Worrell

Night Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelson

Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P.O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FLA013500

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: The Woods WWTF
 LOCATION: US Highway 301 North and County Road 674
 St. Catherine, FL 33597
 COUNTY: Sumter

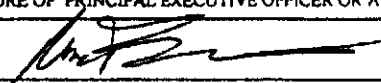
MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: RIB (R-001), including Influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 7/1/07 To: 7/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB	Sample Measurement	0.011	MGD			0	Monthly	Calculation
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.015 (12MADF)	MGD				Monthly	Calculation
Flow	Sample Measurement	0.012	MGD			0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 I Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.8	mg/L	0	Monthly	Calculation
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	mg/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.2	mg/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.4	mg/L	0	Monthly	Calculation
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	mg/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			<1.0	mg/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		352-787-0980	07/08/07

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: The Woods WWTF
 Sumter County

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 7/1/07

PERMIT NUMBER: FLA013500
 To: 7/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00406 A Mon.Site No. EFA-01	Sample Measurement			7.3			5 Days/Week	Grab
	Permit Requirement			6.0 (Min.)			5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-01	Sample Measurement			1.1		#/100mL	Monthly	Calculation
	Permit Requirement			200 (An.Avg.)		#/100mL	Monthly	Calculation
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-01	Sample Measurement			<1.0		#/100mL	Monthly	Grab
	Permit Requirement			Report (Mo.Geo.Mean)		800 (Max.)	Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement			2.2		mg/L	5 Days/Week	Grab
	Permit Requirement			0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-01	Sample Measurement					0.63 mg/L	Monthly	Grab
	Permit Requirement					12.0 (Max.) mg/L	Monthly	Grab
	Sample Measurement							
	Permit Requirement							
Flow, Total Plant PARM Code 50050 Q Mon.Site No. FLW-01	Sample Measurement	0.010	MGD				Monthly	Calculation
	Permit Requirement	0.015 (3MADF)	MGD				Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. FLW-01	Sample Measurement			67%		%	Monthly	Calculation
	Permit Requirement			Report		%	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-01	Sample Measurement			190		mg/L	Annually (February)	Grab
	Permit Requirement			Report		mg/L	Annually (February)	Grab
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-01	Sample Measurement			100		mg/L	Annually (February)	Grab
	Permit Requirement			Report		mg/L	Annually (February)	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013500
 Monitoring Period From: 7/1/07

To: 7/31/07

Facility: The Woods WWTF
 County: Sumter

	Flow (MGD) R-001	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	.011							
2	.011				7.7	2.2		
3	.017				7.4	2.2		
4	.011				7.7	2.2		
5	.019				7.6	2.2		
6	.014				7.4	2.2		
7	.011					2.2		
8	.012							
9	.012				7.4	2.2		
10	.012				7.4	2.2		
11	.011				7.5	2.2		
12	.009				7.5	2.2		
13	.010				7.6	2.2		
14	.010							
15	.009				7.4	2.2		
16	.009				7.5	2.2		
17	.009	3.2	<1.0	<1.0	7.6	2.2	0.63	
18	.009				7.4	2.2		
19	.008				7.4	2.2		
20	.009				7.5	2.2		
21	.015				7.5	2.2		
22	.015							
23	.015				7.4	2.2		
24	.011				7.6	2.2		
25	.017				7.4	2.2		
26	.009				7.4	2.2		
27	.008				7.5	2.2		
28	.011							
29	.011				7.4	2.2		
30	.011				7.4	2.2		
31	.018				7.3	2.2		
Total								
Mo. Avg.								

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>8854</u>	Name: <u>Howard J. Aldrich</u>
Evening Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Night Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P.O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FLA013500

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

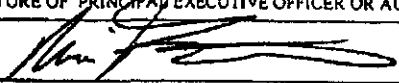
FACILITY: The Woods WWTF
 LOCATION: US Highway 301 North and County Road 674
 St. Catherine, FL 33597
 COUNTY: Sumter

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: RIB (R-001), including Influent

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 8/1/07 To: 8/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB	Sample Measurement	0.010	MGD			0	Monthly	Calculation
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.015 (12MADF)	MGD				Monthly	Calculation
Flow	Sample Measurement	0.009	MGD			0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.7	mg/L	0	Monthly	Calculation
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	mg/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			12.1	mg/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.4	mg/L	0	Monthly	Calculation
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	mg/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			1.13	mg/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		352-787-0980	07/09/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: The Woods WWTF
Sumter County

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 8/1/07

PERMIT NUMBER: FLA013500
To 8/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00406 A Mon. Site No. EFA-01	Sample Measurement				7.2	7.6	SU	0	5 Days/Week	Grab
	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-01	Sample Measurement				1.1		#/100mL	0	Monthly	Calculation
	Permit Requirement				200 (An. Avg.)		#/100mL		Monthly	Calculation
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-01	Sample Measurement				<1.0	<1.0	#/100mL	0	Monthly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)	800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-01	Sample Measurement				2.2		mg/L	0	5 Days/Week	Grab
	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site No. EFA-01	Sample Measurement					8.26	mg/L	0	Monthly	Grab
	Permit Requirement					12.0 (Max.)	mg/L		Monthly	Grab
	Sample Measurement									
	Permit Requirement									
Flow, Total Plant PARM Code 50050 Q Mon. Site No. FLW-01	Sample Measurement	0.010		MGD				0	Monthly	Calculation
	Permit Requirement	0.015 (3MADF)		MGD					Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 100 PARM Code 00180 I Mon. Site No. FLW-01	Sample Measurement				69%		%	0	Monthly	Calculation
	Permit Requirement				Report		%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site No. INF-01	Sample Measurement				231		mg/L	0	Annually (February)	Grab
	Permit Requirement				Report		mg/L		Annually (February)	Grab
Solids, Total Suspended PARM Code 00530 G Mon. Site No. INF-01	Sample Measurement				88.9		mg/L	0	Annually (February)	Grab
	Permit Requirement				Report		mg/L		Annually (February)	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013500
 Monitoring Period From: 8/1/07

To: 8/31/07

Facility: The Woods WWTF
 County: Sumter

	Flow (MGD) R-001	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	.009				7.3	2.2		
2	.008				7.3	2.2		
3	.011				7.4	2.2		
4	.008							
5	.008				7.4	2.2		
6	.009				7.3	2.2		
7	.007				7.3	2.2		
8	.007				7.3	2.2		
9	.008				7.4	2.2		
10	.007				7.4	2.2		
11	.010							
12	.010				7.3	2.2		
13	.009				7.3	2.2		
14	.009	12.1	1.131	<1.0	7.2	2.2	8.26	
15	.014				7.4	2.2		
16	.009				7.5	2.2		
17	.009				7.6	2.2		
18	.012					2.2		
19	.009				7.4	2.2		
20	.009				7.4	2.2		
21	.007				7.5	2.2		
22	.008				7.5	2.2		
23	.011				7.6	2.2		
24	.014				7.5	2.2		
25	.008							
26	.008				7.5	2.2		
27	.008				7.5	2.2		
28	.007				7.6	2.2		
29	.013				7.5	2.2		
30	.013				7.5	2.2		
31	.011				7.4	2.2		
Total								
Mo. Avg.								

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>8854</u>	Name: <u>Howard J. Aldrich</u>
Evening Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Night Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelsen</u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P.O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FLA013500

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

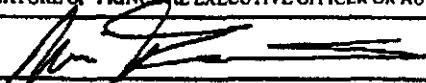
FACILITY: The Woods WWTF
 LOCATION: US Highway 301 North and County Road 674
 St. Catherine, FL 33597
 COUNTY: Sumter

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: RIB (R-001), including Influent

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 9/1/07 To: 9/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RJB	Sample Measurement	0.010	MGD			0	Monthly	Calculation
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.015 (12MADE)	MGD				Monthly	Calculation
Flow	Sample Measurement	0.010	MGD			0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 I Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			5.1	mg/L	0	Monthly	Calculation
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	mg/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			19.2	mg/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.5	mg/L	0	Monthly	Calculation
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	mg/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			2.0	mg/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		352-787-0980	07/10/25

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:
Sumter County

The Woods WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 9/1/07

PERMIT NUMBER: FLA013500
To 9/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00406 A Mon.Site No. EFA-01	Sample Measurement				7.5	7.6	SU	0	5 Days/Week	Grab
	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-01	Sample Measurement				1.1		#/100mL	0	Monthly	Calculation
	Permit Requirement				200 (An.Avg.)		#/100mL		Monthly	Calculation
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-01	Sample Measurement				<1	<1	#/100mL	0	Monthly	Grab
	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement				2.2		mg/L	0	5 Days/Week	Grab
	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-01	Sample Measurement					5.22	mg/L	0	Monthly	Grab
	Permit Requirement					12.0 (Max.)	mg/L		Monthly	Grab
Flow, Total Plant PARM Code 50050 Q Mon.Site No. FLW-01	Sample Measurement	0.010		MGD				0	Monthly	Calculation
	Permit Requirement	0.015 (3MADF)		MGD					Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. FLW-01	Sample Measurement				67%		%	0	Monthly	Calculation
	Permit Requirement				Report		%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-01	Sample Measurement				133		mg/L	0	Annually (February)	Grab
	Permit Requirement				Report		mg/L		Annually (February)	Grab
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-01	Sample Measurement				95.1		mg/L	0	Annually (February)	Grab
	Permit Requirement				Report		mg/L		Annually (February)	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013500
 Monitoring Period From: 9/1/07

To: 9/30/07

Facility: The Woods WWTF
 County: Sumter

	Flow (MGD) R-001	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	.008							
2	.009							
3	.007				7.5	2.2		
4	.008				7.5	2.2		
5	.010				7.6	2.2		
6	.008				7.5	2.2		
7	.010				7.5	2.2		
8	.010							
9	.010				7.6	2.2		
10	.010				7.5	2.2		
11	.009	19.2	2.0	<1	7.5	2.2	5.22	
12	.011				7.6	2.2		
13	.011				7.5	2.2		
14	.013					2.2		
15	.013							
16	.011				7.5	2.2		
17	.011				7.5	2.2		
18	.012				7.6	2.2		
19	.012				7.6	2.2		
20	.013				7.5	2.2		
21	.011				7.5	2.2		
22	.007							
23	.007				7.6	2.2		
24	.007				7.6	2.2		
25	.008				7.6	2.2		
26	.010				7.5	2.2		
27	.010				7.5	2.2		
28	.007				7.5	2.2		
29	.008							
30	.008				7.5	2.2		
31								
Total								
Mo. Avg.								

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>8854</u>	Name: <u>Howard J. Aldrich</u>
Evening Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Night Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P.O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FLA013500

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic


FACILITY: The Woods WWTF
 LOCATION: US Highway 301 North and County Road 674
 St. Catherine, FL 33597
 COUNTY: Sumter

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: RIB (R-001), including Influent

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: October 1, 2007 To: October 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB	Sample Measurement	0.010		MGD				0	Monthly	Calculation
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.015 (12MADF)		MGD					Monthly	Calculation
Flow	Sample Measurement	0.009		MGD				0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 I Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.1		mg/L	0	Monthly	Calculation
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)		mg/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0	mg/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.7		mg/L	0	Monthly	Calculation
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)		mg/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				3.8	3.8	mg/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		352-787-0980	07/11/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: The Woods WWTF
Sumter County

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: October 1, 2007

PERMIT NUMBER: FLA013500
To: October 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00406 A Mon.Site No. EFA-01	Sample Measurement				7.5	7.6	SU	0	5 Days/Week	Grab
	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-01	Sample Measurement				5.8		#/100mL	0	Monthly	Calculation
	Permit Requirement				200 (An.Avg.)		#/100mL		Monthly	Calculation
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-01	Sample Measurement				59	59	#/100mL	0	Monthly	Grab
	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement				2.2		mg/L	0	5 Days/Week	Grab
	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-01	Sample Measurement					3.5	mg/L	0	Monthly	Grab
	Permit Requirement					12.0 (Max.)	mg/L		Monthly	Grab
Flow, Total Plant PARM Code 50050 Q Mon.Site No. FLW-01	Sample Measurement	0.009		MGD				0	Monthly	Calculation
	Permit Requirement	0.015 (3MADP)		MGD					Monthly	Calculation
Percent Capacity, (3MADP/Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. FLW-01	Sample Measurement				66%		%	0	Monthly	Calculation
	Permit Requirement				Report		%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-01	Sample Measurement				210		mg/L	0	Annually (February)	Grab
	Permit Requirement				Report		mg/L		Annually (February)	Grab
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-01	Sample Measurement				60		mg/L	0	Annually (February)	Grab
	Permit Requirement				Report		mg/L		Annually (February)	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013500

Monitoring Period: From: October 1, 2007

To: October 31, 2007

 Facility: The Woods WWTF
 County: Sumter

	Flow (MGD) R-001	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	0.008				7.5	2.2		
2	0.008				7.6	2.2		
3	0.011				7.6	2.2		
4					7.5	2.2		
5	0.007				7.5	2.2		
6	0.006							
7	0.006				7.5	2.2		
8	0.009				7.6	2.2		
9	0.011				7.6	2.2		
10	0.010				7.5	2.2		
11	0.008	<2.0	3.8	59	7.5	2.2	3.5	
12	0.008				7.5	2.2		
13	0.009				7.6	2.2		
14	0.009							
15	0.009				7.5	2.2		
16	0.008				7.5	2.2		
17	0.010				7.6	2.2		
18	0.009				7.5	2.2		
19	0.009				7.5	2.2		
20	0.012							
21	0.012				7.5	2.2		
22	0.012				7.6	2.2		
23	0.010				7.5	2.2		
24	0.009				7.5	2.2		
25	0.010				7.6	2.2		
26	0.009				7.6	2.2		
27	0.011							
28	0.011				7.6	2.2		
29	0.011				7.5	2.2		
30	0.011				7.5	2.2		
31	0.011				7.6	2.2		
Total								
Mo. Avg.								

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No: 8854	Name: Howard J. Aldrich
Evening Shift Operator	Class: B	Certificate No: 7243	Name: John Worrell
Night Shift Operator	Class: C	Certificate No: 13614	Name: Adam Michaelson
Lead Operator	Class: B	Certificate No: 7113	Name: Will Fontaine

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P.O Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

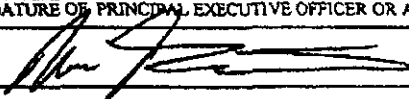
FACILITY: The Woods WWTF
 LOCATION: US Highway 301 North and County Road 674
 St. Catherine, FL 33597
 COUNTY: Sumter

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: RIB (R-001), including Influent

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 11/1/07 To 11/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB	Sample Measurement	0.009	MGD			0	Monthly	Calculation
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.015 (12MADF)	MGD				Monthly	Calculation
Flow	Sample Measurement	0.010	MGD			0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 I Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.8	mg/L	0	Monthly	Calculation
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	mg/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.5	mg/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.5	mg/L	0	Monthly	Calculation
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	mg/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			<1.0	mg/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		352-787-0980	07/12/13

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:
Sumter County

The Woods WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 11/1/07

PERMIT NUMBER: FLA013500
To 11/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type		
pH PARM Code 00406 A Mon.Site No. EFA-01	Sample Measurement			7.5		7.6	SU	0	5 Days/Week	Grab
	Permit Requirement			6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-01	Sample Measurement			5.8			#/100mL	0	Monthly	Calculation
	Permit Requirement			200 (An.Avg.)			#/100mL		Monthly	Calculation
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-01	Sample Measurement			<1.0		<1.0	#/100mL	0	Monthly	Grab
	Permit Requirement			Report (Mo.Geo.Mean)		800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement			2.2			mg/L	0	5 Days/Week	Grab
	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-01	Sample Measurement					15	mg/L	1	Monthly	Grab
	Permit Requirement					12.0 (Max.)	mg/L		Monthly	Grab
	Sample Measurement									
	Permit Requirement									
Flow, Total Plant PARM Code 50050 Q Mon.Site No. FLW-01	Sample Measurement	0.009		MGD				0	Monthly	Calculation
	Permit Requirement	0.015 (3MADF)		MGD					Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. FLW-01	Sample Measurement					64%	%	0	Monthly	Calculation
	Permit Requirement					Report	%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-01	Sample Measurement					160	mg/L	0	Annually (February)	Grab
	Permit Requirement					Report	mg/L		Annually (February)	Grab
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-01	Sample Measurement					66	mg/L	0	Annually (February)	Grab
	Permit Requirement					Report	mg/L		Annually (February)	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013500
 Monitoring Period From: 11/1/07

To: 11/30/07

Facility: The Woods WWTF
 County: Sumter

	Flow (MGD) R-001	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1	.009				7.5	2.2		
2	.011				7.6	2.2		
3	.008					2.2		
4	.009							
5	.009				7.6	2.2		
6	.008				7.5	2.2		
7	.011				7.5	2.2		
8	.009				7.6	2.2		
9	.009				7.6	2.2		
10	.012				7.5	2.2		
11	.012							
12	.012				7.6	2.2		
13	.011	2.5 Y	<1.0	<1.0	7.5	2.2	15	
14	.011				7.5	2.2		
15	.009				7.6	2.2		
16	.009				7.6	2.2		
17	.009				7.6	2.2		
18	.009							
19	.009				7.5	2.2		
20	.008				7.6	2.2		
21	.011				7.6	2.2		
22	.012				7.6	2.2		
23	.013				7.5	2.2		
24	.011							
25	.011				7.6	2.2		
26	.010				7.6	2.2		
27	.009				7.5	2.2		
28	.011				7.6	2.2		
29	.013				7.6	2.2		
30	.012				7.5	2.2		
31								
Total								
Mo. Avg.								

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>8854</u>	Name: <u>Howard J. Aldrich</u>
Evening Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Night Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelsen</u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P.O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

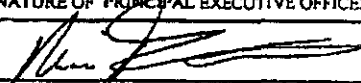
FACILITY: The Woods WWTF
 LOCATION: US Highway 301 North and County Road 674
 St. Catherine, FL 33597
 COUNTY: Sumter

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: RIB (R-001), including Influent

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 12/1/07 To: 12/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB	Sample Measurement	0.009		MGD				0	Monthly	Calculation
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.015 (12MADF)		MGD					Monthly	Calculation
Flow	Sample Measurement	0.011		MGD				0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.2		mg/L	0	Monthly	Calculation
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)		mg/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.6	8.5	mg/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.5		mg/L	0	Monthly	Calculation
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)		mg/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				1.4	1.4	mg/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Will Fontaine, Field Coordinator		352-787-0980	08/01/24

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: The Woods WWTF
Sumter County

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 12/1/07

PERMIT NUMBER: FLA013500
To 12/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type		
pH PARM Code 00406 A Mon.Site No. EFA-01	Sample Measurement			7.6		7.8	SU	0	5 Days/Week	Grab
	Permit Requirement			6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-01	Sample Measurement			5.8			#/100mL	0	Monthly	Calculation
	Permit Requirement			200 (An.Avg.)			#/100mL		Monthly	Calculation
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-01	Sample Measurement			<1.0		<1.0	#/100mL	0	Monthly	Grab
	Permit Requirement			Report (Mo.Geo.Mean)		800 (Max.)	#/100mL		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-01	Sample Measurement			2.0			mg/L	0	5 Days/Week	Grab
	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-01	Sample Measurement					9.7	mg/L	0	Monthly	Grab
	Permit Requirement					12.0 (Max.)	mg/L		Monthly	Grab
Flow, Total Plant PARM Code 50050 Q Mon.Site No. FLW-01	Sample Measurement	0.010		MGD				0	Monthly	Calculation
	Permit Requirement	0.015 (3MADF)		MGD					Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. FLW-01	Sample Measurement					67%	%	0	Monthly	Calculation
	Permit Requirement					Report	%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-01	Sample Measurement					220	mg/L	0	Annually (February)	Grab
	Permit Requirement					Report	mg/L		Annually (February)	Grab
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-01	Sample Measurement					75	mg/L	0	Annually (February)	Grab
	Permit Requirement					Report	mg/L		Annually (February)	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013500
 Monitoring Period From: 12/1/07

To: 12/31/07

Facility: The Woods WWTF
 County: Sumter

	Flow (MGD) R-001	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1					7.6	2.2		
2								
3					7.6	2.2		
4					7.7	2.2		
5					7.7	2.2		
6					7.6	2.2		
7					7.6	2.2		
8					7.8	2.2		
9								
10					7.7	2.2		
11		2.4 Y	1.4	<1.0	7.7	2.2	9.7	
12					7.6	2.2		
13					7.7	2.2		
14					7.7	2.2		
15					7.7	2.2		
16								
17					7.8	2.2		
18					7.6	2.2		
19					7.7	2.2		
20		8.5			7.7	2.0		
21					7.7	2.2		
22								
23					7.6	2.2		
24					7.7	2.2		
25					7.7	2.2		
26					7.6	2.2		
27					7.8	2.2		
28					7.7	2.2		
29					7.8	2.2		
30								
31					7.8	2.2		
Total								
Mo. Avg.								

DOCUMENT NUMBER - 04333

04333 MAY 22 88

FPSC-COMMISSION CLERK

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>8854</u>	Name: <u>Howard J. Aldrich</u>
Evening Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Night Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelsen</u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD: From: 1/1/06 To: 1/31/06
 THREE MONTH ROLLING ADF: 0.009 % OF PERMITTED CAPACITY 60%

REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825

FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

COUNTY: Sumter

DMR DATE: 2/20/06

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5	Sample Measurement			4.6		Mg/L	0	Monthly	Rolling Annual Average
STORET NO: 80080 MON SITE NO: EPA-01-17228	Permit Requirement			20.0 (An Avg)		mg/L		Monthly	Rolling Annual Avg
CBOD5	Sample Measurement			3.8	3.8	Mg/L	0	Monthly	Grab
STORET NO: 80080 MON SITE NO: EPA-01-17228	Permit Requirement			30.0 (Min Avg)	60.0 (Max)	mg/L		Monthly	Grab
TSS	Sample Measurement			1.8		Mg/L	0	Monthly	Rolling Annual Average
STORET NO: 00530 MON SITE NO: EPA-01-17228	Permit Requirement			20.0 (An Avg)		mg/L		Monthly	Rolling Annual Avg
TSS	Sample Measurement			4.5	4.5	Mg/L	0	Monthly	Grab
STORET NO: 00530 MON SITE NO: EPA-01-17228	Permit Requirement			30.0 (Min Avg)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.4	7.6	S.U.	0	5 days/Week	Grab
STORET NO: 00406 MON SITE NO: EPA-01-17228	Permit Requirement			6.5 (Min)	8.5 (Max)	S.U.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.6		#100mL	0	Monthly	Rolling Annual Average
STORET NO: 04055 MON SITE NO: EPA-01-17228	Permit Requirement			200 (An Avg)		#100mL		Monthly	Rolling Annual Avg

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	06/02/06

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

DISCHARGE MONITORING REPORT - PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 1/2006

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				1.0	1.0	#100mL	0	Monthly	Grab
STORET NO: 74055 MON SITE NO: EPA-01-17228	Permit Requirement				Report (Md Geo Mean)	300 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				1.7		Mg/L	0	5 day/Week	Grab
STORET NO: 50060 MON SITE NO: EPA-01-17228	Permit Requirement				30 (Min)		mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement					3.3	Mg/L	0	Monthly	Grab
STORET NO: 00620 MON SITE NO: EPA-01-17228	Permit Requirement					120 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.009	0.009	MGD				0	5 day/Week	Elapsed Time Meter
STORET NO: 50050 MON SITE NO: INF-01-24568	Permit Requirement	0.015 3 month rolling avg	0.015 (MO AVE)	mgd					5 day/Week	Blaised Time Meter
Flow	Sample Measurement		0.009	MGD				0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO: 50050 MON SITE NO: INF-01-24568	Permit Requirement		0.015 (Ann. Avg)	mgd					Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					210	Mg/L	0	Annually	Grab
STORET NO: 80082 MON SITE NO: INF-01-24568	Permit Requirement					Report annual sample	mg/L		Annually	Grab
TSS	Sample Measurement					75	Mg/L	0	Annually	Grab
STORET NO: 00430 MON SITE NO: INF-01-24568	Permit Requirement					Report annual sample	mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA013500**
 Month/Year: **1/2006**

Facility Name: **The Woods S/D WWIP**

Three month Average Daily Flow: **0.009**
 Daily Flow % Permitted Capacity: **60%**

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
50050		80082	00530	00400	74055	50060	00620	80082	00530
INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	008								
2	009			7.4		2.0			
3	015			7.4		2.0			
4	008			7.6		2.2			
5	012			7.4		2.2			
6	006			7.4		1.8			
7	009			7.4		2.0			
8	010								
9	010			7.6		2.2			
10	008			7.6		2.2			
11	008			7.4		2.2			
12	008	3.8V	4.5	7.4	1.0U	2.2	3.3	210V	75
13	009			7.6		2.2			
14	007					2.0			
15	011								
16	011			7.6		2.2			
17	011			7.6		2.2			
18	006			7.6		2.2			
19	010			7.6		2.2			
20	009			7.6		2.2			
21	007					2.2			
22	006								
23	006			7.6		2.0			
24	009			7.6		2.1			
25	007			7.5		1.8			
26	007			7.5		2.0			
27	009			7.4		2.1			
28	007					2.2			
29	008								
30	009			7.4		1.7			
31	008			7.4		2.0			

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse: **(2) Cell Rapid restricted access Part IV infiltration Basins**

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749
 FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: I/ID
 MONITORING PERIOD: From: 2/1/06 To: 2/28/06
 THREE MONTH ROLLING ADF: 0.009 % OF PERMITTED CAPACITY 60%

REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825

COUNTY: Sumter

DMR DATE: 3/17/06

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5	Sample Measurement			4.6		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement				2.0 2.0	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 (Mo:Avg.) 60.0 (Max)	mg/L		Monthly	Grab
TSS	Sample Measurement			1.9		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement				1.7 1.7	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 (Mo:Avg.) 60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.4		S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I Permit Requirement			6.0 (Min)		s.u.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.6		#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)		#100mL		Monthly	Rolling Annual Avg.

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	06/07/23

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

DISCHARGE MONITORING REPORT - PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 2/2006

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				1.0	1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 T MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)	800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				0.7		Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)		mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement					1.6	Mg/L	0	Monthly	Grab
STORET NO. 00620 T MON SITE NO. EFA-01-17228	Permit Requirement					12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.009	0.009	MGD				0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg	Report (Mo Avg)	mgd					5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.009	MGD				0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MON SITE NO. INF-01-24568	Permit Requirement		Report (Ann Avg)	mgd					Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					200	Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample	mg/L		Annually	Grab
TSS	Sample Measurement					82	Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample	mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013500
 Month/Year: 2/2006

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.009
 Daily Flow % Permitted Capacity: 60%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate (mg/L)	EBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.009			7.5		2.2			
2	.008	2.0U	1.7	7.6	1.0U	2.2	1.7	200	82
3	.009			7.5		2.2			
4	.010								
5	.011			7.5		2.2			
6	.012			7.6		0.7			
7	.012			7.5		2.0			
8	.005			7.4		1.0			
9	.013			7.5		1.3			
10	.004			7.7		0.7			
11	.008					1.5			
12	.008								
13	.009			7.7		2.2			
14	.009			7.6		1.5			
15	.010			7.6		2.1			
16	.014			7.6		2.2			
17	.007			7.6		2.0			
18	.008			7.6		2.2			
19	.009								
20	.009			7.6		2.2			
21	.010			7.6		1.7			
22	.013			7.6		2.2			
23	.008			7.6		2.2			
24	.006			7.7		2.2			
25	.010					2.2			
26	.008								
27	.008			7.6		2.2			
28	.011			7.7		2.2			
29									
30									
31									

PLANT STAFFING

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelsen</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

*Attach additional sheets if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749
 FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBS)
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD: From: 3/1/06 To: 3/31/06
 THREE MONTH ROLLING ADF: 0.009 % OF PERMITTED CAPACITY 60%
 REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825

COUNTY: Sumter

DMR DATE: 4/10/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5	Sample Measurement			2.9	Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Permit Requirement			20.0 (An Avg.)	mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement			3.6	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	Permit Requirement			30.0 (Mo Avg.)	mg/L		Monthly	Grab
TSS	Sample Measurement			2.8	Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Permit Requirement			20.0 (An Avg.)	mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement			2.0	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	Permit Requirement			30.0 (Mo Avg.)	mg/L		Monthly	Grab
pH	Sample Measurement			7.4	S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	Permit Requirement			6.0 (Min)	s.u.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.6	#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Permit Requirement			200 (An Avg.)	#100mL		Monthly	Rolling Annual Avg.

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	06/04/11

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

DISCHARGE MONITORING REPORT - PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
MONTH/YEAR: 3/2006

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/Analysis	Sample Type	
Fecal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				0.8			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						0.37	Mg/L	0	Monthly	Grab
STORET NO. 60620 MON SITE NO. EFA-01-17228	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.009	0.009	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg	Report (Mo Avg)	mgd						5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.009	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 MON SITE NO. INF-01-24568	Permit Requirement		Report (Ann Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement						160	Mg/L	0	Annually	Grab
STORET NO. 80082 MON SITE NO. INF-01-24568	Permit Requirement						Report annual sample	mg/L		Annually	Grab
TSS	Sample Measurement						64	Mg/L	0	Annually	Grab
STORET NO. 00530 MON SITE NO. INF-01-24568	Permit Requirement						Report annual sample	mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013500
 Month/Year: 3/2006

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.009
 Daily Flow % Permitted Capacity: 60%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.008			7.6		2.2			
2	.009	3.6V	2.8	7.7	1.0U	2.2	0.37	160V	64
3	.010			7.7		2.2			
4	.007			7.7		2.2			
5	.009								
6	.009			7.7		2.2			
7	.011			7.7		2.2			
8	.007			7.6		1.1			
9	.008			7.7		1.5			
10	.009			7.6		0.8			
11	.014					2.2			
12	.008								
13	.008			7.7		2.2			
14	.011			7.6		0.9			
15	.009			7.6		2.1			
16	.008			7.6		2.2			
17	.007			7.6		1.0			
18	.009					2.0			
19	.009								
20	.010			7.7		2.2			
21	.008			7.5		2.2			
22	.009			7.6		0.9			
23	.009			7.4		1.9			
24	.009			7.4		1.6			
25	.008								
26	.008					1.1			
27	.008			7.5		1.8			
28	.010			7.5		2.0			
29	.008			7.6		1.6			
30	.008			7.6		1.9			
31	.007			7.6		1.4			

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD: From: 4/1/06 To: 4/30/06
 THREE MONTH ROLLING ADF: 0.009 % OF PERMITTED CAPACITY 60%

REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825

FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513


COUNTY: Sumter

DMR DATE: 5/9/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/ Analysis	Sample Type
CBODS	Sample Measurement			3.0	Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)	mg/L		Monthly	Rolling Annual Avg.
CBODS	Sample Measurement			4.9	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement			30.0 (Mo Avg.)	mg/L		Monthly	Grab
TSS	Sample Measurement			2.0	Mg/L	00	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)	mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement			2.1	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement			30.0 (Mo Avg.)	mg/L		Monthly	Grab
pH	Sample Measurement			7.4	S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I Permit Requirement			6.0 (Min)	s.u.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.6	#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)	#100mL		Monthly	Rolling Annual Avg.

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YYMM/DD
Will Fontaine, Field Coordinator		352-787-0980	06/05/06

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

DISCHARGE MONITORING REPORT - PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 4/2006

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type	
Fecal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				0.6			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						0.78	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.009	0.009	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 (monthly rolling avg)	Report (Mo Avg)	mgd						5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.009	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MON SITE NO. INF-01-24568	Permit Requirement		Report (Ann Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					210		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab
TSS	Sample Measurement					98		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA013500**
 Month/Year: 4/2006

Facility Name: **The Woods S/D WWTP**

Three month Average Daily Flow: **0.009**
 Daily Flow % Permitted Capacity: **60%**

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.009			7.6		2.0			
2	.009								
3	.009			7.6		2.0			
4	.010			7.6		2.0			
5	.007			7.6		0.6			
6	.006	4.9	2.1	7.6	1.0U	0.7	0.78	210	98
7	.009			7.5		0.8			
8	.008					1.5			
9	.009								
10	.009			7.5		1.4			
11	.007			7.5		1.4			
12	.010			7.5		1.1			
13	.007			7.5		1.4			
14	.010			7.5		1.7			
15	.007			7.5		1.6			
16	.012								
17	.012			7.6		0.9			
18	.008			7.5		1.4			
19	.008			7.4		1.0			
20	.010			7.4		0.9			
21	.009			7.5		0.7			
22	.011					1.8			
23	.011								
24	.011			7.6		1.2			
25	.012			7.4		0.8			
26	.009			7.4		0.7			
27	.010			7.5		1.2			
28	.009			7.4		0.7			
29	.007			7.4		1.0			
30	.010								
31									

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelsen</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749
 FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD: From: 5/1/06 To: 5/31/06
 THREE MONTH ROLLING ADF: 0.010 % OF PERMITTED CAPACITY 66%


COUNTY: Sumter

DMR DATE: 6/5/06

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/Analysis	Sample Type
CBOD5	Sample Measurement			3.1		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement				2.1	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 (Mo Avg.)	60.0 (Max)		Monthly	Grab
TSS	Sample Measurement			2.1		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement				2.3	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement				30.0 (Mo Avg.)	60.0 (Max)		Monthly	Grab
pH	Sample Measurement			7.3		S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I Permit Requirement			6.0 (Min)		s.u.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.6		#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)		#100mL		Monthly	Rolling Annual Avg.

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	06/06/07

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

DISCHARGE MONITORING REPORT - PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 5/2006

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				1.0		#100mL	0	Monthly	Grab
STORET NO. 74055 MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo. Geo Mean)	800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				0.7		Mg/L	0	5 day/Week	Grab
STORET NO. 50860 MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)		mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement					0.93	Mg/L	0	Monthly	Grab
STORET NO. 00620 MON SITE NO. EFA-01-17228	Permit Requirement					1.20 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.010	0.012	MGD				0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg.	Report (Mo. Avg.)	mgd					5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.009	MGD				0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 MON SITE NO. INF-01-24568	Permit Requirement		Report (Ann Avg)	mgd					Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					200	Mg/L	0	Annually	Grab
STORET NO. 80082 MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample	mg/L		Annually	Grab
TSS	Sample Measurement					72	Mg/L	0	Annually	Grab
STORET NO. 00530 MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample	mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013500
 Month/Year: 5/2006

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.010
 Daily Flow % Permitted Capacity: 66%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.021			7.5		1.9			
2	.011			7.5		2.2			
3	.010			7.3		1.5			
4	.016			7.3		2.2			
5	.008			7.3		2.2			
6	.007			7.3		2.2			
7	.012								
8	.012			7.4		1.4			
9	.011			7.4		1.0			
10	.010			7.4		2.2			
11	.011	2.1	2.3	7.4	1.0U	2.2	0.93 Q	200	72
12	.010			7.4		2.2			
13	.020					2.2			
14	.013								
15	.014			7.4		1.8			
16	.013			7.4		1.5			
17	.010			7.5		2.2			
18	.013			7.4		0.7			
19	.009			7.4		2.2			
20	.011					2.2			
21	.011								
22	.011			7.5		2.2			
23	.008			7.4		2.2			
24	.011			7.4		2.2			
25	.009			7.5		2.2			
26	.014			7.4		2.2			
27	.013					2.2			
28	.010								
29	.010			7.4		2.2			
30	.011			7.4		2.2			
31	.012			7.6		2.2			

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

file

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

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749
 FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD: From: 6/1/06 To: 6/30/06
 THREE MONTH ROLLING ADF: 0.011 % OF PERMITTED CAPACITY 73%
 REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825

COUNTY: Sumter

DMR DATE: 7/17/06

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/Analysis	Sample Type
CBOD5						Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y	Permit Requirement		20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
CBOD5		Sample Measurement			2.0	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y	Permit Requirement		30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
TSS		Sample Measurement		2.3		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y	Permit Requirement		20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
TSS		Sample Measurement			2.4	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I	Permit Requirement		30.0 (Mo Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
pH		Sample Measurement		7.4	7.8	S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I	Permit Requirement		6.0 (Min)	8.5 (Max)	s.u.		5 days/Week	Grab
Fecal Coliform Bacteria		Sample Measurement		1.0		#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y	Permit Requirement		200 (An Avg.)		#100mL		Monthly	Rolling Annual Avg.

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator	<i>[Signature]</i>	352-787-0980	07/07/25

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Revised Three Month Rolling ADF and Percent Permitted Capacity

DISCHARGE MONITORING REPORT - PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 6/2006

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				1.0	1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)	800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				1.6		Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)		mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement					5.0	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement					12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.011	0.012	MGD				0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg.	Report (Mo Avg.)	mgd					5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.010	MGD				0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MON SITE NO. INF-01-24568	Permit Requirement		Report (Ann. Avg)	mgd					Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					100	Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample	mg/L		Annually	Grab
TSS	Sample Measurement					79	Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample	mg/L		Annually	Grab

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

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013500
 Month/Year: 6/2006

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.011
 Daily Flow % Permitted Capacity: 73%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.012	2.0U	2.4	7.5	1.0U	2.2	5.0	100	79
2	.011			7.5		2.2			
3	.010					2.2			
4	.014								
5	.015			7.4		2.2			
6	.016			7.7		2.2			
7	.015			7.5		2.2			
8	.017			7.5		2.2			
9	.012			7.5		2.2			
10	.012			7.5		2.2			
11	.014								
12	.014			7.4		2.2			
13	.012			7.5		1.8			
14	.012			7.6		2.2			
15	.012			7.6		1.6			
16	.015			7.6		2.2			
17	.014			7.6		2.2			
18	.011								
19	.011			7.7		2.2			
20	.011			7.6		2.2			
21	.009			7.6		2.2			
22	.009			7.6		2.2			
23	.011			7.6		2.2			
24	.009			7.6		2.2			
25	.011								
26	.012			7.8		2.2			
27	.012			7.6		2.2			
28	.009			7.6		2.2			
29	.008			7.6		2.2			
30	.010			7.6		2.2			
31									

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749
 FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD: From: 7/1/06 To: 7/31/06
 THREE MONTH ROLLING ADF: 0.012 % OF PERMITTED CAPACITY 80%
 REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825

COUNTY: Sumter

DMR DATE: 8/11/06

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/Analysis	Sample Type
CBOD5				Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y	Permit Requirement	20.0 (An Avg.)	mg/L		Monthly	Rolling Annual Avg.
CBOD5			2.0	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I	Permit Requirement	10.0 (Mo Avg.)	mg/L		Monthly	Grab
TSS			2.3	Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y	Permit Requirement	20.0 (An Avg.)	mg/L		Monthly	Rolling Annual Avg.
TSS			1.0	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I	Permit Requirement	30.0 (Mo Avg.)	mg/L		Monthly	Grab
pH			7.5	S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I	Permit Requirement	6.0 (Min)	s.u.		5 days/Week	Grab
Fecal Coliform Bacteria			1.0	#100ml	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y	Permit Requirement	200 (An Avg.)	#100ml		Monthly	Rolling Annual Avg.

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	06/08/06

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

DISCHARGE MONITORING REPORT

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 7/2006

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAPR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				1.0	1.0	#100mL	0	Monthly	Grab
STORE NO: 74055 MON SITE NO: EFA-01-17228	Permit Requirement				Report (Mo Qtr Mean)	300 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				0.7		Mg/L	0	5 day/Week	Grab
STORE NO: 50060 MON SITE NO: EFA-01-17228	Permit Requirement				0.5 (Min)		mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement					4.8	Mg/L	0	Monthly	Grab
STORE NO: 00620 MON SITE NO: EFA-01-17228	Permit Requirement					12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.012	0.012	MGD				0	5 day/Week	Elapsed Time Meter
STORE NO: 50050 MON SITE NO: INF-01-24568	Permit Requirement	0.015 3 month rolling avg	Report (Mo Avg)	mgd					5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.010	MGD				0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORE NO: 50050 MON SITE NO: INF-01-24568	Permit Requirement		Report (Ann Avg)	mgd					Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					150	Mg/L	0	Annually	Grab
STORE NO: 80082 MON SITE NO: INF-01-24568	Permit Requirement					Report annual sample	mg/L		Annually	Grab
TSS	Sample Measurement					69	Mg/L	0	Annually	Grab
STORE NO: 00530 MON SITE NO: INF-01-24568	Permit Requirement					Report annual sample	mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA013500**
 Month/Year: **7/2006**

Facility Name: **The Woods S/D WWTP**

Three month Average Daily Flow: **0.012**
 Daily Flow % Permitted Capacity: **80 %**

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD2 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.011			7.5		2.2			
2	.010								
3	.011			7.6		2.1			
4	.011			7.6		2.2			
5	.012			7.6		1.1			
6	.011	2.0U	1.0U	7.6	1.0U	2.2	4.8	150	69
7	.010			7.5		0.9			
8	.011					2.2			
9	.011								
10	.012			7.8		2.2			
11	.011			7.6		2.2			
12	.010			7.7		2.2			
13	.013			7.6		2.2			
14	.008			7.5		1.6			
15	.010			7.6		2.2			
16	.012								
17	.013			7.5		1.1			
18	.015			7.5		1.9			
19	.014			7.5		2.2			
20	.016			7.6		2.2			
21	.014			7.6		2.2			
22	.013					2.2			
23	.012								
24	.012			7.5		2.2			
25	.014			7.6		2.2			
26	.012			7.6		2.2			
27	.012			7.6		1.7			
28	.013			7.5		0.7			
29	.018			7.5		1.4			
30	.015								
31	.015			7.6		2.2			

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelsen</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse: **(2) Cell Rapid restricted access Part IV infiltration Basins**

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

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

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

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749
 FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD: From: 8/1/06 To: 8/31/06
 THREE MONTH ROLLING ADF: 0.013 % OF PERMITTED CAPACITY 86%

REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825

COUNTY: Sumter

DMR DATE: 9/19/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5	Sample Measurement			2.6	Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)	mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement			2.0	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement			30.0 (Mo Avg.)	mg/L		Monthly	Grab
				60.0 (Max)				
TSS	Sample Measurement			2.3	Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)	mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement			1.0	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement			30.0 (Mo Avg.)	mg/L		Monthly	Grab
				60.0 (Max)				
pH	Sample Measurement			7.5	S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I Permit Requirement			6.0 (Min)	s.u.		5 days/Week	Grab
				7.7				
				8.5 (Max)				
Fecal Coliform Bacteria	Sample Measurement			1.0	#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)	#100mL		Monthly	Rolling Annual Avg.

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	06/09/22

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

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 8/2006

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type	
Fecal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EPA-01-17228	Permit Requirement				Report (Mo-Geo Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				0.6			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EPA-01-17228	Permit Requirement				0.5 (Min)			mg/l.		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						6.5	Mg/L	0	Monthly	Grab
STORET NO. 00620 T MON SITE NO. EPA-01-17228	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.013	0.015	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg.	Report (Mo-Avg)	mgd						5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.010	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MON SITE NO. INF-01-24568	Permit Requirement		Report (Ann Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement						110	Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement						Report annual sample	mg/L		Annually	Grab
TSS	Sample Measurement						66	Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement						Report annual sample	mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013500
 Month/Year: 8/2006

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.013
 Daily Flow % Permitted Capacity: 86%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.015			7.6		2.2			
2	.014			7.7		2.2			
3	.013	2.0U	1.0U	7.7	1.0U	2.2	6.5	110	66
4	.013			7.7		2.2			
5	.014					2.2			
6	.013								
7	.012			7.5		0.6			
8	.013			7.6		0.9			
9	.010			7.6		2.2			
10	.011			7.6		2.2			
11	.013			7.6		2.2			
12	.011					2.2			
13	.011								
14	.012			7.6		2.2			
15	.013			7.6		2.2			
16	.019			7.6		0.8			
17	.022			7.6		2.2			
18	.018			7.8		2.2			
19	.014					2.2			
20	.013								
21	.013			7.7		2.2			
22	.027			7.6		1.7			
23	.019			7.6		2.2			
24	.019			7.6		1.3			
25	.014			7.6		2.1			
26	.015					2.2			
27	.015								
28	.016			7.6		2.2			
29	.016			7.6		2.2			
30	.014			7.6		2.2			
31	.019			7.6		2.2			

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelsen</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT

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

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

PERMIT NUMBER: FLA013500
 LIMIT: Final REPORT: Monthly
 CLASS SIZE: Minor GROUP: Domestic
 DISCHARGE POINT NUMBER: R001 (RIBs) WAFR SITE NO: 34825
 CATEGORY/TREATMENT TYPE: IID
 MONITORING PERIOD From: 9/1/06 To: 9/30/06
 THREE MONTH ROLLING ADF: 0.013 % OF PERMITTED CAPACITY 89%

FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

COUNTY: Sumter

DMR DATE: 10/24/06

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5	Sample Measurement			2.6		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement			2.0	2.0	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	Permit Requirement			30.0 (30.0 Avg.)	60.0 (Max)	mg/L		Monthly	Grab
TSS	Sample Measurement			2.3		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement			1.0	1.0	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	Permit Requirement			30.0 (30.0 Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement			7.4	7.6	S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	Permit Requirement			6.0 (Min)	8.5 (Max)	s.u.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.0		#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Permit Requirement			200 (An Avg.)		#100mL		Monthly	Rolling Annual Avg.

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	06/10/25

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

DISCHARGE MONITORING REPORT - PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 9/2006

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				1.0	1.0	#100mL	0	Monthly	Grab
STORET NO: 74055 I MON SITE NO: EFA-01-17228	Permit Requirement				Report (Mo. Geo Mean)	800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				0.5		Mg/L	0	5 day/Week	Grab
STORET NO: 50060 A MON SITE NO: EFA-01-17228	Permit Requirement				0.5 (in)		mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement					4.6	Mg/L	0	Monthly	Grab
STORET NO: 00620 I MON SITE NO: EFA-01-17228	Permit Requirement					4.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.013	0.013	MGD				0	5 day/Week	Elapsed Time Meter
STORET NO: 50050 G MON SITE NO: INF-01-24568	Permit Requirement	0.015 3 month rolling avg	Report (3 Mo Avg)	mgd					5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.011	MGD				0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO: 50050 Y MON SITE NO: INF-01-24568	Permit Requirement		Report (Ann Avg)	mgd					Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					170	Mg/L	0	Annually	Grab
STORET NO: 80082 G MON SITE NO: INF-01-24568	Permit Requirement					Report annual sample	mg/L		Annually	Grab
TSS	Sample Measurement					92	Mg/L	0	Annually	Grab
STORET NO: 00530 G MON SITE NO: INF-01-24568	Permit Requirement					Report annual sample	mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA013500**
 Month/Year: **9/2006**

Facility Name: **The Woods S/D WWTP**

Three month Average Daily Flow: **0.013**
 Daily Flow % Permitted Capacity: **89%**

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
50050		80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	DNF-01-24566	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	DNF-01-24566	DNF-01-24566
1	.012			7.5		2.2			
2	.024					2.2			
3	.013								
4	.013			7.5		2.2			
5	.013			7.4		2.2			
6	.009			7.4		2.2			
7	.012			7.4		2.2			
8	.013			7.4		2.2			
9	.011					2.2			
10	.014								
11	.013			7.5		1.2			
12	.013	2.0U	1.0U	7.6	1.0U	1.3	4.6	170	921
13	.010			7.6		0.7			
14	.011			7.6		1.6			
15	.018			7.6		0.5			
16	.011					2.2			
17	.011								
18	.010			7.6		2.1			
19	.011			7.6		0.9			
20	.012			7.6		1.6			
21	.013			7.6		0.8			
22	.011			7.6		1.3			
23	.010					2.0			
24	.014								
25	.013			7.6		1.0			
26	.013			7.6		0.8			
27	.011			7.6		1.5			
28	.012			7.6		2.2			
29	.012			7.6		2.2			
30	.013					2.2			
31									

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD: From: 10/1/06 To: 10/31/06
 THREE MONTH ROLLING ADF: 0.014 % OF PERMITTED CAPACITY 95%

FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

COUNTY: Sumter

DMR DATE: 11/15/06

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/Analysis	Sample Type
CBOD5	Sample Measurement		2.5			Mg/L	0	Monthly	Rolling Annual Average
STORET NO: 80080 MON SITE NO: EFA-01-17228	Y Permit Requirement		20.0 (An Avg.)			mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement			2.0	2.0	Mg/L	0	Monthly	Grab
STORET NO: 80080 MON SITE NO: EFA-01-17228	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
TSS	Sample Measurement		2.0			Mg/L	0	Monthly	Rolling Annual Average
STORET NO: 00530 MON SITE NO: EFA-01-17228	Y Permit Requirement		20.0 (An Avg.)			mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement			1.6	1.6	Mg/L	0	Monthly	Grab
STORET NO: 00530 MON SITE NO: EFA-01-17228	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
pH	Sample Measurement		7.5		7.8	S.U.	0	5 days/Week	Grab
STORET NO: 00406 MON SITE NO: EFA-01-17228	I Permit Requirement		6.0 (Min)		8.5 (Max)	s.u.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement		17.6			#100mL	0	Monthly	Rolling Annual Average
STORET NO: 74055 MON SITE NO: EFA-01-17228	Y Permit Requirement		200 (An Avg.)			#100mL		Monthly	Rolling Annual Avg.

Rolling Annual Average is the average of the current monthly average and the preceding 11 month's monthly average.
 I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	06/11/16

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

DISCHARGE MONITORING REPORT - PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 10/2006

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No Ex.	Frequency/ Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				20		400	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				0.7			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						5.6	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.014	0.015	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg	Report (Mo Avg)	mgd						5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.011	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MON SITE NO. INF-01-24568	Permit Requirement		Report (Ann Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					53		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab
TSS	Sample Measurement					28		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement					Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013500
 Month/Year: 10/2006

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.014
 Daily Flow % Permitted Capacity: 95%

Code	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
50050		80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.009								
2	.010			7.6		0.7			
3	.015			7.5		0.7			
4	.011			7.5		2.2			
5	.019	2.0U	1.6	7.5	400B	1.3	5.6	53	28
6	.024			7.5		0.7			
7	.020					1.2			
8	.024								
9	.024			7.6		0.8			
10	.023			7.6		1.2			
11	.021			7.6		2.2			
12	.021			7.6		2.2			
13	.013			7.5		1.5			
14	.016					1.8			
15	.011								
16	.012			7.6		1.2			
17	.017			7.6	1.0U	2.2			
18	.012			7.8		2.2			
19	.012			7.7		2.2			
20	.016			7.8		2.2			
21	.013			7.7		2.2			
22	.009								
23	.009			7.5		2.2			
24	.011			7.6		2.2			
25	.013			7.6		2.2			
26	.017			7.7		2.2			
27	.011			7.6		2.2			
28	.010			7.6		0.8			
29	.011								
30	.011			7.7		2.2			
31	.012			7.7		2.2			

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749
 FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD: From: 11/1/06 To: 11/30/06
 THREE MONTH ROLLING ADF: 0.013 % OF PERMITTED CAPACITY 89%

REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825


COUNTY: Sumter

DMR DATE: 12/18/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/Analysis	Sample Type
CBOD5	Sample Measurement			2.9	Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)	mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement			5.8	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement			30.0 (Mo Avg.)	mg/L		Monthly	Grab
TSS	Sample Measurement			2.1	Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)	mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement			2.8	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement			30.0 (Mo Avg.)	mg/L		Monthly	Grab
pH	Sample Measurement			7.7	S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I Permit Requirement			6.0 (Min)	s.u.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			17.6	#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)	#100mL		Monthly	Rolling Annual Avg.

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	06/12/20

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): An operator was hired and missed taking the sample for Nitrate. The operator has been instructed of the sampling requirements for this plant and it will be taken as required in the future.

DISCHARGE MONITORING REPORT - PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 11/2006

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type	
Fecal Coliform Bacteria	Sample Measurement				1.0		1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 1 MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo-Mean)		800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				2.2			Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)			mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement						ANC	Mg/L	0	Monthly	Grab
STORET NO. 00620 1 MON SITE NO. EFA-01-17228	Permit Requirement						12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.013	0.012	MGD					0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg.	Report (Mo Avg.)	mgd						5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.011	MGD					0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MONSITE NO. INF-01-24568	Permit Requirement		Report (Ann. Avg)	mgd						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement						180	Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement						Report annual sample	mg/L		Annually	Grab
TSS	Sample Measurement						110	Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement						Report annual sample	mg/L		Annually	Grab

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

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013500
 Month/Year: 11/2006

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.013
 Daily Flow % Permitted Capacity: 89 %

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.010			7.7		2.2+			
2	.013			7.7		2.2			
3	.010			7.8		2.2			
4	.015			7.8		2.2			
5	.013								
6	.013			7.8		2.2			
7	.012			7.7		2.2			
8	.018			7.8		2.2			
9	.015			7.7		2.2			
10	.015			7.7		2.2			
11	.009								
12	.013								
13	.013			7.8		2.2			
14	.010			7.8		2.2			
15	.014			7.7		2.2			
16	.011	5.8	2.8	7.8	1.0 U	2.2		180	110
17	.013			7.7		2.2			
18	.013			7.8		2.2			
19	.013								
20	.013			7.7		2.2			
21	.009			7.8		2.2+			
22	.008			7.8		2.2+			
23	.005			7.8		2.2+			
24	.005			7.7		2.2+			
25	.017			7.8		2.2+			
26	.009			7.8		2.2+			
27	.009			7.8		2.2+			
28	.009			7.7		2.2			
29	.015			7.7		2.2			
30	.011			7.8		2.2			
31									

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelson</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749
 FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

PERMIT NUMBER: FLA013500
 LIMIT: Final REPORT: Monthly
 CLASS SIZE: Minor GROUP: Domestic
 DISCHARGE POINT NUMBER: R001 (RIBs) WAFR SITE NO: 34825
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD From: 12/1/06 To: 12/31/06
 THREE MONTH ROLLING ADF: 0.012 % OF PERMITTED CAPACITY 82%

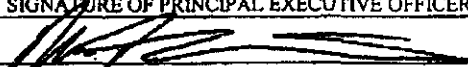
COUNTY: Sumter

DMR DATE: 1/19/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No Ex.	Frequency/ Analysis	Sample Type
CBOD5	Sample Measurement			2.9		Mg/L	0	Monthly Rolling Annual Average
STORET NO. 80080 MON SITE NO. EFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly Rolling Annual Avg.
CBOD5	Sample Measurement			2.6	2.6	Mg/L	0	Monthly Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly Grab
TSS	Sample Measurement			2.1		Mg/L	0	Monthly Rolling Annual Average
STORET NO. 00530 MON SITE NO. FFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly Rolling Annual Avg.
TSS	Sample Measurement			1.9	1.9	Mg/L	0	Monthly Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly Grab
pH	Sample Measurement			7.6	7.8	S.U.	0	5 days/Week Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I Permit Requirement			6.0 (Min)	8.5 (Max)	s.u.		5 days/Week Grab
Fecal Coliform Bacteria	Sample Measurement			17.6		#100mL	0	Monthly Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)		#100mL		Monthly Rolling Annual Avg.

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	01/21/22

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

DISCHARGE MONITORING REPORT - PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 12/2006

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement				1.0	1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)	800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				2.2		Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)		mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement					5.7	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement					12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.012	0.010	MGD				0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg.	Report (Mo Avg.)	mgd					5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.011	MGD				0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MON SITE NO. INF-01-24568	Permit Requirement		Report (Ann Avg)	mgd					Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement					160	Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement				Report annual sample		mg/L		Annually	Grab
TSS	Sample Measurement					170	Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement				Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013500
 Month/Year: 12/2006

Facility Name: The Woods S/D WWTP

Three month Average Daily Flow: 0.012
 Daily Flow % Permitted Capacity: 82%

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.009			7.8		2.2+			
2	.010			7.8		2.2+			
3	.008			7.7		2.2+			
4	.008			7.7		2.2+			
5	.008			7.7		2.2+			
6	.008			7.7		2.2+			
7	.010	2.6	1.9	7.7	1.0U	2.2+		160	170
8	.009			7.6		2.2+			
9	.009			7.7		2.2+			
10	.010								
11	.010			7.7		2.2+			
12	.010			7.8		2.2+			
13	.009			7.7		2.2+			
14	.009			7.8		2.2+			
15	.010			7.7		2.2+			
16	.010			7.7		2.2+			
17	.010					2.2			
18	.010			7.6		2.2+			
19	.010			7.7		2.2+	5.7		
20	.011			7.8		2.2+			
21	.009			7.8		2.2+			
22	.009			7.8		2.2+			
23	.011			7.8		2.2+			
24	.010			7.7		2.2+			
25	.010					2.2			
26	.009			7.7		2.2+			
27	.010			7.7		2.2+			
28	.010			7.8		2.2			
29	.010			7.7		2.2			
30	.010			7.7		2.2			
31	.009			7.8					

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>7243</u>	Name: <u>John Worrell</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>13614</u>	Name: <u>Adam Michaelsen</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>7113</u>	Name: <u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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



Jeb Bush
Governor

Department of Environmental Protection

Southwest District
13051 North Telecom Parkway
Temple Terrace, FL 33637-0926
Telephone: 813-632-7600

Colleen M. Castille
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Aqua Utilities Florida, Inc.

PERMIT NUMBER:

FLA013500

PA FILE NUMBER:

FLA013500-004-DW3P

ISSUANCE DATE:

June 19, 2006

EXPIRATION DATE:

June 18, 2011

RESPONSIBLE AUTHORITY:

Mr. John M. Lihvarcik
President/COO
P.O Box 490310
Leesburg, FL 34749

(352) 552-8532

FACILITY:

The Woods
US Highway 301 North and County Road 674
St. Catherine, FL 33597
Sumter County
Latitude: 28° 35' 22" N Longitude: 82° 09' 43" W

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

TREATMENT FACILITIES:

Operation of an existing 0.015 MGD 3 Month Average Daily Flow (3MADF), Type III, extended aeration domestic wastewater treatment plant consisting of: three aeration basins of 15,000 total gallons, one clarifier of 3,000 total gallons and 73 total square feet of surface area, one chlorine contact chamber of 1,500 gallons, and one digester of 2,000 gallons. This plant is operated to provide secondary treatment with basic disinfection.

REUSE:

Land Application: An existing 0.015 MGD annual average daily flow (AADF) permitted capacity rapid infiltration basin (RIB) system (R-001). R-001 consists of two RIBs of 27,700 square feet of total bottom surface area. R-001 is located approximately at latitude 28° 35' 22" N, longitude 82° 09' 43" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 15 of this permit.

"More Protection, Less Process"

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DOCUMENT NUMBER-DATE

04333 MAY 22 08

FPSC-COMMISSION CLERK

FACILITY: The Woods WWTF
 PERMITTEE: Aqua Utilities Florida, Inc.

PI IT NUMBER: FLA013500

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.8:

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow, to R-001	MGD	Maximum	0.015	Report	-	-	5 Days/Week	Elapsed Time Meter	FLW-01	See Cond. I.A.3
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	45.0	60.0	Monthly	Grab	EFA-01	
Solids, Total Suspended	MG/L	Maximum	20.0	30.0	45.0	60.0	Monthly	Grab	EFA-01	
pH	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-01	
Coliform, Fecal	#/100M L	Maximum	200	-	-	800	Monthly	Grab	EFA-01	See Cond. I.A.4
Total Residual Chlorine (For Disinfection)	MG/L	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-01	See Cond. I.A.5
Nitrogen, Nitrate, Total (as N)	MG/L	Maximum	-	-	-	12.0	Monthly	Grab	EFA-01	

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

Monitoring Location Site Number	Description of Monitoring Location
EFA-01	Effluent sampling point after disinfection and prior to discharge to the RIBs.
FLW-01	Flow measured at the master lift station.

3. A designated elapsed time meter for each pump and a known pumping rate for each pump shall be utilized to measure flow. The meters and the rate for each pump shall be calibrated at least annually. *[62-601.200(17)]*
4. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 mL of reclaimed water sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of reclaimed water, each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. *[62-610.510 and 62-600.440(4)(c)]*
5. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. *[62-610.510 and 62-600.440(4)(b)]*

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B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.8:

Parameter	Units	Max/Min	Limitations				Monitoring Requirements				Notes
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number		
Flow, Total Plant	MGD	Maximum	0.015 3MADF	Report	-	-	5 Days/Week	Elapsed Time Meter	FLW-01	See Cond.I.B.3, 5	
Percent Capacity, (3MADF/Permitted Capacity) x 100	%	Maximum	-	Report	-	-	Monthly	Calculation	FLW-01		
BOI), Carbonaceous 5 day, 20C	MG/L	Maximum	-	Report	-	-	Annually (February)	Grab	INF-01	See Cond.I.B.4	
Solids, Total Suspended	MG/L	Maximum	-	Report	-	-	Annually (February)	Grab	INF-01	See Cond.I.B.4	

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

Monitoring Location Site Number	Description of Monitoring Location
FLW-01	Flow measured at the master lift station.
INF-01	Influent sampling point prior to treatment and ahead of the return activated sludge line.

3. The three-month average daily flow to the treatment plant shall not exceed 0.015 MGD.
4. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4)]
5. A designated elapsed time meter for each pump and a known pumping rate for each pump shall be utilized to measure flow. The meters and the rate for each pump shall be calibrated at least annually. [62-601.200(17)]
6. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method to assure compliance with applicable water quality standards and effluent limitations in accordance with 40 CFR (Code of Federal Regulations) Part 136. All monitoring shall be representative of the monitored activity. [62-620.320(6)]
7. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]
8. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

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

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department postmarked by the twenty-eighth (28th) of the month following the month of operation at the addresses specified below:

Originals to:
 Florida Department of Environmental Protection
 Wastewater Compliance Evaluation Section, Mail Station 3551
 Twin Towers Office Building
 2600 Blair Stone Road
 Tallahassee, Florida 32399-2400

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Copies to:
Florida Department of Environmental Protection
Domestic Wastewater Program
Southwest District Office
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926

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

9. Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's Southwest District Office at the address specified below:

Southwest District Office
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926

Phone Number - 813-632-7600

FAX Number - 813-632-7662

Email - DWSWD@dep.state.fl.us

All FAX copies shall be followed by original copies. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. *[62-620.305]*

II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this facility is transport to a Residual Management Facility or disposal in a Class I or II solid waste landfill. Transportation of the residuals to an alternative RMF does not require a permit modification, however, use of an alternative RMF requires a copy of the agreement pursuant to Rule 62-640.880(1)(c), F.A.C., along with a written notification to the Department at least 30 days before transport of the residuals.
2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. *[62-640.300(5)]*
3. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. *[62-640.300(5)]*
4. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. *[62-640.100(6)(k)3 & 4]*
5. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. *[62-640.880(2)(d)]*
6. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

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Source Facility

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

Residuals Management Facility or Treatment Facility

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

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

III. GROUND WATER REQUIREMENTS

Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part IV Rapid-Rate Land Application System (R-001)

1. All ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. The zone of discharge for this project shall extend horizontally 100 feet from the application site or to the facility's property line, whichever is less, and vertically to the base of the surficial aquifer. *{62-520.200(23)}* *{62-522.400 and 62-522.410}*
2. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. *{62-610.518}*
3. The annual average hydraulic loading rate to the rapid infiltration basins shall be limited to a maximum of 0.87 inches per day (as applied to the entire bottom area). *{62-610.523(3)}*
4. Rapid infiltration basins normally shall be loaded for 1 to 7 days and shall be rested for 5 to 14 days. Infiltration ponds, basins, or trenches shall be allowed to dry during the resting portion of the cycle. *{62-610.523(4)}*
5. Rapid infiltration basins shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottoms shall be maintained to be level. *{62-610.523(6) and (7)}*
6. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. *{62-610.514 and 62-610.414}*
7. Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as an abnormal event to the Department's Southwest District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. *{62-610.800(9)}*

V. OPERATION AND MAINTENANCE REQUIREMENTS

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

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A Class D or higher operator for 3 non-consecutive visits/week for 1^{1/2} hours/week. The lead operator must be a Class C operator, or higher.

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

2. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. Daily checks of the plant shall be performed by the permittee or his representative or agent 5 days per week. On those days when the facility is not staffed by a certified operator, the permittee shall ensure that Flow, pH, Total Chlorine Residual (For Disinfection) are monitored in accordance with Part I of this permit. [62-699.311(1)]
3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5)]
4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. [62-600.735(1)]
5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
 - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
 - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
 - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
 - e. A copy of the current permit;
 - f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
 - g. A copy of the facility record drawings;
 - h. Copies of the licenses of the current certified operators; and
 - i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350]

VI. SCHEDULES

1. The permittee shall adhere to the following schedule:

	Implementation Step	Completion Date
1.	Permanently cap the 18-inch open pipe leading to and from the lift station wet well.	Within 180 days of permit issuance.

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| 2. Provide lighting and either guardrails around the open treatment process tanks or grating to cover the open deck areas over the tanks. | Within 180 days of permit issuance. |
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VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

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

VIII. OTHER SPECIFIC CONDITIONS

1. The permittee shall apply for renewal of this permit at least 180 days before the expiration date of the permit using the appropriate forms listed in Rule 62-620.910, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C. The existing permit shall not expire until the Department has taken final action on the application renewal in accordance with the provisions of 62-620.335(3) and (4), F.A.C. *[62-620.335(1)-(4)]*
2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. *[62-610.850(1)(a) and (2)(a)]*
3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. *[62-600.410(8) and 62-640.400(6)]*
4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. *[62-604.130(3)]*
5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. *[62-604.550] [62-620.610(20)]*
6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
 - d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or
 - e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health or safety problems.

[62-604.130(5)]

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7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. *[62-610.518(1)] [and 62-600.400(2)(b)]*.
8. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. *[62-701.300(1)(a)]*
9. The Permittee shall provide verbal notice to the Department as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department in a written report within 7 days of the sinkhole discovery. *[62-4.070(3)]*
10. The permittee shall provide adequate notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

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

[62-620.625(2)]

IX. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. *[62-620.610(1)]*
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. *[62-620.610(2)]*
3. As provided in subsection 403.087(7), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. *[62-620.610(3)]*
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. *[62-620.610(4)]*
5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. *[62-620.610(5)]*

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6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. *[62-620.610(6)]*
7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. *[62-620.610(7)]*
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. *[62-620.610(8)]*
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
 - b. Have access to and copy any records that shall be kept under the conditions of this permit;
 - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
 - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.*[62-620.610(9)]*
10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. *[62-620.610(10)]*
11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. *[62-620.610(11)]*
12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. *[62-620.610(12)]*
13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. *[62-620.610(13)]*
14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. *[62-620.610(14)]*

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15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. *[62-620.610(15)]*
16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300 and the Department of Environmental Protection Guide to Wastewater Permitting at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2) for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. *[62-620.610(16)]*
17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
 - a. A description of the anticipated noncompliance;
 - b. The period of the anticipated noncompliance, including dates and times; and
 - c. Steps being taken to prevent future occurrence of the noncompliance.*[62-620.610(17)]*
18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
 - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10), or as specified elsewhere in the permit.
 - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
 - c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
 - d. Except as specifically provided in Rule 62-160.300, F.A.C., any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health Environmental Laboratory Certification Program (DOH ELCP). Such certification shall be for the matrix, test method and analyte(s) being measured to comply with this permit. For domestic wastewater facilities, testing for parameters listed in Rule 62-160.300(4), F.A.C., shall be conducted under the direction of a certified operator.
 - e. Field activities including on-site tests and sample collection shall follow the applicable standard operating procedures described in DEP-SOP-001/01 adopted by reference in Chapter 62-160, F.A.C.
 - f. Alternate field procedures and laboratory methods may be used where they have been approved in accordance with Rules 62-160.220 and 62-160.330, F.A.C.*[62-620.610(18)]*
19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. *[62-620.610(19)]*
20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance

FACILITY: The Woods WWTF
PERMITTEE: Aqua Utilities Florida, Inc.

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including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.

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

1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
4. Any unauthorized discharge to surface or ground waters.

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

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

- a) Name, address, and telephone number of person reporting;
- b) Name, address, and telephone number of permittee or responsible person for the discharge;
- c) Date and time of the discharge and status of discharge (ongoing or ceased);
- d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
- e) Estimated amount of the discharge;
- f) Location or address of the discharge;
- g) Source and cause of the discharge;
- h) Whether the discharge was contained on-site, and cleanup actions taken to date;
- i) Description of area affected by the discharge, including name of water body affected, if any; and
- j) Other persons or agencies contacted.

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

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

[62-620.610(20)]

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

22. Bypass Provisions.

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

FACILITY: The Woods WWTF
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA013500

1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
 2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
 3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.
- b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.
- c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.
- d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

[62-620.610(22)]

23. Upset Provisions

- a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
 1. An upset occurred and that the permittee can identify the cause(s) of the upset;
 2. The permitted facility was at the time being properly operated;
 3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and
 4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.
- b. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.
- c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

FACILITY: The Woods WWTF
PERMITTEE: Aqua Utilities Florida, Inc.

PERMIT NUMBER: FLA013500

Executed in Hillsborough County, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL
PROTECTION



Jeffrey S. Greenwell, P.E.
Water Facilities Administrator
Southwest District
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P.O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FLA013500

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: The Woods WWTF
 LOCATION: US Highway 301 North and County Road 674
 St. Catherine, FL 33597
 COUNTY: Sumter

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: RIB (R-001), including Influent

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB	Sample Measurement							
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.015 (12MADF)	MGD				Monthly	Calculation
Flow	Sample Measurement							
PARM Code 50050 I Mon.Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: The Woods WWTF
Sumter County

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: _____ To: _____

PERMIT NUMBER: FLA013500

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement							
PARM Code 00406 A Mon.Site No. EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)	SU	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement							
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement			200 (An.Avg.)		#/100mL	Monthly	Calculation
Coliform, Fecal	Sample Measurement							
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)	#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement							
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement			0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement							
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement				12.0 (Max.)	mg/L	Monthly	Grab
	Sample Measurement							
	Permit Requirement							
Flow, Total Plant	Sample Measurement							
PARM Code 50050 Q Mon.Site No. FLW-01	Permit Requirement	0.015 (3MADF)	MGD				Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 100	Sample Measurement							
PARM Code 00180 1 Mon.Site No. FLW-01	Permit Requirement			Report		%	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement			Report		mg/L	Annually (February)	Grab
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement			Report		mg/L	Annually (February)	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013500
 Monitoring Period From: _____ To: _____

Facility: The Woods WWTF
 County: Sumter

	Flow (MGD) R-001	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
1								
2								
3								
4								
5								
6								
7								
8								
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15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
Total								
Mo. Avg								

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: _____ Certificate No: _____ Name: _____

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

Read these instructions as well as the SUPPLEMENTAL INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 28th of the month following the monitoring period. The DMR shall not be submitted before the end of the monitoring period.

The DMR consists of three parts--A, B, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data.

When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.
DRY	Dry Well
FLD	Flood disaster.
IFS	Insufficient flow for sampling.
LS	Lost sample.
MNR	Monitoring not required this period.

CODE	DESCRIPTION/INSTRUCTIONS
NOD	No discharge from/to site.
OPS	Operations were shutdown so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEF	Sampling equipment failure.

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used:

1. Results greater than or equal to the PQL shall be reported as the measured quantity.
2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
3. Results less than the MDL shall be reported by entering a less than sign (" $<$ ") followed by the laboratory's MDL value, e.g. < 0.001 . A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

PART A -DISCHARGE MONITORING REPORT (DMR)

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or authorized representative:

No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units.

No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

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

Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

PART B - DAILY SAMPLE RESULTS

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.
Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
J	Estimated value, value not accurate.
Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

Add the results to get the Total and divide by the number of days in the month to get the Monthly Average.

Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

Time Sample Obtained: Enter the time the sample was taken.

Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that.

Detection Limits: Record the detection limits of the analytical methods used.

Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

Sampling Equipment Used: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

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

Comments and Explanation: Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

Flow (Limited Wet Weather Discharge): Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

Flow (Upstream): Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

Actual Stream Dilution Ratio: To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

No. of Days the SDF > Stream Dilution Ratio: For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.

CBOD₅: Enter the average CBOD₅ of the reclaimed water discharged during the period shown in duration of discharge.

TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

Actual Rainfall: Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

Rainfall During Average Rainfall Year: On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

No. of Days LWWD Activated During Calendar Year: Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.

Reason for Discharge: Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.



Department of Environmental Protection

Jeb Bush
Governor

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

David B. Struhs
Secretary

November 14, 2000

NOTICE OF PERMIT ISSUANCE

In the Matter of an Application
for Permit by:

Sumter County
FDEP File No. FLA013500-002-DW3P

Aquasource Utility, Inc.
Mr. Frank A. Hoffman, President
200 Corporate Center Dr.
Coraopolis, PA 15108

The Woods S/D WWTP

Enclosed is Permit Number FLA013500 to operate an existing 0.015 mgd, Type III extended aeration domestic wastewater treatment plant issued under Section 403.087(1), the Florida Statutes and Chapters 62-4, 62-600, 62-610, 62-620 and 62-640, F.A.C.

The Department's proposed agency action shall become final unless a timely petition for an administrative hearing is filed under sections 120.569 and 120.57 of the Florida Statutes before the deadline for filing a petition. The procedures for petitioning for a hearing are set forth below.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative proceeding (hearing) under sections 120.569 and 120.57 of the Florida Statutes. The petition must contain the information set forth below and must be filed (received by the clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Petitions by the applicant or any of the parties listed below must be filed within fourteen days of receipt of this written notice. Petitions filed by any persons other than those entitled to written notice under section 120.60(3) of the Florida Statutes must be filed within fourteen days of publication of the notice or within fourteen days of receipt of the written notice, whichever occurs first.

Under section 120.60(3) of the Florida Statutes, however, any person who has asked the Department for notice of agency action may file a petition within fourteen days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under sections 120.569 and 120.57 of the Florida Statutes. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with rule 28-106.205 of the Florida Administrative Code.

A petition that disputes the material facts on which the Department's action is based must contain the following information:

- (a) The name, address, and telephone number of each petitioner; the Department permit identification number and the county in which the subject matter or activity is located;
- (b) A statement of how and when each petitioner received notice of the Department action;
- (c) A statement of how each petitioner's substantial interests are affected by the Department action;
- (d) A statement of the material facts disputed by the petitioner, if any;
- (e) A statement of facts that the petitioner contends warrant reversal or modification of the Department action;
- (f) A statement of which rules or statutes the petitioner contends require reversal or modification of the Department action; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wants the Department to take.

A petition that does not dispute the material facts on which the Department's action is based shall state that no such facts are in dispute and otherwise shall contain the same information as set forth above, as required by rule 28-106.301.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the Department have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

Mediation under section 120.573 of the Florida Statutes is not available for this proceeding.

This action is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above. Upon the timely filing of a petition this order will not be effective until further order of the Department.

Any party to the order has the right to seek judicial review of the order under section 120.68 of the Florida Statutes, by the filing of a notice of appeal under rule 9.110 of the Florida Rules of Appellate Procedure with the Clerk of the Department in the Office of General Counsel, Mail Station 35, 3900 Commonwealth Boulevard, Tallahassee, Florida, 32399-3000; and by filing a

copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when the final order is filed with the Clerk of the Department.

Executed in Tampa, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



Timothy J. Parker, P.E.
Water Facilities Administrator
Southwest District
3804 Coconut Palm Drive
Tampa, FL 33619-1352

(813)744-6100

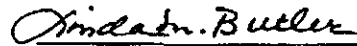
(813)744-8198 Fax

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF PERMIT ISSUANCE and all copies (by certified mail, i.a.) were mailed before the close of business on *Nov. 14, 2000* to the listed persons.

FILING AND ACKNOWLEDGMENT

FILED, on this date, under section 120.52(7), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

 *11/14/00*
[Clerk] [Date]

cc:

Gerald L. Chancellor, P.E., Utilities & Investments, Inc., 1227 W. Colonial Dr., Orlando, FL 32804



Jeb Bush
Governor

Department of Environmental Protection

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

David B. Struhs
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Aquasource Utility, Inc.
Mr. Frank A. Hoffman, President
200 Corporate Center Drive Suite 300
Coraopolis, PA 15108

PERMIT NUMBER:

FLA013500

ISSUANCE DATE:

November 14, 2000

EXPIRATION DATE:

November 13, 2005

COUNTY:

Sumter

FACILITY:

The Woods S/D WWTP
U.S. Highway 301 North
St. Catherine, FL 33513

Latitude: 28° 35' 22" N Longitude: 82° 09' 43" W

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

TREATMENT FACILITIES:

An existing 0.015 mgd Three Month Average Daily Flow (TMADF) Type III extended aeration domestic wastewater treatment plant consisting of three (3) aeration basins of 15,000 gallons total volume, one (1) clarifier of 73 ft² total surface area and 3,000 gallons total volume, one (1) chlorine contact chamber of 1,500 gallons total volume, and one (1) aerobic sludge digester of 2,000 gallons total volume. This plant is operated to provide secondary treatment with basic disinfection.

REUSE:

Land Application:

An existing 0.015 mgd Annual Average Daily Flow (AADF) permitted capacity rapid rate infiltration basin (R001) consisting of two (2) percolation/evaporation ponds of 27,720 ft² total bottom area. Land application system R001 is located approximately at latitude 28° 35' 22" N, longitude 82° 09' 43" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions as set forth in Pages 1 through 15 of this permit and accompanying Discharge Monitoring Report (DMR).

PERMITTEE: Aquasource Utility, Inc.
 200 Corporate Center Dr.
 Coraopolis, PA 15108

PERMIT NUMBER: FLA013500
 EXPIRATION DATE: See Page 1

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System(s) R001. Such reclaimed water shall be limited and monitored by the permittee as specified below:

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Carbonaceous Biochemical Oxygen Demand (5 day)	mg/L	Maximum	20.0	30.0	-	60.0	Monthly	Grab	EFA-01-17228	
Total Suspended Solids	mg/L	Maximum	20.0	30.0	-	60.0	Monthly	Grab	EFA-01-17228	
pH	std. units	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-01-17228	
Fecal Coliform Bacteria	See Permit Condition LA.3.						Monthly	Grab	EFA-01-17228	
Total Residual Chlorine (For Disinfection)	mg/L	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-01-17228	See Cond.I.A.4
Nitrate (as N)	mg/L	Maximum	-	-	-	12.0	Monthly	Grab	EFA-01-17228	

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

Monitoring Location Site Number	Description of Monitoring Location
EFA-01-17228	After disinfection, and prior to discharge to dual percolation/evaporation ponds.

3. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 mL of reclaimed water sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of reclaimed water, each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. No more than 10 percent of the samples collected (the 90th percentile value) during a period of 30 consecutive days shall exceed 400 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. Note: To report the 90th percentile value, list the fecal coliform values obtained during the month in ascending order. Report the value of the sample that corresponds to the 90th percentile (multiply the number of samples by 0.9). For example, for 30 samples, report the corresponding fecal coliform number for the 27th value of ascending order. [62-600.440(4)(c), 12-24-96]
4. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. [62-600.440(4)(b), 12-24-96]
5. The following is provided for informational purposes:

Location Site Number	Description of Location
34825	R001 - Two (2) percolation/evaporation ponds - 27,720 ft ² total bottom area.

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B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below:

Parameter	Units	Max/Min	Limitations				Monitoring Requirements			Notes
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	
Flow	MGD	Maximum	-	TMADP ¹ 0.015	-	-	5 Days/Week	Elapsed Time Meters on Pumps	INF-01-24568	See Cond.I.B.4
Carbonaceous Biochemical Oxygen Demand (5 day)	mg/L	Report	-	-	-	-	Annually (February)	Grab	INF-01-24568	See Cond.I.B.3
Total Suspended Solids	mg/L	Report	-	-	-	-	Annually (February)	Grab	INF-01-24568	See Cond.I.B.3

¹Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.

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

Monitoring Location Site Number	Description of Monitoring Location
INF-01-24568	At headworks, prior to treatment, and ahead of RAS line.

3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4), 12-24-96]
4. Elapsed time meters on pumps shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6), 12-24-96]
5. The three month average daily flow to the treatment plant shall not exceed 0.015 mgd.
6. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method in accordance with 40 CFR Part 136. Parameters which must be monitored as a result of a ground water discharge (i.e., underground injection or land application system) shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18), 03-02-00]
7. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5), 12-24-96]
8. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department on a monthly basis Discharge Monitoring Report(s) (DMR), Form 62-620.910(10), as included with this permit. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the FDEP, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400, by the twenty-eighth (28th) of the month following the month of operation. [62-620.610(18), 03-02-00][62-601.300(1), (2), and (3), 12-24-96]
9. Unless specified otherwise in this permit, all reports and notifications required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's Southwest District Office at the address specified below:

Florida Department of Environmental Protection
Southwest District Office
3804 Coconut Palm Drive Tampa, FL.
Tampa, Florida 33619-8318

Phone Number - (813) 744-6100

FAX Number - (813) 744-8198 All FAX copies shall be followed by original copies.

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II. Residuals Management Requirements

Basic Management Requirements

1. The method of residuals use or disposal by this facility is transport by Ferrell's Septic Service, Inc., 1115 Midiron Point, Crystal River, Citrus County, Florida, Facility ID No. FLA011889, for further treatment and disposal, or disposal in a Class I or II solid waste landfill.
2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5), 3-30-98]
3. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. [62-640.300(5), 3-30-98]
4. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(k)3&4, 3-30-98]
5. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department. [62-640.300(4), 3-30-98]
6. Disposal of screenings and grit from preliminary treatment components of wastewater treatment facilities, solids from sewer line cleaning operations, and solids from lift stations and pump stations shall be in accordance with Chapter 62-701, F.A.C. and may not be processed at a permitted residuals management facility. [62-640.100(6)(k)8., 3-30-98 and 62-701.300(1)(a), 4-23-97].
7. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

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

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

III. GROUND WATER MONITORING REQUIREMENTS

Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part IV Rapid Infiltration Basins

1. All ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. The zone of discharge for this project shall extend horizontally 100 feet from the application site or to the facility's property line, whichever is less, and vertically to the base of the surficial aquifer. [62-520.200(23), 12-09-96] [62-522.400 and 62-522.410, 12-09-96]
2. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518, 8-8-99]
3. Rapid infiltration basins, percolation ponds, or trenches, and storage ponds shall be enclosed with a fence or otherwise designed with appropriate features to discourage the entry of animals and unauthorized persons. [62-610.518(1), 8-8-99]
4. Rapid infiltration basins, or trenches normally shall be loaded for 7 days and shall be rested for 7 days. Infiltration ponds, basins, or trenches shall be allowed to dry during the resting portion of the cycle. [62-610.523(4), 8-8-99]
5. The annual average hydraulic loading rate shall be limited to a maximum of 0.87 inches per day (as applied to the entire bottom area). [62-610.523(3), 8-8-99]
6. Rapid infiltration basin shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottom shall be maintained to be level. [62-610.523(6) and (7), 8-8-99]
7. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.514 and 62-610.414, 8-8-99]
8. Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as an abnormal event to the Southwest District within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. [62-610.800(9), 8-8-99]

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V. OPERATION AND MAINTENANCE REQUIREMENTS

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of an operator(s) certified in accordance with Chapter 61E12-41 & 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is (at time of permit issuance) a Category III, Class D facility and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class D or higher operator for 3 non-consecutive visits/week for 1½ hour/week. The lead operator must be a Class D operator, or higher.
[62-620.630(3), 03-02-00] [62-699.310, 5-20-92] [62-602, 12-30-99]

Discrepancy
with Above

2. A certified operator shall be on call during periods the plant is unattended. Daily checks of the plant shall be performed by the permittee or his representative or agent 5 days per week. On those days when the facility is not staffed by a certified operator, the permittee shall ensure that flow, pH, and Total Residual Chlorine (For Disinfection) are monitored in accordance with Part I of this permit. [62-699.311(1), 5-20-92]
3. The application to renew this permit shall include an updated Capacity Analysis Report, prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(4), 12-24-96]
4. The application to renew this permit shall include a detailed Operation and Maintenance Performance Report prepared in accordance with Rule 62-600.735, F.A.C. [62-600.735(1), 12-24-96]
5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
 - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
 - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
 - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
 - e. A copy of the current permit;
 - f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
 - g. A copy of the facility record drawings;
 - h. Copies of the licenses of the current certified operators; and

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- i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed. [62-620.350,03-02-00][61E12-41.010(1)(e), 11-02-93]

*Records of
Testing kept
on site?*

6. A Reduced Pressure Zone (RPZ) backflow preventer(s) shall be installed on all potable water lines to the treatment plant and tested annually. [62-555, 12-19-94]

VI. SCHEDULES

1. The permittee shall abide by the following schedule [62-600.410, 12-24-96]:

	Implementation Step	Scheduled Completion Date
1	Secure lift station control panel with a padlock to guard against intrusion.	Within thirty (30) days of permit issuance.
2	Secure access gate to the land application system with a padlock to guard against intrusion.	Within thirty (30) days of permit issuance.

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

This facility is not required to have a pretreatment program at this time. [62-625.500, 12-24-96]

VIII. OTHER SPECIFIC CONDITIONS

1. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal, using Department Forms 62-620.910(1) and (2), no later than one-hundred and eighty days (180) prior to the expiration date of this permit. [62-620.410(5), 03-02-00]
2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-610.850(1)(a) and (2)(a), 08-08-99]
3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8), 12-24-96 and 62-640.400(6), 3-30-98]
4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or

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the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited. [62-604.130(3), 12-26-96]

5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550, 12-26-96] [62-620.610(20), 03-02-00]
 6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
 - d. Which result in treatment plant discharges having temperatures above 40°C.
- [62-604.130(4), 12-26-96]
7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. [62-610.514(20), 08-08-99] [and 62-600.410, 12-24-96]
 8. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. [62-7.540, 04-23-97]
 9. The permittee shall provide adequate notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

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

[62-620.625(2), 03-02-00]

IX. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. [62-620.610(1), 03-02-00]

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2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. *[62-620.610(2), 03-02-00]*
3. As provided in Subsection 403.087(6), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. *[62-620.610(3), 03-02-00]*
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. *[62-620.610(4), 03-02-00]*
5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. *[62-620.610(5), 03-02-00]*
6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. *[62-620.610(6), 03-02-00]*
7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. *[62-620.610(7), 03-02-00]*
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. *[62-620.610(8), 03-02-00]*
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;

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- b. Have access to and copy any records that shall be kept under the conditions of this permit;
 - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
 - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules. *[62-620.610(9), 03-02-00]*
10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. *[62-620.610(10), 03-02-00]*
11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. *[62-620.610(11), 03-02-00]*
12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. *[62-620.610(12), 03-02-00]*
13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. *[62-620.610(13), 03-02-00]*
14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. *[62-620.610(14), 03-02-00]*
15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. *[62-620.610(15), 03-02-00]*
16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300, 62-620.420 or 62-620.450, F.A.C., as applicable, at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.300 for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. *[62-620.610(16), 03-02-00]*

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17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
- A description of the anticipated noncompliance;
 - The period of the anticipated noncompliance, including dates and times; and
 - Steps being taken to prevent future occurrence of the noncompliance.

[62-620.610(17), 03-02-00]

18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
- Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10).
 - If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
 - Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
 - Any laboratory test required by this permit for domestic wastewater facilities shall be performed by a laboratory that has been certified by the Department of Health and Rehabilitative Services (DHRS) under Chapter 10D41, F.A.C., to perform the test. On-site tests for dissolved oxygen, pH, and total chlorine residual shall be performed by a laboratory certified to test for those parameters or under the direction of an operator certified under Chapter 61E12-41 & 62-602, F.A.C.
 - Under Chapter 62-160, F.A.C., sample collection shall be performed by following the protocols outlined in "DER Standard Operating Procedures for Laboratory Operations and Sample Collection Activities" (DER-QA-001/92). Alternatively, sample collection may be performed by an organization who has an approved Comprehensive Quality Assurance Plan (CompQAP) on file with the Department. The CompQAP shall be approved for collection of samples from the required matrices and for the required tests.

[62-620.610(18), 03-02-00]

19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. *[62-620.610(19), 03-02-00]*
20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.

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- a. The following shall be included as information which must be reported within 24 hours under this condition:
 1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 4. Any unauthorized discharge to surface or ground waters.
- b. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

{62-620.610(20), 03-02-00}

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit.
{62-620.610(21), 03-02-00}

22. Bypass Provisions.

- a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
 2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
 3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.
- b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.
- c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.
- d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient

PERMITTEE: Aquasource Utility, Inc.
200 Corporate Center Dr.
Coraopolis, PA 15108

PERMIT NUMBER: FLA013500
EXPIRATION DATE: See Page 1

operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit. [62-620.610(22), 03-02-00]

23. Upset Provisions

- a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
 - 1. An upset occurred and that the permittee can identify the cause(s) of the upset;
 - 2. The permitted facility was at the time being properly operated;
 - 3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and
 - 4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.
- b. In any enforcement proceeding, the permittee seeking to establish the occurrence of an upset has the burden of proof.
- c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review. [62-620.610(23), 03-02-00]

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aquasource Utility, Inc.
 MAILING ADDRESS: 200 Corporate Center Drive
 Coraopolis, PA 15108

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IID
 MONITORING PERIOD: From:

REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825

FACILITY: The Woods S/D WWTP
 LOCATION: US Hwy 301 North
 St. Catherine, FL 33513

THREE MONTH ROLLING ADF: % OF PERMITTED CAPACITY DMR Date: 8/00

COUNTY: Sumter

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5 STORET No. 80082 Y Mon. Site No. EFA-01-17228	Sample Measurement							
	Permit Measurement			20.0 (ARAVG)	mg/L		Calculation	Rolling Annual
CBOD5 STORET No. 80082 I Mon. Site No. EFA-01-17228	Sample Measurement							
	Permit Measurement			30.0 (MOAVG)	mg/L		Monthly	Grab
TSS STORET No. 00530 Y Mon. Site No. EFA-01-17228	Sample Measurement							
	Permit Measurement			20.0 (ARAVG)	mg/L		Calculation	Rolling Annual
TSS STORET No. 00530 I Mon. Site No. EFA-01-17228	Sample Measurement							
	Permit Measurement			30.0 (MOAVG)	mg/L		Monthly	Grab
pH STORET No. 00406 I Mon. Site No. EFA-01-17228	Sample Measurement							
	Permit Measurement			6.0 (MIAV)	SIU		Days/Week	Grab
Fecal Coliform Bacteria STORET No. 74055 Y Mon. Site No. EFA-01-17228	Sample Measurement							
	Permit Measurement			200 (ARAVG)	cfu/100ml		Calculation	Rolling Annual

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: The Woods S/D WWTP
 Month/Year: _____

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Fecal Coliform Bacteria	Sample Measurement										
STORET No. 74055 Mon. Site No. EFA-01-17228	Permit Measurement		Report (Mo. Geo. Mean)	mg/L	0.001	0.001	mg/L	100		Monthly	Grab
TRC for disinfection	Sample Measurement										
STORET No. 50060 Mon. Site No. EFA-01-17228	Permit Measurement		Report (Min)	mg/L	0.5	0.5	mg/L	100		5 Days/Week	Grab
Nitrate (as N)	Sample Measurement										
STORET No. 00620 Mon. Site No. EFA-01-17228	Permit Measurement						1.20	mg/L		Monthly	Grab
Flow	Sample Measurement										
STORET No. 50050 Mon. Site No. INF-01-24568	Permit Measurement	0.015 (TMADE)	Report (Mo. Avg)	mgds						5 Days/Week	Elapsed Time Meters on Pumps
Flow	Sample Measurement										
STORET No. 50050 Mon. Site No. INF-01-24568	Permit Measurement		Report (Ann. Avg)	mgds						Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement										
STORET No. 80082 Mon. Site No. INF-01-24568	Permit Measurement							mg/L		Annually (February)	Grab
TSS	Sample Measurement										
STORET No. 00530 Mon. Site No. INF-01-24568	Permit Measurement							mg/L		Annually (February)	Grab

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

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

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA013500**

Facility Name: **The Woods S/D WWTP**

Three-month Average Daily Flow: _____

Month/Year: _____

Daily Flow % of Permitted Capacity: _____

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon. Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
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PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: _____ Certificate No: _____ Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse: _____
 Limited Wet Weather Discharge Activated: Yes: _____ No: _____ Not Applicable: _____ If yes, cumulative days of wet weather discharge: _____

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



Jeb Bush
Governor

Depart Environment

Southwe
3804 Coconi
Tampa, Fl

Post-It* Fax Note	7671	Date	2-12-01	# of pages	1
To	Ed	From	Carolyn		
Co./Dept.		Co.			
Phone #		Phone #			
Fax #	352-782-3213	Fax #			

February 9, 2001

Mr. Frank A. Hoffman
AquaSource, Inc.
6960 Professional Parkway East
Suite 400
Sarasota, FL 34240

RECEIVED

AQUASOURCE

The woods
Permit No: FLA013500

RE: Minor Revision to Permit

Dear Mr. Hoffman:

The Department is in receipt of your request, application #FLA013500-003-DW3, for a revision to the above referenced permit, issued on 11/14/00 and expiring on 11/13/05, to change the receiving facility for wastewater residuals management. The noted sections of the existing permit are hereby changed as follows:

Condition
II.1.

From
Delete Current

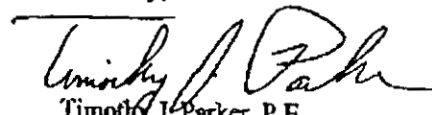
To
Add
See Below*

*II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this facility is by transportation to Central Process Residuals Management Facility (Permit No. FLA010776) for further treatment or disposal in a Class I or II solid waste landfill. [Ch. 62-640.300(5), 03-30-98, F.A.C.]

This permit revision, authorizing the above changes must be attached to your existing permit and, together with any other preceding revision(s), becomes part of your permit.

Sincerely,


 Timothy J. Parker, P.E.
 Water Facilities Administrator
 Southwest District

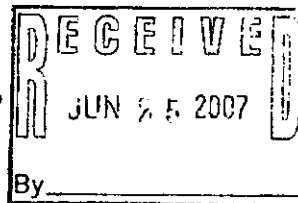
TJP/sob

Cc: George Conomos, Central Process, 4411 SE 43rd Ave, Ocala, FL 34480



Florida Department of Environmental Protection

Southwest District Office
13051 North Telecom Parkway
Temple Terrace, Florida 33637-0926



June 20, 2007

Mr. Jack Lihvarcik, Vice President
Aqua Utilities Florida, Inc.
P.O. Box 4900310
Leesburg, FL 34749-0310

Re: Compliance Evaluation Inspection
The Woods S/D WWTF
Facility ID No. FLA013500
Sumter County

Dear Mr. Lihvarcik:

The Woods Subdivision Wastewater Treatment Facility was inspected on June 14, 2007. Based on this inspection and a review of the information on file with the Department, the following items are being brought to your attention:

PERMIT

Domestic Wastewater Permit No. FLA0135000 (permit) was issued June 19, 2006. This permit expires June 18, 2011.

COMPLIANCE SCHEDULE

1. The 18-inch open pipe in the lift station wet well was capped as specified under Section VI of the permit.
2. *Section VI of the permit also requires the installation of lighting and either guardrails or grating over tank openings to be installed by December 16, 2006. These items were not completed. Please provide a schedule for completion of these items.

SAMPLING

*A review of Discharge Monitoring Reports (DMRs) for the period of October 2005 through April 2007 revealed that the monthly effluent nitrate sample analysis was not performed for November 2006.

RECORDS AND REPORTS

*A review of DMRs received by the Department for October 2005 through April 2007 revealed:

DOCUMENT NUMBER - DATE

04333 MAY 22 08

FPSC-COMMISSION CLERK

Mr. Jack Lihvarcik
The Woods S/D WWTF
Facility ID No. FLA013500 - Sumter County
Page 2 of 3

1. *For October and November 2005, January through June, and August 2006, laboratory analysis reports and chain of custody records were not provided with the DMRs. Please include these with your response to this letter.
2. *Since August 2006, DMRs were not submitted on the form issued with the June 19, 2006 permit. A copy is attached for your use.
3. *For June 2006, the three month average daily flow value reported on Part A of the DMR was not supported by the data.

FACILITY SITE REVIEW

*The Reduced Pressure Zone (RPZ) backflow preventer must be serviced and tested annually and a copy of the test report maintained with the facility on-site records. No copy was on file with the facility on-site records. Please submit to the Department a copy of the current RPZ certification. It is recommended that a certified backflow prevention technician perform this work.

FLOW MEASUREMENT

*Elapsed time meters on the lift station pumps measure flow. The elapsed time meters and the lift station pumps must be calibrated at least annually. On-site records indicated the last calibrations were performed January 30, 2007 and were, therefore, current. Please note, in the case of using a secondary standardized meter to perform the calibration, a copy of the current calibration records of the standardized meter must also accompany the calibration report. This was not available with the on-site records. Please submit.

OPERATION AND MAINTENANCE

1. The lift station's visible alarm was manual-canceling. The audible and visible alarms were functioning as required.
2. The facility appeared to be properly operated and maintained.

EFFLUENT QUALITY

1. The facility effluent was sampled for total chlorine residual (TCR) during this inspection. The TCR sample result was >2.2 mg/L. A minimum TCR of 0.5 mg/L is required. The effluent TCR was in compliance with the permit requirement.
2. A review of DMRs received by the Department for October 2005 through April 2007 revealed no permit limit exceedances.

EFFLUENT DISPOSAL

1. *The bottom surface area of the two effluent disposal ponds sloped downward from east to west, resulting in effluent ponding along the western end of both ponds. The effluent pond

Mr. Jack Lihvarcik
The Woods S/D WWTF
Facility ID No. FLA013500 - Sumter County
Page 3 of 3

bottoms should be graded to ensure uniform distribution of effluent across the entire bottom area of both ponds. This item was previously cited.

2. *The western ends of both of the effluent disposal ponds were overgrown. After clearing the vegetation, routine maintenance cycles should be established to prevent the ponds from becoming overgrown.

RESIDUALS

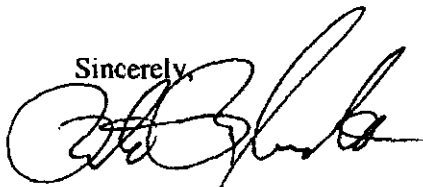
Facility records indicate that residuals are transported to Central Process RMF, Facility ID No. FLA010776, for treatment.

The type of inspection conducted was a Compliance Evaluation Inspection (CEI), and overall, the facility was out of compliance. A CEI is a non-sampling inspection designed to verify facility and permittee compliance with Department rules. This inspection is intended to review the majority of applicable inspection evaluation areas of a facility. A copy of the inspection report is attached for your review.

Items annotated with an asterisk (*) require a response. Please respond to this letter with the plans you have made to correct these items. This response should be in writing and sent to the Department within 30 days from your receipt of this letter. Please include a schedule, with a time frame for compliance, along with the specifically requested material.

If you have any questions, please contact me at (813) 632-7600, extension 311, or via e-mail: pete.burghardt@dep.state.fl.us.

Sincerely,



Pete Burghardt
Environmental Specialist II
Domestic Wastewater Section

Attachment

cc: Brian Heath, Aqua Utilities Florida, Inc.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida, Inc.
 MAILING ADDRESS: P.O. Box 490310
 Leesburg, FL 34749

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: The Woods WWTF
 LOCATION: US Highway 301 North and County Road 674
 St. Catherine, FL 33597
 COUNTY: Sumter

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: RIB (R-001), including Influent

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To RIB	Sample Measurement							
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.015 (12MADF)	MGD				Monthly	Calculation
Flow	Sample Measurement							
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Elapsed Time Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: The Woods WWTF
 Sumter County

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: _____ To: _____

PERMIT NUMBER: FLA013500

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement							
PARM Code 00406 A Mon. Site No. EFA-01	Permit Requirement			6.0 (Min.)		SU	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement							
PARM Code 74055 Y Mon. Site No. BFA-01	Permit Requirement			200 (An. Avg.)		#/100mL	Monthly	Calculation
Coliform, Fecal	Sample Measurement							
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement			Report (Mo. Geo. Mean)		#/100mL	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement							
PARM Code 50060 A Mon. Site No. BFA-01	Permit Requirement			0.5 (Min.)		mg/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement							
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement					12.0 (Max.)	Monthly	Grab
	Sample Measurement							
	Permit Requirement							
Flow, Total Plant	Sample Measurement							
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement	0.015 (3MADP)	MGD				Monthly	Calculation
Percent Capacity, (3MADP/Permitted Capacity) x 100	Sample Measurement							
PARM Code 00180 I Mon. Site No. FLW-01	Permit Requirement			Report		%	Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement			Report		mg/L	Annually (February)	Grab
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement			Report		mg/L	Annually (February)	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA013500**

Facility: **The Woods WWTF**

Monitoring Period

From: _____

To: _____

County: **Sumter**

	Flow (MGD) R-001	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (SU)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	
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30								
31								
Total								
Mo. Avg								

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____

Evening Shift Operator Class: _____ Certificate No: _____ Name: _____

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: _____ Certificate No: _____ Name: _____

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

Read these instructions as well as the SUPPLEMENTAL INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 25th of the month following the monitoring period. The DMR shall not be submitted before the end of the monitoring period.

The DMR consists of three parts--A, B, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data.

When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.
DRY	Dry Well
FLD	Flood disaster.
IFS	Insufficient flow for sampling.
LS	Lost sample.
MNR	Monitoring not required this period.

CODE	DESCRIPTION/INSTRUCTIONS
NOD	No discharge from/to site.
OPS	Operations were shutdown so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEF	Sampling equipment failure.

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used:

1. Results greater than or equal to the PQL shall be reported as the measured quantity.
2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
3. Results less than the MDL shall be reported by entering a less than sign (" $<$ ") followed by the laboratory's MDL value, e.g. < 0.001 . A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

PART A -DISCHARGE MONITORING REPORT (DMR)

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or authorized representative:

No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units.

No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

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

Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

PART B - DAILY SAMPLE RESULTS

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table I in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
J	Estimated value, value not accurate.
Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

Add the results to get the Total and divide by the number of days in the month to get the Monthly Average.

Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

Time Sample Obtained: Enter the time the sample was taken.

Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that.

Detection Limits: Record the detection limits of the analytical methods used.

Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

Sampling Equipment Used: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

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

Comments and Explanation: Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

Flow (Limited Wet Weather Discharge): Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

Flow (Upstream): Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

Actual Stream Dilution Ratio: To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

No. of Days the SDF > Stream Dilution Ratio: For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.

CBOD₅: Enter the average CBOD₅ of the reclaimed water discharged during the period shown in duration of discharge.

TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

Actual Rainfall: Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

Rainfall During Average Rainfall Year: On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

No. of Days LWWD Activated During Calendar Year: Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.

Reason for Discharge: Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility The Woods S/D WWTF	WAFR ID: FLA013500	County Suwannee	Entry Date/Time 6/14/07
		Phone	@ Exit Date/Time

Name(s) of Field Representatives(s) Brian Heath	Title Area Manager - Aqua Utilities	Phone (352) 435-4021
--	--	-------------------------

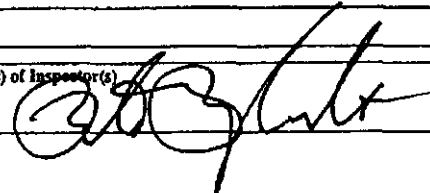
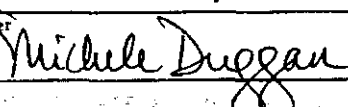
Name and Address of Permittee or Designated Representative Mr. Jack Libvarcik Aqua Utilities Florida, Inc. P.O. Box 490310 Leesburg, FL 34749-0310	Title Vice President	Phone	@ Operator Certification #
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Inspection Type	<input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> I	Samples Taken(Y/N): No	@ Sample ID#:	Samples Split (Y/N):
<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Industrial	Were Photos Taken(Y/N): Yes	@ Log book Volume :	@ Page

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

Facility and/or Order Compliance Status: In-Compliance Out-Of-Compliance Significant-Out-Of-Compliance

Recommended Actions:

Name(s) and Signature(s) of Inspector(s) Pete Burghardt 	District Office/Phone Number (813) 632-7600, Ext. 311	Date 6/18/07
@ Signature of Reviewer Michele Duggan 	District Office/Phone Number (813) 632-7600, Ext. 335	Date 06/19/07

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI, RI, ASI, ANI)

Transaction Code	NPDES Number	YR/MO/DA	Insp Type	Inspector	Fac Type
N 5			1	2	3

ADDITIONAL NPDES COMMENTS

Inspection Type (Field 1) A:PAI, B:CBI, C:CEI, S:CSI, X:XSI, R:RI, V:ASI, =:ANI
 Inspection Code (Field 2): S: State, J: Joint EPA/State-EPA Lead, T: Joint State/EPA-State Lead, L: Local Program
 Facility Type (Field 3): 1: Municipal (Publicly Owned), 2: Industrial and Privately Owned Domestic, 3: Agricultural, 4: Federal
 Every other field is self explanatory

A UA
Utilities Florida

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

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

July 30, 2007

Pete Burghardt
Environmental Specialist II
FDEP Southwest District Office
Domestic Wastewater Section
13051 North Telecom Parkway
Temple Terrace, FL 33637

**RE: Reply to Compliance Evaluation Inspection
The Woods S/D WWTF
Facility ID No. FLA013500
Sumter County**

Dear Mr. Burghardt:

Thank you for your inspection on June 14, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

1. A street light is installed on the power pole at the WWTF which illuminates the entire area. Guardrails are currently being installed and should be completed no later than July 27, 2007.
2. During the month of November 2007, Aqua hired a new operator to operate both the water and wastewater plants at The Woods. The nitrate sample was not taken with the rest of the samples and this was not realized until the first week in December 2007. The sampling requirements of this and other facilities were reviewed and the operator has been taking the required samples since.
3. The laboratory analysis reports and chains of custody records are enclosed with this letter. (Attachment 1)
4. The new DMR will be used on all future submittals.
5. Enclosed is the revised June 2006 DMR. (Attachment 2)
6. Enclosed is the most recent RPZ test report. (Attachment 3)
7. The secondary standardized meter's calibration record is enclosed. (Attachment 4)
8. The bottoms of both ponds are now level and scarified.

9. The vegetation has been cleaned and is done so on a quarterly basis.

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

Sincerely,

Patrick Farris

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

Enclosures

cc: Will Fontaine, via e-mail
Brain Heath, via e-mail
Michael O'Reilly, via e-mail

Attachment # 1.

lab reports & COC's
on file

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: PO Box 490310
 Leesburg, FL 34749
 FACILITY: The Woods S/D WWTP
 LOCATION: U.S. Hwy 301 North
 St. Catherine, FL 33513

PERMIT NUMBER: FLA013500
 LIMIT: Final
 CLASS SIZE: Minor
 DISCHARGE POINT NUMBER: R001 (RIBs)
 CATEGORY/TREATMENT TYPE: IIID
 MONITORING PERIOD: From: 6/1/06 To: 6/30/06
 THREE MONTH ROLLING ADF: 0.011 % OF PERMITTED CAPACITY 73%

REPORT: Monthly
 GROUP: Domestic
 WAFR SITE NO: 34825

COUNTY: Sumter

DMR DATE: 7/17/06

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No Ex.	Frequency/Analysis	Sample Type
CBOD5	Sample Measurement			3.1		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 80080 MON SITE NO. FFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
CBOD5	Sample Measurement			2.0	2.0	Mg/L	0	Monthly	Grab
STORET NO. 80080 MON SITE NO. EFA-01-17228	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max)	mg/L		Monthly	Grab
TSS	Sample Measurement			2.3		Mg/L	0	Monthly	Rolling Annual Average
STORET NO. 00530 MON SITE NO. FFA-01-17228	Y Permit Requirement			20.0 (An Avg.)		mg/L		Monthly	Rolling Annual Avg.
TSS	Sample Measurement			2.4	2.4	Mg/L	0	Monthly	Grab
STORET NO. 00530 MON SITE NO. EFA-01-17228	I Permit Requirement			30.0 (Mo Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
pH	Sample Measurement			7.4	7.8	S.U.	0	5 days/Week	Grab
STORET NO. 00406 MON SITE NO. EFA-01-17228	I Permit Requirement			6.0 (Min)	8.5 (Max)	s.u.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement			1.0		#100mL	0	Monthly	Rolling Annual Average
STORET NO. 74055 MON SITE NO. EFA-01-17228	Y Permit Requirement			200 (An Avg.)		#100mL		Monthly	Rolling Annual Avg.

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

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE-YY/MM/DD
Will Fontaine, Field Coordinator		352-787-0980	07/07/06

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Revised Three Month Rolling ADF and Percent Permitted Capacity

DISCHARGE MONITORING REPORT - PART A (CONTINUED)

FACILITY NAME: The Woods S/D WWTP
 MONTH/YEAR: 6/2006

PERMIT NUMBER: FLA013500

DISCHARGE POINT NUMBER: R001

WAFR SITE No: 34825

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No Ex.	Frequency/ Analysis	Sample Type
Focal Coliform Bacteria	Sample Measurement				1.0	1.0	#100mL	0	Monthly	Grab
STORET NO. 74055 I MON SITE NO. EFA-01-17228	Permit Requirement				Report (Mo Geo Mean)	800 (Max)	#100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				1.6		Mg/L	0	5 day/Week	Grab
STORET NO. 50060 A MON SITE NO. EFA-01-17228	Permit Requirement				0.5 (Min)		mg/L		5 Day/Week	Grab
nitrate (as N)	Sample Measurement					5.0	Mg/L	0	Monthly	Grab
STORET NO. 00620 I MON SITE NO. EFA-01-17228	Permit Requirement					12.0 (Max)	mg/L		Monthly	Grab
Flow	Sample Measurement	0.011	0.012	MGD				0	5 day/Week	Elapsed Time Meter
STORET NO. 50050 G MON SITE NO. INF-01-24568	Permit Requirement	0.015 3 month rolling avg.	Report (Mo Avg.)	mgd					5 Day/Week	Elapsed Time Meter
Flow	Sample Measurement		0.010	MGD				0	Monthly Calculation	Calculation (Rolling Annual Avg)
STORET NO. 50050 Y MONSITE NO. INF-01-24568	Permit Requirement		Report (Ann. Avg)	mgd					Monthly Calculation	Calculation (Rolling Annual Avg)
CBOD5	Sample Measurement				100		Mg/L	0	Annually	Grab
STORET NO. 80082 G MON SITE NO. INF-01-24568	Permit Requirement				Report annual sample		mg/L		Annually	Grab
TSS	Sample Measurement				79		Mg/L	0	Annually	Grab
STORET NO. 00530 G MON SITE NO. INF-01-24568	Permit Requirement				Report annual sample		mg/L		Annually	Grab

Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
 Rolling Annual Average is the average of the current monthly average and the preceding 11 month's average.

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA013500**
 Month/Year: 6/2006

Facility Name: **The Woods S/D WWTP**

Three month Average Daily Flow: **0.011**
 Daily Flow % Permitted Capacity: **73%**

	Flow (MGD)	CBODS (mg/L)	TSS (mg/l.)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC(For Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00400	74055	50060	00620	80082	00530
Mon Site	INF-01-24568	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	EFA-01-17228	INF-01-24568	INF-01-24568
1	.012	2.0U	2.4	7.5	1.0U	2.2	5.0	100	79
2	.011			7.5		2.2			
3	.010					2.2			
4	.014								
5	.015			7.4		2.2			
6	.016			7.7		2.2			
7	.015			7.5		2.2			
8	.017			7.5		2.2			
9	.012			7.5		2.2			
10	.012			7.5		2.2			
11	.014								
12	.014			7.4		2.2			
13	.012			7.5		1.8			
14	.012			7.6		2.2			
15	.012			7.6		1.6			
16	.015			7.6		2.2			
17	.014			7.6		2.2			
18	.011								
19	.011			7.7		2.2			
20	.011			7.6		2.2			
21	.009			7.6		2.2			
22	.009			7.6		2.2			
23	.011			7.6		2.2			
24	.009			7.6		2.2			
25	.011								
26	.012			7.8		2.2			
27	.012			7.6		2.2			
28	.009			7.6		2.2			
29	.008			7.6		2.2			
30	.010			7.6		2.2			
31									

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 7243 Name: John Wortell
 Evening Shift Operator Class: C Certificate No: 13614 Name: Adam Michaelsen
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: B Certificate No: 7113 Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse: (2) Cell Rapid restricted access Part IV infiltration Basins

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

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

Attachment # 3.

TEST AND MAINTENANCE REPORT

CUSTOMER: Agua Utilities

STREET ADDRESS: _____

MAILING ADDRESS: _____

LOCATION OF ASSEMBLY: Woods WWTP

TYPE OF ASSEMBLY: RP DC PVB SVB SIZE: 1"

MANUFACTURER: Wilkins MODEL: 975XL SERIAL NO: 11224657

TEST GAUGE MANUF: Midwest 830 GAUGE SERIAL NO: 05063032

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
<input type="checkbox"/> leaked or <input checked="" type="checkbox"/> closed tight	opened at: <u>2.4</u> psi or did not open <input type="checkbox"/>	<input type="checkbox"/> leaked or <input checked="" type="checkbox"/> closed tight	Air Inlet: did not open <input type="checkbox"/> or opened at _____ psi
gauge pressure across check valve <u>9.2</u> psi	Outlet shut-off valve: <input type="checkbox"/> leaked <input checked="" type="checkbox"/> closed tight	gauge pressure across check valve <u>2.2</u> psi	Check Valve: leaked <input type="checkbox"/> or held at _____ psi
<input type="checkbox"/> cleaned only Replaced: rubber kit <input type="checkbox"/> CV assembly <input type="checkbox"/> or disc <input type="checkbox"/> O-rings <input type="checkbox"/> Seat <input type="checkbox"/> spring <input type="checkbox"/> stem/guide <input type="checkbox"/> retainer <input type="checkbox"/> lock nuts <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> cleaned only Replaced: rubber kit <input type="checkbox"/> RV assembly <input type="checkbox"/> or disc <input type="checkbox"/> diaphragm (s) <input type="checkbox"/> seat <input type="checkbox"/> spring <input type="checkbox"/> guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> cleaned only Replaced: rubber kit <input type="checkbox"/> CV assembly <input type="checkbox"/> or disc <input type="checkbox"/> O-rings <input type="checkbox"/> seat <input type="checkbox"/> spring <input type="checkbox"/> stem/guide <input type="checkbox"/> retainer <input type="checkbox"/> lock nuts <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> cleaned only Replaced: rubber kit <input type="checkbox"/> CV assembly <input type="checkbox"/> disc, air inlet <input type="checkbox"/> disk, CV <input type="checkbox"/> seat, CV <input type="checkbox"/> spring, air inlet <input type="checkbox"/> spring, CV <input type="checkbox"/> retainer <input type="checkbox"/> guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other <input type="checkbox"/>
Gauge pressure across check valve _____ psi	Relief valve opened at _____ psi	Gauge pressure across check valve _____ psi	air inlet _____ psi check valve _____ psi

NOTE: All repairs shall be completed within five (5) working days.

REMARKS: _____

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

TESTER: Larry Schmitt CERT. No: 105-000000 DATE: 3-24-07
 TIME: _____

This Assembly: PASSED FAILED

Attachment # 4.

