

ORIGINAL

25-30.440 Additional Engineering Information Required of Class A and B Water and Wastewater Utilities in an Application for Rate Increase.

Each applicant for a rate increase shall provide two copies of the following engineering information to the Commission, with the exception of item (1), of which only one copy is required.

- (1) A detailed map showing:
 - (a) The location and size of the applicant's distribution and collection lines as well as its plant sites, and
 - (b) The location and respective classification of the applicant's customers.
- (2) A list of chemicals used for water and wastewater treatment, by type showing the dollar amount and quantity purchased, the unit prices paid and the dosage rates utilized.
- (3) The most recent chemical analyses for each water system conducted by a certified laboratory covering the inorganic, organic turbidity, microbiological, radionuclide, secondary and unregulated contaminants specified in Chapter 17-550, Florida Administrative Code.
- (4) All water and wastewater plant operating reports for the test year and the year preceding the test year.
- (5) The most recent sanitary survey for each water plant and inspection report for each wastewater plant conducted by the health department or the Department of Environmental Regulation (DER).
- (6) All health department and DER construction and operating permits.
- (7) Any Notices of Violation, Consent Orders, Letters of Notice, or Warning Notices from the health department or the DER since the utility's last rate case or the previous five years, whichever is less.
- (8) A list of all field employees, their duties, responsibilities, and certificates held, and an explanation of each employee's salary allocation method to the utility's capital or expense accounts.
- (9) A list, by serial number and description, of all vehicles owned or leased by the utility showing the original cost or annual lease expense, who the vehicle is assigned to, and the method of location to the utility.
- (10) Provide a list, by customer, of all complaints received during the test year, with an explanation of how each complaint was resolved.

DOCUMENT NUMBER-DATE

~~13969~~ NOV 12 99/137

FPSC-RECORDS/REPORTING

Wedgefield Utilities, Inc.

Docket No. 991437-WU

25.30-440 (2)
Chemicals Used

Test Year Ended June 30, 1999

Water Treatment Plant

<u>Chemical</u>	<u>Usage</u>	<u>1999</u> <u>Unit Price</u>	<u>1998</u> <u>Unit Price</u>
Chlorine Gas	Approximately 1750 lbs/month	\$ 115.00 per 150lbs. Unit	\$ 115.00 per 150lbs. Unit
Aquadene SK-7841 Liquid	Approximately 12.2 gallons/month	\$ 225.00 per 30 gals. Unit	\$ 258.00 per 30 gals. Unit
Morton Solar Coarse	Approximately 20 80lbs. bags/day	\$ 3.95 per 80lbs. Unit	\$ 3.95 per 80lbs. Unit

Wastewater Treatment Plant

Chlorine Gas	Approximately 1650lbs./month	\$ 115.00 per 150lbs. Unit	\$ 115.00 per 150lbs. Unit
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Wedgefield Utilities, Inc.

Docket No. 991437-WU

25.30-440 (3)
Chemical Analyses

Test Year Ended June 30, 1999

Annual Drinking Water Quality Report

Wedgfield Utilities, Inc.

Welcome to the Annual Drinking Water Quality Report for Wedgfield Utilities. We are a proud member of the Utilities, Incorporated national family of water and wastewater utilities. That family operates in 15 states and comprises more than 350 utilities proudly serving more than 200,000 customers. This report is designed to inform you about the quality water and services we deliver to you every day. Our constant goal is to provide you with a safe and dependable supply of drinking water. We want you to understand the efforts we make to continually improve the water treatment process and protect our water resources. We are committed to ensuring the quality of your water. Our water source is the groundwater from wells drilled 435 feet deep into the Floridan Aquifer.

- This report shows our water quality and what it means.

We want our valued customers to be informed about their water utility. If you have any questions about this report or concerning your water utility, please contact David Orr at (407) 869-1919, or (800) 272-1919 if outside the greater Orlando area.

Wedgfield Utilities, Inc. routinely monitors for constituents in your drinking water according to Federal and State laws. The table that follows shows the results of our monitoring for the period of January 1st to December 31st, 1998. The State allows us to monitor for some contaminants less than once per year because the concentrations of these contaminants do not change frequently. Some of our data, though representative, are more than one year old.

Special Note to Property and Facility Managers: If you are responsible for apartments or other multiple residential or commercial units we encourage you to distribute this report to all your tenants either by posting in a common area or by furnishing a copy to each tenant or resident. If you require additional copies, please call customer service at (407) 869-1919, or (800) 272-1919 if outside the greater Orlando area, and we will provide them.

Terms and Abbreviations:

In the following table you will find many terms and abbreviations you might not be familiar with. To help you better understand these terms we've provided the following definitions:

Parts per million (ppm) or Milligrams per liter (mg/l) - one part per million corresponds to one minute in two years or a single penny in \$10,000.

Parts per billion (ppb) or Micrograms per liter - one part per billion corresponds to one minute in 2,000 years, or a single penny in \$10,000,000.

Action Level (AL) - the concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow.

Maximum Contaminant Level (MCL) - The "Maximum Allowed" is the highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible using the best available treatment technology.

Maximum Contaminant Level Goal (MCLG) - The "Goal" is the level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.

WATER QUALITY TEST RESULTS

In this table you find those contaminants that were detected in our latest round of sampling. For any contaminant not tested in 1998 the date of last required testing is shown.

Contaminant and Unit of Measurement	MCL/AL Violation Y/N	Level Detected	Notes	MCLG	MCL	Likely Source of Contamination
Inorganic Contaminants						
7. Antimony (ppb)	N	2.0	Tested 4/3/97	6	6	Discharge from petroleum refineries; fire retardants; ceramics; electronics; solder
11. Beryllium (ppb)	N	4.0	Tested 4/3/97	4	4	Discharge from metal refineries and coal-burning factories; discharge from electrical, aerospace, and defense industries
12. Cadmium (ppb)	N	0.1	Tested 4/3/97	5	5	Corrosion of galvanized pipes; erosion of natural deposits; discharge from metal refineries; runoff from waste batteries and paints
14. Copper (tap water) (ppm)	Y	1.9	Tested 12/7/98 8 sites exceeded the AL	1.3	AL=1.3	Corrosion of household plumbing systems; erosion of natural deposits; leaching from wood preservatives
16. Fluoride (ppm)	N	0.41	Tested 4/3/97	4	4	Erosion of natural deposits; water additive which promotes strong teeth; discharge from fertilizer and aluminum factories
17. Lead (tap water) (ppb)	N	1.0	Tested 12/7/98 No sites exceeded the AL	0	AL=15	Corrosion of household plumbing systems, erosion of natural deposits
18. Lead (point of entry) (ppb)	N	3.0	Tested 4/3/97	n/a	15	Residue from man-made pollution such as auto emissions and paint.; lead pipe, casing, and solder
24. Sodium (ppm)	N	7.1	Tested 4/3/97	n/a	160	Salt water intrusion, leaching from soil
25. Thallium (ppb)	N	1.0	Tested 4/3/97	0.5	2	Leaching from ore-processing sites; discharge from electronics, glass, and drug factories
Group II Unregulated Organic Contaminants						
116. Bromodichloromethane (ppb)	N	20.0	Tested 4/3/97			Byproduct of Chlorination
120. Chloroform (ppb)	N	54.0	Tested 4/3/97			Byproduct of Chlorination
122. Dibromochloromethane (ppb)	N	7.6	Tested 4/3/97			Byproduct of Chlorination

Note: (14) Copper. Copper is an essential nutrient, but some people who drink water containing copper in excess of the action level over a relatively short amount of time could experience gastrointestinal distress. Some people who drink water containing copper in excess of the action level over many years could suffer liver or kidney damage. People with Wilson's Disease should consult their personal doctor.

The table shows that our system uncovered a problem with copper in tap water this year. The duration of the violation was for the single sampling period in 1998. We presently add a product called Aquadene to reduce the corrosivity of the drinking water. A significant reduction in that corrosivity has occurred but requires further reduction. We are now conducting an evaluation to determine how to increase the effectiveness of this additive. We will continue to work diligently to improve this condition.

In the following list you will find the balance of all contaminants monitored that were either NOT detected or were detected in sufficiently small quantities as to not require reporting.

Microbiological Contaminants	41. Endothall	76. TTHM [Total trihalomethanes]	107. 1,1-dichloropropylene
1. Total Coliform Bacteria	42. Endrin	77. Toluene	108. 1,1-dichloroethane
2. Fecal coliform and E.coli	43. Epichlorohydrin	78. Vinyl Chloride	109. 1,1,1,2-tetrachloroethane
3. Turbidity	44. Ethylene dibromide	79. Xylenes	110. 1,1,2,2-tetrachloroethane
Radioactive Contaminants	45. Glyphosate	80. THM	111. 1,2,3-trichloropropane
4. Gross beta/photon emitters	46. Heptachlor	Secondary Contaminants	112. 1,3-dichloropropane
5. Alpha	47. Heptachlor epoxide	81. Aluminum	113. 1,3-dichloropropene
6. Radium 226 or combined radium	48. Hexachlorobenzene	82. Chloride	114. 2,2-dichloropropane
Inorganic Contaminants	49. Hexachlorocyclo-pentadiene	83. Color	115. Bromobenzene
8. Arsenic	50. Lindane	84. Copper	117. Bromoform
9. Asbestos	51. Methoxychlor	85. Fluoride	118. Bromomethane
10. Barium	52. Oxamyl [Vydate]	86. Foaming Agents	119. Chloroethane
13. Chromium	53. PCBs [Polychlorinated biphenyls]	87. Iron	121. Chloromethane
15. Cyanide	54. Pentachlorophenol	88. Manganese	123. Dibromomethane
19. Mercury (inorganic)	55. Picloram	89. Odor	124. Dichlorodifluoromethane
20. Nickel	56. Simazine	90. Silver	125. m-dichlorobenzene
21. Nitrate (as Nitrogen)	57. Toxaphene	91. Zinc	126. Methyl tert-butyl-ether (MTBE)
22. Nitrite (as Nitrogen)	Volatile Organic Contaminants	92. Sulfate	127. o-chlorotoluene
23. Selenium	58. Benzene	93. Total Dissolved Solids	128. p-chlorotoluene
Synthetic Organic Contaminants including Pesticides and Herbicides	59. Carbon tetrachloride	Group I Unregulated Organic Contaminants	129. Trichlorofluoromethane
26. 2,4-D	60. Chlorobenzene	94. 3-Hydroxycarbofuran	Group III Unregulated Organic Contaminants
27. 2,4,5-TP (Silvex)	61. o-Dichlorobenzene	95. Aldicarb	130. 2-methyl-4,6-dinitrophenol
28. Acrylamide	62. p-Dichlorobenzene	96. Aldicarb sulfone	131. 2-chlorophenol
29. Alachlor	63. 1,2 - Dichloroethane	97. Aldicarb sulfoxide	132. 2,4-dinitrotoluene
30. Atrazine	64. 1,1 - Dichloroethylene	98. Aldrin	133. 2,4,6-trichlorophenol
31. Benzo(a)pyrene (PAH)	65. cis-1,2-Dichloroethylene	99. Butachlor	134. Butyl benzyl phthalate
32. Carbofuran	66. trans - 1,2 -Dichloroethylene	100. Carbaryl	135. Di-n-butylphthalate
33. Chlordane	67. Dichloromethane	101. Dicamba	136. Diethylphthalate
34. Dalapon	68. 1,2-Dichloropropane	102. Dieldrin	137. Dimethylphthalate
35. Di(2-ethylhexyl) adipate	69. Ethylbenzene	103. Methomyl	138. Dioctylphthalate
36. Di(2-ethylhexyl) phthalate	70. Styrene	104. Metolachlor	139. Isophorone
37. Dibromochloropropane	71. Tetrachloroethylene	105. Metribuzin	140. Phenol
38. Dinoseb	72. 1,2,4 -Trichlorobenzene	106. Propachlor	
39. Diquat	73. 1,1,1 - Trichloroethane	Group II Unregulated Organic Contaminants	
40. Dioxin [2,3,7,8-TCDD]	74. 1,1,2 -Trichloroethane		
	75. Trichloroethylene		

As you can see from the table and list, our system had a problem with the action level for copper during the previous year but had NO other violations and the vast majority of contaminants were not even detectable by current laboratory methods.

Some Facts about Drinking Water in General

The sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally-occurring minerals and, in some cases, radioactive material, and can pick up substances resulting from the presence of animals or from human activity.

Contaminants that may be present in source water include:

- A. **Microbial contaminants**, such as viruses and bacteria, which may come from sewage treatment plants, septic systems, agricultural livestock operations, and wildlife.
- B. **Inorganic contaminants**, such as salts and metals, which can be naturally-occurring or result from urban stormwater runoff, industrial or domestic wastewater discharges, oil and gas production, mining, or farming.
- C. **Pesticides and herbicides**, which may come from a variety of sources such as agriculture, urban stormwater runoff, and residential uses.
- D. **Organic chemical contaminants**, including synthetic and volatile organic chemicals, which are by-products of industrial processes and petroleum production, and can also come from gas stations, urban stormwater runoff, and septic systems.
- E. **Radioactive contaminants**, which can be naturally-occurring or be the result of oil and gas production and mining activities.

In order to ensure that tap water is safe to drink, EPA prescribes regulations which limit the amount of certain contaminants in water provided by public water systems. FDA regulations establish limits for contaminants in bottled water which must provide the same protection for public health.

All drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that the water poses a health risk. More

information about contaminants and potential health effects can be obtained by calling the Environmental Protection Agency's Safe Drinking Water Hotline at 1-800-426-4791.

An Explanation of Maximum Contaminant Levels

MCL's are set at very stringent levels. To understand the possible health effects described for many regulated constituents, a person would have to drink 2 liters of water every day at the MCL level for a lifetime to have a one-in-a-million chance of having the described health effect.

Where Do We Go From Here?

Wedgfield Utilities, Inc. Has numerous capital improvement projects currently underway, including a new wastewater treatment plant. At the water plant the industrial water softening units were refurbished. Of course, we continue to work to solve the corrosivity problem. These improvements reflect our commitment to maintaining a safe and dependable water supply.

Notice to Our More Vulnerable Customers

Some people may be more vulnerable to contaminants in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. EPA and Center for Disease Control guidelines on appropriate means to lessen the risk of infection by cryptosporidium and other microbiological contaminants are available from the Safe Drinking Water Hotline (800-426-4791).

The Wrap Up

We at Wedgfield Utilities, Inc. work around the clock to provide top quality water to every tap. We ask that all our customers help us protect our water sources, which are the heart of our community, our way of life and our children's future. Please do not hesitate to call our office at (407) 869-1919, or (800) 272-1919 if outside the greater Orlando area if you have questions.

Wedgefield Utilities, Inc.

Docket No. 991437-WU

25.30-440 (4)
Operation Reports

Test Year Ended June 30, 1999



Department of Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

System Name: Utilities Inc of Florida PWS Identification No.: 3480149
System Owner Name: Utilities Inc Telephone No.: 407-869-1919
Address: 200 Weathersfield Ave City: Altamonte Springs State: FL Zip Code: 32714
System Type: community; No. of Service Connections at End of Reporting Month: 762; Total Population Served at End of Reporting Month: 1905

Water Treatment Plant Information

Treatment Plant Name: Wedgefield Utilities Telephone No.: 407-568-6787
Address: 20449 Mansfield St City: Orlando State: FL Zip Code: 32833
Permitted Maximum Day Capacity of Plant: 350 gpd; Plant Category and Class per Rule 62-699.310(3), F.A.C.: C-3
Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF July 96 : See Page 2.

SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

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

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

Signature and Date: Roger Holsapph 8-1-96

Name and Certificate Number (please type or print): Roger Holsapph 7436-C

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555.910(3)

System PWS Identification Number: 3480149
Treatment Plant Name: Wedgefield UTILITIES

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF July 96

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (Million Gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	1,275	1.4	0.6			
2		1,116	1.1	0.5			
3		1,192	1.0	0.4			
4		1,181	2.0	0.6			
5		1,217	1.5	0.6			
6		1,180	1.1	0.5			
7		1,175	1.0	0.4			
8		1,158	1.5	0.5			
9		1,183	1.5	0.6			
10		1,203	1.6	0.6			
11		1,164	2.0	0.7			
12		1,216	3.5	2.1			
13		1,144	3.5	2.5			
14		1,211	3.5	2.5			
15		1,241	3.5	2.8			
16		1,207	3.0	2.8			
17		1,251	2.5	1.6			
18		1,248	1.0	0.4			
19		1,198	1.3	0.4			
20		1,206	1.5	0.5			
21		1,303	1.5	0.5			
22		1,313	2.3	0.8			
23		1,251	2.5	1.0			
24		1,229	2.0	1.0			
25		1,285	1.7	1.0			
26		1,372	1.0	0.6			
27		1,277	1.2	0.6			
28		1,301	2.0	0.9			
29		1,321	2.4	1.1	2 Raw/2 Dist.		
30		1,347	2.0	1.0			
31	24	1,323	1.3	0.4			
Total	XXXXXX	9,638	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	4	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
Avg.	XXXXXX	310	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
Max.	XXXXXX	372	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX

* If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

† If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Department of Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

System Name: UTILITIES INC. OF FLORIDA PWS Identification No.: 348-0149
System Owner: UTILITIES INC. OF FLORIDA Telephone No.: (407) 869-1919
Name: UTILITIES INC. OF FLORIDA
Address: 200 WEATHERSFIELD BLVD.
City: ALTA MONTE SPRINGS State: FL Zip Code: 32714
System Type: [X] community; [] non-transient non-community; [] non-community; [] consecutive
No. of Service Connections at End of Reporting Month: 763; Total Population Served at End of Reporting Month: 1907

Water Treatment Plant Information

Treatment Plant Name: WEATHERSFIELD UTILITIES Telephone No.: (407) 568-6787
Address: 20449 MANUSFIELD ST.
City: ORLANDO State: FL Zip Code: 32833
Permitted Maximum Day Capacity of Plant: 1350 gpd; Plant Category and Class per Rule 62-699.310(3), F.A.C.: 3C
Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF AUGUST, 1996 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

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

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

Signature and Date: [Handwritten Signature]

Name and Certificate Number: Roger Holsapple 7436-c

**Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water**

Alternate/Substitute DEP Form 62-555.910(3)

System PWS Identification Number: 348-5149
Treatment Plant Name: WEDGEBROOK WATER TREATMENT

I. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF AUGUST 1996

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons) MGD	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	.223	1.6	0.4			
2		.192	1.3	0.5			
3		.218	1.2	0.4			
4		.216	0.7	0.3			
5		.228	0.8	0.4			
6		.215	1.8	0.6			
7		.246	2.0	0.5			
8		.254	2.1	1.3			
9		.178	2.5	1.2			
10		.387	1.5	0.8			
11		.223	1.5	0.8			
12		.189	1.5	0.8			
13		.229	1.5	0.8			
14		.159	0.8	0.4			
15		.169	1.1	0.6			
16		.203	1.6	0.6			
17		.158	0.7	0.4			
18		.259	0.5	0.2			
19		.150	0.4	0.2			
20		.208	0.5	0.2			
21		.161	0.8	0.4			
22		.334	0.8	0.3			
23		.252	0.9	0.4			
24		.221	0.6	0.2			
25		.289	0.6	0.2			
26		.248	0.5	0.3			
27		.142	0.4	0.2			
28		.225	0.4	0.2			
29		.193	0.5	0.2	2 PM/2 DISTRIBUTION		
30	✓	.191	1.0	0.3			
31	24	.234	1.2	0.3			
Total	XXXXXX	6.774	XXXXXXXXXXXXXX	XXXXXXXXXX	4	XXXXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	.218	XXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	.387	XXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX

* If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

† If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Department of Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

System Name: WEDGEFIELD UTILITIES, PWS Identification No.: 3480149, System Owner: UTILITIES INC., Telephone No.: (407) 869-1919, Address: 200 WEATHERSFIELD AV., City: ALTAMONTE SPRINGS, State: FL, Zip Code: 32714, System Type: community, No. of Service Connections at End of Reporting Month: 765, Total Population Served at End of Reporting Month: 1912

Water Treatment Plant Information

Treatment Plant Name: WEDGEFIELD UTILITIES, Telephone No.: (407) 568-6787, Address: 20449 MANSHFIELD ST., City: ORLANDO, State: FL, Zip Code: 32833, Permitted Maximum Day Capacity of Plant: 350,000 gpd, Plant Category and Class per Rule 62-699.310(3), F.A.C.: 3C, Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF SEPTEMBER, 1996: See Page 2.

SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPOCHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

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

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

D. Richard Eck Jr Signature and Date

D. RICHARD ECK JR B3607 Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555-910(3)

System PWS Identification Number: 3480149
Treatment Plant Name: WEDGE FIELD UTILITIES

I. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF SEPTEMBER, 1996

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	234,000	1.2	0.2			
2		244,000	1.4	0.3	1	0.3	
3		193,000	1.5	0.3			
4		207,000	1.4	0.3			
5		242,000	1.4	0.3	1	0.3	
6		172,000	1.3	0.4			
7		209,000	1.5	0.4			
8		276,000	1.4	0.4	1	0.4	
9		226,000	1.4	0.4			
10		184,000	1.5	0.5			
11		176,000	2.0	0.7	1	0.7	
12		207,000	1.8	0.5			
13		206,000	2.0	0.6			
14		165,000	1.4	0.5	1	0.5	
15		242,000	1.5	0.5			
16		204,000	1.6	0.6			
17		174,000	2.0	0.5	1	0.5	
18		191,000	1.6	0.5			
19		150,000	2.0	0.6			
20		250,000	1.6	0.4	1	0.4	
21		207,000	2.1	0.5			
22		228,000	0.8	0.2			
23		241,000	1.2	0.3	1	0.3	
24		259,000	1.4	0.6			
25		250,000	2.2	0.5			
26		217,000	2.3	0.5	1	0.5	
27		180,000	3.1	0.6			
28		226,000	3.1	0.6			
29		226,000	3.0	0.5	1	0.5	
30	↓	266,000	3.2	1.0			
31							
Total	XXXXXX	6,532,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	10	XXXXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	218,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	284,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX

* If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

† If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Department of Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

System Name: WEDGEFIELD UTILITIES PWS Identification No.: 3480149
System Owner: UTILITIES INC. Telephone No.: (407) 869-1919
Address: 200 WEATHERSFIELD AVE
City: ALFAMONTE SPRINGS State: FL Zip Code: 32714
System Type: community
No. of Service Connections at End of Reporting Month: 765 Total Population Served at End of Reporting Month: 1912

Water Treatment Plant Information

Treatment Plant Name: WEDGEFIELD UTILITIES Telephone No.: (407) 568-6787
Address: 20449 MANSFIELD ST
City: ORLANDO State: FL Zip Code: 32833
Permitted Maximum Day Capacity of Plant: 350,000 gpd Plant Category and Class per Rule 62-699.310(3), F.A.C.: 3C
Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF OCTOBER, 1996 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

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

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
process performance records for ion exchange softening (e.g., feed and bypass flows, blend ratio, and salt and brine used);
process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

Signature and Date: [Signature] 11-7-96

Name and Certificate Number (please type or print): D. RICHARD ECK JR 83607

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555.910(3)

System PWS Identification Number: 3180149
Treatment Plant Name: WEDGEFIELD UTILITIES

I. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF OCTOBER, 1986

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	202,000	3.0	0.6			
2		157,000	3.5	0.8			
3		190,000	3.5	0.9	1	0.9	
4		177,000	3.5	1.1			
5		188,000	3.3	1.1			
6		179,000	3.0	1.0	1	1.0	
7		175,000	1.8	0.8			
8		181,000	3.0	1.0			
9		157,000	2.5	0.5	1	0.8	
10		200,000	2.6	0.6			
11		203,000	2.6	0.6			
12		154,000	3.0	0.7	1	0.7	
13		221,000	2.5	0.5			
14		284,000	2.5	0.6			
15		260,000	2.3	0.5	1	0.5	
16		154,000	2.5	0.5			
17		197,000	2.3	0.6			
18		233,000	2.5	0.6	1	0.6	
19		179,000	1.8	0.5			
20		229,000	2.0	0.6			
21		275,000	2.0	0.5	1	0.5	
22		237,000	2.1	0.5			
23		239,000	2.4	0.6			
24		223,000	2.0	0.5	1	0.5	
25		260,000	1.8	0.5			
26		293,000	1.8	0.4			
27		186,000	2.5	0.8			
28		302,000	3.0	1.2	1	1.2	
29		277,000	3.1	1.2			
30		236,000	3.0	1.1			
31	24	234,000	3.0	1.0	1	1.0	
Total	XXXXXX	6,628,000	XXXXXXXXXXXXXX	XXXXXXXXXX	10	XXXXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	214,000	XXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	302,000	XXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX

* If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.
† If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

System Name: Wedgefield Utilities PWS Identification No.: 3480149
System Owner: Utilities Inc. of Florida Telephone No.: 407-869-1919
Address: 200 Weathersfield Ave.
City: Altamont Springs Florida 32714 State: Zip Code:
System Type: community
No. of Service Connections at End of Reporting Month: Total Population Served at End of Reporting Month:

Water Treatment Plant Information

Treatment Plant: Wedgefield water plant Telephone No.: 407-568-6787
Address: 20449 Mansfield St.
City: Orlando State: FL Zip Code: 32833
Permitted Maximum Day Capacity of Plant: 350,000 gpd Plant Category and Class per Rule 62-889.310(3), F.A.C.: 3-c
Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF November 1996 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

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

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash retest);
process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
process performance records for ion exchange softening (e.g., feed and bypass flows, bleed rate, and salt and brine used);
process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
process performance records for electro dialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

Roger Holsapple 7436-c 12/17/96
Signature and Date

Roger Holsapple 7436-c
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555 B(10/3)

System PWS Identification Number: 3480149
Treatment Plant Name: Wedgfield water plant

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF NOVEMBER 1996

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	300,000	2.3	1.1			
2	↑	217,000	2.0	1.0			
3		304,000	2.6	1.3			
4		226,000	1.9	1.0			
5		245,000	1.8	1.0			
6		233,000	1.5	0.8			
7		226,000	1.5	0.8			
8		241,000	1.6	0.6			
9		211,000	1.8	0.6			
10		273,000	2.5	1.0			
11		304,000	2.8	1.0			
12		227,000	3.0	1.1			
13		279,000	3.0	1.3			
14		217,000	2.6	1.3			
15		195,000	2.7	1.1			
16		249,000	2.0	1.0			
17		269,000	1.9	1.2			
18		174,000	2.8	1.0			
19		253,000	3.0	1.0			
20		268,000	3.3	1.3			
21		262,000	3.0	1.5			
22		228,000	3.0	1.5			
23		279,000	2.8	1.4			
24		280,000	2.9	1.2			
25		231,000	2.6	1.0			
26		189,000	2.7	1.0			
27		278,000	2.5	1.0			
28		223,000	3.6	1.0			
29		194,000	3.5	1.0			
30	↓	208,000	3.0	2.0			
31	24						
Total	XXXXXX	7,185,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX		XXXXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	239,500	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	304,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX

* If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

† If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Department of Environmental Protection

Alternate/Substitute DEP Form 62-565.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

System Name: Wedgefield Utilities INC PWS Identification No.: 3480149
System Owner: Utilities Inc. of Florida Telephone No.: 407-869-1919
Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714
System Type: community; non-transient non-community; non-community; consecutive
No. of Service Connections at End of Reporting Month: 769; Total Population Served at End of Reporting Month: 1923

Water Treatment Plant Information

Treatment Plant: Wedgefield Water Treatment Plant Telephone No.: 407-568-6787
Address: 20449 Mansfield St. City: Orlando State: FL Zip Code: 32833
Permitted Maximum Day Capacity of Plant: 350,000 gpd; Plant Category and Class per Rule 62-699.310(3), F.A.C.: C-3
Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF December 1996: See Page 2.

SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

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

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
process performance records for electro dialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amperes).

Signature and Date: Roger Holsapple 1-10-97

Name and Certificate Number (please type or print): Roger Holsapple 7436-c

Monthly Operation Report for Public Water Systems that Use Ground Water

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 3480149

Treatment Plant Name: Wedgefield Water Treatment Plant

Alternate/Substitute DEP Form 62 555 910(3)

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF December 1996

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramines); chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	228,000	3.2	1.5			
2	↑	224,000	2.6	1.3			
3		216,000	2.4	1.0			
4		214,000	1.6	0.9			
5		182,000	1.0	0.7			
6		201,000	1.0	0.6			
7		225,000	1.1	0.6			
8		219,000	1.3	0.6			
9		176,000	1.4	0.7			
10		186,000	1.6	0.7			
11		223,000	1.7	0.8			
12		211,000	1.7	0.6			
13		200,000	1.5	0.6			
14		197,000	1.5	0.5			
15		289,000	1.5	0.5			
16		198,000	1.3	0.5			
17		214,000	3.0	1.7			
18		207,000	3.0	2.0			
19		212,000	2.5	1.8			
20		230,000	2.7	2.0			
21		141,000	2.5	2.0			
22		271,000	2.2	1.8			
23		239,000	1.1	0.6			
24		174,000	1.0	0.5			
25		270,000	1.1	0.5			
26		247,000	0.9	0.4	4 samples		
27		174,000	0.9	0.4	2 Raw		
28		318,000	1.0	0.4	2 Dist.		
29		175,000	1.1	0.5			
30	✓	177,000	1.0	0.5			
31	24	276,000	1.1	0.5			
Total	XXXXXX	6,714,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX		XXXXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	216,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	318,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-556.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Department of Environmental Protection

Alternate/Substitute DEP Form 62 555 910(3)

FILE

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

System Name: Wedgefield Utilities Inc. PWS Identification No.: 3480149
System Owner: Utilities Inc. of Florida Telephone No.: 407-869-1919
Address: 200 Weathersfield Ave.
City: Altamonte Springs State: FL Zip Code: 32714
System Type: community
No. of Service Connections at End of Reporting Month: Total Population Served at End of Reporting Month:

Water Treatment Plant Information

Treatment Plant: Wedgefield Water Treatment Plant Telephone No.: 407-568-6787
Address: 20449 Mansfield St.
City: Orlando State: FL Zip Code: 32833
Permitted Maximum Day Capacity of Plant: 350,000 gpd Plant Category and Class per Rule 62-699.310(3), F.A.C.: C-3
Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF January 97 : See Page 2.

... SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

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

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

Signature and Date: [Handwritten Signature] 2-1-97

Roger Holsapple 8863-C
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555-910(3)

System PWS Identification Number: 3480149
Treatment Plant Name: Wedgefield Water Treatment Plant

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF January 1997

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)*	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)*	
1	24	258,000	1.0	0.5			
2	24	281,000	1.1	0.5			
3	24	153,000	1.9	0.6			
4	24	310,000	1.6	0.6			
5	24	225,000	2.3	0.8			
6	24	233,000	2.1	0.8			
7	24	237,000	1.7	0.7			
8	24	203,000	2.3	0.9			
9	24	184,000	2.1	0.9			
10	24	170,000	1.8	0.6			
11	24	227,000	1.9	0.6			
12	24	218,000	1.9	0.6			
13	24	183,000	1.6	0.5			
14	24	200,000	1.5	0.8			
15	24	132,000	1.8	0.7			
16	24	223,000	2.0	0.9			
17	24	179,000	1.6	0.7			
18	24	222,000	1.5	0.6			
19	24	192,000	2.0	0.9			
20	24	221,000	1.8	0.8			
21	24	197,000	1.9	0.8			
22	24	263,000	2.3	1.0			
23	24	159,000	2.4	1.2			
24	24	225,000	2.5	1.2			
25	24	185,000	2.4	1.2			
26	24	206,000	2.3	1.3			
27	24	231,000	1.9	1.0	4 samples	2 Raw	
28	24	135,000	1.9	1.1		2 Disturb.	
29	24	196,000	2.0	1.1			
30	24	170,000	2.1	1.1			
31	24	198,000	2.3	1.2			
Total	XXXXXX	6,416,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX		XXXXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	207,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	310,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX

* If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.
* If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Department of Environmental Protection

FILE

Alternative/Substitute DEP Form 62 555 910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information (Wedgfield Subdivision)
System Name: Utilities Inc. of Florida
System Owner: Utilities Inc. of Florida
Address: 200 Weathersfield Ave
City: Altamont Springs
State: FL Zip Code: 32714
PWS Identification No.: 3480149
Telephone No.: 407-869-1919
System Type: [X] community; [] non-transient non-community; [] non-community; [] consecutive
No. of Service Connections at End of Reporting Month: 772; Total Population Served at End of Reporting Month: 1930

Water Treatment Plant Information
Treatment Plant Name: Wedgfield 400 Gals Water Treatment Plant
Address: 20449 Mausfield St
City: Orlando
State: FL Zip Code: 32833
Telephone No.: 407-563-6787
Permitted Maximum Day Capacity of Plant: 3500 gpd; Plant Category and Class per Rule 62-699.310(3), F.A.C.: C-3
Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF February : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTERANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

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

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
process performance records for electro dialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

Signature and Date: [Signature] 3-9-97

Name and Certificate Number (please type or print): Roger Holsapple 7436-C

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555-910(3)

System PWS Identification Number: 3330149

Treatment Plant Name: W. H. ...

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF February

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

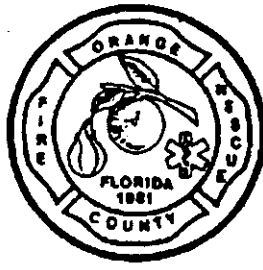
Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)*	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	207,000	2.9	1.6			
2		345,000	2.7	1.4			
3		212,000	2.4	1.6			
4		196,000	2.0	1.5			
5		201,000	2.3	1.5			
6		192,000	2.6	1.7			
7		271,000	2.6	1.8			
8		192,000	2.4	1.6			
9		250,000	2.4	1.6			
10		213,000	1.5	1.2			
11		200,000	1.7	1.0			
12		158,000	2.3	1.1			
13		156,000	2.5	1.3			
14		189,000	2.3	1.2			
15		210,000	2.5	1.2			
16		232,000	2.3	1.1			
17		210,000	2.0	1.0			
18		100,000	2.0	1.0			
19		175,000	1.9	0.6			
20		194,000	1.8	0.8			
21		207,000	1.6	0.5			
22		215,000	1.5	0.5			
23		238,000	1.2	0.4			
24		187,000	1.5	0.4	2-RAW 2-DIST.		
25		280,000	1.5	0.6			
26		241,000	2.0	0.7			
27		203,000	3.1	0.9			
28		231,000	2.5	1.2			
29							
30							
31	24						
Total	XXXXXX	5,905,000	XXXXXXXXXXXXXX	XXXXXXXXXX	4	XXXXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	211,000	XXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	345,000	XXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX

† If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

† If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

4/14/97
Margaret FFI

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Interoffice Memorandum

Fire Loss Management -- Hydrant Program Coordinator
6590 Amory Court, Winter Park, FL 32792
(407)836-9080 Ext. 77877 Fax (407)836-9097

April 14, 1997

TO: Wedgefield Utilities
FROM: Lt. William Duxbury *W.D.*
FLM -- Hydrant Program Coordinator

SUBJECT: Hydrant Testing -- Estimated Water Useage March 1997

During the months of March 1997 it is estimated that the Fire/Rescue Division used approximately 28,683 gallons of water testing hydrants in the Wedgefield Subdivision, serviced by your utility.

If you have any questions or need further information please contact me.

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Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

System Name: Wedge Field Water Treatment Plant PWS Identification No.: 3480149
System Owner: Utilities Exp. of Florida Telephone No.: 407-869-1919
Name: Utilities Exp. of Florida Address: 200 Weathersfield Ave City: Altamonte Springs State: FL Zip Code: 32714
System Type: community; non-transient non-community; non-community; consecutive
No. of Service Connections at End of Reporting Month: 773 Total Population Served at End of Reporting Month: 19305

Water Treatment Plant Information

Treatment Plant: Wedge Field Water Treatment Plant Telephone No.: 407-568-6787
Name: Wedge Field Water Treatment Plant Address: 20449 Mansfield St City: Orlando State: FL Zip Code: 32833
Permitted Maximum Day Capacity of Plant: 350,000 gpd Plant Category and Class per Rule 62-699.310(3), F.A.C.: C-3
Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF March 1997 : See Page 2.

SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

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

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amperes).

Signature and Date: Roger Holsapple 4-5-97

Name and Certificate Number (please type or print): Roger Holsapple 7436-C

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternative/Substitute DEP Form 62-555-910(3)

System PWS Identification Number: 3480149
Treatment Plant Name: Wedge Field Water Treatment Plant

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF March 1997

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	249,000	3.5	2.3			
2		310,000	3.4	2.1			
3		252,000	3.5	2.1			
4		286,000	2.5	1.8			
5		258,000	2.2	1.8			
6		227,000	3.5	2.0			
7		220,000	3.2	2.0			
8		266,000	3.0	1.9			
9		468,000	2.6	1.4			
10		224,000	2.3	1.5			
11		336,000	2.0	1.2			
12		234,000	2.1	0.9			
13		215,000	2.0	0.9			
14		219,000	1.6	0.8			
15		172,000	1.8	0.8			
16		283,000	1.6	0.7			
17		236,000	2.0	1.0			
18		186,000	2.0	1.2			
19		219,000	2.4	1.2			
20		214,000	1.8	1.0			
21		215,000	1.7	1.0	*2 well		
22		188,000	1.7	1.0	3 Distribution		
23		339,000	1.9	1.1			
24		197,000	1.7	0.9			
25		213,000	1.8	1.0			
26		284,000	1.7	1.0			
27		289,000	2.6	1.3			
28		297,000	2.2	1.2			
29		286,000	2.3	1.2			
30		271,000	2.6	1.3			
31	24	288,000	2.1	1.0			
Total	XXXXXX	7,751,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	5	XXXXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	250,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	468,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX

* If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

† If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Department of
Environmental Protection

Alternate/Substitute DEP Form 1255 910(3)
FILE

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

● System Name: Wedgefield Utilities PWS Identification No.: 3480149
 ● System Owner Name: Utilities Inc. of Florida Telephone No.: 407-869-1919
 Address: 200 Wedgfield Ave.
 City: Altamonte Springs FL State: FL Zip Code: 32714
 ● System Type: community; non-transient non-community; non-community; consecutive
 ● No. of Service Connections at End of Reporting Month: 771; ● Total Population Served at End of Reporting Month: 1927

Water Treatment Plant Information

● Treatment Plant Name: Wedgefield Water Treatment plant Telephone No.: 407-568-6787
 Address: 20449 Mansfield St
 City: Orlando State: FL Zip Code: 32833
 ● Permitted Maximum Day Capacity of Plant: 350,000 gpd; ● Plant Category and Class per Rule 62-699.310(3), F.A.C.: C-3
 ● Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF April 1997 : See Page 2.

.. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

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

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amperes).

Roger Holzapple 5-4-97
Signature and Date

Roger Holzapple 7436-C
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555-910(3)

System PWS Identification Number: 3480149
Treatment Plant Name: Wedge Field Utilities Waterplant

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF April 1997

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	239,000	2.0	1.0			
2	↑	262,000	2.2	1.0			
3		269,000	2.4	0.9			
4		251,000	2.3	0.9	5		
5		339,000	2.3	0.8			
6		371,000	2.7	1.0			
7		274,000	2.7	1.0			
8		307,000	2.4	1.6			
9		252,000	2.0	1.1			
10		227,000	2.4	1.2			
11		283,000	2.3	1.1			
12		220,000	2.0	1.0			
13		258,000	2.0	1.0			
14		182,000	2.5	1.0			
15		156,000	2.0	0.8			
16		182,000	2.4	1.3			
17		162,000	2.3	1.0			
18		236,000	2.3	1.1			
19		212,000	2.6	2.0			
20		269,000	2.9	1.7			
21		214,000	2.5	1.4			
22		281,000	2.2	1.4			
23		218,000	2.8	1.4			
24		250,000	2.9	1.6			
25		157,000	2.5	1.3			
26		285,000	4.4	1.9			
27		175,000	2.5	1.5			
28		196,000	2.8	2.0			
29		210,000	2.5	1.0			
30	✓	232,000	2.9	1.3			
31	24						
Total	XXXXXX	2,174,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	5	XXXXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	239,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	371,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX

* If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

† If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Department of Environmental Protection

FILE

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

System Name: Wedgfield Utilities, PWS Identification No.: 3480149
System Owner: Utilities Inc. of Florida, Telephone No.: 407-869-1919
Address: 200 Weathersfield Ave, State: FL, Zip Code: 32714
City: Altamonte Springs
System Type: community
No. of Service Connections at End of Reporting Month: 774; Total Population Served at End of Reporting Month: 1935

Water Treatment Plant Information

Treatment Plant: Wedgfield Water Treatment Plant, Telephone No.: 407-568-6787
Address: 20449 Mausfield St, State: FL, Zip Code: 32833
City: Orlando
Permitted Maximum Day Capacity of Plant: 350,000 gpd; Plant Category and Class per Rule 62-699.310(3), F.A.C.: C-3
Plant Operators: See Page 3.

ii. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF MAY 1997: See Page 2.

iii. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

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

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/lamps).

Signature and Date: [Signature] 6-6-97

Name and Certificate Number (please type or print): Roger Holsapple 7436-C

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555-910(3)

System PWS Identification Number: 3480149
Treatment Plant Name: Wedge Field Utilities Water plant

ii. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF May 1997

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	185 000	2.5	1.3			
2		203 000	2.3	1.2			
3		301 000	2.2	1.0			
4		287 000	2.3	1.1			
5		240 000	2.1	1.0			
6		273 000	2.0	1.0			
7		279 000	2.5	1.3			
8		310 000	3.5	2.1	5		
9		354 000	4.5	2.2			
10		355,000	2.1	2.1			
11		242 000	2.0	2.1			
12		242 000	5.0	4.9			
13		214 000	2.6	3.0			
14		259 000	1.8	1.6			
15		209 000	1.8	1.4			
16		230 000	1.0	1.0			
17		219 000	1.0	0.8			
18		222 000	1.2	0.6			
19		200 000	1.2	0.6			
20		225 000	1.4	0.6			
21		201 000	1.5	0.6			
22		202 000	1.7	0.7			
23		176 000	1.7	0.7			
24		273 000	1.6	0.6			
25		212 000	1.8	0.7			
26		320 000	2.0	0.9			
27		170 000	2.0	1.0			
28		175 000	2.2	1.0			
29		231 000	2.0	1.0			
30		210 000	2.7	1.3			
31	24	209 000	2.4	1.2			
Total	XXXXXX	7,247,000	XXXXXXXXXXXXXXXX	XXXXXXXXXXXX	5	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	233,000	XXXXXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	355,000	XXXXXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Department of Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3) FILE

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

System Name: Wedgefield Water Treatment Plant PWS Identification No.: 3480149
System Owner: Utilities Inc of Florida Telephone No.: 407-869-1919
Address: 200 Westersfield Ave State: FL Zip Code: 32714
City: Altamonte Springs
System Type: X community; non-transient non-community; non-community; consecutive
No. of Service Connections at End of Reporting Month: 776; Total Population Served at End of Reporting Month: 1940

Water Treatment Plant Information

Treatment Plant Name: Wedgefield Water Treatment plant Telephone No.: 407-568-6787
Address: 20449 Mausfield St State: FL Zip Code: 32833
City: Orlando
Permitted Maximum Day Capacity of Plant: 350,000 gpd; Plant Category and Class per Rule 62-699.310(3), F.A.C.: 3-C
Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF June 97 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

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

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amperes).

Signature and Date: [Signature] 7-9-97

Name and Certificate Number (please type or print): Roger Nolsapple 7436-C

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555-910(3)

System PWS Identification Number: 3420149
Treatment Plant Name: Wedgefield Water Treatment Plant

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF JUNE 97

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	218,000	2.4	1.0			
2	↑	203,000	2.0	0.8			
3		261,000	2.1	1.0			
4		214,000	2.5	1.1			
5		210,000	2.6	1.1			
6		178,000	3.0	1.4			
7		233,000	3.2	1.6			
8		186,000	1.8	1.0			
9		210,000	1.4	1.0			
10		118,000	1.0	0.6			
11		200,000	1.0	0.5			
12		161,000	1.6	0.8			
13		181,000	1.6	0.9			
14		245,000	1.6	0.9			
15		188,000	1.7	0.9			
16		160,000	1.6	0.7			
17		164,000	1.6	0.8			
18		182,000	1.6	0.8			
19		215,000	1.8	0.8			
20		212,000	2.0	0.8			
21		152,000	3.0	0.9			
22		207,000	2.0	0.6			
23		191,000	1.8	0.6			
24		173,000	1.8	0.6			
25		198,000	1.6	0.6	5 samples		
26		121,000	1.7	0.7			
27		233,000	1.8	0.7			
28		154,000	1.7	0.6			
29		220,000	2.0	0.7			
30	↓	186,000	3.0	0.7			
31	24						
Total	XXXXXX	5647,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX		XXXXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	182,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	283,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX

* If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

† If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Department of Environmental Protection

FILE
Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

System Name: Wedge Field Utilities Inc. PWS Identification No.: 3480149
System Owner: Utilities Inc. of Florida Telephone No.: 407 869-1919
Address: 200 Weathersfield Ave
City: Altamonte Springs State: FL Zip Code: 32714
System Type: [X] community; [] non-transient non-community; [] non-community; [] consecutive
No. of Service Connections at End of Reporting Month: 778; Total Population Served at End of Reporting Month: 1945

Water Treatment Plant Information

Treatment Plant Name: Wedge Field Water Treatment Plant Telephone No.: 407-568-6787
Address: 20499 Manfield St
City: Orlando State: FL Zip Code: 32820
Permitted Maximum Day Capacity of Plant: 350,000 gpd; Plant Category and Class per Rule 62-699.310(3), F.A.C.: C-3
Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF July 97 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

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

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month-indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amperes).

Signature and Date: [Signature] 8-6-97

Name and Certificate Number (please type or print): Roger Holzapple 7436-C

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555-910(3)

System PWS Identification Number: 3480149

Treatment Plant Name: Wedge Field Utilities Water plant

July 97

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	213,000	1.6	0.7			
2		287,000	1.6	0.7			
3		232,000	1.7	0.8			
4		232,000	1.9	0.8			
5		281,000	1.6	0.8			
6		126,000	1.3	0.4			
7		215,000	1.1	0.2			
8		230,000	2.0	0.5			
9		185,000	3.0	0.9			
10		227,000	3.0	1.6			
11		202,000	2.6	1.4			
12		213,000	2.7	1.4			
13		155,000	2.1	1.3			
14		200,000	1.6	1.1			
15		207,000	1.3	1.0			
16		205,000	0.8	0.4			
17		172,000	1.6	0.8			
18		215,000	2.6	1.0			
19		155,000	5.0	2.6			
20		169,000	3.2	1.0			
21		243,000	1.0	0.8			
22		134,000	2.0	0.8			
23		229,000	2.0	0.9	5		
24		154,000	2.1	1.0			
25		252,000	2.0	1.0			
26		188,000	2.2	1.0			
27		213,000	2.2	1.0			
28		243,000	2.0	0.8			
29		154,000	2.2	0.9			
30		213,000	2.0	0.8			
31	24	188,000	2.0	0.9			
Total	XXXXXX	6 332 000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	5	XXXXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	204,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	297,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX

* If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

† If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Department of
Environmental Protection

Alternate/Supplement DEP Form 62-555 910(3)

FILE

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

• System Name: Wedge Field Utilities PWS Identification No.: 3480149
 • System Owner: Utilities Inc. of Florida Telephone No.: 407-869-1919
 Address: 200 Wreathesford Ave.
 City: Almaque Springs State: FL Zip Code: 3214
 • System Type: community; non-transient non-community; non-community; consecutive
 • No. of Service Connections at End of Reporting Month: 281; • Total Population Served at End of Reporting Month: 1952.5

Water Treatment Plant Information

• Treatment Plant Name: Wedge Field Water Treatment Plant Telephone No.: 407-568-6787
 Address: 2049 Mansfield St
 City: Orlando State: FL Zip Code: 32833
 • Permitted Maximum Day Capacity of Plant: 350,000 gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: C-3
 • Plant Operators: See Page 3.

- II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF August 97: See Page 2.
 II. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.
 IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

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

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amperes).

Roger Holsapple 9-4-97
Signature and Date

Roger Holsapple 7436-C
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Akron/Steubenville DEP Form 62-555 810(3)

System PWS Identification Number: 3480149
Treatment Plant Name: Wedge Field Utilities

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF August 97

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)*	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)*	
1	24	180,000	2.0	0.9			
2		165,000	2.0	0.9			
3		199,000	2.1	0.9			
4		194,000	2.2	0.8			
5		249,000	2.4	1.0			
6		190,000	2.3	1.0			
7		152,000	2.4	1.2			
8		191,000	2.4	1.1			
9		234,000	2.4	1.0			
10		162,000	2.3	1.0			
11		224,000	2.1	0.8			
12		210,000	2.4	0.8			
13		216,000	1.7	0.4			
14		229,000	1.1	0.4			
15		186,000	1.4	0.4			
16		229,000	1.3	0.5			
17		207,000	1.3	0.5			
18		209,000	1.4	0.4			
19		190,000	1.3	0.5			
20		198,000	1.3	0.4			
21		193,000	1.3	0.3	3 Disturbances		
22		211,000	1.3	0.5	2 Rain		
23		247,000	1.3	0.5			
24		191,000	1.4	0.6			
25		201,000	1.5	0.6			
26		264,000	1.1	0.5			
27		217,000	1.0	0.5			
28		236,000	1.1	0.6			
29		241,000	1.0	0.6			
30		274,000	1.0	0.5			
31	24	235,000	1.1	0.6			
Total	XXXXXX	6,524,000	XXXXXXXXXXXX	XXXXXXXXXXXX	5	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	210,000	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX
Max	XXXXXX	274,000	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Department of Environmental Protection

Alternative/Substitute DEP Form 62 665 910(3)

FILE

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

System Name: Wedge field Water Treatment Plant PWS Identification No.: 3480149
System Owner: Utilities Inc of Florida Telephone No.: 407-869-1919
Address: 200 Weathersfield Ave City: DAVENPORT SPRINGS State: FL Zip Code: 32714
System Type: [X] community, [] non-transient non-community, [] non-community, [] consecutive
No. of Service Connections at End of Reporting Month: 794 Total Population Served at End of Reporting Month: 1960

Water Treatment Plant Information

Treatment Plant Name: Wedge field water treatment Plant Telephone No.:
Address: 20449 Mausfield ST City: Orlando State: FL Zip Code: 32833
Permitted Maximum Day Capacity of Plant: 350,000 gpd Plant Category and Class per Rule 62-699.310(3), F.A.C.: C-3
Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF September 97: See Page 2.

.. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

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

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amperes).

R. Holsapple 10-9-97
Signature and Date

Roger Holsapple-7436-C
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555-910(3)

System PWS Identification Number: 3480149
Treatment Plant Name: Wedge Field Water Treatment Plant

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF September 1997

Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	204,000	2.5	1.1			
2	A	200,000	2.3	0.7			
3		151,000	2.3	1.4			
4		208,000	2.5	1.6			
5		187,000	2.5	1.5			
6		280,000	2.4	1.0			
7		212,000	1.0	0.4			
8		237,000	1.5	0.6			
9		235,000	2.0	0.7			
10		279,000	2.1	0.9			
11		271,000	2.0	0.9			
12		297,000	1.9	0.9			
13		236,000	1.9	0.7			
14		212,000	1.8	0.8			
15		255,000	1.9	0.8			
16		300,000	1.9	0.8			
17	1	285,000	2.0	0.9			
18	1	294,000	2.2	1.1			
19		173,000	2.2	1.0			
20		335,000	2.4	1.2			
21		286,000	2.3	1.4			
22		309,000	2.3	1.5			
23		267,000	2.4	1.1			
24		166,000	2.3	1.4			
25		277,000	2.3	1.4	X-3 CRT		
26		200,000	2.9	1.6	2. HASU		
27		215,000	2.4	1.5			
28		232,000	2.1	1.0			
29	V	249,000	1.1	0.6			
30	24	241,000	2.0	0.7			
31							
Total	XXXXXX	7,261,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	5	XXXXXXXXXXXXXX	XXXXXXXXXX
Avg	XXXXXX	247,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX
Max	XXXXXX	335,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX

* If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

† If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Department of Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

FILE

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

System Name: Wedgefield Water Treatment Plant PWS Identification No.: 3480149
System Owner: Utilities Inc. of Florida Telephone No.: 407-869-1919
Address: 200 Weather's Creek Ave. City: Alramonte Springs State: FL Zip Code: 32714
System Type: community; non-transient non-community; non-community; consecutive
No. of Service Connections at End of Reporting Month: 786; Total Population Served at End of Reporting Month: 4,965

Water Treatment Plant Information

Treatment Plant: Wedgefield Water Treatment Plant Telephone No.: 407-568-6787
Address: 20449 Mansfield St City: State: Zip Code: 32833
Permitted Maximum Day Capacity of Plant: 350,000 gpd; Plant Category and Class per Rule 62-699.310(3), F.A.C.: C-3
Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF October 1997: See Page 2.

SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

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

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved-solids, dilute flow rate, brine make-up, pressures, and volts/amps).

Signature and Date: [Signature] 11-7-97

Name and Certificate Number (please type or print): Roger Nalsagge 7436-C

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555.910(3)

System PWS Identification Number: 3480149
Treatment Plant Name: Wedgetfield water treatment plant

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF October 1997

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	202,000	2.1	1.0			*
2	7	256,000	4.5	2.3			
3		287,000	5.0 +	4.6			
4		281,000	5.0	3.9			
5		257,000	4.8	3.6			
6		246,000	3.1	2.4			
7		232,000	1.6	0.8			
8		228,000	0.6	0.2			
9		270,000	0.8	0.2			
10		194,000	1.0	0.4			
11		216,000	0.9	0.4			
12		177,000	0.6	0.3			
13		237,000	0.6	0.2			
14		234,000	0.7	0.2			
15		237,000	2.4	0.6			
16		242,000	1.2	0.6			
17		197,000	1.7	0.8			
18		224,000	0.8	0.2			
19		241,000	0.8	0.3			
20		237,000	1.9	0.8			
21		265,000	1.9	0.8			
22		239,000	2.0	0.8			
23		393,000	2.1	0.8			* see attached
24		241,000	3.2	1.3			
25		269,000	2.3	1.1			
26		194,000	2.0	1.0			
27		219,000	0.6	0.4			
28		228,000	0.6	0.2			
29		243,000	1.1	0.2			
30		194,000	1.1	0.4			
31	24	186,000	1.0	0.3	* 3 Dist. 2 Racu		
Total	XXXXXX	7,366,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	5	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
Avg.	XXXXXX	237,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
Max.	XXXXXX	393,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX

* If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

† If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant WEDGEFIELD WTP

Month/Year OCTOBER 1997

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLOSKING POINT OR LINE BREAK
10-4-97	15min	250			1750	20117 MAJESTIC
10-4-97	15min	250			1750	20519 MAJESTIC
10-4-97	15min	250			1750	20657 MAILLARD
10-6-97	15min	250			1250	20745 MAILLARD
10-6-97	15min	250			1750	2329 ALBANE
10-6-97	15min	250			1750	Corner MANLY + AMBERLY
10-6-97	15min	250			1750	Corner ASCOT + MARDI GRAS
10-6-97	15min	250			1750	RANGER DRAINAGE
10-13-97	15min	250			1750	20117 MAJESTIC
10-13-97	15min	250			1750	20519 MAJESTIC
10-13-97	15min	250			1750	20657 MAILLARD
10-13-97	15min	250			1750	20745 MAILLARD
10-14-97	15min	250			1750	20117 MAJESTIC
10-14-97	15min	250			1750	20519 MAJESTIC
10-14-97	15min	250			1750	20657 MAILLARD
10-14-97	15min	250			1750	20745 MAILLARD
10-15-97	15min	250			1750	20117 MAJESTIC
10-15-97	15min	250			1750	20519 MAJESTIC
10-15-97	15min	250			1750	20657 MAILLARD
10-15-97	15min	250			1750	20745 MAILLARD
10-16-97	15min	250			1750	20117 MAJESTIC
10-16-97	15min	250			1750	20519 MAJESTIC
10-16-97	15min	250			1750	20657 MAILLARD
10-16-97	15min	250			1750	20745 MAILLARD

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant WEDGEFIELD WTP
 Month/Year OCTOBER 1997

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	TYPE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
10-20-97	15 MIN	250			1750	20117 MAJESTIC
10-20-97	15 MIN	250			1750	20519 MAJESTIC
10-20-97	15 MIN	250			1750	20657 MAILLARD
10-20-97	15 MIN	250			1750	20745 MAILLARD
10-20-97	15 MIN	250			1750	2329 ALBEONE
10-20-97	15 MIN	250			1750	CORNER MANLY + AMBERLY
10-20-97	15 MIN	250			1750	CORNER ASCOT + MACDI GRAS
10-20-97	15 MIN	250			1750	RANGER DRAINAGE
10-21-97	15 MIN	250			1750	20117 MAJESTIC
10-21-97	15 MIN	250			1750	20519 MAJESTIC
10-21-97	15 MIN	250			1750	20657 MAILLARD
10-21-97	15 MIN	250			1750	20745 MAILLARD
10-22-97	15 MIN	250			1750	20117 MAJESTIC
10-22-97	15 MIN	250			1750	20519 MAJESTIC
10-22-97	15 MIN	250			1750	20657 MAILLARD
10-22-97	15 MIN	250			1750	20745 MAILLARD
10-23-97	15 MIN	250			1750	20117 MAJESTIC
10-23-97	15 MIN	250			1750	20519 MAJESTIC
10-23-97	15 MIN	250			1750	20657 MAILLARD
10-23-97	15 MIN	250			1750	20745 MAILLARD
10-24-97	15 MIN	250			1750	20117 MAJESTIC
10-24-97	15 MIN	250			1750	20519 MAJESTIC
10-24-97	15 MIN	250			1750	20657 MAILLARD
10-24-97	15 MIN	250			1750	20745 MAILLARD



Department of
Environmental Protection

Alternative/Substitute DEP Form 62 655 910(3)

FILE

**Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water**

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

● System Name: Wedge Field Water Treatment Plant PWS Identification No.: 3480149
 ● System Owner:
 Name: Utilities Inc. of Florida Telephone No.: 407 869 1919
 Address: 200 Westwoodfield Ave
 City: Altamonte Springs State: FL Zip Code: 32714
 ● System Type: community; non-transient non-community; non-community; consecutive
 ● No. of Service Connections at End of Reporting Month: 787; ● Total Population Served at End of Reporting Month: 1967.5

Water Treatment Plant Information

● Treatment Plant
 Name: Wedge Field Water Treatment Plant Telephone No.: 407 563 6787
 Address: 20449 Manfield St
 City: Orlando State: FL Zip Code: 32833
 ● Permitted Maximum Day Capacity of Plant: 350,000 gpd; ● Plant Category and Class per Rule 62-699.310(3), F.A.C.: C-3
 ● Plant Operators: See Page 3.

ii. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF November 97: See Page 2.

iii. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

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

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amperes).

R. H. Apple 12-7-97
Signature and Date

Roger Holsapple 7436-C
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555-210(2)

System PWS Identification Number: 3430149
Treatment Plant Name: Wedge Field water treatment plant

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF November 1997

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	186,000	1.1	0.3			
2	24	247,000	0.9	0.3			
3	24	297,000	2.1	0.8			
4	24	324,000	2.5	1.0			
5	24	217,000	2.6	1.2			
6	24	316,000	2.0	1.0			
7	24	232,000	1.7	1.0			
8	24	218,000	1.7	1.0			
9	24	225,000	1.9	1.2			
10	24	298,000	4.9	2.5			
11	24	252,000	3.7	1.4			
12	24	263,000	1.2	0.7			
13	24	165,000	1.3	0.7			
14	24	175,000	1.3	0.8			
15	24	177,000	1.3	0.6			
16	24	236,000	1.3	0.6			
17	24	202,000	1.5	0.3	3 Dist, 2 RAW		
18	24	194,000	1.9	0.7			
19	24	221,000	1.5	0.7			
20	24	238,000	1.3	0.6			
21	24	227,000	1.9	0.8			
22	24	200,000	1.6	0.8			
23	24	196,000	1.5	0.7			
24	24	213,000	1.3	0.7			
25	24	256,000	1.7	0.8			
26	24	163,000	1.6	0.8			
27	24	263,000	1.5	0.7			
28	24	291,000	1.5	0.8			
29	24	194,000	1.7	0.5			
30	24	245,000	1.3	0.6			
31	24						
Total	XXXXXX	6,921,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	5	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
Avg.	XXXXXX	230,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
Max.	XXXXXX	324,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant WEDGEFIELD Unit 3
 Month/Year November, 1997

DATE	TIME (MIN)	ROTAMETER CUB	PIPE SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
11-3-97	5min	390	8"	15:00	1950	ALABASTER + ABNEY North, Hydrant
11-3-97	10min	390	8"	15:00	3900	ALABASTER + ABNEY North, Hydrant
11-3-97	5min	390	8"	15:00	1950	2222 ALABASTER North, Hydrant
11-3-97	5min	390	8"	15:00	1950	2222 ALABASTER South, Hydrant
11-3-97	15min	390	8"	15:00	3950	lot 9 MAILLARD West, Hydrant
11-3-97	5min	390	8"	15:00	1950	lot 9 MAILLARD East, Hydrant
11-3-97	5min	390	8"	15:00	1950	TRACT C MARDI GRAS EAST, Hydrant
11-3-97	5min	390	8"	15:30	1950	TRACT C MARDI GRAS West, Hydrant
11-3-97	10min	390	8"	15:30	3900	2329 ABALONE North, Hydrant
11-3-97	5min	390	8"	15:30	1950	2329 ABALONE SOUTH, Hydrant
11-4-97	5min	390	8"	09:00	1950	ALABASTER + ABNEY North, Hydrant
11-4-97	5min	390	8"	09:00	1950	lot 9 MAILLARD West, Hydrant
11-4-97	5min	390	8"	09:00	1950	lot 9 MAILLARD EAST, Hydrant
11-4-97						
11-4-97	5min	390	8"	09:30	1950	TRACT C MARDI GRAS EAST, Hydrant
11-4-97	5min	390	8"	09:30	1950	TRACT C MARDI GRAS West, Hydrant
11-5-97	5min	390	8"	09:00	1950	lot 9 MAILLARD West, Hydrant
11-5-97	1min	390	8"	09:00	390	lot 9 MAILLARD EAST, Hydrant
11-5-97	1min	390	8"	09:30	390	TRACT C MARDI GRAS EAST, Hydrant
11-5-97	1min	390	8"	09:30	390	TRACT C MARDI GRAS, West, Hydrant
11-14-97	5min	390	8"	13:30	1950	2446 ABALONE, Hydrant
11-14-97	5min	390	8"	13:40	1950	2617 ABALONE, Hydrant
11-14-97	3min	390	8"	13:45	1170	2508 ABALONE, Hydrant
11-17-97	2min	390	8"	10:00	780	2446 ABALONE, Hydrant
11-17-97	2min	390	8"	10:00	780	2617 ABALONE, Hydrant
11-17-97	2min	390	8"	10:00	780	2508 ABALONE, Hydrant



Department of
Environmental Protection

ADVERSE/COMPLAINT DEP Form 62 666 8103
FILE

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information:
 • System Name: Wedgefield Water Treatment Plant PWS Identification No.: 3480149
 • System Owner: Utilities Inc. of Florida Telephone No.: 407 869 1919
 Name: 200 Weathersfield Ave
 Address: Altamonte Springs State: FL Zip Code: 32714
 City: Altamonte Springs
 • System Type: community, non-treatment non-community, non-community, consecutive
 • No. of Service Connections at End of Reporting Month: 789; • Total Population Served at End of Reporting Month: 1972.5

Water Treatment Plant Information:
 • Treatment Plant Name: Wedgefield Water Treatment Plant Telephone No.: 407 568 6787
 Name: 20449 Mansfield St
 Address: Orlando State: FL Zip Code: 32833
 City: Orlando
 • Permitted Maximum Day Capacity of Plant: 350,000 gpd; • Plant Category and Class per Rule 62-600.310(3), F.A.C.: C-3
 • Plant Operator: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF _____ : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

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

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rates, and soft and brine usage);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and voltages).

R. Volynski 1-11-98
Signature and Date

Roger Holgado 7436-C
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

ALBANY/BERKSHIRE DEP Form 62-555-010(3)

System PWS Identification Number: 13480149
Treatment Plant Name: Wedge Field Water Treatment Plant

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF December 1997

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)*	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)*	
1	24	210,000	1.4	0.8			
2		208,000	1.5	0.8			
3		198,000	1.4	0.6			
4		194,000	1.6	0.7			
5		181,000	1.4	0.7			
6		200,000	1.5	0.7			
7		176,000	1.9	0.8			
8		197,000	1.7	0.8			
9		188,000	1.6	0.9			
10		213,000	1.4	0.8			
11		177,000	1.5	0.8			
12		200,000	1.6	0.8			
13		170,000	1.6	0.8			
14		154,000	1.5	0.8			
15		167,000	1.6	0.7			
16		179,000	1.6	0.9			
17		211,000	1.6	0.6	5		
18		184,000	1.7	0.6			
19		183,000	1.7	0.6			
20		192,000	1.7	0.7			
21		213,000	2.1	0.8			
22		313,000	1.9	0.9			
23		200,000	1.7	0.7			
24		263,000	2.0	0.8			
25		161,000	1.8	0.6			
26		200,000	2.2	0.9			
27		184,000	2.0	0.8			
28		170,000	2.1	0.8			
29		179,000	1.5	0.9			
30		187,000	1.8	0.9			
31	24	186,000	4.1	1.3			
Total	XXXXXX	6,030,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	5	XXXXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	194,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	313,000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX

If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.
If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Department of Environmental Protection

Approval/Revision DEP Form 62466 61023

FILE

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5.

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

System Name: Wedgefield Water Treatment Plant PWS Identification No.: 3480149
Service District: Utilities Inc. of Florida Telephone No.: 407-869-1919
Address: 200 Weathersfield Ave. State: FL Zip Code: 32714
City: Altamonte Springs
System Type: community
No. of Service Connections at End of Reporting Month: 789 Total Population Served at End of Reporting Month: 1973

Water Treatment Plant Information

Treatment Plant Name: Wedgefield Water treatment Plant Telephone No.: 407-568-6787
Address: 20449 Mansfield Street State: FL Zip Code: 32833
City: Orlando
Permitted Maximum Day Capacity of Plant: 350000 gpd Plant Category and Class per Rule 62-600.310(3), F.A.C.: C-3
Plant Operator: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF January 1998 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRIANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

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

Also, I certify that the following additional operations records applicable to this plant were prepared each day by a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, and filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
process performance records for fine-bubble air softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
process performance records for ion exchange softening (e.g., feed and bypass flows, bleed rates, and salt and brine usage);
process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volt/amp).

Signature and Date: William C. Forehand 2-6-98

Signature and Certificate Number (please type or print): William C. Forehand C5828

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

ALBANY/ALBANY DEP Form 62-665 (10/83)

System PWS Identification Number: 3480149
Treatment Plant Name: Wedgfield Water

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF January 1998

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	228,000	5.0	3.1			
2	24	231,000	2.8	1.3			
3	24	199,000	2.0	0.9			
4	24	153,000	1.9	0.6			
5	24	194,000	3.3	1.8			
6	24	188,000	1.4	0.8			
7	24	200,000	0.9	0.3			
8	24	169,000	0.6	0.3			
9	24	215,000	0.6	0.2			
10	24	180,000	1.1	0.4			
11	24	183,000	1.7	0.8			
12	24	211,000	2.9	1.8			
13	24	315,000	3.5	2.5			
14	24	198,000	1.4	1.0			
15	24	161,000	1.0	0.6			
16	24	233,000	1.0	0.4			
17	24	211,000	1.1	0.6			
18	24	168,000	1.2	0.6			
19	24	201,000	1.7	0.9			
20	24	208,000	1.6	0.8			
21	24	175,000	0.9	0.4			
22	24	208,000	0.4	0.5	3	0.7	
23	24	184,000	0.9	0.4			
24	24	215,000	0.8	0.4			
25	24	169,000	0.8	0.3			
26	24	179,000	0.9	0.5			
27	24	203,000	0.9	0.4			
28	24	159,000	1.1	0.4			
29	24	173,000	1.3	0.8			
30	24	214,000	1.1	0.6			
31	24	209,000	1.1	0.5			
Total	XXXXXX	6,134,000	XXXXXXXXXXXXXXXX	XXXXXXXXXXXX	?	XXXXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	197,871	XXXXXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX
Max	XXXXXX	315,000	XXXXXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX

* If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-666.350(3), F.A.C.

† If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-666.350(3), F.A.C.



Department of Environmental Protection

Form 82-588, 3103A, F.A.C. 12-10.1

FILE

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-095-0278Um

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

System Name: Wedgefield Water Treatment Plant PWS Identification No.: 3480149
System Owner: Utilities Inc. of Florida Telephone No.: 407-869-1919
Address: 200 Weather Field Ave.
City: Altamonte Springs State: FL Zip Code: 32714
System Type: community, non-transient non-community, non-community, consecutive
No. of Service Connections at End of Reporting Month: 77 Total Population Served at End of Reporting Month: 1973

Water Treatment Plant Information

Plant Name: Wedgefield Water Treatment Plant Telephone No.: 407-568-6787
Address: 20449 Mansfield Street
City: Orlando State: FL Zip Code: 32733
Permitted Maximum Day Capacity of Plant: 350,000 gpd Plant Category and Class per Rule 82-588, 3103A, F.A.C.: C-3
Plant Operator: See Page 3

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF February 1978: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

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

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
process performance records for lime-softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
process performance records for ion exchange softening (e.g., feed and bypass flows, bleed rates, and soft and brine used);
process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressure, and volt/amp).

Signature and Date: William C. Forehand 3-2-78

Name and Certificate Number (please type or print): William C. Forehand C5828

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternative/Substitute DEP Form 62-555-910(3)

System PWS Identification Number: 3480149
Treatment Plant Name: Wedgefield Water Plant

I. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Feb 1998

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine);
 chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1	24	150,000	1.0	0.5			
2	24	180,000	1.4	0.9			
3	24	184,000	1.4	0.8			
4	24	182,000	1.2	0.7			
5	24	158,000	1.8	0.8			
6	24	238,000	1.6	0.8			
7	24	209,000	1.8	0.8			
8	24	170,000	1.7	0.6			
9	24	182,000	2.0	0.7			
10	24	195,000	1.8	0.7			
11	24	175,000	1.9	0.8			
12	24	235,000	1.8	0.7			
13	24	192,000	2.0	1.0			
14	24	214,000	2.2	1.0			
15	24	153,000	1.9	0.9			
16	24	191,000	2.3	0.9			
17	24	200,000	1.8	0.8			
18	24	200,000	2.0	0.9			
19	24	193,000	1.7	0.9	3	0.9	
20	24	234,000	1.7	0.8			
21	24	188,000	1.9	1.0			
22	24	166,000	2.2	1.0			
23	24	177,000	2.1	1.0			
24	24	188,000	2.1	0.9			
25	24	205,000	2.0	1.0			
26	24	183,000	2.1	1.4			
27	24	233,000	2.0	1.3			
28	24	306,000	2.3	1.6			
29							
30							
31							
Total	XXXXXX	5,436,000	XXXXXXXXXXXX	XXXXXXXXXXXX	3	XXXXXXXXXXXX	XXXXXXXXXX
Avg.	XXXXXX	174,000	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX
Max.	XXXXXX	306,000	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX

* If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

† If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.



Department of Environmental Protection

Administrative Use Only DEP Form 82-608 (10/03)

FILE

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP # 2-095-0278UM

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

System Name: Wedgefield Water Treatment Plant PWS Identification No.: 348-80149
System Owner: Utilities Inc of Florida Telephone No.: 407-869-1919
Address: Altamonte Springs State: FL Zip Code: 32714
System Type: community, non-transient non-community, non-community, non-transient
No. of Service Connections at End of Reporting Month: 789 Total Population Served at End of Reporting Month: 1973

Water Treatment Plant Information

Treatment Plant Name: Wedgefield Water Treatment Plant Telephone No.: 407-568-6787
Address: 20449 Mastfield Street
City: Orlando State: FL Zip Code: 32833
Permitted Maximum Day Capacity of Plant: 350,000 gpd Plant Category and Class per Rule 82-608.310(3), F.A.C.: C-3
Plant Operator: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF MARCH 1998 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

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

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
process performance records for lime-softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
process performance records for ion exchange softening (e.g., feed and bypass flows, bleed rates, and soft and brine usage);
process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volt/amp).

William C. Forehand 4-2-98
Signature and Date

William C. Forehand C-5828
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 3480149

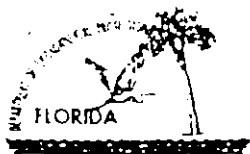
Treatment Plant Name: Wedge Field Water Treatment Plant

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF March 1998

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

• Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	106,000	2.1	1.0			
2	24	184,000	2.4	1.0			
3	24	239,000	2.3	1.1			
4	24	190,000	2.2	1.0			
5	24	157,000	2.4	1.2			
6	24	199,000	2.7	1.4			
7	24	218,000	2.6	1.8			
8	24	179,000	2.7	1.3			
9	24	192,000	2.9	1.2			
10	24	246,000	2.9	1.4			
11	24	157,000	3.1	1.6			
12	24	246,000	2.3	0.8			
13	24	183,000	2.5	1.3			
14	24	223,000	2.4	1.0			
15	24	192,000	2.0	1.0			
16	24	213,000	2.1	0.8	3	0.8	
17	24	243,000	2.0	0.8			
18	24	193,000	3.0	1.0			
19	24	223,000	2.0	0.8			
20	24	179,000	1.4	0.8			
21	24	193,000	1.7	0.7			
22	24	200,000	1.7	0.8			
23	24	198,000	2.7	1.2			
24	24	245,000	2.8	1.2			
25	24	237,000	2.4	1.0			
26	24	230,000	2.5	1.3			
27	24	201,000	2.3	1.0			
28	24	267,000	2.4	1.2			
29	24	245,000	2.6	1.3			
30	24	223,000	2.4	1.2			
31	24	245,000	2.3	1.0			
Total		6,406,000			3		
Avg		206,000					
Max		267,000					



Department of Environmental Protection

FILE

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF

APRIL 1998

Water System Information

- System Name: Wedge Field Utilities water treatment plant PWS Identification No.: 3480149
System Owner: Utilities Inc. of Florida Telephone No.: 407 869 1919
Name: Utilities Inc. of Florida Telephone No.: 407 869 1919
Address: 200 Weathersfield Ave.
City: Altamonte Springs State: FL Zip Code: 32714
System Type: community; non-transient non-community; non-community; consecutive
No. of Service Connections at End of Month: 794 Total Population Served at End of Month: 1985

Water Treatment Plant Information

- Treatment Plant Name: Wedge Field Utilities water treatment plant Telephone No.: 407 568 1454
Address: 20149 Mansfield ST
City: Orlando State: FL Zip Code: 32833
Permitted Maximum Day Capacity of Plant: 350,000 gpd
Plant Category and Class per Rule 62-699.310(4), F.A.C.: B-C
Lead/Chief Plant Operator:

Table with 4 columns: Name, Certificate Number, Class (A, B, C, or D), Day(s)/Shift(s) Worked. Row 1: Roger Holzapple, 7436, C

Other Certified Plant Operators (attach additional sheets if necessary):

Table with 4 columns: Name, Certificate Number, Class (A, B, C, or D), Day(s)/Shift(s) Worked. Row 1: Charlie Forehand, 5828, C

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

APRIL 1998

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

- records of amounts of chemicals used and chemical feed rates; and
if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Signature and Date: Roger Holzapple 5-2-98

Name and Certificate Number (please type or print): Roger Holzapple 7436-C

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 3480149

Treatment Plant Name: Wedge Field Utilities Water Treatment Plant

SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF APRIL 1998

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide
- Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	206,000	2.0	0.9			
2	24	220,000	2.2	1.3			
3	24	239,000	2.1	1.0			
4	24	235,000	2.4	1.4			
5	24	224,000	2.3	1.3			
6	24	228,000	2.7	1.2			
7	24	250,000	2.6	1.2			
8	24	230,000	2.3	1.0			
9	24	250,000	2.4	1.1			
10	24	273,000	2.3	1.1			
11	24	300,000	2.6	1.4			
12	24	270,000	2.7	1.6			
13	24	291,000	2.6	1.3	3	1.0	
14	24	319,000	2.6	1.2			
15	24	323,000	2.7	1.3			
16	24	280,000	2.6	1.3			
17	24	361,000	2.5	1.1			
18	24	332,000	2.4	1.1			
19	24	299,000	2.3	1.0			
20	24	249,000	2.5	1.0			
21	24	315,000	3.4	1.8			
22	24	265,000	3.5	1.9			
23	24	300,000	3.4	1.7			
24	24	335,000	3.2	1.5			
25	24	376,000	3.0	1.5			
26	24	382,000	2.9	1.3			
27	24	343,000	3.1	1.2			
28	24	343,000	3.0	1.3			
29	24	284,000	3.2	1.5			
30	24	236,000	3.2	1.2			
31		18,563,000					
Total		8,228,000			3		
Avg.		295,400					
Max.		382,000					



Department of Environmental Protection

FILE

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF

MAY 98

Water System Information

- System Name: Wedge Field Water Treatment Plant
System Owner: Utilities Inc. of Florida
Name: Utilities Inc. of Florida
Address: 2000 Wintersfield Ave.
City: Altamonte Springs
State: FL Zip Code: 32714
System Type: community
No. of Service Connections at End of Month: 794
Total Population Served at End of Month: 1985

Water Treatment Plant Information

- Treatment Plant Name: Wedge Field Water Treatment Plant
Address: 20449 Mansfield St.
City: Orlando
State: FL Zip Code: 32833
Permitted Maximum Day Capacity of Plant: 350000 gpd
Plant Category and Class per Rule 62-699.310(4), F.A.C.: C-3

Table with 4 columns: Name, Certificate Number, Class (A, B, C, or D), Day(s)/Shift(s) Worked. Row 1: Roger Holzapfel, 7436, C, Wed-Sun Days

Other Certified Plant Operators (attach additional sheets if necessary):

Table with 4 columns: Name, Certificate Number, Class (a, B, C, or D), Day(s)/Shift(s) Worked. Rows: Charlie Porchaud (5828, C, Mon-Fri Days), Richard Newburg (8447, C, Part Time)

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

MAY 98

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

- records of amounts of chemicals used and chemical feed rates; and
if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Signature and Date: Roger Holzapfel, 5-31-98

Name and Certificate Number (please type or print): Roger Holzapfel, 7436-C

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 3480149

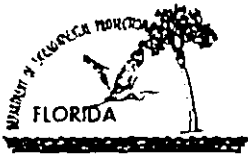
Treatment Plant Name: Wedge Field Water Treatment Plant

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF May 1998

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine; combined chlorine (chloramine); chlorine dioxide

• Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	274,000	2.6	1.2			
2	24	370,000	2.6	1.3			
3	24	335,000	2.9	1.6			
4	24	253,000	3.5	1.5			
5	24	240,000	3.1	1.5			
6	24	276,000	3.0	1.5			
7	24	272,000	2.1	1.0			
8	24	358,000	2.8	1.3			
9	24	351,000	4.0	2.3			
10	24	268,000	2.3	1.0			
11	24	387,000	1.9	1.0			
12	24	372,000	1.9	1.0			
13	24	416,000	1.9	1.0			
14	24	407,000	1.6	0.8			
15	24	369,000	1.7	0.8			
16	24	449,000	2.0	1.0			
17	24	429,000	2.0	1.1			
18	24	291,000	2.0	1.0			
19	24	301,000	2.1	1.0	3	1.0	
20	24	292,000	2.7	1.4			
21	24	429,000	1.0	0.5			
22	24	392,000	1.2	0.5			
23	24	412,000	1.3	0.6			
24	24	413,000	1.2	0.5			
25	24	485,000	1.2	0.6			
26	24	312,000	1.6	0.6			
27	24	394,000	1.6	0.8			
28	24	271,000	1.3	0.7			
29	24	283,000	1.8	0.9			
30	24	282,000	1.5	0.8			
31	24	273,000	1.3	0.7			
Total		10,656,000			3		
Avg.		343,741					
Max.		485,000					



Department of Environmental Protection

FILE

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 4.

GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION FOR THE MONTH/YEAR OF

June 98

Water System Information

System Name: Wedgwood Water Treatment Plant PWS Identification No.: 3430149
System Owner: Utilities Inc. of Florida Telephone No.: 869-1919
Name: Utilities Inc. of Florida
Address: 200 Weatherfield Ave.
City: Altamonte Springs State: FL Zip Code: 32714
System Type: community; non-transient non-community; non-community; consecutive
No. of Service Connections at End of Month: 795 Total Population Served at End of Month: 1987

Water Treatment Plant Information

Treatment Plant Name: Wedgwood Utilities Telephone No.: 568-6787
Address: 20449 Mausfield St.
City: Orlando State: FL Zip Code: 32833
Permitted Maximum Day Capacity of Plant: 350,000 gpd
Plant Category and Class per Rule 62-699.310(4), F.A.C.: 3-C
Lead/Chief Plant Operator:

Table with 4 columns: Name, Certificate Number, Class (A, B, C, or D), Day(s)/Shift(s) Worked. Row 1: Roger Holsapple, 7436, C, WED-SUN Days

Other Certified Plant Operators (attach additional sheets if necessary):

Table with 4 columns: Name, Certificate Number, Class (a, B, C, or D), Day(s)/Shift(s) Worked. Rows: Charley Forehand (5828, C, Mon-Fri Days), Rick Newberg (8447, C, Part time), Robert Risner (6439, A, Part time)

II. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR FOR THE MONTH/YEAR OF

June 98

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate. Also, I certify that the following additional operations records for the plant listed in Part I of this form were prepared each day that a certified operator staffed or visited the plant during the month indicated above:

- records of amounts of chemicals used and chemical feed rates; and
if applicable, appropriate treatment process performance records.

Furthermore, I agree to retain these additional operations records at the plant site for at least five years and to make them available for review upon request.

Signature and Date: [Signature] 7-2-98

Name and Certificate Number (please type or print): Roger Holsapple 7436-C

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water

Systems that Treat Their Water

System PWS Identification Number: 3480149

Treatment Plant Name: Wedge Pond Utilities

III. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF June 98

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: free chlorine;

combined chlorine (chloramine); chlorine dioxide

• Summary of Daily Water Treatment Data for Month:

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	
1	24	297,000	1.6	.8			
2		397,000	1.7	.8			
3		377,000	1.5	.6			
4		450,000	1.6	.6			
5		447,000	1.5	.6			
6		438,000	1.6	.8			
7		335,000	1.7	.8			
8		283,000	1.6	.6			
9		378,000	1.7	.9			
10		314,000	1.7	1.0			
11		294,000	1.7	1.0			
12		366,000	1.5	1.0			
13		348,000	1.5	1.0			
14		379,000	1.7	1.2			
15		385,000	1.5	.7			
16		357,000	1.3	.5			
17		452,000	1.7	.3			
18		378,000	1.4	.4			
19		262,000	1.6	.4			
20		246,000	1.3	.3			
21		257,000	1.4	.3			
22		272,000	1.9	.6			
23		397,000	2.0	.9			
24		204,000	1.5	1.1			
25		290,000	1.7	.9	3	0.4	
26		273,000	1.8	1.0			
27		368,000	2.3	1.6			
28		326,000	1.8	1.4			
29		356,000	1.7	1.0			
30	24	345,000	1.4	0.8			
31							
Total		10,261,000			5		
Avg.		342,000					
Max.		452,000					

Domestic Wastewater Treatment Plant Monthly Operating Report

Month July Year 96

34)

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L) <small>Compos. 1/2</small>	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turbidity (NTU)	IRRIGATION (MGD)	Residuals (MGD)	Rainfall (Inches)
1	.121	1.6				<1	7.6						<1	0.73			3.2
2	.123	1.7				<1	7.6							0.69			
3	.107	1.6				<1	7.6						<1	0.60			
4	.111	1.6				<1	7.6							0.62			
5	.107	1.6				<1	7.6						<1	0.65			
6	.128	1.7					7.5							0.99			
7	.123	1.6				<1	7.5							1.42			
8	.123	1.6				<1	7.5						<1	1.20			
9	.122	1.4				<1	7.5							1.91			
10	.110	1.4				2.5	7.5						<1	2.82			
11	.154	1.5		154	70	1.2	<1	7.5		1.23			<1	1.26			
	.148	1.5					7.5							1.11			
	.110	1.6					7.4							0.78			
14	.137	1.5				<1	7.4							1.06			
15	.159	1.6				<1	7.4						<1	1.80		0.036	
16	.136	1.5				<1	7.5							0.70			
17	.112	1.5				<1	7.5						<1	0.50			
18	.130	1.4				1.5	7.5						<1	1.70			
19	.210	1.5					7.7							0.80			
20	.103	1.6					7.5							0.75			
21	.122	1.5				1.6	7.5							0.92			
22	.128	1.4				<1	7.5						<1	0.90			
23	.110	1.4				<1	7.5							0.91			
24	.101	1.5				<1	7.5						<1	0.87			
25	.10	1.5				<1	7.5						<1	1.44			
26	.100	1.5					7.7							1.00			
27	.1075	1.7					7.7							0.60			
28	.113	1.6				<1	7.7							0.73			
29	.117	1.5		147	169	1.7	<1	7.7		3.80			<1	0.70			
30	.102	1.4					7.7							1.00			
31	.103	1.5					7.7							0.75		0.391	

I, Operator, This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signature: Robert L. Cross

Date: 8-20-96

Name (Please Type): ROBERT L. CROSS

Company Name: WEDGE FIELD UTILITIES INC.

Telephone No (Please Type): 869-1919

Domestic Wastewater Treatment Plant Monthly Operating Report

Month AUGUST Year 1996

34)

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L) <i>5.000 Composite</i>	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	RESIDUALS (MG)	TURBIDITY (NTU)
1	.102						2.1	7.7					<1	0.36	1.0
2	.113							7.7							.61
3	.111							7.3							0.6
4	.113						1.9	7.5							0.5
5	.130						1.2	7.5					<1		0.5
6	.115						<1	7.6							0.8
7	.100						<1	7.5					<1		0.4
8	.120			194	107	2.0	<1	7.5		3.4			<1		0.4
9	.110							7.6							0.5
10	.126							7.7							0.9
11	.138						<1	7.6							2.3
12	.2						1.5	7.6					<1		0.6
13	.155						2.1	7.5							3.0
14	.156						<1	7.5					<1		3.1
15	.136						<1	7.5					<1		1.8
16	.112							7.5							1.9
17	.122							7.5							1.5
18	.128						<1	7.6							2.9
19	.136						<1	7.6					<1		3.0*
20	.209						<1	7.5							2.0
21	.151						1.1	7.5					<1		1.5
22	.107			219	176	1.7	<1	7.5		4.3			<1		1.1
23	.099							7.5							1.2
24	.099							7.5							1.0
25	.117						<1	7.5							1.3
26	.145						<1	7.5					<1		1.2
27	.111						1.9	7.0							1.0
28	.104						<1	7.0					<1		1.6
29	.106						1.1	6.9					<1		2.1
30	.099							7.0							1.5
31	.099							7.0							1.7

EMERG. POND - FLOCK OVER WEEKS 400MG

I, Operator, This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signature: Robert L. Cross
 Name (Please Type): ROBERT L. CROSS
 Company Name: UTILITIES INC. OF FLA.

Date: 9-17-96
 Telephone No (Please Type): (407) 869-1918

Domestic Wastewater Treatment Plant Monthly Operating Report

Month September Year 1996

34)

Day or line month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	COD ₅ Influent (mg/L)	TSS Influent (mg/L)	COD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	TURBIDITY (NTU)
1	.109	5.0				<1	7.6							1.8
2	.097	4.0				<1	7.6							1.6
3	.136	1.5				<1	7.6						<1	4.4
4	.107	2.5				1.0	7.0						<1	2.2
5	.100	2.0				1.3	6.5							1.9
6	.103	2.3					6.9							1.7
7	.226	2.1					7.0							2.1
8	.237	2.5				<1	7.3							1.5
9	.157	2.4				1.4	7.4						<1	1.5
10	.096	2.5				<1	7.8							1.3
1	.133	2.5				<1	7.6						<1	1.6
2	.28	2.8				<1	7.7						<1	1.6
3	.142	2.6					7.8							1.8
4	.113	2.9					7.8							1.4
5	.126	2.6				<1	7.9							1.8
6	.140	2.3				<1	7.7						<1	1.7
7	.104	3.0				<1	8.0							0.9
8	.148	3.5				<1	8.0						<1	0.9
9	.113	3.2				<1	8.0						<1	0.9
10	.129	3.3					8.0							0.4
1	.101	3.5					8.0							0.8
2	.123	3.5				<1	7.9							1.3
3	.130	3.5				<1	7.9						<1	0.9
4	.126	3.5				<1	7.9							0.7
5	.139	3.5		143	136	3.5	1.3	7.9		1.6			<1	0.6
6	.145	3.5					7.9							0.6
7	.114	3.5					7.9							0.6
8	.084	3.5					8.0							0.8
9	.147	3.5				<1	8.0							0.8
10	.122	3.5				1.3	7.9						<1	0.7

I, the Operator, This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: D. Richard Eck Jr
 Name (Last, First, Middle Initial): D. Richard Eck Jr
 Company Name: UTILITIES INC.

Date: 10-8-96
 Telephone No. (Please Type): (407) 568-6767

Domestic Wastewater Treatment Plant Monthly Operating Report

Month OCTOBER Year 1996

34)

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turbidity (NTU)
1	.106	3.5					1.1	7.9						0.56
2	.099	2.4					1.1	7.9					<1	0.44
3	.097	2.5					2.2	7.9					<1	0.47
4	.107	2.6						7.8						0.55
5	.112	3.0						7.9						0.51
6	.151	2.6					<1	7.9						0.52
7	.146	2.6					<1	8.0						0.55
8	.138	2.8					<1	8.0						0.55
9	.129	3.2					<1	7.9					<1	0.58
10	.122	3.0		251	199	2.8	<1	7.9		0.37			<1	0.61
11	.109	3.0						7.9						0.62
12	.2	3.0						7.9						0.53
13	.133	3.0					<1	8.0						0.63
14	.115	3.2					<1	7.9						0.58
15	.089	3.5					1.7	7.9						0.61
16	.097	2.8					2.2	7.9					<1	0.62
17	.133	3.5					<1	8.2					<1	0.64
18	.104	3.5						8.2						0.65
19	.100	3.4						8.2						0.41
20	.119	3.5					<1	8.2						0.33
21	.107	2.8					<1	7.9					<1	0.29
22	.108	3.4						8.2						0.37
23	.092	3.2						8.1						0.24
24	.105	3.2		240	172	2.4	<1	8.1		0.95			<1	0.25
25	.101	3.1						8.1						0.25
26	.114	3.3						8.0						0.25
27	.126	5.0					<1	7.2						0.35
28	.099	5.0					<1	7.2					<1	0.35
29	.113	4.0					<1	7.1						0.25
30	.098	5.0					<1	7.1					<1	0.24
31	.090	5.0					<1	7.1					<1	0.24

I, Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signature: D. Richard Eck Jr.
 Name (Please Type): D. RICHARD ECK JR.
 Company Name: UTILITIES INC.

Date: 11-7-96
 Telephone No. (Please Type): (407) 568-6787

Domestic Wastewater Treatment Plant Monthly Operating Report

Month November Year 1996

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L) Composite	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L) Composite	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turb. (NTU)	Residuals (MG)	Irrigation (MG)	Rain Fall (Inch)
1	0.078	2.3						7.1						0.3	0.628	3/10	
2	0.087	4.0						7.1						0.3	3.553		
3	0.138	4.2						7.1						0.3	2.610		
4	0.156	5.0						6.9						0.4	2.387		
5	0.112	5.0				<1	6.9							0.4	6.412		
6	0.123	2.0				<1	6.9					<1	0.4		5.514		
7	0.124	2.0					6.9							0.4	4.097		
8	0.183	2.3					6.9							0.5	1.167		
9	0.122	2.5					6.8							0.4	3.333		
10	0.112	2.8				<1	7.2							0.6	3.343		
11	0.092	3.8				<1	6.9					<1	0.5		4.481		
12	0.092	3.7				<1	7.0							0.8	3.378		
13	0.092	3.7				<1	6.9					<1	0.4		1.197		
14	0.122	5.0					7.0							0.5	4.481		
15	0.083	5.0					7.0							0.6	1.115		
16	0.123	3.6					7.0							0.6	1.002		
17	0.128	2.1				<1	7.0							0.6	1.601		
18	0.105	2.0	307	2.16	3.0	6.4	7.1		0.99			<1	0.6		1.421		
19	0.120	3.0				1.0	7.1							0.6	1.557		
20	0.056	4.0				1.2	6.9						<1	0.6	1.451		
21	0.155	4.0				1.0	6.7						<1	0.5	4.044		
22	0.110	3.2					6.8							0.8	1.385		
23	0.182	3.5					6.1							0.7	1.441		
24	0.140	4.2				<1	6.4							0.4	1.378		
25	0.121	4.0	199	97.8	1.7	<1	7.1		2.05			<1	0.7		1.377		
26	0.069	4.2				<1	7.2						<1	0.5	1.003		
27	0.111	5.0				<1	6.9						<1	0.5	1.380		
28	0.134	5.0					6.7							0.5	1.381		
29	0.088	4.8					6.9							0.4	1.374		
30	0.094	5.0					7.0							0.7	1.377		

I, Operator, certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signature: Richard Newberg
 Name (Please Type): Richard Newberg

Date: 12/18/96

Company Name: Utilities Inc of Florida - Wedgefield Utility Telephone No (Please Type): (407) 869-1919

Reuseflows

Wedge Field Water Reclamation Facility				
REUSE FLOWS - measured at discharge pumps to golf course				
DAY	Aug-96	Sep-96	Oct-96	Nov-96
1	2,000	177,000	10,000	628,000
2	5,000	161,000	9,000	583,000
3	1,000	388,000	0	610,000
4	1,000	671,000	0	384,000
5	2,000	607,000	0	412,000
6	2,000	454,000	0	514,000
7	3,000	0	0	409,000
8	0	111,000	9,000	169,000
9	0	196,000	0	333,000
10	0	0	0	343,000
11	0	1,000	143,000	481,000
12	0	0	0	378,000
13	0	1	469,000	197,000
14	0	379,000	497,000	481,000
15	46,000	115,000	232,000	115,000
16	8,000	0	211,000	2,000
17	55,000	21,000	99,000	601,000
18	11,000	237,000	455,000	421,000
19	95,000	475,000	434,000	559,000
20	0	355,000	456,000	451,000
21	5,000	483,000	435,000	404,000
22	587,000	9,000	370,000	385,000
23	13,000	483,000	377,000	446,000
24	0	153,000	502,000	378,000
25	0	292,000	534,000	377,000
26	0	613,000	0	8,000
27	169,000	454,000	0	380,000
28	233,000	344,000	324,000	381,000
29	490,000	543,000	343,000	374,000
30	460,000	0	559,000	391,000
31	25,000	n/a	699,000	n/a

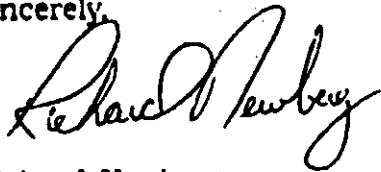
12/15/96

To: D.E.P. / Wastewater Division

From: Utilities Inc. of Florida / Richard Newberg

Enclosed is the November monthly Operating report for Wedgefield Utilities wastewater Treatment Facility, I.D. number 3048P03712. I replaced Richard Eck as Lead Operator on 12/09/96 and will continue in that capacity until further notice. The monthly report was compiled from data that was collected under the direction of Richard Eck. I reviewed the data and to the best of my knowledge believe it to be true and correct. If you have any questions, please contact me at (407) 869 - 1919. Thank you for reviewing this information.

Sincerely,

A handwritten signature in cursive script that reads "Richard Newberg". The signature is written in black ink and is positioned below the word "Sincerely,".

Richard Newberg

cc. Orange County Pollution Control

Domestic Wastewater Treatment Plant Monthly Operating Report

Month December Year 96

Day of the Month	Flow (MGD)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CaOCl ₂ influent (mg/L)	TSS Influent (mg/L)	CaOCl ₂ Effluent (mg/L) 8 hr. Composite	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L) 8 hr. Composite	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turb. (NTU)	Residuals (MG)	Irrigation (MG)	Rain Fall (Inch)
1	131,580	5.0				1.4	6.7							.75	.048	371	2.9
2	189,320	5.0				1.5	6.8						<1	.78		391	
3	186,289	5.0				<1	6.9							.65		183	
4	176,301	5.0				<1	6.8						<1	.72		222	
5	183,085	4.9				<1	6.9						<1	.43		766	
6	174,135	4.9					6.9							.49		377	
7	192,259	4.8					7.0							.53		341	
8	205,175	4.5				<1	6.6							.63		011	
9	156,070	4.5				<1	6.8						<1	.75		090	
10	150,170	4.3				<1	6.9							.63		212	
11	166,300	3.1				<1	7.0						<1	.59		494	
12	200,000	4.6	214	184	3.0	<1	7.0		0.13				<1	.91		421	
13	115,000	5.0					7.0							.94		081	
14	173,153	5.0					6.6							1.09		101	
15	171,600	5.0				1.8	6.7							1.01		414	
16	155,054	5.0				1.8	6.9						<1	1.03		490	
17	187,229	3.1				<1	7.0							1.02		404	
18	150,527	2.7		114		<1	7.0						<1	1.09		417	
19	198,109	4.2				<1	6.4						<1	1.04		007	
20	179,681	3.4					6.8							1.07		092	
21	175,557	5.0					6.8							.43		104	
22	184,746	5.0				<1	7.0							.56		376	
23	165,000	5.0				1.0	7.1						<1	1.02		367	
24	179,123	5.0				<1	7.1						<1	0.96		351	
25	179,600	5.0					7.1							.74		243	
26	154,090	5.0	267	220	2.3	<1	7.1		1.26				<1	.82		259	
27	158,000	3.0					7.1							1.61		245	
28	162,856	5.0					7.2							1.02		255	
29	198,240	5.0				1.0	7.1							1.16		243	
30	162,688	5.0				1.1	7.0						<1	1.06		304	
31	161,237	5.0				1.4	7.1						<1	1.91		313	

I, Operator, This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signature: Richard Newberg
 (Please Type) Richard Newberg
 Party Name: Wedge Field Utilities

Date: 1/21/97
 Telephone No (Please Type): (407) 869-1919

17-601.800(1)
 DER Form Domestic Wastewater Treatment Plant
 Monthly Operating Report
 Effective Date July 1 1991
 DER Application No. (Filed in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

FILE

Part II - General Information

(1) Month JANUARY Year 97

(2) Plant's DER Identification Number 3048B03712

(3) Plant Name Wedgfield Utilities

(4) Plant Address 19204 Merdith Pky.

(5) City Orlando

(6) County Orange

(7) Phone Number 407-568-6787

(8) Permit Number D-048-259584

Plant Type 1-C

(9) Test Site Identification Number N/A

(10) Fecal Coliform Sample Method
 Membrane Filter Most Probable Number

(11) Type of Effluent Disposal or Reclaimed Water Reuse
Golfcourse Spray Irrigation

(12) Limited Wet Weather Discharge Activated
 Yes No Not Applicable

(13) Cumulative Days of Wet Weather Discharge N/A

(14) Plant Staffing

Day Shift Operator Class C Cert. No. 8863

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator William Gray A-6665
 Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.158
(17) Permitted capacity	mgd	-	.200
(18) Three-month average daily flow	mgd	-	.140
(19) Percent of permitted capacity	%	-	79%
(20) CBOD ₅ Effluent	mg/L	080082	3.15
(21) CBOD ₅ Effluent	lbs/day	-	4.1
(22) TSS Effluent	mg/L	900201	.6
(23) TSS Effluent	lbs/day	-	.80
(24) Minimum pH		-	6.4
(25) Maximum pH		-	7.2
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH ₃ · N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	.68 / 6.0
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	-	1.2
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Turbidity (MIN)	NTU		.25
Turbidity (MAX)	NTU		16.8
Fecal Coliform	M/F		<1

Domestic Wastewater Treatment Plant Monthly Operating Report

Month: Jan Year: 97

Day of the Month	Flow (Average) Ga/s.	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	8 hr. Composite CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	8 hr. Composite CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	8 hr. Composite Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turb. (NTU)	Residuals (MG)	Irrigation (MG)	Rain Fall (Inch)
1	181,562	5.0						6.9						1.3		313	
2	179,170	5.0				2.5		6.8					<1	.93		245	
3	127,806	3.6						7.1						.90		258	
4	190,575	3.9						6.7						.72		265	
5	187,733	5.0				<1		7.1						1.1		250	
6	126,121	2.9				<1		7.1					<1	.89		302	
7	134,875	4.5				2.4		7.1						.69		457	
8	138,440	5.0				1.8		7.1					<1	2.0		420	* Going to Emer. NO Blower
9	151,653	5.0						6.9					2.9	0.058		400	
10	112,113	5.0						6.9						7.5		004	
11	111	5.0						6.4						12.2		049	
12	106,916	5.0						6.4						13.6		097	
13	153,256	5.0						6.9						16.3		250	
14	146,175	5.0						7.0						13.7		259	
15	164,494	5.0						7.0						15.0	0.009	001	
16	170,087	5.0						7.1						16.8		020	
17	164,975	5.0						6.4						11.4		003	
18	190,431	5.0						6.6						5.2		072	
19	170,555	5.0				<1		6.7						13.2		090	* switch back to IRR Pond
20	156,163	1.97				<1		6.1					<1	.59		413	
21	153,136	5.0				<1		6.6						.25	0.024	373	
22	136,301	5.0				<1		6.7					<1	.34		459	
23	145,823	5.0		703	77	2.4	<1	6.9		0.68			<1	.78		533	
24	155,320	2.5						6.8						.86		015	
25	174,395	2.4						6.6						1.5		079	
26	184,407	2.3						6.6						0.9		210	
27	167,558	1.6		231	159	1.3	<1	6.5		6.0			<1	0.5		352	
28	131,634	1.2				<1		7.2					<1	0.4		028	
29	171,505	5.0				<1		6.9					<1	0.3		0	
30	130,092	5.0				<1		6.9					<1	0.3		331	
31	153,444	5.0						6.7						0.3		263	

I, the Operator, certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Operator: William Secoy Date: 2/10/97
 Name (Please Type): WILLIAM SECOY
 Company Name: WERGEFIELD UTILITIES Telephone No (Please Type): 407 869-1919

FILE

DER Form 17-601.800(7)
Domestic Wastewater Treatment Plant
Monthly Operating Report
Effective Date July 1, 1991
DER Applicant No. (File in the DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month February Year 1997

(2) Plant's DER Identification Number 3048P03712

(3) Plant Name Wedgfield Utilities

(4) Plant Address 19204 Merdith Pky.

(5) City Orlando

(6) County Orange

(7) Phone Number 407-568-6787

(8) Permit Number D-048-259584

(9) Plant Type 1-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method
 Membrane Filter Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Golfcourse Spray Irrigation

(13) Limited Wet Weather Discharge Activated
 Yes No Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8863

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator William Deery A-6665
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	159
(17) Permitted capacity	mgd	-	200
(18) Three-month average daily flow	mgd	-	162
(19) Percent of permitted capacity	%	-	79%
(20) CBOD ₅ Effluent	mg/L	080082	4.5
(21) CBOD ₅ Effluent	lbs/day	-	5.9
(22) TSS Effluent	mg/L	900201	1.4
(23) TSS Effluent	lbs/day	-	1.85
(24) Minimum pH		-	5.9
(25) Maximum pH		-	6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.4
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Turbidity (MIN)	NTU		0.43
Turbidity (MAX)	NTU		3.0
Fecal Coliform	M/F		21

Domestic Wastewater Treatment Plant Monthly Operating Report

Month February Year 1997

Day of the Month	Flow GPD	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L) & N.P. Composite	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L) & N.P. Composite	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turb. (NTU)	Residuals MG	Irrigation	Rain Fall (Inch)
1	166,260	5.0						6.7						1.23		261	
2	181,673	5.0			150	<1		6.4						1.24		305	
3	144,469	5.0			108	<1		6.8					<1	.85		300	
4	144,468	5.0						6.9						.84		229	
5	149,131	1.2			146	4.9		6.5					<1	.82		229	
6	153,640	1.8						6.8						1.81		303	
7	152,137	5.0						6.8						.55		589	
8	152,603	5.0						6.6						.43		461	
9	137,931	4.8			114	1.7		6.1						.47		258	
10	172,164	5.0			192	<1		6.7					<1	3.0		12	
11	344	5.0			103	<1		6.6						.56		32	
12	125,205	5.0			116	<1		6.9					<1	1.0		93	
13	142,050	2.0		244	214	7.1	1.2	6.7		46			<1	1.0		282	
14	156,854	1.6						6.3						.93		284	
15	169,173	5.0						6.4						.89		291	
16	191,339	5.0			210	1.3		5.9						.73		2	
17	156,353	4.0			196	2.0		6.5					<1	1.34		70	
18	149,465	5.0						6.9						.82	24	33	
19	162,973	5.0			234	1.1		6.6					<1	1.08		87	
20	132,836	2.0			244	1.0		6.8					<1	.51		142	
21	141,327	5.0						6.8						.52		282	
22	185,526	3.1						6.3						.47		99	
23	191,397	5.0			438	1.1		6.0						.88		104	
24	134,382	5.0		212	410	1.9	<1	6.8		0.18			<1	1.2		77	
25	153,396	4.9						6.5						1.4		216	
26	151,427	4.0			252	<1		6.9					<1	1.6		168	
27	161,465	1.4				<1		6.6						2.0		780	
28	143,553	5.0						6.6						2.7		0	

I, Operator, This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed William Dewey
 Name (Please Type) William DEWEY
 Company Name Utilities INC

Date 3-10-97
 Telephone No (Please Type) 407 869 1919

FILE

DER Form 17-601.900(7)
Domestic Wastewater Treatment Plant
Monthly Operating Report
Report Date July 1 1997
DER Application No. _____ (Filed in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month March Year 1997

(2) Plant's DER Identification Number 3048P03712

(3) Plant Name Wedgfield Utilities

(4) Plant Address 19204 Merdith Pky.

(5) City Orlando

(6) County Orange

(7) Phone Number 407-568-6787

(8) Permit Number D-048-259584

(9) α Type 1-C

(10) Test Site Identification Number N/A

1) Fecal Coliform Sample Method
 Membrane Filter Most Probable Number

2) Type of Effluent Disposal or Reclaimed Water Reuse
Golfcourse Spray Irrigation

3) Limited Wet Weather Discharge Activated
 Yes No Not Applicable

4) Cumulative Days of Wet Weather Discharge N/A

5) Plant Staffing

Day Shift Operator Class C Cert. No. 8863

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator William Deary A-6665
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	164.5
(17) Permitted capacity	mgd	-	200
(18) Three-month average daily flow	mgd	-	160
(19) Percent of permitted capacity	%	-	80%
(20) CBOD ₅ Effluent	mg/L	080082	3.1
(21) CBOD ₅ Effluent	lbs/day	-	4.2
(22) TSS Effluent	mg/L	900201	1.2
(23) TSS Effluent	lbs/day	-	1.6
(24) Minimum pH		-	6.0
(25) Maximum pH		-	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH ₃ N)	mg/L	000610	
(29) Nitrate	mg/L	071850	4.68
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.2
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Turbidity (MIN)	NTU		0.5
Turbidity (MAX)	NTU		2.8
Fecal Coliform	M/F		< 1

Domestic Wastewater Treatment Plant Monthly Operating Report

Month March Year 1997

34)

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ influent (mg/L)	TSS influent (mg/L)	CBOD ₅ Effluent (mg/L) 8 hr. Composite	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L) 8 hr. Composite	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turb. (NTU)	Residuals (MG)	Irrigation (MG)	Rain Fall (inch)
1	.164	3.0					6.3						2.3		378		
2	.206	3.7			158	1.2	6.4						<1	2.4	410		
3	.135	5.0			152	1.1	7.1						2.8		390		
4	.146	5.0			176	1.0	6.8						0.9		509		
5	.184	1.7			152	<1	6.7						<1	0.5	497		
6	.145	3.6		324	160	4.1	6.5	6.7		3.0			<1	1.1	456		
7	.150	2.3					6.3						1.9		436		
8	.170	5.0					6.1						2.3		519		
9	.181	5.0			192	<1	6.4						2.2		567		
10	.155	5.0			172	1.5	6.9						<1	1.3	553		
11	.57	2.1					6.7						1.0		558		
12	.186	1.6			24	<1	6.9						<1	1.0	520		
13	.150	1.7		207	97	2.7	<1	6.9		<0.5			<1	1.6	458	2.1	
14	.177	4.3					6.5						2.0		693	1.0	
15	.200	5.0					6.7						1.5		602		
16	.184	2.8			242	1.2	6.0						1.8		272		
17	.130	1.8			278	<1	6.8						<1	1.1	273		
18	.149	5.0			240	2.0	6.4						1.0		326		
19	.132	1.2			242	2.0	6.9						<1	0.8	206		
20	.163	1.4		164	142	2.7	2.2	6.5		11.0			<1	0.9	670		
21	.137	2.0					6.9						1.8		603		
22	.148	5.0					6.6						1.5		145		
23	.208	2.6			218	<1	6.8						<1	1.4	304		
24	.156	4.7			184	<1	6.7						<1	1.4	450		
25	.172	2.4			174	<1	6.8						<1	0.9	459		
26	.176	2.4		190	166	1.4	<1	6.9		4.2			<1	1.6	223		
27	.160	2.2			146	2.1	6.9						<1	1.0	379		
28	.144	5.0					6.9						2.3		465		
29	.173	5.0					6.8						1.3		440	0.5	
30	.198	5.0			202	2.8	6.8						2.0		620	0.3	
31	.161	5.0			160	2.5	6.5						<1	1.8	301		

I, Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signature: William M. Seloy
 Name (Please Type): William SELOY
 Company Name: WEDGEFIELD Utilities

Date: 4-2-97
 Telephone No. (Please Type): 407-568-6787

Domestic Wastewater Treatment Plant Monthly Operating Report

FILE

Part II - General Information

(1) Month April Year 1997
 (2) Plant's DER Identification Number 3048P03712
 (3) Plant Name Wedgfield Utilities
 (4) Plant Address 19204 Merdith Pky.
 (5) City Orlando
 (6) County Orange
 (7) Phone Number 407-568-6787
 (8) Permit Number D-048-259584
 (9) Plant Type 1-C
 (10) Test Site Identification Number N/A
 (11) Fecal Coliform Sample Method
 Membrane Filter Most Probable Number
 (12) Type of Effluent Disposal or Reclaimed Water Reuse
Golfcourse Spray Irrigation
 (13) Limited Wet Weather Discharge Activated
 Yes No Not Applicable
 (14) Cumulative Days of Wet Weather Discharge N/A
 (15) Plant Staffing
 Day Shift Operator Class C Cert. No. 8863
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator William J. [Signature] A-66665
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	155
(17) Permitted capacity	mgd	-	200
(18) Three-month average daily flow	mgd	-	159
(19) Percent of permitted capacity	%	-	79%
(20) CBOD ₅ Effluent	mg/L	080082	3.45
(21) CBOD ₅ Effluent	lbs/day	-	5.7
(22) TSS Effluent	mg/L	900201	1.7
(23) TSS Effluent	lbs/day	-	2.8
(24) Minimum pH		-	5.7
(25) Maximum pH		-	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH ₃ · N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.8 0.04
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.1
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Turbidity (MIN)	NTU		0.4
Turbidity (MAX)	NTU		2.1
Fecal Coliform	M/F		<1

Domestic Wastewater Treatment Plant Monthly Operating Report

Month April Year 1997

34)

Day of the Month	Flow (mgd) Gallons	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	8 hr. Composite CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	8 hr. Composite CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L) 8 hr. Composite	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turb. (NTU)	Residuals (MG)	Irrigation (MG)	Rain Fall (Inch)
1	113550	5.0						6.6						1.2	483		
2	183075	5.0			216	2.6	6.6						<1	1.0	474		
3	147550	4.5		143	176	2.9	2.3	6.4			0.8		<1	1.2	479		
4	161405	5.0						6.4						1.0	436		
5	110707	2.7						6.1						1.5	462		
6	181861	3.2			194	3.2	5.7							1.6	458		
7	151525	5.0			138	1.9	6.6						<1	1.3	427	5	
8	163623	5.0			90	1.2	6.6							0.9	503		
9	150630	5.0			122	1.9	6.9						<1	0.9	527		
10	149154	5.0			280	1.4	7.0						<1	0.8	481		
11	200	5.0						6.9						1.1	464	1	
12	111050	5.0						6.5						1.1	401	5	
13	178398	4.7			206	1.3	6.8							1.5	476	5	
14	141820	5.0			164	1.9	6.7						<1	1.4	481	6	
15	148586	5.0						6.9						0.8	519	1.1	
16	147099	5.0			114	<1	6.9						<1	0.7	405	1	
17	144772	5.0		217	176	4.0	2.5	6.9			0.04		<1	1.0	405		
18	165686	5.0						6.8						1.1	473		
19	160300	4.8						6.9						0.9	411		
20	171920	5.0						7.0						1.6	486		
21	191996	3.5						7.1						2.1	508		
22	152749	5.0			67	<1	6.9							0.8	451		
23	140203	5.0			71	1.4	7.0						<1	0.6	357	1.5	
24	147684	5.0			168	1.5	6.8						<1	0.5	355		
25	136900	4.4						6.8						0.4	591		
26	179218	5.0						6.9						0.5	401	1.1	
27	197337	5.0			206	1.9	6.8							0.5	417		
28	163260	5.0			246	1.1	6.9						<1	0.7	412	0.01	
29	140554	2.4						6.9						0.5	401		
30	171167	1.1			173	1.2	6.6						<1	0.8	283		

I, Operator, certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed William Secoy
 Name (Please Type) William Secoy
 Company Name WEDGEFIELD UTILITIES

Date 5-12-97
 Telephone No (Please Type) 407-568-6787

FILE

DER Form 17-601.900(1)
 Domestic Wastewater Treatment Plant
 Monthly Operating Report
 Issue Date July 1, 1991
 DER Application No. _____
 (Filed in the DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month MAY Year 1997

(2) Plant's DER Identification Number 3048P03712

(3) Plant Name Wedgfield Utilities

(4) Plant Address 19204 Merdith Pky.

(5) City Orlando

(6) County Orange

(7) Phone Number 407-568-6787

(8) Permit Number D-048-259584

(9) Plant Type 1-C

(10) Test Site Identification Number N/A

1) Fecal Coliform Sample Method
 Membrane Filter Most Probable Number

2) Type of Effluent Disposal or Reclaimed Water Reuse
Golfcourse Spray Irrigation

3) Limited Wet Weather Discharge Activated
 Yes No Not Applicable

4) Cumulative Days of Wet Weather Discharge N/A

15) Plant Staffing

Day Shift Operator Class C Cert. No. 8863

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator William Deary A-6665
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.158
(17) Permitted capacity	mgd	-	.200
(18) Three-month average daily flow	mgd	-	.159
(19) Percent of permitted capacity	%	-	.80
(20) CBOD ₅ Effluent	mg/L	080082	4.1
(21) CBOD ₅ Effluent	lbs/day	-	5.4
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	-	1.3
(24) Minimum pH		-	6.4
(25) Maximum pH		-	7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	5.7 31
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	2.4
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
Turbidity (MIN)	NTU		0.4
Turbidity (MAX)	NTU		3.0
Fecal Coliform	M/F		21

Domestic Wastewater Treatment Plant Monthly Operating Report

(34)

Month MAY Year 1997

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L) 8HR Composite	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L) 8HR Composite	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L) 8HR Composite	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	TURB (NTU)	RESIDUALS (MG)	IRRIGATION (MG)	RAIN FALL (INCH)
1	.148	5.0		141	112	5.3	1.6	6.8			5.7		<1	0.5	1.843		
2	.120	2.4						6.9						0.6	.497		
3	.166	3.2						6.8						0.4	.425		
4	.170	5.0			102		<1	6.9						0.4	.369		
5	.155	4.8			140		1.8	6.9					<1	0.4	.632		
6	.165	5.0			186		1.8	7.0						0.7	.491		
7	.140	5.0			188		1.6	7.0					<1	1.1	.512		
8	.153	4.3		156	189	4.0	1.8	7.0		.34			<1	0.7	.558		
	.172	5.0						7.0						0.9	.237		
	.206	5.0						6.9						1.0	.514		
11	.222	5.0						6.9						1.4	.475		
12	.212	5.0			54		<1	7.0					<1	1.0	0	1	
13	.141	3.9						7.0						1.0	.040		
14	.188	5.0		162	169		<1	6.4						0.8	.527		
15	.161	4.1						6.9		5.39			<1	0.4	.499		
16	.118	5.0						7.0						0.4	.499		
17	.166	2.8						6.8						0.7	.492		
18	.148	5.0						6.5						0.9	.497		
19	.164	5.0						7.0						1.3	.048	.5	
20	.146	5.0						6.6						0.8	.016		
21	.150	4.5						6.8						0.7	.510		
22	.173	2.5			188		<1	6.7					<1	0.8	.505		
23	.135	3.6						7.0						0.7	.485		
24	.152	2.4						6.7						0.8	.477		
25	.170	5.0			251		1.5	6.5						1.3	.430	.5	
26	.203	5.0						6.6						1.8	.021	2.0	
27	.134	5.0			267		1.7	7.0					<1	1.2	.010	1.1	
28	.158	5.0			251		1.5	6.7						0.6	.011	.2	
29	.166	5.0		289	124	3.1	<1	6.7		.31			<1	0.5	.012		
30	.074	5.0						6.9						1.3	.008		
31	.107	5.0						6.6						3.0	.017		

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: William M Secoy
 Name (Please Type) WILLIAM SECOY
 Company Name WEDGEFIELD UTILITIES

Date: 6-10-97
 Telephone No. (Please Type) 407-568-6787

FILE

DER Form #	17-601300(1)
Form Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Filed in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

- (1) Month JUNE Year 1997
- (2) Plant's DER Identification Number 3048P03712
- (3) Plant Name WEDGEFIELD UTILITIES
- (4) Plant Address 19204 MERDITH PKY.
- (5) City ORLANDO
- (6) County ORANGE
- (7) Phone Number 407-568-6787
- (8) Permit Number D - 048-259584
- (9) Plant Type 1-C
- (10) Test Site Identification Number N/A
- (11) Fecal Coliform Sample Method
 Membrane Filter Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse
GOLF COURSE SPRAY IRRIGATION
- (13) Limited Wet Weather Discharge Activated
 Yes No Not Applicable
- (14) Cumulative Days of Wet Weather Discharge N/A
- (15) Plant Staffing
- Day Shift Operator Class C Cert. No. 8863
- Evening Shift Operator Class _____ Cert. No. _____
- Night Shift Operator Class _____ Cert. No. _____
- Lead Operator William Shroy A-6665
 Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.175
(17) Permitted capacity	mgd	-	.200
(18) Three-month average daily flow	mgd	-	.163
(19) Percent of permitted capacity	%	-	83%
(20) CBOD ₅ Effluent	mg/L	080082	1.3
(21) CBOD ₅ Effluent	lbs/day	-	1.9
(22) TSS Effluent	mg/L	900201	0.6
(23) TSS Effluent	lbs/day	-	0.9
(24) Minimum pH		-	6.5
(25) Maximum pH		-	7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH ₃ · N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.8
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.7
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
34 Turbidity [Min]	NTU		0.4
35 Turbidity [Max]	NTU		4.2
36 Fecal Coliform	M/F		1

Domestic Wastewater Treatment Plant Monthly Operating Report

Month JUNE Year 1997

(34)

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L) <i>BHE Composite</i>	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L) <i>BHE Composite</i>	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L) <i>BHE Composite</i>	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turbidity (NTU)	RESIDUALS (mg)	IRRIGATION (MG)	RAIN FALL (INCH)
1	.163	5.0			158	2.9	6.9							1.9	.018	-0-	
2	.189	5.0			140	2.6	7.0						<1	3.6	.024	.014	
3	.145	5.0					6.9							2.2	.017	-0-	
4	.236	5.0					6.5							4.2	.026	-0-	* Going to reject
5	.164	5.0					7.0							3.1	.014	-0-	* FLOW
6	.164	5.0					7.0							0.6	.014	-0-	
7	.190	5.0					7.0							0.9	.010	-0-	
8	.267	4.3			163	<1	6.5							0.9	.023	-0-	
9	.238	5.0			134	<1	6.5						<1	0.8	.015	-0-	
10	.77	5.0					6.8							0.4	.027	1.5	
11	.169	5.0			346	<1	6.6						<1	0.6	.017	0.2	
12	.197	5.0		188	155	1.0	<1	6.6		1.6			1	0.5	.028	-0-	
13	.175	5.0					6.7							0.5	.024	.021	0.8
14	.187	5.0					6.8							0.4	.003	3.5	
15	.159	2.1					6.6							0.4	-0-	1.0	
16	.100	2.0					6.7							0.4	.002	2.0	
17	.124	2.3					6.7							0.5	-0-	0.2	
18	.143	5.0			108	<1	6.7						<1	0.5	.001	-0-	
19	.120	5.0		205	214	1.7	1.6	6.9		1.2			<1	0.7	.008	-0-	
20	.258	2.0					6.8							0.5	.004	1.9	
21	.159	2.0					6.7							0.5	.014	0.4	
22	.164	5.0			178		6.7							0.5	.015	-0-	
23	.137	4.0			92	<1	6.7						<1	0.6	.016	-0-	
24	.129	5.0			170	<1	6.7							0.5	.027	1.0	
25	.135	5.0			178	<1	6.9						1	0.5	.070	0.5	
26	.146	4.9					6.9							0.5	.065	0.1	
27	.283	1.7					6.9							0.4	-0-	1.3	
28	.174	2.9					6.8							0.4	-0-	0.1	
29	.180	5.0			488	1.0	6.6							0.4	.011	0.2	
30	.143	5.0			276	<1	6.7						1	0.4	.039	-0-	

Head Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: William Secoy
 Name (Please Type) WILLIAM SECOY

Date: 7-8-97

Company Name WEDGEFIELD UTILITIES

Telephone No. (Please Type) 407-568-6787

DER Form #	17-601.800(7)
Form Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1997
DER Application No.	(Filed in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

FILE

Part II - General Information

(1) Month July Year 1997

(2) Plant's DER Identification Number 3048P03712

(3) Plant Name WEDGEFIELD UTILITIES

(4) Plant Address # 3100 BANCROFT BLV.

(5) City ORLANDO

(6) County ORANGE

(7) Phone Number 407-568-6787

(8) Permit Number D- 048-259584
 Permit Type 1-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method
 Membrane Filter Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
GOLF COURSE SPRAY IRRIGATION

(13) Limited Wet Weather Discharge Activated
 Yes No Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing
 Day Shift Operator Class C Cert. No. 8863
 Evening Shift Operator Class _____ Cert. No. _____
 Night Shift Operator Class _____ Cert. No. _____
 Lead Operator William Dwyer A-6665
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	16.2
(17) Permitted capacity	mgd	-	200
(18) Three-month average daily flow	mgd	-	16.5
(19) Percent of permitted capacity	%	-	83
(20) CBOD ₅ Effluent	mg/L	080082	4.7
(21) CBOD ₅ Effluent	lbs/day	-	6.4
(22) TSS Effluent	mg/L	900201	.33
(23) TSS Effluent	lbs/day	-	.45
(24) Minimum pH		-	6.4
(25) Maximum pH		-	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH ₃ · N)	mg/L	000610	
(29) Nitrate	mg/L	071850	2.1
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.2
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
34 Turbidity [min]	Ntu		0.3
35 Turbidity [Max]	Ntu		1.5
36 Fecal Coliform	M/F		<1

Domestic Wastewater Treatment Plant Monthly Operating Report

(34)

Month JULY Year 1997

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L) <i>BHR Composite</i>	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L) <i>BHR Composite</i>	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L) <i>BHR Composite</i>	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turbidity (NTU)	Residuals (mg)	IRRIGATION (MG)	RAIN FALL (Inch)				
1	.147	5.0			666	1.4	6.8						<1	0.5	.571	0.0					
2	.131	5.0			210	4.1	6.7						<1	0.5	.021	0.2					
3	.144	5.0		231	156	4.7	1.6	6.7			1.5		<1	0.6	.146	0.0					
4	.127	5.0						6.7						0.6	.127	0.0					
5	.163	5.0						6.8						0.6	0.0	1.6					
6	.178	5.0			228	1.0	6.9							0.6	.004	1.5					
7	.170	1.17			138	1.0	6.9						<1	0.7	0.0	0.8					
8	.130	1.87						6.9						0.7	.006	2.2					
9	.174	2.0			250	4.1	6.7							0.7	.229	0.4					
10	.156	5.0			262	4.1	6.7						<1	0.8	.252	0.0					
11	.123	5.0						6.7						1.2	.259	0.5					
12	.161	2.8						6.5						0.7	.024	.322	0.1				
13	.157	2.4			190	4.1	6.6							1.2	.344	0.1					
14	.140	2.4			189	6.1	6.6						<1	0.7	.332	0.1					
15	.189	2.8			188	4.1	6.6							0.8	.339	1.5					
16	.191	1.7			312	4.1	6.5						<1	0.6	.225	0.1					
17	.165	5.0		222	167	4.8	4.1	6.7		2.6			<1	1.1	.053	1.2					
18	.204	2.6						6.4						1.5	.318	1.7					
19	.197	3.0						6.6						1.0	.382	0.4					
20	.184	5.0			135	4.1	6.6							0.6	.331	0.1					
21	.151	5.0			152	4.1	6.7						<1	0.7	.331	0.0					
22	.157	5.0						7.0						0.6	.224	1.5					
23	.161 * 5.0				138	4.1	7.0						<1	0.4	.122	1.8				* Estimated Flow	
24	.158 * 5.0							7.2						0.3	0.0	0.0				* " "	
25	.171 * 5.0							6.8						0.3	.006	.016	1.6				* " "
26	.188 * 5.0							6.9						0.5	.041	0.0					* " "
27	.182 * 5.0				98	1.3	6.9						<1	0.7	.135	0.0					* " "
28	.157 * 5.0				138	4.1	6.9							0.7	.142	0.3					* " "
29	.158 * 5.0				291	4.1	6.9							0.6	.077	0.0					* " "
30	.148 * 2.0				276	4.1	6.9						<1	0.5	.030	0.2					* " "
31	.185 * 3.6							6.9						0.5	.001	0.3					* " "

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: William Secoy

Date: 8-5-97

Name (Please Type): WILLIAM SECOY

Company Name: WEDGEFIELD UTILITIES

Telephone No. (Please Type): 407-568-6787

FILE

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

- (1) Month August Year 1997
- (2) Plant's DER Identification Number 3048P03712
- (3) Plant Name WEDGEFIELD UTILITIES
- (4) Plant Address # 3100 BANCROFT BLV
- (5) City ORLANDO
- (6) County ORANGE
- (7) Phone Number 407-568-6787
- (8) Permit Number D- 048-259584
- (9) Plant Type 1-C
- (10) Test Site Identification Number N/A
- (11) Fecal Coliform Sample Method
 Membrane Filter Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse
GOLF COURSE SPRAY IRRIGATION
- (13) Limited Wet Weather Discharge Activated
 Yes No Not Applicable
- (14) Cumulative Days of Wet Weather Discharge N/A
- (15) Plant Staffing
- Day Shift Operator Class C Cert. No. 8863
- Evening Shift Operator Class _____ Cert. No. _____
- Night Shift Operator Class _____ Cert. No. _____
- Lead Operator William Seay A-6665
 Signature _____ Cert. No. _____

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	181
(17) Permitted capacity	mgd	-	200
(18) Three-month average daily flow	mgd	-	173
(19) Percent of permitted capacity	%	-	87%
(20) CBOD ₅ Effluent	mg/L	080082	3.0
(21) CBOD ₅ Effluent	lbs/day	-	4.5
(22) TSS Effluent	mg/L	900201	<1
(23) TSS Effluent	lbs/day	-	<1
(24) Minimum pH		-	6.5
(25) Maximum pH		-	7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH ₃ · N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.5
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.3
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
34 Turbidity [min]	Ntu		0.2
35 Turbidity [Max]	Ntu		1.2
36 Fecal Coliform	M/F		<1

Domestic Wastewater Treatment Plant Monthly Operating Report

(34)

Month August Year 1997

Day of the Month	Flow (mgd) <i>Estimated</i>	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L) <i>PHR Composite</i>	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L) <i>PHR Composite</i>	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L) <i>PHR Composite</i>	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turbidity (NTU)	Residuals (mg)	IRRIGATION (MG)	RAIN FALL (inches)				
1	.160	5.0						7.0						0.5	0	1.3	*	Estimated FLOW			
2	.171	5.0						6.8						0.5	0	1.3	"	"	SEE		
3	.169	4.1						6.9						0.5	0	0	"	"	LETTER		
4	.173	3.9						7.0						0.4	.006	2.0	"	"			
5	.155	2.4						7.0						0.3	.203	0.5	"	"			
6	.195	1.3			320	<1	6.8						<1	0.5	.127	1.2	"	"			
7	.181	5.0		178	169	1.4	<1	6.9		<0.02			<1	0.6	.107	1.0	"	"			
8	.182	5.0			268	<1	6.9						<1	0.5	.006	.225	1.0	"	"		
9	.172	5.0						6.9						0.4	.321	0.4	"	"			
10	.231	5.0						6.7						0.4	.354	6.0	"	"			
11	.225	5.0			198	<1	6.9						<1	0.4	.102	1.0	"	"			
12	.181	5.0			290	<1	6.9							0.3	.235	0	"	"			
13	.192	5.0			290	<1	6.9						<1	0.6	.332	1.0	"	"			
14	.184	5.0			268	<1	6.9						<1	0.3	.246	0	"	"			
15	.159	5.0						6.9						0.5	.247	0	"	"			
16	.225	5.0						6.8						0.5	.249	2.5	"	"			
17	.228	5.0						6.7						0.7	.210	1.0	"	"			
18	.177	3.4			90	1.0	7.0						<1	1.0	.074	0.6	"	"			
19	.178	5.0						6.5						1.0	.047	0	"	"			
20	.186	5.0			152	<1	6.5						<1	1.2	.239	0	"	"			
21	.177	5.0		160	140	4.6	<1	6.8		0.17			<1	1.0	.006	.029	0.9	"	"		
22	.142	5.0						6.9						0.4	.001	0	"	"			
23	.204	5.0						6.6						0.5	0	2.4	"	"			
24	.205	5.0						7.0						0.2	0	0.8	"	"			
25	.178	5.0			144	<1	7.0						<1	0.6	0	2.5	"	"			
26	.168	5.0						7.0						0.4	.006	0.1	"	"			
27	.144	5.0			138	<1	6.9						<1	0.3	.002	0	"	"			
28	.167	5.0			130	<1	6.9						<1	0.3	.001	0	"	"			
29	.141	5.0						6.9						0.3	.001	0	"	"			
30	.153	5.0						6.8						0.6	.005	0	"	"			
31	.195	5.0						7.0						0.7	0	0.1	"	"			

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate

Sign: William M Secoy
 Name (Please Type): WILLIAM SECOY

Date: 9-5-97

Company Name: WEDGEFILD UTILITIES

Telephone No. (Please Type): 407 568 6787

DER Form 17-01(8007)
Domestic Wastewater Treatment Plant
Monthly Operating Report
Effective Date July 1, 1997
DER Application No. _____ Filed on by DER

FILE

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

- (1) Month September Year 1997
- (2) Plant's DER Identification Number 3048P03712
- (3) Plant Name WEDGEFIELD UTILITIES
- (4) Plant Address # 3100 BANCROFT BLV
- (5) City ORLANDO
- (6) County ORANGE
- (7) Phone Number 407-568-6787
- (8) Permit Number D- 048-259584
- Plant Type 1-C
- (10) Test Site Identification Number N/A
- (11) Fecal Coliform Sample Method
 Membrane Filter Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse GOFCOURSE SPRAY IRRIGATION
- (13) Limited Wet Weather Discharge Activated
 Yes No Not Applicable
- (14) Cumulative Days of Wet Weather Discharge N/A
- (15) Plant Staffing
- Day Shift Operator Class C Cer. No. 8863
- Evening Shift Operator Class _____ Cer. No. _____
- Night Shift Operator Class _____ Cer. No. _____
- Lead Operator William Deun A-6665
 Signature _____ Cer. No. _____

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.149
(17) Permitted capacity	mgd	-	.200
(18) Three-month average daily flow	mgd	-	.164
(19) Percent of permitted capacity	%	-	82%
(20) CBOD ₅ Effluent	mg/L	080082	3.3
(21) CBOD ₅ Effluent	lbs/day	-	4.0
(22) TSS Effluent	mg/L	900201	0.94
(23) TSS Effluent	lbs/day	-	1.17
(24) Minimum pH		-	6.5
(25) Maximum pH		-	7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	.12
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	3.4
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
34 Turbidity [min]	Ntu		0.3
35 Turbidity [Max]	Ntu		1.5
36 Fecal Coliform	M/F		< 1

Domestic Wastewater Treatment Plant Monthly Operating Report

(34)

Month September Year 1997

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L) <i>24 Hr Composite</i>	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L) <i>24 Hr Composite</i>	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L) <i>24 Hr Composite</i>	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turbidity (NTU)	Residuals (mg)	IRRIGATION (MG)	RAIN FALL (inches)
1	.203	4.5						6.6						1.5	-	-	
2	.160	5.0						7.0						1.2	-	1.0	
3	.143	5.0						7.0						1.0	-	0.1	
4	.179	5.0		164	136	3.2	1.0	7.0		0.1		41	41	1.0	.012	0.2	
5	.119	5.0						6.9						1.5	.012	-	0.2
6	.146	5.0						6.5						0.7	-	-	
7	.180	5.0						7.0						1.2	-	-	
8	.191	3.9			156		1.6	7.0					41	1.2	.006	-	
9	.136	5.0						6.9						1.2	.001	-	
10	.139	5.0			172		1.0	6.9					41	0.7	.001	-	
11	.121	5.0			192		41	6.9					41	0.4	.002	-	
12	.167	5.0						6.9						0.3	.002	-	
13	.142	5.0						6.7						0.3	.002	0.4	
14	.168	5.0						6.9						0.5	.014	-	
15	.148	5.0			124		41	6.9					41	0.4	.012	-	1.0
16	.121	5.0						6.9						0.4	-	-	
17	.119	5.0			246		41	6.9					41	0.5	.028	-	
18	.177	5.0		96	158	3.3	1.9	6.9		0.12			41	1.0	-	-	
19	.124	5.0						6.6						0.6	.001	-	
20	.153	5.0						6.8						1.0	.005	-	
21	.151	5.0						7.0						0.7	-	-	
22	.144	5.0		208	17			6.9					41	1.0	.018	-	
23	.122	5.0						6.9						0.3	.010	.028	0.7
24	.122	5.0		306		2.5	6.5	6.5					41	0.2	.020	-	
25	.150	5.0		310		1.6	6.5	6.5					41	0.9	-	-	1.0
26	.122	5.0						6.9						0.9	.129	0.4	
27	.150	5.0						6.7						0.4	-	-	0.6
28	.168	5.0						7.0						0.5	-	-	
29	.124	3.4		144		41	7.0	7.0					41	0.4	-	-	
30	.175	4.0						7.0						0.3	-	-	

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signature: William M Secoy
 Name (Please Type): WILLIAM SECOY
 Company Name: WEDGEMID UTILITIES

Date: 10-9-97
 Telephone No. (Please Turn)

DER Form	17-001 (00/7)
Plant Name	Domestic Wastewater Treatment Plant
Report Title	Monthly Operating Report
Report Date	July 1, 1991
DER Application No.	_____
Printed by	DER

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month OCTOBER Year 1997

(2) Plant's DER Identification Number 3048P03712

(3) Plant Name WEDGEFIELD UTILITIES

(4) Plant Address # 3100 BANCROFT BLV.

(5) City ORLANDO

(6) County ORANGE

(7) Phone Number 407-568-6787

(8) Permit Number D- 048-259584

(9) Plant Type I-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method
 Membrane Filter Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
GOLECOURSE SPRAY IRRIGATION

(13) Limited Wet Weather Discharge Activated
 Yes No Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class C Cer. No. 8863

Evening Shift Operator Class _____ Cer. No. _____

Night Shift Operator Class _____ Cer. No. _____

Lead Operator William [Signature] A-6665
Signature Cer. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.165
(17) Permitted capacity	mgd	-	.200
(18) Three-month average daily flow	mgd	-	.165
(19) Percent of permitted capacity	%	-	.83
(20) CBOD ₅ Effluent	mg/L	080082	4.6
(21) CBOD ₅ Effluent	lb/day	-	6.3
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lb/day	-	2.1
(24) Minimum pH		-	6.7
(25) Maximum pH		-	7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.3
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	2.1
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
34 Turbidity [min]	Ntu		0.5
35 Turbidity [Max]	Ntu		1.8
36 Fecal Coliform	M/F		<1

77-001-0000
 Domestic Wastewater Treatment Plant
 Monthly Operating Report
 Report Date: July 1, 1991
 O&M Operator No: _____

Domestic Wastewater Treatment Plant Monthly Operating Report

(34) Month October Year 1997

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L) <i>Comp. 1.5</i>	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L) <i>Comp. 1.5</i>	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrite Effluent (mg/L) <i>Comp. 1.5</i>	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turbidity (NTU)	Residuals (mg)	IRIGATION (MG)	Rain Fall (inches)
1	.161	5.0		198		1.4	7.0						41	0.5	.200		
2	.183	5.0		197	194	5.1	41	6.9			1.4		41	0.5	.002	.190	
3	.192	3.2						7.0						1.8	.018	.200	.05
4	.164	2.9						6.7						0.6		.200	
5	.148	2.1						6.8						1.0		.190	.20
6	.210	5.0		184		1.0	6.9						41	1.1		.110	
7	.170	5.0						6.8						1.0		.110	
8	.201	5.0						6.8						0.9		.200	
9	.161	5.0		128		1.4	6.9						41	1.0		.170	
10	.188	5.0						6.9						0.9		.180	.010
11	.194	5.0						6.8						0.8		.200	.20
12	.193	3.4						6.9						0.7		.180	.10
13	.238	2.4		166		2.4	7.0						41	0.6		.200	0.2
14	.160	5.0						7.0						0.6		.210	
15	.174	5.0						7.0						0.5	.012	.180	
16	.154	5.0		130	128	4.0	1.6	6.8			1.1		41	0.6		.111	
17	.184	5.0						6.8						0.8		.120	
18	.170	5.0						6.7						1.0		.120	
19	.187	5.0						6.7						1.1	.12	.125	
20	.168	4.4						7.0						1.1		.120	
21	.182	5.0		120		2.1	7.0						41	1.0		.130	
22	.181	5.0						6.9					41	0.7		.200	
23	.164	5.0		140		1.4	6.9						41	0.5	.018	.200	
24	.201	3.6						6.9						0.7		.200	
25	.204	4.6						6.9						0.5		.110	
26	.196	5.0						6.8						0.5		.110	
27	.121	5.0		215		2.6	6.9						41	0.7		.111	
28	.189	5.0						6.8						0.6	1.4	.111	
29	.142	5.0						6.9						0.8		.120	
30	.188	5.0						6.8						0.5		.120	
31	.185	5.0						6.9						0.5	.018	.120	

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: William Secoy
 Name (Please Type): WILLIAM SECOY
 Company Name: WEDGEFIELD UTILITIES

Date: 11-7-97
 Telephone No. (Please Print): 407-568-6787

DER Form 17-601.900(1)
Domestic Wastewater Treatment Plant
Form Title Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Filed in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

FILE

Part II - General Information

(1) Month November Year 1997

(2) Plant's DER Identification Number 3048P03712

(3) Plant Name WEDGEFIELD UTILITIES

(4) Plant Address # 3100 BANCROFT BLV.

(5) City ORLANDO

(6) County ORANGE

(7) Phone Number 407-568-6787

(8) Permit Number D- 048-259584

(9) Plant Type 1-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method
 Membrane Filter Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
GOLFCOURSE SPRAY IRRIGATION

(13) Limited Wet Weather Discharge Activated
 Yes No Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8863

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator William Deery A-6665
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.181
(17) Permitted capacity	mgd	-	.200
(18) Three-month average daily flow	mgd	-	0.165
(19) Percent of permitted capacity	%	-	.83
(20) CBOD ₅ Effluent	mg/L	080082	3.7
(21) CBOD ₅ Effluent	lbs/day	-	5.6
(22) TSS Effluent	mg/L	900201	1.6
(23) TSS Effluent	lbs/day	-	2.4
(24) Minimum pH		-	6.5
(25) Maximum pH		-	7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH ₃ - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.14
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	-	1.3
(32) Maximum Chlorine Residual	mg/L	-	5.0
(33) Other Effluent Parameters			
34 Turbidity [min]	Ntu		0.3
35 Turbidity [Max]	Ntu		2.8
36 Fecal Coliform	M/F		<1

DCR Form 17-601900(1)
 Domestic Wastewater Treatment Plant
 Monthly Operating Report
 Effective Date July 1, 1991
 DCR Application No. (Filed in by DCR)

Domestic Wastewater Treatment Plant Monthly Operating Report

Month NOVEMBER Year 1997

(34)

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L) <i>gHR Composite</i>	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L) <i>gHR Composite</i>	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L) <i>gHR Composite</i>	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turbidity (NTU)	Residuals (MG)	IRRIGATION (MG)	RAIN FALL (inches)
1	210	2.3						6.8						0.3	.124	0.2	
2	209	5.0						6.7						0.4	.120	0.6	
3	173	1.8			142		<1	7.0					<1	0.4	.100	-0-	
4	161	2.7						6.9						0.8	-0-	-0-	
5	159	2.4			148		<1	6.9					<1	0.9	-0-	-0-	
6	160	3.6		248	364	3.8	1.2	6.9		0.14			<1	0.5	-0-	-0-	
7	182	1.5						6.7						0.8	.120	-0-	
8	179	3.2						6.6						1.2	.124	-0-	
9	119	3.2						7.0						0.8	.120	-0-	
10	180	5.0						6.6						2.8	.110	-0-	
11	143	2.3						6.7						2.3	-0-	-0-	
12	145	1.3						6.6						1.1	.018	-0-	
13	183	1.5			158		1.8	6.9					<1	1.5	-0-	-0-	
14	209	5.0			104		1.3	6.5					<1	1.6	-0-	2.7	
15	196	5.0						6.5						0.8	.120	-0-	
16	195	5.0						6.5						0.7	.120	-0-	
17	195	5.0			162		1.4	6.7					<1	0.9	.120	-0-	
18	171	3.7						6.6						1.3	.124	-0-	
19	156	2.6			168		1.8	6.7					<1	1.8	-0-	-0-	
20	188	2.0		194	204	3.5	1.6	6.7		0.14			<1	1.5	-0-	-0-	
21	170	5.0						6.8						1.8	-0-	-0-	
22	196	5.0						6.5						1.9	-0-	-0-	
23	191	5.0						6.8						1.7	.128	-0-	
24	161	5.0			180		2.0	6.7					<1	0.9	.116	-0-	
25	167	5.0						6.6						0.7	.114	-0-	
26	167	5.0						6.5						0.6	.121	-0-	
27	205	2.3					1.3	6.5					<1	0.9	-0-	-0-	
28	165	5.0						6.7						1.1	-0-	-0-	
29	189	5.0						7.0						1.0	-0-	.18	
30	199	5.0						7.0						2.3	.120	-0-	

Head Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: William Secoy

Date: 12-8-97

Name (Please Type) WILLIAM SECOY

Company Name WEDGEFIELD UTILITIES

Telephone No. (Please Type) 407 568 6787

Domestic Wastewater Treatment Plant Monthly Operating Report

Month December Year 1997

(34)

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L) <i>8 HR Composite</i>	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L) <i>8 HR Composite</i>	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L) <i>8 HR Composite</i>	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turbidity (NTU)	Residuals (mg)	IRRIGATION (MG)	RAIN FALL (Inch)
1	.180	5.0			184	2.1	6.8						<1	1.1	*	-0-	
2	.159	5.0					6.9							2.6			-0-
3	.142	3.0			198	2.5	6.9						<1	2.4			-0-
4	.196	5.0			204	1.1	6.9						<1	1.6			1.3
5	.153	5.0					6.7							1.7	.012		-0-
6	.183	5.0					6.7							0.9			-0-
7	.169	5.0					6.6							1.1			-0-
8	.141	3.7			150	1.1	6.7						<1	0.8			.60
	.184	5.0					6.7							0.5	.012		.60
	.180	4.5			178	4.0	6.7						<1	0.5			.70
11	.234	5.0			256	1.2	6.9						<1	0.5			2.3
12	.205	5.0					6.8							0.4			3.2
13	.258	1.4					6.9							1.5			1.1
14	.264	1.7					6.9							3.9			.52
15	.272	1.1					6.9							2.0			-0-
16	.219	5.0					6.7							0.6			-0-
17	.231	5.0			106	<1.0	6.8						<1	0.5			-0-
18	.207	2.9		138	122	3.1	<1.0	6.7			0.15		<1	0.5			-0-
19	.190	5.0					6.7							0.6			-0-
20	.225	5.0					6.6							0.8			-0-
21	.199	5.0					6.7							0.7			-0-
22	.187	5.0			100	1.3	6.7						<1	1.2			-0-
23	.183	3.6		195	200	3.7	<1.0	6.7			0.37		<1	1.4			-0-
24	.227	4.1			210	<1.0	6.8						<1	1.1			-0-
25	.204	1.3					6.3							3.4			-0-
26	.208	3.2					6.9							1.6	.012		.55
27	.205	4.0					6.8							2.0			.20
28	.208	5.0					7.2							1.2			-0-
29	.227	5.0			104	<1.0	6.9						<1	1.1			-0-
30	.249	5.0					6.8							1.8			.30
31	.210	5.0			254	1.9	6.9						<1	1.3			-0-

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: William Secoy

Date: 1-21-78
 * Irrigation meter Broken

Name (Please Type) WILLIAM SECOY

Company Name _____

Telephone No. (Please Type) _____

Domestic Wastewater Treatment Plant Monthly Operating Report

Month January Year 1998

(34)

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turbidity (NTU)	Residuals (MG)	Irrigation (MG)	Rainfall (Inches)
1	.232	3.5						6.7						1.2		*	0
2	.197	2.3						6.5						1.6			0
3	.191	5.0						6.5						0.9	0.04		0
4	.215	4.5						6.5						1.3			0
5	.180	5.0			178	1.8	7.0					<1	1.9				0
6	.166	3.9						7.1						1.8			0
7	.193	4.1						7.0						1.7			0.61
8	.202	2.8		123	912	4.1	1.3	7.1		0.57		<1	1.3				0
9	.199	5.0			126	1.1	6.8					6	1.7				0.64
10	.243	5.0						6.8						1.4			0
11	.201	5.0						6.9						2.0			0
12	.208	5.0			140	<1.0	6.7					<1	2.4				0
13	.183	5.0						6.8						0.6			0
14	.173	5.0			253	<1.0	6.6					<1	0.5				0
15	.174	5.0			144	<1.0	6.7					<1	0.8				0.36
16	.198	2.0						6.5						1.7			0
17	.189	5.0						6.5						1.1			0
18	.219	5.0						6.6						0.9			0
19	.193	5.0			226	<1.0	6.6					<1	0.7				0
20	.167	2.5						6.8						1.2			0
21	.170	4.5						6.7						2.6			0
22	.174	5.0		181	176	4.9	<1.0	6.7		1/4		<1	2.3				Trace
23	.181	5.0			182	1.0	6.7					<1	0.9				0
24	.204	5.0						6.6						0.4			0.35
25	.191	5.0						6.6						0.7			Trace
26	.173	5.0			124	<1.0	6.7					<1	1.2				0
27	.181	3.5						6.7						1.9			0
28	.205	5.0			108	1.2	6.8					<1	1.2				0.02
29	.168	5.0			379	<1.0	6.7					<1	1.1				0
30	.160	2.7						6.7						1.0			0
31	.183	5.0						6.5						0.9			0

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate

* Irrigation meter - broken

Signed: William C. Furehand
 Name (Please Type) William C. Furehand
 Company Name Wedgefield Utilities

Date 2-13-98
 Telephone No. (Please Type) 407-568-6787

Domestic Wastewater Treatment Plant Monthly Operating Report

(34) Month February Year 1998

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/L) 8 hr Composite	TSS Influent (mg/L)	CBOD ₅ Effluent (mg/L) 8 hr Composite	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turbidity (NTU)	Residuals (MG)	Irrigation (MG) Flow	Rainfall (Inches)
1	197	4.1						6.5						1.1		*	0
2	195	2.5			133	<1.0		6.7					<1	1.5			0
3	192	4.1						6.7						1.2			1.26
4	183	3.8		299	130	5.3	<1.0	6.7		0.06			<1	0.9			1.10
5	187	5.0			351		1.5	6.7					<1	1.6			0
6	174	5.0						6.5						1.7			0
7	200	5.0						6.5						1.2			0.31
8	200	5.0						6.5						0.8			0
9	182	5.0			158	<1.0		6.6					<1	1.2			0
	170	5.0						6.6						2.3			0
11	175	5.0			194	2.2		6.6					<1	1.7	0.24		0
12	160	2.9			210	2.7		6.7					<1	1.1			0
13	162	5.0						6.5						0.7			0
14	189	5.0						6.5						1.1			0.3
15	199	5.0						6.4						0.6			1.51
16	248	5.0			160	1.2		6.9					<1	1.3			1.31
17	250	2.1						6.7						2.1			0
18	216	4.6						6.8						2.2			0
19	188	5.0		176.0	142	9.4	1.7	6.7		0.62			<1	1.6			1.25
20	247	4.3			96	2.5		6.7					<1	2.4			0
21	232	5.0						6.7						1.3			0
22	235	3.6						6.5						1.5			0.94
23	251	5.0			130	2.8		6.9					<1	2.5			0
24	203	5.0						6.6						1.0			0
25	207	5.0			124	2.3		6.6					<1	1.7			0
26	192	5.0			96	5.8		6.5					<1	2.2			0
27	198	5.0						6.5						2.6			0
28	207	5.0						6.5						2.4			0.9

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: William C. Forehand
 Name (Please Type) William C. Forehand

* Irrigation meter is broken
 Date 3/11/98

17-60150001
 Domestic Wastewater Treatment Plant
 Monthly Operating Report
 Reporting Date: July 1, 1991
 O&M Approval No. _____ (Filled in by O&M)

Domestic Wastewater Treatment Plant Monthly Operating Report

FILE

Month MARCH Year 1998

(34)

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	24 hr Composite CBOD ₅ Influent (mg/L)	TSS Influent (mg/L)	24 hr Composite CBOD ₅ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH ₃ - N Effluent (mg/L)	24 hr Composite Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Turbidity (NTU)	Residuals (mg)	Irrigation Flow (MG)	Rainfall (Inches)
1	1232	5.0						6.6						1.7			0.1
2	1204	5.0			226	1.0		6.7					<1	1.3			0
3	1186	5.0						6.7						1.1			0
4	1191	5.0		199	164	4.0	2.7	6.6		0.61			<1	1.8			0
5	1182	5.0			136		2.3	6.5					<1	1.7			0
6	1170	5.0						6.6						2.2	224		0
7	1198	5.0						6.5						1.9			0
8	1301	5.0						6.5						1.6			1.08
9	1182	5.0			188		3.1	6.3					<1	0.4			0
10	1183	5.0						6.6						1.7			0
11	1185	5.0			170		<1.0	6.5					<1	1.5			0
12	1176	5.0			116		2.0	6.4					<1	2.0			0
13	1183	5.0						6.3						1.5			0
14	1182	4.0						6.4						1.3			0
15	1198	4.7						6.5						2.6			0
16	1184	2.0			149		2.1	6.5					<1	3.9			0
17	1171	5.0						6.5						2.4			0
18	1183	2.0			216		1.8	6.4					<1	2.4		229	0.73
19	1226	5.0			179		3.1	6.6						2.7		1021	1.27
20	1232	5.0						6.5						2.5		1009	1.20
21	1186	5.0						6.5						1.7		1006	0
22	1187	5.0						6.3						1.5		1123	0
23	1207	5.0			138		1.3	6.5					<1	2.3		1285	0
24	1187	5.0						6.4						1.3		1289	0
25	1179	5.0		240	163	4.0	1.0	6.4		2.5			<1	1.1		1300	0
26	1185	5.0			206		1.5	6.4					<1	1.4		1302	0
27	1177	5.0						6.4						1.5	1024	1280	0
28	1194	5.0						6.4						1.4		1256	0
29	1192	5.0						6.4						0.9		1324	0
30	1176	3.5			168		1.9	6.7					<1	3.5		1347	0
31	1177	2.8						6.4						1.7		1226	0

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: William C. Forehand
 Name (Please Type): William C. Forehand
 Company Name: Utilities

Date: 4/9/98

* New flow meter installed

Telephone No. (Please Type)

Domestic Wastewater Treatment Plant
 Class Monthly Assembly
 Effective Date: July 1, 1994
 DER Application No. _____
 Filed with DEP _____

DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Part II - General Information

(1) Month / Year: April 1998

(2) Plant's DER Identification Number: 3048P03712

(3) Plant Name: Wedgfield Utilities (Utilities Inc.)

(4) Plant Address: 3100 Bancroft Blvd.

(5) City: Orlando

(6) County: Orange

(7) Phone Number: (407) 568-6787

(8) Permit Number: DC048-259584

(9) Plant Type: I-C

(10) Test Site Identification Number: n/a

(11) Fecal Coliform Sample Method:
 Membrane Filter Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:
Public Access Golfcourse Spray Irrigation

(13) Limited Wet Weather Discharge Activated:
 Yes No Not Applicable

(14) Cumulative Days of Wet Weather Discharge:
n/a

(15) Plant Staffing

Day Shift Operator Class: C-8864 A-4727

Evening Shift Operator Class: _____

Night Shift Operator Class: _____ Cert. No. _____

Lead Operator: *Nathan A. Miller* B-7677
 Signature: _____ Cert. No. _____

Parameter	Units	Store Code	Value
(16) Monthly average daily flow	mgd	50053	0.175
(17) Permitted capacity	mgd	-	0.200
(18) Three month average daily flow	mgd	-	0.189
(19) Percent of permitted capacity	%	-	88 %
(20) CBOD ₅ Effluent	mg/l	80082	4.97
(21) CBOD ₅ Effluent	lbs/day	-	7.25
(22) TSS Effluent	mg/L	-	2.24
(23) TSS Effluent	lbs/day	-	3.27
(24) Minimum pH		-	6.3
(25) Maximum pH		-	6.8
(26) Total N	mg/l	000600	-
(27) TKN	mg/l	000625	-
(28) Ammonia (NH ₃ - N)	mg/l	000610	-
(29) Maximum Nitrate	mg/l	071850	3.50
(30) Total Phosphorous	mg/l	000665	-
(31) Minimum Chlorine Residual	mg/l		3.4
(32) Maximum Chlorine Residual	mg/l	-	5.0
(33) Other Effluent Parameters			**
Fecal Coliform			<1
Golf Course Irrigation	Avg		0.336
NTU MIN.			0.53
NTU MAX.			1.70

DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Wedgefield Utilities (Utilities Inc.)

Month / Year

April 1998

Day	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual after Dechlorination, CBOD ₅ Influent (mg/l)	8 Hour Composit	TSS Influent (mg/l)	CBOD ₅ Effluent (mg/l)	8 Hour Composit	TSS Effluent (mg/l)	pH Effluent	TKN Effluent (mg/l)	NH ₃ - N Effluent (mg/l)	Nitrate Effluent (mg/l)	8 Hour Composit	Total P (mg/l)	Fecal Coliform (#/100ml)	(NTU) Turbidity	Residuals Hauled (MG)	Irrigation Flow (MG)	Rain Fall (Inches)
1	0.173117	5.0		233	288	4.8	1.0	6.5				3.40		<1	1.50		0.348		
2	0.191799	5.0			171			1.9	6.5					<1	1.50		0.297	0.32	
3	0.173640	5.0							6.4						0.90		0.294		
4	0.194805	5.0							6.5						0.90		0.281		
5	0.207964	5.0							6.4						0.80		0.005		
6	0.165745	4.5			196			2.8	6.5					<1	0.80		0.342		
7	0.170509	5.0							6.4						1.70		0.348		
8	0.169401	5.0			240			2.4	6.4					<1	1.40		0.394		
9	0.177853	5.0			272			3.9	6.3					<1	0.90		0.349		
10	0.192819	3.9							6.5						0.90		0.310		
11	0.179234	5.0							6.5						0.80		0.324		
12	0.177446	4.1							6.5						1.20		0.314		
13	0.167825	5.0			132			1.5	6.4					<1	0.75		0.325		
14	0.159096	5.0							6.5						0.68		0.334		
15	0.181006	3.5		235	197	5.2	1.9	6.4				3.50		<1	0.65		0.403		
16	0.172062	3.5							6.4						0.61		0.313		
17	0.160839	5.0							6.7						0.60		0.364		
18	0.197469	5.0							6.5						0.90		0.322		
19	0.203024	5.0							6.7						1.10		0.346		
20	0.174173	5.0			308			2.7	6.8					<1	0.58		0.323		
21	0.161281	5.0							6.4						0.58		0.346	0.12	
22	0.179209	5.0			152			1.4	6.5					<1	0.57		0.390		
23	0.156655	3.4			118			4.2	6.6					<1	0.57		0.546		
24	0.153983	5.0							6.5						0.57		0.366		
25	0.177304	5.0							6.5						0.99		0.382		
26	0.175765	5.0							6.4						0.63		0.400		
27	0.159040	5.0			122			1.0	6.6					<1	0.57		0.282		
28	0.157524	5.0							6.6						0.56		0.587		
29	0.170041	5.0			158			1.4	6.5					<1	0.55	18,000	0.475		
30	0.175302	5.0		178	303	4.9	3.0	6.5				1.10		<1	0.53	6,000	0.313	0.28	
31																			

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my ability and belief the information is true, complete and accurate.

Signed: *Nathan Van Meter*

Name: Nathan Van Meter

Date: 5-11-98

Company Name: Utilities Inc.

Telephone #: (please type) (407) 568-6787

DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Wedgefield Utilities

Month / Year

May, 1998

Day	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/l) 8 Hour Composit	TSS Influent (mg/l)	CBOD ₅ Effluent (mg/l) 8 Hour Composit	TSS Effluent (mg/l)	pH Effluent	TKN Effluent (mg/l)	NH ₃ - N Effluent (mg/l)	Nitrate Effluent (mg/l) 8 Hour Composit	Total P (mg/l)	Fecal Coliform (#/100ml)	(NTU) Turbidity	Residuals Hauled (MG)	Irrigation Flow (MG)	Rain Fall (Inches)
1	0.151438	5.0						6.4						0.53	0.304		
2	0.166676	5.0						6.4						0.66	0.375		
3	0.164323	5.0						6.5						0.53	0.406		
4	0.163549	5.0			208		2.8	6.7					<1	0.48	0.387	0.1	
5	0.152183	5.0						6.5						0.48	0.391	0.2	
6	0.167904	2.4			162		1.3	6.7					<1	0.48	0.413		
7	0.108353	5.0			230		1.2	6.6					<1	0.48	0.403		
8	0.275975	5.0						6.6						0.47	0.407		
9	0.284270	5.0						6.4						1.46	0.376		
10	0.191635	5.0						6.3						1.03	0.372		
11	0.175354	2.8			158		1.4	6.5					<1	0.43	0.430		
12	0.170173	4.9						6.5						0.42	0.488		
13	0.178744	5.0		171	220	5.6	2.4	6.5		5.58			<1	0.42	0.495		
14	0.180530	3.7			148		1.7	6.6					<1	0.41	0.452		
15	0.152782	2.5						6.4						0.40	0.490		
16	0.192784	5.0						6.5						0.68	0.396		
17	0.200414	5.0						6.2						0.79	0.410		
18	0.177822	5.0			126		2.5	6.5					<1	0.38	0.709		
19	0.267796	3.4						6.5						0.36	0.427	0.3	
20	0.257709	4.7			156		5.2	6.9					<1	4.02	0.473	0.01	
21	0.213671	5.0			276		4.1	6.6					<1	3.94	0.956		
22	0.189236	5.0						6.6						4.08	0.442		
23	0.190544	5.0						6.7						2.63	0.346		
24	0.186445	5.0						6.8						1.81	0.084		
25	0.189137	5.0						6.8						1.40	0.464		
26	0.190341	4.4			172		3.5	6.6					<1	1.04	0.592		
27	0.166290	5.0		237	150	5.5	2.6	6.6		1.70			<1	0.77	0.503		
28	0.183987	5.0			192		3.6	6.5					<1	0.89	0.340	0.1	
29	0.190566	5.0						6.7						0.73	0.024		
30	0.185681	4.7						6.5						0.49	0.007		
31	0.205827	5.0						6.5						0.64	0.012		

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my ability and belief this information is true, complete and accurate.

* Note : On May 20, 21, & 22, the flow was diverted to the substandard pond during filter media replacement. *

Signed: *Nathan Van Meter*

Name: Nathan Van Meter

Date: 6-11-98

Company Name: Utilities Inc. of Florida

Telephone #: (407) 568-6787

DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Wedgefield Utilities

Month / Year June, 1998

Day	Flow (MGD)	Chlorine Residual After Contact	Chlorine Residual after Dechlorination	CBOD ₅ Influent (mg/l)	8 Hour Composit	TSS Influent (mg/l)	CBOD ₅ Effluent (mg/l)	8 Hour Composit	TSS Effluent (mg/l)	pH Effluent	TKN Effluent (mg/l)	NH ₃ - N Effluent (mg/l)	Nitrate Effluent (mg/l)	8 Hour Composit	Total P (mg/l)	Fecal Coliform (#/100ml)	(NIU) Turbidity	Residuals Hauled (MG)	Irrigation Flow (MG)	Rain Fall (Inches)	
1	0.229755	5.0				94		3.6	6.8						<1	0.97		0.518	0.5		
2	0.214767	3.9							6.8								0.68		0.473		
3	0.180846	5.0				140		3.9	6.5						<1	1.07		0.557			
4	0.182042	5.0				66		2.9	6.6						<1	0.99		0.671			
5	0.181223	4.5							6.6								0.83		0.505		
6	0.299226	4.6							6.7								0.93		0.525		
7	0.309434	5.0							6.8								0.73		0.467		
8	0.373232	5.0				124		1.5	6.8						<1	1.67		0.489	0.7		
9	0.227081	4.2							6.8								1.16		0.579		
10	0.177473	5.0		191	189	5.3	2.5	6.7				3.10			<1	0.73		0.541			
11	0.169892	1.3				165		2.6	6.6						<1	0.89		0.555			
12	0.182090	5.0							6.5								0.63		0.524	0.0	
13	0.204105	5.0							6.5								0.46		0.449		
14	0.197305	5.0							6.5								0.87		0.425		
15	0.178416	5.0				125		1.1	6.7						<1	0.64		0.523			
16	0.189144	4.2							6.8								0.42		0.620		
17	0.186226	4.1				129		1.8	6.5						<1	0.41		0.530			
18	0.182897	5.0				136		2.8	6.2						<1	0.31		0.474	0.1		
19	0.125016	5.0							6.4								0.27		0.067	1.0	
20	0.364104	5.0							5.1								0.33		0.073	0.70	
21	0.260064	5.0							6.6								0.86		0.116		
22	0.199870	5.0				613		1.0	6.5						<1	0.43		0.136	0.0		
23	0.195325	5.0							6.3								0.60		0.526		
24	0.209521	5.0		200	122	5.2	3.7	6.6				1.80			<1	0.65		0.093			
25	0.198039	5.0				150		2.5	6.6							144		0.347	0.4		
26	0.181146	5.0							6.5								0.38		0.488		
27	0.178168	5.0							6.3								0.49		0.488		
28	0.325927	5.0							6.4								0.45		0.489		
29	0.204721	3.5				133		2.2	6.6						<1	0.49		0.513			
30	0.199855	5.0							6.4								0.40		0.533		
31																					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my ability and belief this information is true, complete and accurate.

* DEP notified on 7-8-98 of high fecal count from 6-25-98.

Signed: *Nathan Van Meter*

Name: Nathan Van Meter

Date: July 9, 1998

Company Name: Utilities Inc. of Florida

Telephone #: (407) 568-6787

Wedgefield Utilities, Inc.

Docket No. 991437-WU

25.30-440 (5)
Sanitary Survey and Inspection Report

Test Year Ended June 30, 1999

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant name Wedgefield PWS (Cape Coral) County Orange PWS ID 3480149
 Address 20751 S.R. 520 Orl., FL 32833 Phone 407/867-1919
 Owner name Wedgefield Utility Inc. 1149 Contact Bob Cross
 Owner address P.O. Box 161149 Altamonte Springs, FL 32716 Phone 407/372-1919
 This inspection date 6/17/98 Last C.I. date 6/5/95 Last survey date 2/25/97
 PWS Type: Community Non-Transient Non-Community Non-Community
 Service area characteristics Residential No. of service connections 789
 Food service? Yes No Served population 2,761

OPERATION & MAINTENANCE

Certified operator: Yes No N/A
 Operator & certification class-number:
Charles Forchuck "C" - 5828
 O&M log: yes no

WELL

Number of wells 2 Standby well? -
 Auxiliary power.. yes no N/A
 6' x 6' x 4" pad yes no
 Sanitary seal..... OK
 Raw water tap: yes no
 not smooth nosed
 Check valve..... yes no
 Fence/housing.... yes no
 Sanitary hazards

CHLORINATION

Chlorinator type: Gas Hypo
 Cl₂ residual: Plant 1.22 ppm Remote 3 ppm
 DPD-type test kit..... yes no
 Gas cylinder scale..... yes no
 Gas cylinder chained..... yes no
 Adequate air-pak..... yes no
 Fresh ammonia solution.. yes no
 Adequate ventilation..... yes no
 Dual chlorination..... yes no
 Auto-switchover..... yes no
 Alarm yes no

AERATION: Type Cascade (2000 gpm)
 Condition

OTHER TREATMENT PROCESSES:

Disinfection/Softener

OTHER

Flow measuring device:
 meter elapsed time clock none
 Backflow prevention devices: yes no
 Cross-connections None observed

STORAGE TANKS

(G) Ground (C) Clearwell (E) Elevated
 (B) Bladder (H) Hydropneumatic/flow-through

Tank type	G/I	H/I	
Capacity	<u>354,000</u>	<u>12,000</u>	
Gravity drain	<u>yes</u>	<u>yes</u>	
By-pass piping	<u>yes</u>	<u>yes</u>	
Pressure gauge	<u>N/A</u>	<u>yes</u>	
On/Off pressure	<u>-</u>	<u>55/65</u>	
Sight glass	<u>-</u>	<u>yes</u>	
Fittings for sight glass	<u>-</u>	<u>-</u>	
Air release valve	<u>-</u>	<u>yes</u>	
Pressure relief valve	<u>-</u>	<u>-</u>	
Access padlocked	<u>yes</u>	<u>yes</u>	

DEFICIENCIES / COMMENTS

Handwritten notes:
 No
 Defect noted!
 No good work!
 Thank you

Reminder: Annually
1998 Nitrate + Nitrite done prior to
Dec. 31, 1998.

PLEASE CORRECT THE INDICATED DEFICIENCIES AND PROVIDE A WRITTEN STATEMENT TO THE DEPARTMENT NO LATER THAN _____ STATING THAT ALL LISTED DEFICIENCIES HAVE BEEN CORRECTED; FAILURE TO DO SO WILL RESULT IN THE TAKING OF APPROPRIATE ENFORCEMENT ACTION BY THE DEPARTMENT. Send your response to: Department of Environmental Protection, 3319 Maguire Blvd., Suite 232, Orlando, Florida 32803. Phone: (407)894-7555

Inspector Roberto C. Guey Title Env. Insp. Date 6/17/98
 Received by Charles Forchuck Title Utility Date 6/17/98
 Form left: on site with water plant operator with water purveyor



ENVIRONMENTAL PROTECTION DIVISION

ANNA H. LONG, *Manager*

Leeds Commerce Center
800 Mercy Drive, Suite 4
Orlando, Florida 32808-7896
(407) 836-1400 • Fax (407) 836-1499
www.citizens-first.co.orange.fl.us

RECEIVED
JUN 16 1999
BY:

June 10, 1999

To: DAVID

Mr. Donald Rasmussen
Econ Utilities Corporation
200 Weatherfield Avenue
Altamonte Springs, Florida 32714

FILE

RE: Domestic Wastewater Treatment Facility - Wedgefield Golf & Country Club

OCEPD Permit: DO95-01

Expires: January 3, 2000

Dear Mr. Rasmussen:

On May 26, 1999, an inspection of the above-referenced facility was conducted by a representative of this Division. At the time of inspection, the overall operation of your facility was found to be in compliance with the terms and conditions of the referenced permit.

Please review the enclosed inspection report for any comments and recommendations that may have been noted during the course of the inspection and record review.

Your efforts to help maintain our environment are appreciated. If you have any questions, contact me at the above address or at (407) 836-1454.

Sincerely,

Ricardo A. Moore

Ricardo A. Moore
Environmental Specialist

RAM/CS:bk

Enclosure

C: FDEP
Central File

001-068-2420-4343
INVOICE TO FOLLOW

FILE: ~~19.2~~ 19.2 / Wedgefield WWTF

**ORANGE COUNTY ENVIRONMENTAL PROTECTION DEPARTMENT
COMPLIANCE INVESTIGATION CHECKLIST
WASTEWATER TREATMENT FACILITIES (DOMESTIC)**

Facility Name: *Wedgefield Golf Country Club* Date: *5/26/99*
 Facility Location: *Econ Utilities Corporation* Owner: *Econ Utilities Corporation*
 Mailing Address: *20750 State Rd 520* Attn: *Mr. Rasmussen*
 Orange Co. Permit # *D095-01* Expires: *1/3/2000* Type: *C 1/9*
 State Permit #

Permit Verification:

- | | | | |
|---|--------------------------------------|-------------------------------------|-----|
| 1. Has permit been reviewed prior to inspection? | <input checked="" type="radio"/> Yes | No | N/A |
| 2. Correct name and mailing address of permittee. | <input checked="" type="radio"/> Yes | No | N/A |
| 3. Facility is as described in permit. | <input checked="" type="radio"/> Yes | No | N/A |
| 4. Amendments to permit Explain: | Yes | <input checked="" type="radio"/> No | N/A |

Compliance Schedules:

- | | | | |
|---|--------------------------------------|-------------------------------------|-----|
| 1. Permittee meeting compliance schedules? | <input checked="" type="radio"/> Yes | No | N/A |
| 2. Facility submitting all monitoring data as required by the permit? | <input checked="" type="radio"/> Yes | No | N/A |
| 3. Extenuating circumstances which would affect the permittee's compliance schedules? | Yes | <input checked="" type="radio"/> No | N/A |

Records and Reports:

- | | | | |
|---|--------------------------------------|----|-----|
| 1. Records and reports maintained as required by permit. If no explain: | <input checked="" type="radio"/> Yes | No | N/A |
| 2. Is Monthly Operating Report complete and received in a timely manor? | <input checked="" type="radio"/> Yes | No | N/A |
| 3. Is operators daily log on site and up to date? | <input checked="" type="radio"/> Yes | No | N/A |
| 4. Sludge analysis on file | <input checked="" type="radio"/> Yes | No | N/A |
| 5. Current well monitoring data, if required. | <input checked="" type="radio"/> Yes | No | N/A |

Facility Site Review:

Headworks

- | | | | |
|--|--------------------------------------|-------------------------------------|----------------|
| 1. Lift station, (grease build up) | Yes | <input checked="" type="radio"/> No | N/A |
| 2. Evidence of lift station overflow | Yes | <input checked="" type="radio"/> No | N/A |
| 3. Are pumps adequate, maintained | <input checked="" type="radio"/> Yes | No | N/A |
| 4. Are the bar screens/comminutors maintained. | <input checked="" type="radio"/> Yes | No | N/A |
| 5. Rags/Trash collected/stored/ properly disposed. of. | <input checked="" type="radio"/> Yes | No | N/A |
| 6. Are the grit chambers routinely cleaned? | Yes | No | N/A |
| 7. Offensive/obnoxious odors | Yes | <input checked="" type="radio"/> No | N/A |

Flow Equalization:

- | | | | |
|------------------------|--------------------------------------|----|-----|
| 1. Sufficient capacity | <input checked="" type="radio"/> Yes | No | N/A |
| 2. Adequate aeration | <input checked="" type="radio"/> Yes | No | N/A |
| 3. Odor Control | <input checked="" type="radio"/> Yes | No | N/A |

Primary Clarifiers:

- | | | | |
|---|-----|----|----------------|
| 1. Is there evidence of solids loss? | Yes | No | N/A |
| 2. Is there a problem with bulking? | Yes | No | N/A |
| 3. Are the skimmers functioning properly? | Yes | No | N/A |
| 4. Are the weirs level? | Yes | No | N/A |
| 5. Are effluent weirs clean? | Yes | No | N/A |

Secondary Clarifiers:

- | | | | |
|---|--------------------------------------|-------------------------------------|-----|
| 1. Is there evidence of solids loss? | Yes | <input checked="" type="radio"/> No | N/A |
| 2. Is there a problem with bulking? | Yes | <input checked="" type="radio"/> No | N/A |
| 3. Is the depth of the sludge blanket acceptable? | <input checked="" type="radio"/> Yes | No | N/A |
| 4. Are the skimmers functioning properly? | <input checked="" type="radio"/> Yes | No | N/A |

- 5. Are the weirs level? Yes No N/A
- 6. Are the effluent weirs clean? Yes No N/A
- 7. Does tank surface indicate poor sludge management (i.e. floating solids, gas)? Yes No N/A

Aeration Basins:

- 1. Aerator type: Mechanical _____, Blower
- 2. Mixed liquor Color: Black _____, Dark Brown
Med Brown _____, Light Brown _____
- 3. Foaming: Heavy _____, Moderate , Light _____
- 4. Odors: Strong _____, Moderate _____, Light
- 5. Air distribution: Excellent _____, Adequate , Poor _____

Return Sludge Unit:

- 1. Is there adequate sludge return back to the head of the plant? Yes No N/A
- 2. Sludge Color: Black _____, Brown , Light Brown _____

Digestors:

- 1. Digester Type: Anaerobic _____, Aerobic
- 2. Digester Sludge Color: Black _____, Dark Brown , Brown _____
- 3. Digester Odor: None _____, Musty _____, Hydrogen Sulfide
- 4. Does the facility have dewatering devices? Yes No N/A
- 5. Are they functional? Yes No N/A
- 6. Is the facility wasting sludge properly? Yes No N/A

Sludge Processing:

- 1. Provide name of hauler: _____
- 2. Disposal Site: Owner Name: _____
Location: _____
- 3. Grade of Sludge: _____

Final Filters:

1. Performing satisfactory

Yes

~~No~~ *JK*

N/A

2. General Conditions of Process:

Explain: Filters had just been backwashed causing high turbidity.

Trickling Filters:

1. Performing Satisfactory

Yes

No

N/A

2. General Condition of Process:

Explain: _____

Disinfection:

1. Chlorinator Type: Gas X, Hypochlorination _____,

Other _____, Explain: _____

2. Adequate baffles in contact chamber. (Minimum of 2)

Yes

No

N/A

3. Is there solids evident in the chlorine contact chamber?

Yes

No

N/A Turbidity high

4. Is chlorine residual adequate?

Yes

No

N/A

5. Is there adequate ventilation, proper location of exhaust fan in the chlorine room?

Yes

No

N/A

6. Is there a gas mask available?

Yes

No

N/A

7. Are there dual scales and automatic switch over devices available?

Yes

No

N/A

Effluent:

1. The quality of the effluent appears: Excellent _____,

Good X. Poor _____.

2. Is there solids carry-over in the effluent?

Yes

No

N/A

Perc Pond Disposal Sites:

1. Are the ponds being maintained and rotated routinely?

Yes

No

N/A

2. Are the ponds over grown?

Yes

No

N/A

- | | | | |
|---|--------|-------------------------------------|---|
| 3. Do the pond bottoms need cleaning out? | Yes | <input checked="" type="radio"/> No | N/A |
| 4. Are the ponds exceeding capacity? | Yes | <input checked="" type="radio"/> No | N/A |
| 5. Are there odors? | Yes | <input checked="" type="radio"/> No | N/A |
| 6. Appearance of pond surface: | Weeds | _____ | Algae |
| | Scum | _____ | Bubbles |
| | | _____ | Other |
| 7. Appearance of pond water: | Black | _____ | Brown |
| | Cloudy | _____ | Clear |
| | | | <input checked="" type="checkbox"/> Green |

Spray Field Disposal Site:

- | | | | |
|--|-----|----|----------------|
| 1. Is there adequate field rotation? | Yes | No | N/A |
| 2. Is there evidence of ponding? | Yes | No | N/A |
| 3. Is there evidence of runoff? | Yes | No | N/A |
| 4. Is there an accumulation of solids in the fields? | Yes | No | N/A |
| 5. Are the fields maintained (i.e. mowed, no broken spray heads, etc)? | Yes | No | N/A |

General Plant Conditions:

- | | | | |
|---|--------------------------------------|-------------------------------------|----------------|
| 1. Is plant staffed properly by certified operators? | <input checked="" type="radio"/> Yes | No | N/A |
| 2. Are the site grounds adequately maintained? | <input checked="" type="radio"/> Yes | No | N/A |
| 3. Is water supply adequate for chlorination systems? | <input checked="" type="radio"/> Yes | No | N/A |
| 4. Is water provided for plant wash down? | <input checked="" type="radio"/> Yes | No | N/A |
| 5. Is there adequate potable water protection? | <input checked="" type="radio"/> Yes | No | N/A |
| 6. Is auxiliary power exercised periodically? | Yes | No | N/A |
| 7. Is the site fenced and locked? | Yes | <input checked="" type="radio"/> No | N/A |

Inspectors Comments:

Plant operations appear satisfactory
at this time.

Janine Kremer - Ricardo Moore
Inspected by

5/28/99
Date



Department of Environmental Protection

Lawton Chiles
Governor

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

SEP 21 1998
Response due to
10/2/98
Virginia B. Wetherell
Secretary

FILE

UTILITIES INCORPORATED OF FLORIDA
200 WEATHERFIELD AVENUE
ALTAMONTE SPRINGS FLORIDA 32714

OCD-C-WW-98-0586

*DO Copy
for action*

ATTENTION DONALD RASMUSSEN

Orange County - DW
Wedgfield Subdivision
Wastewater Facility - Permit No. DO48-259584
Noncompliance Letter

Dear Mr. Rasmussen:

On June 1, 1998, Department personnel conducted a routine inspection of your wastewater facility. A copy of the inspection report is enclosed for your review. During the course of the inspection, and/or determined from records on file in this office, the following deficiencies were noted:

1. Correction fluid was used on the Monthly Operating Reports (MORs) for June and August through November 1997. Corrections should be made by crossing a single line through the error and writing in the correction and the initials of the person making the correction.
2. The field meter, which is used to check the total residual chlorine continuous analyzer, did not have a record of daily calibrations against known standards.
3. The MORs are being submitted with an incorrect permit number.
4. A review of the ground water files for this facility indicated the following deficiencies:
 - a. Please provide the Department with a detailed explanation of the field procedures used to collect samples from the ground water monitoring wells.
 - b. Please ensure that the quarterly monitoring reports are completed in full with accurate information. Additionally, the report must include the appropriate reference to the preservation methods used. At a minimum the samples must be iced to 4°C in the field immediately after sample collection.
 - c. The fourth quarter of 1996 and the first and second quarters of 1997 Ground Water Monitoring Reports have not been received by the Department's Central District Office. Please submit the missing report to the Central District Office in Orlando, Florida. Please ensure that the quarterly ground water monitoring reports are submitted in a timely manner.

- d. The ground water elevations have not been reported on the quarterly reports received for 1996 and 1997. Additionally, the well completion reports provided to the Department show that the monitoring wells were constructed with 3 foot PVC pipe riser; however, a surveyed measurement for the well's top of casing (i.e., riser) is not included. Please provide the Department with a survey report of all of the monitoring well top of casing elevations in feet National Geodetic Vertical Datum (NGVD). The report must be certified by a Professional Land Surveyor (PLS). Additionally, please provide a summary of the ground water elevation data in a tabular format for the last eight (8) quarters. At a minimum, the table will include each monitoring well's top of casing in feet NGVD, ground surface elevation in feet NGVD, depth to ground water in feet, and water level elevation in feet NGVD. Accuracy of the elevation data shall be to 0.10 feet.
5. The Department lacks a current sludge analysis for this facility.

Please respond to these items, in writing, with a schedule of corrective action. Pursuant to Rule 62-4.100(2), F.A.C., failure to comply with pollution control rules shall be grounds for permit suspension or revocation and initiation of formal enforcement action. Your reply is requested within 14 days from the date of this letter. Your reply and any questions should be addressed to Michael E. Hall at (407) 893-3313.

File
copy
10/2/98

Sincerely,



Gary P. Miller
Program Manager
Wastewater Compliance/Enforcement

Date: September 18, 1998

~~GM/mh/ww~~
GM/mh/ww

Enclosure

cc: Orange County Environmental Protection Department
Ground Water Section, FDEP

been received by the Department's Central District Office. Please submit the missing report to the Central District Office in Orlando, Florida. Please ensure that the quarterly ground water monitoring reports are submitted in a timely manner. The ground water elevations have not been reported on the quarterly reports received for 1996 and 1997. Additionally, the well completion reports provided to the Department show that the monitoring wells were constructed with 3 foot PVC pipe riser; however, a surveyed measurement for the well's top of casing (i.e., riser) is not included. Please provide the Department with a survey report of all of the monitoring well top of casing elevations in feet National Geodetic Vertical Datum (NGVD). The report must be certified by a Professional Land Surveyor (PLS). Additionally, please provide a summary of the ground water elevation data in a tabular format for the last eight (8) quarters. At a minimum, the table will include each monitoring well's top of casing in feet NGVD, ground surface elevation in feet NGVD, depth to ground water in feet, and water level elevation in feet NGVD. Accuracy of the elevation data shall be to 0.10 feet.

DISPOSAL METHOD: Satisfactory Reject pond well maintained with >1 ft. freeboard. Golf course well maintained with signs posted.

RESIDUALS MANAGEMENT: Marginal Contract with Brownies Environmental Services for sludge hauling on file. Current sludge analysis not available.

WEDGEFIELD UTILITIES, INC.

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:

7335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961

September 29, 1998

Mr. Michael E. Hall
Florida Department of Environmental Protection
3319 Maguire Boulevard - Suite 232
Orlando, FL 32803-3767

**RE: Wedgefield WWTF
Orange County
Response to Department's Noncompliance Letter Dated September 18, 1998**

Dear Mr. Hall:

In response to the referenced noncompliance letter from the Department and pursuant to Rule 62-4.100(2), F.A.C. a schedule of corrective action is outlined below. The unsatisfactory items outlined in the referenced letter are reprinted below in bold type, with our response immediately following.

- 1. Correction fluid was used on the Monthly Operating Reports (MORs) for June and August through November 1997. Corrections should be made by crossing a single line through the error and writing in the correction and the initials of the person making the correction.**

Operation personnel have been notified of this deficiency.

- 2. The field meter, which is used to check the total residual chlorine continuous analyzer, did not have a record of daily calibrations against known standards.**

Bound log books have been placed at the treatment facility with known standards. Operations personnel have been notified of this deficiency.

- 3. The MOR's are being submitted with an incorrect permit number.**

All MOR's submitted from the date of this letter will be submitted with the permit number as D048-259584.

- 4. A review of the ground water files for this facility indicated the following deficiencies:**

- a. Please provide the Department with a detailed explanation of the field procedures used to collect samples from the ground water monitoring wells.**

Our ground water monitoring wells are sampled by a contracted Laboratory, either Tri-Tech Labs or PBS&J. It is our understanding that the laboratories have a standard operating protocol on file with the Department. If a recent operating protocol is not on file please advise and we will have the labs forward a copy to the Central District Office.

September 29, 1998

Mr. Michael E. Hall
Florida Department of Environmental Protection
Page Two

- b. **Please ensure that the quarterly monitoring reports are completed in full with accurate information. Additionally, the report must include the appropriate reference to the preservation methods used. At a minimum the samples must be iced to 4°C in the field immediately after sample collection.**

Please refer to the laboratory operating protocol for field preservation of the samples. If additional information is required on the standard reporting format we will notify the laboratory of the proper reporting format. Please forward a copy of the standard reporting format if a change has occurred after January 01, 1993.

- c. **The fourth quarter of 1996 and the first and second quarters of 1997 Ground Water Monitoring Reports have not been received by the Department's Central District Office. Please submit the missing reports to the Central District Office in Orlando, Florida. Please ensure that the quarterly ground water monitoring reports are submitted in a timely manner.**

Enclosed with this letter are the ground water monitoring reports as requested.

- d. **The ground water elevations have not been reported on the quarterly reports received for 1996 and 1997. Additionally, the well completion reports provided to the Department show that the monitoring wells were constructed with 3 foot PVC pipe riser; however, a surveyed measurement for the well's top of casing (i.e., riser) is not included. Please provide the Department with a survey report of all of the monitoring well top of casing elevations in feet National Geodetic Vertical Datum (NGVD). The report must be certified by a Professional Land Surveyor (PLS). Additionally, please provide a summary of the ground water elevation data in a tabular format for the last eight (8) quarters. At a minimum, the table will include each monitoring well's top of casing in feet NGVD, ground surface elevation in feet NGVD, depth of ground water in feet, and water level elevation in feet NGVD. Accuracy of the elevation data shall be to 0.10 feet.**

Enclosed is a certified report from a Professional Land Surveyor indicating the top of casing elevations and ground elevation based on Orange County Datum and reported in NGVD. Also, enclosed is a breakdown in tabular format of the information requested for the last eight (8) quarters.

5. **The Department lacks a current sludge analysis for this facility.**

Enclosed is the latest Sludge Analysis for this facility.

September 29, 1998

Mr. Michael E. Hall
Florida Department of Environmental Protection
Age Three

If you require additional information please contact our office.

Sincerely,



David L. Orr, E.I.
Assistant Operations Manager

cc: Don Rasmussen, V.P., UIOF
Bryan Gongre, Area Manager, UIOF
Charlie Forehand, Asst. Area Manager, UIOF
File



ENVIRONMENTAL PROTECTION DEPARTMENT

ANNA HACHA-LONG, *Manager*

2002 East Michigan Street
Orlando, Florida 32806-4999
(407) 836-7400 • Fax (407) 836-7499
<http://www.citizens-first.co.orange.fl.us>

RECEIVED
MAY 13 1998
[Signature]

FILE

May 7, 1998

Donald Rasmussen
Utilities Incorporated
200 Weatherfield Avenue
Altamonte Springs, FL 32714

Re: Domestic Wastewater Treatment Facility - Wedgfield Gold & Country Club

OCEPD Permit: D095-01

Expires: January 3, 2000

Dear Mr. Rasmussen:

On May 6, 1998, an inspection of the above-referenced facility was conducted by a representative of this Department. At the time of inspection, the overall operation of your facility was found to be in compliance with the terms and conditions of the referenced permit.

Please review the enclosed inspection report for any comments and recommendations which may have been noted during the course of the inspection and record review.

Your efforts to help maintain our environment are appreciated. If you have any questions, contact me at the above address or at (407) 836-7454.

Sincerely,

Ricardo A. Moore

Ricardo A. Moore
Environmental Inspector

RAM/OS/BE/AHL:mll
Enclosure

c: FDEP
Central File

001-068-2420-4343
INVOICE TO FOLLOW

**ORANGE COUNTY ENVIRONMENTAL PROTECTION DEPARTMENT
COMPLIANCE INVESTIGATION CHECKLIST
WASTEWATER TREATMENT FACILITIES (DOMESTIC)**

Facility Name: *Wedge Field* ⁹⁰ ~~UTILITIES CO.~~ *Inc.* Date: *5-6-98*
 Facility Location: *200 Weathersfield Ave* Owner:
 Mailing Address: *Altamonte Spurn FL 32714* Attn: ~~Gerard E. Bontley~~
 Orange Co. Permit # *0095-01* Expires: *Jan 3, 2000* Type: *IC*
 State Permit #

Permit Verification:

- | | | | |
|---|---|--|------------------------------|
| 1. Has permit been reviewed prior to inspection? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. Correct name and mailing address of permittee. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. Facility is as described in permit. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Amendments to permit Explain: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |

Compliance Schedules:

- | | | | |
|---|---|--|------------------------------|
| 1. Permittee meeting compliance schedules? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. Facility submitting all monitoring data as required by the permit? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. Extenuating circumstances which would affect the permittee's compliance schedules? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |

Records and Reports:

- | | | | |
|---|---|--|------------------------------|
| 1. Records and reports maintained as required by permit. If no explain: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. Is Monthly Operating Report complete and received in a timely manor? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. Is operators daily log on site and up to date? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Sludge analysis on file | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5. Current well monitoring data, if required. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Facility Site Review:

Headworks

- | | | | |
|---|-----|----|-----|
| 1. Lift station, (grease build up) | Yes | No | N/A |
| 2. Evidence of lift station overflow | Yes | No | N/A |
| 3. Are pumps adequate, maintained | Yes | No | N/A |
| 4. Are the bar screens/comminutors maintained. | Yes | No | N/A |
| 5. Rags/Trash collected/stored/properly disposed. of. | Yes | No | N/A |
| 6. --Are the grit chambers routinely cleaned? | Yes | No | N/A |
| 7. Offensive/obnoxious odors | Yes | No | N/A |

Flow Equalization:

- | | | | |
|------------------------|-----|----|-----|
| 1. Sufficient capacity | Yes | No | N/A |
| 2. Adequate aeration | Yes | No | N/A |
| 3. Odor Control | Yes | No | N/A |

Primary Clarifiers:

- | | | | |
|--|-----|----|-----|
| 1. Is there evidence of solids loss? | Yes | No | N/A |
| 2. Is there a problem with bulking? | Yes | No | N/A |
| 3.. Are the skimmers functioning properly? | Yes | No | N/A |
| 4. Are the weirs level? | Yes | No | N/A |
| 5. Are effluent weirs clean? | Yes | No | N/A |

Secondary Clarifiers:

- | | | | |
|---|-----|----|-----|
| 1. Is there evidence of solids loss? | Yes | No | N/A |
| 2. Is there a problem with bulking? | Yes | No | N/A |
| 3. Is the depth of the sludge blanket acceptable? | Yes | No | N/A |
| 4. Are the skimmers functioning properly? | Yes | No | N/A |

5. Are the weirs level? Yes No N/A
6. Are the effluent weirs clean? Yes No N/A
7. Does tank surface indicate poor sludge management (i.e. floating solids, gas) Yes No N/A

Aeration Basins:

1. Aerator type: Mechanical _____, Blower .
2. Mixed liquor Color: Black _____, Dark Brown _____, Med Brown , Light Brown _____.
3. Foaming: Heavy _____, Moderate _____, Light .
4. Odors: Strong _____, Moderate _____, Light None
5. Air distribution: Excellent _____, Adequate , Poor _____.

Return Sludge Unit:

1. Is there adequate sludge return back to the head of the plant? Yes No N/A
2. Sludge Color: Black _____, Brown _____, Light Brown _____.

Digestors:

1. Digester Type: Anaerobic _____, Aerobic .
2. Digester Sludge Color: Black _____, Dark Brown , Brown _____.
3. Digester Odor: None , Musty _____, Hydrogen Sulfide _____.
4. Does the facility have dewatering devices? Yes No N/A
5. Are they functional? Yes No N/A
6. Is the facility wasting sludge properly? Yes No N/A

Sludge Processing:

1. Provide name of hauler: _____
2. Disposal Site: Owner Name: _____
Location: _____
3. Grade of Sludge: _____

- | | | | |
|---|--------|--|--|
| 3. Do the pond bottoms need cleaning out? | Yes | No <input checked="" type="checkbox"/> | N/A |
| 4. Are the ponds exceeding capacity? | Yes | No <input checked="" type="checkbox"/> | N/A |
| 5. Are there odors? | Yes | No <input checked="" type="checkbox"/> | N/A |
| 6. Appearance of pond surface: | Weeds | _____ | Algae _____ |
| | Scum | _____ | Bubbles _____, Other <input checked="" type="checkbox"/> |
| 7. Appearance of pond water: | Black | _____ | Brown _____ |
| | Cloudy | _____ | Clear <input checked="" type="checkbox"/> |

Spray Field Disposal Site:

- | | | | |
|--|---|--|-----|
| 1. Is there adequate field rotation? | Yes <input checked="" type="checkbox"/> | No | N/A |
| 2. Is there evidence of ponding? | Yes | No <input checked="" type="checkbox"/> | N/A |
| 3. Is there evidence of runoff? | Yes | No <input checked="" type="checkbox"/> | N/A |
| 4. Is there an accumulation of solids in the fields? | Yes | No <input checked="" type="checkbox"/> | N/A |
| 5. Are the fields maintained (i.e. mowed, no broken spray heads, etc)? | Yes <input checked="" type="checkbox"/> | No | N/A |

General Plant Conditions:

- | | | | |
|---|---|----|---|
| 1. Is plant staffed properly by certified operators? | Yes <input checked="" type="checkbox"/> | No | N/A |
| 2. Are the site grounds adequately maintained? | Yes <input checked="" type="checkbox"/> | No | N/A |
| 3. Is water supply adequate for chlorination systems? | Yes <input checked="" type="checkbox"/> | No | N/A |
| 4. Is water provided for plant wash down? | Yes <input checked="" type="checkbox"/> | No | N/A |
| 5. Is there adequate potable water protection? | Yes <input checked="" type="checkbox"/> | No | N/A |
| 6. Is auxilliary power exercised periodically? | Yes | No | N/A <input checked="" type="checkbox"/> |
| 7. Is the site fenced and locked? | Yes <input checked="" type="checkbox"/> | No | N/A |

Wedgefield Utilities, Inc.

Docket No. 991437-WU

25.30-440 (6)
Permits

Test Year Ended June 30, 1999



Department of Environmental Protection

RECEIVED
FEB 02 1999

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

NOTICE OF PERMIT

COPY

In the Matter of an
Application for Permit by:
WEDGEFIELD UTILITIES INC
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS FL 32714

Orange County - DW
Wedgfield WWTF
Wastewater Permit Application
DEP File Number: FLA010900-001

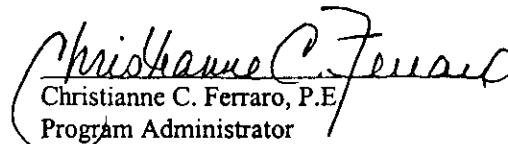
ATTENTION DONALD RASMUSSEN
VICE PRESIDENT

Enclosed is Permit Number FLA010900-001 to construct and operate a domestic wastewater facility issued under Section(s) 403.087 and 403.0885 of the Florida Statutes.

Any party to this order (permit) has the right to seek judicial review of the permit 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 of Environmental Protection, 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 thirty days after this notice is filed with the Clerk of the Department.

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION


Christianne C. Ferraro, P.E.
Program Administrator
Water Facilities
3319 Maguire Boulevard, Suite 232
Orlando, FL 32803-3767
Phone: (407)894-7555

Date: Jan. 29, 1999

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Printed on recycled paper.

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.

Cherese Baldwin 1/29/99
Clerk Date

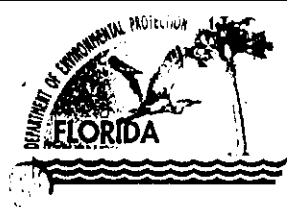
^{AL}
CCF/lm/cs

Enclosures: Permit and DMR

Copies furnished to:
Compliance Section
Groundwater Section
Eduardo Avellaneda, P.E.
Orange County Environmental Protection Department

CERTIFICATE OF SERVICE

This is to certify that this NOTICE OF PERMIT and all copies were mailed before close of business on
1/29/99 to the listed persons, by C. Mafford.



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Wedgfield Utilities, Inc.
Mr. Donald Rasmussen
Vice President
200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010900-001
ISSUANCE DATE: Jan. 29, 1999
EXPIRATION DATE: January 25, 2004
GMS I.D. NO.: 3048P03712

FACILITY:

Wedgfield WWTF
3100 Bancroft Boulevard
Orlando, FL
Orange County
Latitude: 28° 30' 00" N Longitude: 81° 05' 00" W

This permit is issued under the provisions of Chapter 403, Florida Statutes, and applicable rules of the Florida Administrative Code. The above named permittee is hereby authorized to construct and 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 0.200 million gallon per day (MGD) annual average daily flow (AADF) permitted capacity ring steel contact stabilization activated sludge domestic wastewater treatment plant consisting of flow equalization, influent screening, contact aeration, reaeration, secondary clarification, two multi-media filters, a chlorination tank, electronic chlorine and turbidity sensors and motorized valves for reject water diversion, and aerobic digestion of residuals.

Facilities also include an existing 0.92± acre, 2.15 million gallon reject water storage/percolation pond with pumping provisions to return reject water to the plant headworks for proper treatment, and a 5± acre, 7.18 million gallon lined wet weather reclaimed water storage/equalization pond.

Construction includes the addition of a second identical 0.200 MGD AADF permitted capacity ring steel contact stabilization wastewater treatment plant, a new influent splitter box with bar screen, chemical feed facilities, two new Aqua-Disk membrane filters (0.5 MGD total treatment capacity) followed by a common filtration blending tank, a second parallel chlorine contact tank followed by a common chlorination blending tank, electronic chlorine and turbidity sensors with motorized valves for reject water diversion, raise and rebuild the effluent pump station (which will increase wet weather storage capacity to 12+ million gallons) and add a standby emergency power generator.

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PERMITTEE: Wedgefield Utilities, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010900-001
EXPIRATION DATE: January 25, 2004
FACILITY: Wedgefield WWTF

REUSE:

Land Application: An existing 0.270 MGD AADF permitted capacity slow-rate public access system (R001) consisting of irrigation at the 120± acre Wedgefield Golf Course. The golf course is located approximately at Latitude 28° 30' 31.5" N and Longitude 81° 06' 43.7" W.

Expansion of reuse system R001 includes construction of three additional irrigation areas around the treatment plant site with the following disposal capacities: Zone 1 @ 5.07 acres and 11,400 GPD, Zone 2 @ 16.36 acres and 63,400 GPD and Zone 3 @ 10.34 acres and 23,200 GPD, for an additional disposal capacity of 98,000 GPD, and a total expected disposal capacity of 0.368 MGD AADF.

NOTE: Flows through the treatment plant are initially limited to 0.200 MGD AADF, the permitted treatment capacity. Upon completion of construction of the second treatment plant and expansion of the R001 reuse system, and depending on the results of the overall load test for disposal capacity (see Condition III.6. of this permit), flows through the treatment plant may be increased to 0.368 MGD AADF.

OTHER PERMITS: Existing Department operation permit DO48-259584, was issued January 9 1995 and expires January 3, 2000. That permit, and the conditions contained therein or attached thereto, will be considered null and void and replaced by this permit FLA010900-001, upon issuance.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 18 of this permit.

PL PERMITEE: Wedgefield Utilities, Inc.
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010900-001
 EXPIRATION DATE: January 25, 2004
 FACILITY: Wedgefield WWTF

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R001. Such reclaimed water shall be limited and monitored by the permittee as specified below:

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow, total through treatment plant	MGD	Maximum	0.200	-	-	-	Continuous	Recording flow meters and totalizers	EFF-1	See Cond. I.A.4.
BOD, Carbonaceous 5 day, 20C	mg/L	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-1	
Nitrogen, Nitrate, Total (as N)	mg/L	Maximum	-	-	-	12.0	Monthly	8-hour flow proportioned composite	EFA-1	See Cond. I.A.8.
Solids, Total Suspended	mg/L	Maximum	-	-	-	5.0	3 Days/Week	Grab	EFB-1	See Cond. I.A.5.
pH	s.u.	Range	-	-	-	6.0 to 8.5	Continuous	Analyzer	EFA-1	See Cond. I.A.3.
Coliform, Fecal			See Permit Condition I.A.5.				3 Days/Week	Grab	EFA-1	
Total Residual Chlorine (For Disinfection)	mg/L	Minimum	-	-	-	1.0	Continuous	Analyzer	EFA-1	See Cond. I.A.6.
Turbidity	NTU's	Maximum	See Permit Condition I.A.7.				Continuous	Analyzer	EFB-1	See Cond. I.A.7.

Footnote 1: Flows may be increased to 0.368 MGD AADF pending completion of construction of the second treatment plant and the additional irrigation zones, and the results of the overall disposal capacity load test.

PERMITTEE: Wedgefield Utilities, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010900-001
EXPIRATION DATE: January 25, 2004
FACILITY: Wedgefield WWTF

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
EFB-1	After filtration and before disinfection or at the post filtration blending tank
EFA-1	Discharge from the chlorination tank or at the post chlorination blending tank
EFF-1	Master flow meter at chlorination tank(s)

3. Hourly measurement of pH during the period of required operator attendance may be substituted for continuous measurement. *[Chapter 62-601, Figure 2, Footnotes 1 and 2, 12-24-96]*
4. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. *[62-601.200(17) and .500(6), 12-24-96]*
5. Over a 30 day period, 75 percent of the fecal coliform values (the 75th percentile value) shall be below the detection limits. Any one sample shall not exceed 25 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 5.0 milligrams per liter of total suspended solids (TSS) at a point before application of the disinfectant. Note: To report the 75th percentile value, list the fecal coliform values obtained during that month in ascending order. Report the value of the sample that corresponds to the 75th percentile (multiply the number of samples by 0.75). For example, for 30 samples, report the corresponding fecal coliform value for the 23rd value of ascending order. *[62-600.440(5)(f), 12-24-96]*
6. The minimum total chlorine residual shall be limited as described in the approved operating protocol, such that the permit limitation for fecal coliform bacteria will be achieved. In no case shall the total chlorine residual be less than 1.0 mg/L. *[62-600.440(5)(b), 12-24-96; 62-610.460(2), 1-9-96; and 62-610.463(2), 1-9-96]*
7. The maximum turbidity shall be limited as described in the approved operating protocol, such that the permit limitations for total suspended solids and fecal coliforms will be achieved. *[62-610.463(2), 1-9-96]*
8. Nitrate nitrogen (NO₃) concentration in the water discharged to the reject water storage/percolation pond shall not exceed 12.0 mg/L, or as required to comply with Rule 62-610.510, F.A.C. *[62-610.510, 1-9-96]*

PERMITTEE: Wedgefield Utilities, Inc.
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010900-001
 EXPIRATION DATE: January 25, 2004
 FACILITY: Wedgefield WWTF

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS (con't)

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, total from Groundwater makeup well	MGD	Report					Continuous	Recording flow meters and totalizers	EFF-6	See Cond. I.B.4.
Flow, total to Zone 3	MGD	Maximum	0.0232	-	-	-	Continuous	Recording flow meters and totalizers	EFF-5	See Cond. I.B.4.
Flow, total to Zone 2	MGD	Maximum	0.0634	-	-	-	Continuous	Recording flow meters and totalizers	EFF-4	See Cond. I.B.4.
Flow, total to Zone 1	MGD	Maximum	0.0114	-	-	-	Continuous	Recording flow meters and totalizers	EFF-3	See Cond. I.B.4.
Flow, total to golf course	MGD	Maximum	0.270	-	-	-	Continuous	Recording flow meters and totalizers	EFF-2	See Cond. I.B.4.
BOD, Carbonaceous 5 day, 20C	mg/L	Report	-	-	-	-	Every Two Weeks	8-hour flow proportioned composite	INF-1	See Cond. I.B.3.
Solids, Total Suspended	mg/L	Report	-	-	-	-	Every Two Weeks	8-hour flow proportioned composite	INF-1	See Cond. I.B.3.

Footnote 1: Initially, flow to the golf course is limited to 0.270 MGD AADF. However, that flow may be increased after completion of the second treatment plant and pending the results of the overall disposal capacity load test.

PERMITTEE: Wedgefield Utilities, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010900-001
EXPIRATION DATE: January 25, 2004
FACILITY: Wedgefield WWTF

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-1	Influent to surge tank or influent sample box
EFF-2	Flow meter in line to golf course
EFF-3	Flow meter in line to Zone 1
EFF-4	Flow meter in line to Zone 2
EFF-5	Flow meter in line to Zone 3
EFF-6	Flow meter on groundwater makeup well

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. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6), 12-24-96]
5. 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), 12-24-96]
6. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5), 12-24-96]
7. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department on a monthly basis Discharge Monitoring Report(s) (DMR), Form 62-620.910(10), as attached to this permit. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department's Central District Office at the address specified in Permit Condition I.B.10. by the twenty-eighth (28th) of the month following the month of operation. [62-620.610(18), 12-24-96][62-601.300(1), (2), and (3), 12-24-96]
8. During the period of operation authorized by this permit, reclaimed water or effluent shall be monitored annually for the primary and secondary drinking water standards contained in Chapter 62-550, F.A.C., (except for turbidity, total coliforms, color, and corrosivity). Twenty-four hour composite samples shall be used to analyze reclaimed water or effluent for the primary and secondary drinking water standards. These monitoring results shall be reported to the Department annually on the Reclaimed Water or Effluent Analysis Report, Form 62-620.910(15), or in another format if requested by the permittee and if approved by the Department as being compatible with data entry into the Department's computer system. During years when a permit is not renewed, a certification stating that no new non-domestic wastewater dischargers have been added to the collection system since the last reclaimed water or effluent analysis was conducted may be submitted in lieu of the report. The annual reclaimed water or effluent analysis report or the certification shall be completed and submitted in a timely manner so as to be received by the Department's Central District Office by January 1st of each year. [62-601.300(4), 12-24-96][62-601.500(3), 12-24-96]
9. The permittee shall submit an annual report of reclaimed water utilization using Form 62-610.300(4)(a)2. by January 1st of each year. [62-610.870(3), 1-9-96]

PERMITTEE: Wedgefield Utilities, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010900-001
EXPIRATION DATE: January 25, 2004
FACILITY: Wedgefield WWTF

10. Unless specified otherwise in this permit, all reports and notifications required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, Orange County Environmental Protection Department and the Department's Central District Office at the address specified below:

Florida Department of Environmental Protection
Central District Office
3319 Maguire Boulevard Suite 232
Orlando, Florida 32803-3767

Phone Number - (407) 894-7555
FAX Number - (407) 897-2966
All FAX copies shall be followed by original copies.

II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this facility is transport, by Agreements with Mid-Florida Environmental Services, Inc., to the Lake Monroe Residuals Management Facility (RMF), located in the I-4 Industrial Park, Sanford, Florida, and/or Brownies Environmental Services Residuals Management Facility (RMF), located in Orlando, Florida, for lime stabilization and land application. The Department shall be notified at least sixty (60) days prior to the termination of either Agreement between the permittee and Mid-Florida Environmental Services, Inc. and /or Brownies Environmental Services.
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. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

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

PERMITTEE: Wedgefield Utilities, Inc.
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010900-001
 EXPIRATION DATE: January 25, 2004
 FACILITY: Wedgefield WWTF

III. GROUND WATER MONITORING REQUIREMENTS

1. During the period of operation authorized by this permit, the permittee shall continue to sample ground water at the existing monitoring wells identified in Items III.4 below, in accordance with this permit and the approved ground water monitoring plan prepared in accordance with Rule 62-522.600, F.A.C. Within 90 days of placing the new reuse facilities in operation, the permittee shall begin sampling ground water at the new monitoring wells identified in Items III. 4 below, in accordance with this permit and the approved groundwater monitoring plan. [62-522.600, 4-14-94][62-610.412, 62-610.463, 1-9-96]
2. All new ground water monitoring wells identified in Item III. 4. below, shall be installed within 90 days of the issuance of this permit. Within 30 days of installation of a new monitoring well, the permittee shall submit a well location map and detailed information on the well's construction on the attached DEP Form 62-522.900(3). [62-522.600, 4/14/94]
3. Prior to construction of the new ground water monitoring well, a soil boring shall be made at the new monitoring well location in order to properly size the well depth and screen interval. [62-522.900(3), 4/14/94]
4. The following monitoring wells shall be sampled quarterly for Land Application System R001:

DEP Well Name	GMS #	WAFR #	Depth (Feet)	Aquifer Monitored	Well Type	New or Existing
Golf Course						
MW-1	348A13413	6006	15	Surficial	Background	Existing
MW-2	348A13414	6005	15	Surficial	Background	Existing
MW-3	348A13415	6004	15	Surficial	Background	Existing
MW-4	348A13416	6003	17.5	Surficial	Intermediate	Existing
MW-6	348A13418	6001	17.5	Surficial	Compliance	Existing
MW-7	348A13419	6000	19.5	Surficial	Intermediate	Existing
On-Site Irrigation						
MWC-1	None	32995	--	Surficial	Compliance	New
MWC-2	None	32996	--	Surficial	Compliance	New
MWC-3	None	32997	--	Surficial	Compliance	New

5. The following parameters shall be analyzed for each of the monitoring wells identified in the Permit Condition III.4:
 - a. Water level (field measurement)
 - b. Nitrate (as N)
 - c. Total dissolved solids
 - d. Chloride
 - e. Fecal Coliform
 - f. pH
 - g. Turbidity

[62-522.600 (11) (b), 4-1-94] [62-601.300(3), 62-601.700, and Figure 3 of 62-601, 5-31-93]

PERMITTEE: Wedgefield Utilities, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010900-001
EXPIRATION DATE: January 25, 2004
FACILITY: Wedgefield WWTF

6. A load test shall be conducted as outlined in the Civil Engineering Group letter dated December 4, 1998. Since this permit provides only a conditional approval of the effluent disposal capacity (0.27 MGD for the golf course and 0.098 MGD for the on-site irrigation areas), the load test must be conducted for a duration of one year to determine the actual disposal capacity of the site. Based on the results of the load test to be obtained for a year, the Department will readjust, through a modification of this permit, the effluent disposal capacity of the site, as deemed necessary.

As part of the load test requirements, two existing piezometers (Well #1 and Well #2 near the bayhead as shown on Sheet C-12 dated 12/1/98) and three staff gauges (at ponding area south of wetland, storage basin, and reject pond) must be utilized for water level measurements as outlined in the aforementioned letter. The results of water level measurements from these locations shall be reported along with the reporting requirements presented in Item III. 11. below.
7. Ground water monitoring wells shall be purged prior to sampling to obtain representative samples. *[62-601.700(5), 5-31-93]*
8. In accordance with Part D of Form 62-620.910(10), water levels shall be recorded before purging wells for sample collection. Elevation references shall include the top of the well casing and land surface at each well site (NGVD) at a precision of plus or minus 0.1 foot. *[62-610.424(3), 4-2-94]*
9. Ground water monitoring parameters shall be analyzed in accordance with Chapter 62-601, F.A.C. *[62-620.610(18), 11-29-94]*
10. Analyses shall be conducted on un-filtered samples, unless filtered samples have been approved by the Department as being more representative of ground water conditions. *[62-620.320(6), 12-24-96]*
11. Ground water monitoring test results shall be submitted on Part D of Form 62-620.910(10). Results shall be submitted with the April, July, October and January DMR's for each year during the period of operation allowed by this permit. A completed Certification Page shall accompany each quarter of monitoring data. Load test data for the quarter shall be submitted with the quarterly monitoring data. *[62-4.070(3), 7/4/95, 62-522.600(10) and (11)(b), 4/14/94] [62-601.300(3), 62.601.700, and Figure 3 of 62-601] [62-620.610(18), 11-29-94]*
12. If a monitoring well becomes damaged or cannot be sampled for some reason, the permittee shall notify the Department with a written report within seven days detailing the circumstances and remedial measures taken or proposed to be taken. Replacement of monitoring wells shall be approved in advance by the Department. *[62-620.320(6), 12-24-96]*
13. Note: this facility is not required to provide an annual summary report of ground water monitoring data. *[62-4.070(3), 10-16-95]*

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part III Public Access System(s)

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. For users of reclaimed water, the zone of discharge shall extend horizontally 100 feet from the application site or to the user's property line, whichever is less, and vertically to the base of the surficial aquifer. *[62-520.200(23), 12-9-96] [62-522.400 and 62-522.410, 12-9-96]*

PERMITTEE: Wedgefield Utilities, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010900-001
EXPIRATION DATE: January 25, 2004
FACILITY: Wedgefield WWTF

2. The treatment facilities shall be operated in accordance with the approved operating protocol. Only reclaimed water that meets the criteria established in the approved operating protocol may be released to system storage or to the reuse system. Reclaimed water that fails to meet the criteria in the approved operating protocol shall be directed to reject storage for subsequent additional treatment. The operating protocol shall be reviewed and updated periodically to ensure continuous compliance with the minimum treatment and disinfection requirements. Updated operating protocols shall be submitted to the Department's Central District Office for review and approval upon revision of the operating protocol and with each permit application. *[62-610.320(6) and 62-610.463(2), 1-9-96]*
3. Cross-connections to the potable water system are prohibited. *[62-610.469(7), 1-9-96]*
4. A cross-connection control program shall be implemented and/or remain in effect within the areas where reclaimed water will be provided for use. *[62-610.469(7), 1-9-96]*
5. Maximum obtainable separation of reclaimed water lines and potable water lines shall be provided and the minimum separation distances specified in Rule 62-610.469(7), F.A.C., shall be provided. Reuse facilities shall be color coded or marked. Underground piping which is not manufactured of metal or concrete shall be color coded using Pantone Purple 522C using light stable colorants. Underground metal and concrete pipe shall be color coded or marked using purple as the predominant color. *[62-610.469(7), 1-9-96]*
6. In constructing reclaimed water distribution piping, the permittee shall maintain a 75-foot setback distance from a reclaimed water transmission facility to public water supply wells. No setback distances are required to other potable water supply wells or to any nonpotable water supply wells. *[62-610.471(3), 1-9-96]*
7. A setback distance of 75 feet shall be maintained between the edge of the wetted area and potable water supply wells, unless the utility adopts and enforces an ordinance prohibiting potable water supply wells within the reuse service area. No setback distances are required to any nonpotable water supply well, to any surface water, to any developed areas, or to any private swimming pools, hot tubs, spas, saunas, picnic tables, barbecue pits, or barbecue grills. *[62-610.471(1), (2), (5), and (7), 1-9-96]*
8. Reclaimed water shall not be used to fill swimming pools, hot tubs, or wading pools. *[62-610.469(4), 1-9-96]*
9. Low trajectory nozzles, or other means to minimize aerosol formation shall be used within 100 feet from outdoor public eating, drinking, or bathing facilities. *[62-610.471(6), 1-9-96]*
10. A setback distance of 100 feet shall be maintained from indoor aesthetic features using reclaimed water to adjacent indoor public eating and drinking facilities. *[62-610.471(8), 1-9-96]*
11. The public shall be notified of the use of reclaimed water. This shall be accomplished by posting of advisory signs in areas where reuse is practiced, notes on scorecards, or other methods. *[62-610.468(2), 1-9-96]*
12. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. *[62-610.414 and 62-610.464, 1-9-96]*
13. Overflows from emergency discharge facilities on storage ponds shall be reported as an abnormal event to the Department's Central District Office within 24 hours of an occurrence as an abnormal event. The provisions of Rule 62-610.800(9), F.A.C., shall be met. *[62-610.800(9), 1-9-96]*

PERMITTEE: Wedgefield Utilities, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010900-001
EXPIRATION DATE: January 25, 2004
FACILITY: Wedgefield WWTF

V. OPERATION AND MAINTENANCE REQUIREMENTS

Staffing 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 61E12-41, F.A.C. In accordance with Chapters 62-699 & .610, F.A.C., this facility is a Category II, Class C facility and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class C or higher operator 6 hours/day for 7 days/week. The lead operator must be at minimum Class B. Acceptable quality reclaimed water may be diverted to the public access reuse systems at all times contingent upon the following: (a) Automatic monitoring equipment and automatic diversion equipment must be in operation and functional at all times including weekends and holidays, and (b) a Class C certified operator, or higher, must be available by phone or pager at all times when not in attendance at the wastewater treatment plant site.

[62-620.630(3), 12-24-96] [62-699.310 &.311, 5-20-92] [62-610.462, 1-9-96]

2. A certified operator shall be on call during periods the plant is unattended. [62-699.311(1), 5-20-92]

Capacity Analysis Report and Operation and Maintenance Performance Report Requirements

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), 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]

Record Keeping Requirements

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.;

PERMITTEE: Wedgefield Utilities, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010900-001
EXPIRATION DATE: January 25, 2004
FACILITY: Wedgefield WWTF

- 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, 12-24-96][61E12-41.010(1)(e), 11-02-93]

VI. SCHEDULES

1. The following construction schedule for the expanded facilities shall be followed, unless a minor permit revision is issued to amend the schedule:

Implementation Step		Completion Date
1	Plans and Specification Complete	July 15, 1998
2	Begin Construction	February 15, 1999
3	End Construction	December 1, 1999
4	Operational Level Attained, Begin Reuse ¹	December 15, 1999

Footnote 1: Contingent upon compliance with Specific Condition VIII.1. below.

[62-620.400, 12-24-96]

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

This facility is not required to have a pretreatment program at this time. [62-625.500, 1-8-97]

VIII. OTHER SPECIFIC CONDITIONS

1. Prior to placing the modified portions of the existing facilities into operation or any individual unit processes into operation, for any purpose other than testing for leaks and equipment operation, the permittee shall complete and submit to the Department DEP Form 62-620.910(12), **Notification of Completion of Construction for Domestic Wastewater Facilities**. This notification shall include assurance that the bayhead discharge culvert has been plugged and/or properly abandoned to preclude any off-site discharge to surface waters. [62-620.630(2), 12-24-96]
2. Within six months after a facility is placed in operation, the permittee shall provide written certification to the Department on Form 62-620.910(13) that record drawings pursuant to Chapter 62-600, F.A.C., and that an operation and maintenance manual pursuant to Chapters 62-600 and 62-610, F.A.C., as applicable, are available at the location specified on the form. [62-620.630(7), 12-24-96]
3. 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), 12-24-96]

PERMITTEE: Wedgefield Utilities, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010900-001
EXPIRATION DATE: January 25, 2004
FACILITY: Wedgefield WWTF

4. 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), 1-9-96]*
5. 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. *[62-600.410(8), 12-24-96]*
6. 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.
[62-604.130(3), 12-26-96]
7. 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), 12-24-96]*
8. 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]
9. 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. *[62-600.400(2)(b), 12-24-96]*
10. 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), 4-23-97]*
11. 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.

PERMITTEE: Wedgefield Utilities, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010900-001
EXPIRATION DATE: January 25, 2004
FACILITY: Wedgefield WWTF

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), 12-24-96]

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), 12-24-96]*
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), 12-24-96]*
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), 12-24-96]*
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), 12-24-96]*
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), 12-24-96]*
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), 12-24-96]*
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), 12-24-96]*
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), 12-24-96]*

PERMITTEE: Wedgefield Utilities, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010900-001
EXPIRATION DATE: January 25, 2004
FACILITY: Wedgefield WWTF

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), 12-24-96]

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), 12-24-96]*
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), 12-24-96]*
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), 12-24-96]*
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), 12-24-96]*
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), 12-24-96]*
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), 12-24-96]*

PERMITTEE: Wedgefield Utilities, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010900-001
EXPIRATION DATE: January 25, 2004
FACILITY: Wedgefield WWTF

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), 12-24-96]
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), 12-24-96]
18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
- a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10).
 - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
 - c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
 - d. Any laboratory test required by this permit for domestic wastewater facilities shall be performed by a laboratory that has been certified by the Department of Health (DOH) under Chapter 64E1, F.A.C., to perform the test. On-site tests for dissolved oxygen, pH, and total chlorine residual shall be performed by a laboratory certified to test for those parameters or under the direction of an operator certified under Chapter 61E12-41, F.A.C.
 - e. Under Chapter 62-160, F.A.C., sample collection shall be performed by following the protocols outlined in "DER Standard Operating Procedures for Laboratory Operations and Sample Collection Activities" (DER-QA-001/92). Alternatively, sample collection may be performed by an organization who has an approved Comprehensive Quality Assurance Plan (CompQAP) on file with the Department. The CompQAP shall be approved for collection of samples from the required matrices and for the required tests.
- [62-620.610(18), 12-24-96]
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), 12-24-96]

PERMITTEE: Wedgefield Utilities, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010900-001
EXPIRATION DATE: January 25, 2004
FACILITY: Wedgefield WWTF

20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.
- a. The following shall be included as information which must be reported within 24 hours under this condition:
1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 4. Any unauthorized discharge to surface or ground waters.
- b. 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), 12-24-96]

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), 12-24-96]*

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.

PERMITTEE: Wedgefield Utilities, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010900-001
EXPIRATION DATE: January 25, 2004
FACILITY: Wedgefield WWTF

- 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), 12-24-96]

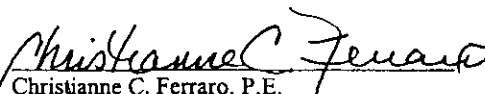
23. Upset Provisions

- 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.

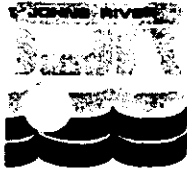
[62-620.610(23), 12-24-96]

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION


Christianne C. Ferraro, P.E.
Program Administrator
Water Facilities

DATE: Jan. 29, 1999



**WATER
MANAGEMENT
DISTRICT**

Henry Dean, Executive Director
John R. Wehle, Assistant Executive Director

POST OFFICE BOX 1429

PALATKA, FLORIDA 32178-1429

TELEPHONE 904-329-4500 SUNCOM 904-890-4500
TDD 904-329-4450 TDD SUNCOM 860-4450
FAX (Executive) 329-4125 (Legal) 329-4485 (Permitting) 329-4315 (Administration/Finance) 329-4508

618 E. South Street
Orlando, Florida 32801
407-887-4300
TDD 407-887-5960

7775 Baymeadows Way
Suite 102
Jacksonville, Florida 32256
904-730-8270
TDD 904-448-7900

SERVICE CENTERS

PERMITTING:
305 East Drive
Melbourne, Florida 32904
407-984-4940
TDD 407-722-5388

OPERATIONS:
2133 N. Wickham Road
Melbourne, Florida 32935-8109
407-752-3100
TDD 407-752-3102

**CONSUMPTIVE USE PERMIT
CHAPTER 40C-20, F.A.C.**

PERMIT NO. 20-095-0013R DATE ISSUED: September 16, 1997

SEP 22 1997

AUTHORIZATION:

USE OF GROUND WATER FROM THE FLORIDAN AQUIFER FOR THE
HOUSEHOLD USE OF 3125 PEOPLE IN 10 YEARS,
COMMERCIAL/INDUSTRIAL USE, AND WATER UTILITY USE.
FORMERLY KNOWN AS 2-095-0278AUM.

**FILE
COPY**

LOCATION: Section 01; Township 23; Range 32 EAST
Orange County
WEDGEFIELD UTILITIES, INC.

WEDGEFIELD
CUP.

ISSUED TO:
(owner)

WEDGEFIELD UTILITIES, INC.
ATTN: DONALD RASMUSSEN
200 WEATHERSFIELD AVE
ALTAMONTE SPRINGS, FL 32714

This document shall serve as the formal permit for water use in accordance with Chapter 40C-20, F.A.C. This permit is issued by the St. Johns River Water Management District and subject to the enclosed limiting conditions.

This permit is a legal document and should be read and kept with your other important records. The referenced permit conditions may require submittal of additional information including water use reporting on form EN-50. All information submitted as compliance with permit conditions must be submitted to the nearest District Service Center and should include the above referenced permit number.

Permit issuance does not relieve the permittee from the responsibility of obtaining permits from any federal, state, and/or local agencies asserting concurrent jurisdiction over this work. Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all maps and specifications attached thereto, is by reference made a part hereof. This permit does not convey to Permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the Permittee from complying with any law, regulation, or requirement affecting the rights of other bodies or agencies.

Sam M. Segal, CHAIRMAN
MAYLAND

Dan Roach, VICE CHAIRMAN
FERNANDINA BEACH

James T. Swann, TREASURER
COCOA

Otis Mason, SECRETARY
ST. AUGUSTINE

Griffin A. Greene
VERO BEACH

James H. Williams
OCALA

Patricia T. Harden
SANFORD

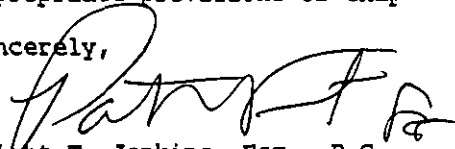
Reid Hughes
DAYTONA BEACH

20-095-0013R
WEDGEFIELD UTILITIES, INC.

Please be advised that the period of time within which a third party may request an administrative hearing on this permit may not have expired by the date of issuance. A potential petitioner has 19 days from the date on which the notice is received or 14 days from the date on which the notice is published, to file a petition for an administrative hearing pursuant to Chapter 120.57, F.S. Receipt of such a petition by the District may result in this permit becoming null and void.

This permit may be revoked or transferred at anytime pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

Sincerely,



Dwight T. Jenkins, Esq., P.G.
Director
Division of Water Use Regulation

Enclosures: Notice of Rights
Conditions for Issuance

CC: District Permit File

"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 20-095-0013R

WEDGEFIELD UTILITIES, INC.

DATED September 16, 1997

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event a water shortage, as declared by the District Governing Board, the permittee must adhere reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District or the appropriate local government pursuant to Chapter 40C-3, Florida Administrative Code. Construction, Modification, or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to eliminate the leak or make the system fully operational.
5. Legal uses of water existing at the time of permit application may not be significantly adversely impacted by the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the permittee.
6. Off-site land uses existing at the time of permit application may not be significantly adversely impacted as a result of the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the permittee.

7. The District must be notified, in writing, within 30 days of any sale, conveyance, or other transfer of a well or facility from which the permitted consumptive use is made or within 30 days of any transfer of ownership or control of the real property at which the permitted consumptive use is located. All transfers of ownership or transfers of permits are subject to the provisions of section 40C-1.612, F.A.C..
8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
10. Landscape irrigation is prohibited between the hours of 10:00 a.m. and 4:00 p.m., except as follows:
 - A. Irrigation using a micro-irrigation system is allowed anytime.
 - B. The use of reclaimed water for irrigation is allowed anytime, provided appropriate signs are placed on the property to inform the general public and District enforcement personnel of such use. Such signs must be in accordance with local restrictions.
 - C. Irrigation of, or in preparation for planting, new landscape is allowed any time of day for one 30 day period provided irrigation is limited to the amount necessary for plant establishment.
 - D. Watering in of chemicals, including insecticides, pesticides, fertilizers, fungicides, and herbicides when required by law, the manufacturer, or best management practices is allowed anytime within 24 hours of application.
 - E. Irrigation systems may be operated anytime for maintenance and repair purposes not to exceed ten minutes per hour per zone.
11. A water sample must be taken from the well(s) designated by the District in May and October of each year for the duration of the permit. The samples must be collected immediately following an irrigation cycle, whenever possible. If this is

not possible, the well must be allowed to discharge at design capacity for at least 20 minutes before the sample is collected. The samples must be analyzed for chlorides (Cl-). In addition to the analyses, the report submitted to the District must include the date of sampling, well number, the length of time the well discharged before the sample was taken, the name of the person collecting the sample and the name of the company or person doing the actual analysis. These reports must be submitted to the District within 30 days of sampling.

12. Treated effluent must be used as irrigation water when it becomes available, economically feasible, and permissible under applicable state and federal statutes or regulations promulgated thereunder.
13. All submittals made to demonstrate compliance with this permit must include the CUP number 20-095-0013R plainly labeled.
14. This permit will expire 10 years from the date of issuance.
15. Maximum annual ground water withdrawals for household use must not exceed:
 - 88.3 million gallons in 1997,
 - 93.8 million gallons in 1998,
 - 99.4 million gallons in 1999,
 - 104.9 million gallons in 2000,
 - 110.4 million gallons in 2001,
 - 116.0 million gallons in 2002,
 - 121.5 million gallons in 2003,
 - 127.0 million gallons in 2004,
 - 132.5 million gallons in 2005,
 - 138.0 million gallons in 2006.
16. Maximum daily ground water withdrawals for household use must not exceed:
 - 0.300 million gallons in 1997,
 - 0.319 million gallons in 1998,
 - 0.338 million gallons in 1999,
 - 0.356 million gallons in 2000,
 - 0.375 million gallons in 2001,
 - 0.394 million gallons in 2002,
 - 0.413 million gallons in 2003,
 - 0.431 million gallons in 2004,
 - 0.450 million gallons in 2005,
 - 0.469 million gallons in 2006.

17. Maximum annual ground water withdrawals for commercial/industrial use must not exceed 4.8 million gallons.
18. Maximum annual ground water withdrawals for water utility use must not exceed: 1.1 million gallons in 1997,
1.1 million gallons in 1998,
1.2 million gallons in 1999,
1.3 million gallons in 2000,
1.4 million gallons in 2001,
1.5 million gallons in 2002,
1.5 million gallons in 2003,
1.7 million gallons in 2004,
1.8 million gallons in 2005,
1.9 million gallons in 2006.
19. Maximum daily withdrawals for essential use (fire protection) must not exceed 1.4 million gallons.
20. Wedgefield Utilities, Inc. shall provide reclaimed water to the Wedgefield Golf and Country Club for the duration of this permit unless the permittee demonstrates that it is not economically, environmentally, or technically feasible to do so. In order to maximize reuse of reclaimed water, the permittee shall also endeavor to identify other feasible recipients to take reclaimed water. When other feasible recipients are identified, the permittee shall deliver, to the Wedgefield Golf and Country Club, only that amount of reclaimed water that is necessary for the conservative irrigation of the golf course, and shall provide any additional reclaimed water to the identified recipients.
21. Wells B and C, as listed on the application, are equipped with in-line totalizing flow meters. These flow meters must maintain 95% accuracy, be verifiable and installed according to manufacturer s specifications.
22. Total withdrawals from wells B and C, as listed on the application, must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of the monitoring using District Form No. EN-50. The reporting dates each year will be as follows:

Reporting Period	Report Due Date
January - June	July 31
July - December	January 31

20-095-0013R

23. The permittee must maintain all flow meters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.
24. The permittee must have all flow meters checked for accuracy at least once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/calibration.

NOTICE OF RIGHTS

1. A person whose substantial interests are or may be determined has the right to request an administrative hearing by filing a written petition with the St. Johns River Water Management District (District). Pursuant to District rule 40C-1.511, Florida Administrative Code, the petition must be filed at the office of the District Clerk at District Headquarters, Highway 100 West, Palatka, Florida 32178-1429 within nineteen (19) days of the District depositing notice of its intent in the mail (for those persons to whom the District mails actual notice) or within fourteen (14) days of newspaper publication of the notice of its intent (for those persons to whom the District does not mail actual notice). Such a petition must comply with District rule 40C-1.521, Florida Administrative Code.
2. If the Governing Board took action which substantially differs from the notice of intent to grant or deny the permit application, a person whose substantial interests are or may be determined has the right to request an administrative hearing. Pursuant to District rule 40C-1.511, Florida Administrative Code, the petition must be filed at the office of the District Clerk at District Headquarters, Highway 100 West, Palatka, Florida 32178-1429, within nineteen (19) days of the District depositing notice of final agency action in the mail (for those persons to whom the District mails actual notice) or within fourteen (14) days of newspaper publication of the notice of its final agency action (for those persons to whom the District does not mail actual notice). Such a petition must comply with District rule 40C-1.521, Florida Administrative Code.
3. A substantially interested person has the right to a formal administrative hearing pursuant to Section 120.57(1), Florida Statutes, where there is a dispute between the District and the party regarding an issue of material fact. A petition for formal hearing must comply with the requirements set forth in Section 40C-1.521(2), Florida Administrative Code.
4. A substantially interested person has the right to an informal hearing pursuant to Section 120.57(2), Florida Statutes, where no material facts are in dispute. A petition for an informal hearing must comply with the requirements set forth in Section 40C-1.521(2), Florida Administrative Code.
5. A petition for an administrative hearing is deemed filed upon delivery of the petition to the District Clerk at the District headquarters in Palatka, Florida. (Section 40C-1.013, Florida Administrative Code)
6. Failure to file a petition for an administrative hearing, within the requisite time frame shall constitute a waiver of the right to an administrative hearing. (Section 40C-1.511, Florida Administrative Code)
7. The right to an administrative hearing and the relevant procedures to be followed are governed by Chapter 120, Florida Statutes, and Chapter 40C-1, Florida Administrative Code.

NOTICE OF RIGHTS

8. An applicant with a legal or equitable interest in real property who believes that a District permitting action is unreasonable or will unfairly burden the use of his property, has the right to, within 30 days of receipt of notice of the District's intent to grant or deny a permit application, apply for a special master proceeding under section 70.51, Florida Statutes, by filing a written request for relief at the office of the District Clerk located at District headquarters, Highway 100 West, Palatka, Florida 32178-1429. A request for relief must contain the information listed in subsection 70.51(6), Florida Statutes.
9. A timely filed request for relief under section 70.51, Florida Statutes, tolls the time to request an administrative hearing under paragraph no. 1 or 2 above. (Paragraph 70.51(10)(b), Florida Statutes) However, the filing of a request for an administrative hearing under paragraph no. 1 or 2 above waives the right to a special master proceeding. (Subsection 70.51(10)(b), Florida Statutes)
10. Failure to file a request for relief within the requisite time frame shall constitute a waiver of the right to a special master proceeding. (Subsection 70.51(3), Florida Statutes)
11. Any substantially affected person who claims that final action of the District constitutes an unconstitutional taking of property without just compensation may seek review of the action in circuit court pursuant to Section 373.617, Florida Statutes, and the Florida Rules of Civil Procedures, by filing an action in circuit court within 90 days of the rendering of the final District action, (Section 373.617, Florida Statutes).
12. Pursuant to Section 120.68, Florida Statutes, a person who is adversely affected by final District action may seek review of the action in the district court of appeal by filing a notice of appeal pursuant to the Florida Rules of Appellate Procedure, within 30 days of the rendering of the final District action.
13. A party to the proceeding before the District who claims that a District order is inconsistent with the provisions and purposes of Chapter 373, Florida Statutes, may seek review of the order pursuant to Section 373.114, Florida Statutes, by the Florida Land and Water Adjudicatory Commission, by filing a request for review with the Commission and serving a copy on the Department of Environmental Protection and any person named in the order within 20 days of adoption of a rule or the rendering of the District order.
14. For appeals to the District courts of appeal, a District action is considered rendered after it is signed on behalf of the District, and is filed by the District Clerk.

NOTICE OF RIGHTS

15. Failure to observe the relevant time frames for filing a petition for judicial reviews described in paragraphs #11 and #12 or for Commission review as described in paragraph #13 will result in waiver of that right to review.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of the foregoing Notice of Rights has been sent by U.S. Mail to:

WEDGEFIELD UTILITIES, INC.
ATTN: DONALD RASMUSSEN
200 WEATHERSFIELD AVE
ALTAMONTE SPRINGS, FL 32714

at 4:00 p.m. this 19 day of SEPTEMBER, 1997

Gloria Jean Lewis

Permit Data Services
Director, Gloria Lewis

St. Johns River Water Management District
Post Office Box 1429
Palatka, FL 32178-1429
(904) 329-4566

20-095-0013AR

Orange



County

Environmental Protection Department

2002 East Michigan Street
Orlando, Florida 32806-4999
Telephone (407) 836-7400

PERMITTEE:

Econ Utilities Corporation
20750 State Road 520
Orlando, FL 32833

Attn: Gerald B. Braley
Vice President

I.D. Number: EPD - 94-39
Permit/Certification #: DO95-01
Date of Issue: Jan. 17, 1995
Expiration Date: Jan. 3, 2000
Latitude/Longitude:
28°30'00"N/81°05'32"E
PROJECT: Wedgefield Subdivision
Wastewater Treatment Facility
and Disposal System

This permit is issued under the provisions of Chapter 15, Section 15-33, Orange County Code. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or specifically described as follows:

Operate: A 0.200 mgd annual average daily flow (AADF) design capacity contact stabilization wastewater treatment facility with flow equalization, tertiary filtration and disinfection by chlorination. The disinfected, reclaimed water is discharged to groundwater via a 0.92± acre, 7 day off line percolation/reject pond or a 36 day in line, reuse/wet weather, lined storage pond (5± acre total wetted/storage area equalization basin). Waters from the reuse lined storage pond will be used for the public access spray irrigation of the 120± acre Wedgefield Golf Course, with a design disposal capacity of 0.339 mgd. Flows to the facility are limited to 0.200 mgd AADF, the capacity of the treatment facility. There shall be no discharge to surface waters except in accordance with Specific Condition #26 of this permit.

Location: 19204 Merideth Parkway (Bancroft Blvd. and Nettleton St.)
Orlando, Florida 32833

Treatment Required: (A) For discharge to the reuse/wet weather storage pond and/or the golf course spray irrigation system, treatment beyond secondary, which results in total suspended solids (TSS) not to exceed 5.0 mg/L and high level disinfection. (B) Secondary treatment, basic disinfection and nitrate nitrogen (NO₃) concentration, not to exceed 12.0 mg/L for discharge to the percolation/reject storage pond or as required to comply with Rule 62-610.510 (formerly Rule 17-610.510), FAC.

Econ Utilities
Wedgefield Subdivision/Operate Permit
Continued/Page 2

Operators Required: This is a Category I, Class C, wastewater treatment facility. In accordance with Chapters 62-699 (formerly Rule 17-699) and 62-610 (formerly Rule 17-610), FAC, a Class C, or higher certified operator shall be on site for six (6) hours per day for seven (7) days per week as a minimum. The lead/chief operator must be a Class B, or higher, certified operator. Acceptable quality reclaimed water may be diverted to the reuse storage pond for public access irrigation only during periods when the certified operator is on-site or when the acceptable quality of reclaimed water is monitored remotely by electronic surveillance and such electronic equipment is functioning properly.

GENERAL CONDITIONS:

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee. The permittee is hereby placed on notice that the Environmental Protection Officer will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agents, employees, servants or representatives.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Environmental Protection Officer.
3. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefore caused by the construction or operation of this permitted source.
4. This permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by the Environmental Protection Officer.
5. The permittee, by accepting this permit, specifically agrees to allow authorized Environmental Protection personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times* where the permitted activity is located or conducted for the purpose of:
 - a. Having access to and copying any records that must be kept under the conditions of the permit;
 - b. Inspecting the facility, equipment, practices and operations for compliance with conditions of this permit; and,
 - c. Sampling or monitoring any substances or parameters at any location reasonably necessary to assure compliance with this permit.

*Reasonable time may depend on the nature of the concern being investigated.

General Conditions (continued)

6. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately notify and provide the Environmental Protection Officer with the following information:

- a. a description of and cause of non-compliance; and,
- b. the period of non-compliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Environmental Protection Officer for penalties or revocation of this permit.

7. This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.

8. When requested by the Environmental Protection Officer, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the Environmental Protection Officer, such facts or information shall be submitted or corrected promptly.

9. Records of monitoring information shall include:

- a. the date, exact place and time of sampling or measurements;
- b. the person responsible for performing the sampling or measurements;
- c. the dates analyses were performed;
- d. the person responsible for performing the analyses;
- e. the analytical techniques or methods used; and,
- f. the results of such analyses.

SEE SPECIFIC CONDITIONS (NEXT PAGE)

Econ Utilities/Wedgefield Subdivision; Operate Permit
Specific Conditions (continued)

2. The reclaimed water delivered to the public access reuse system(s) shall be adequately chlorinated at all times so as to maintain a minimum of 1.0 mg/L total chlorine residual after a minimum contact period of 15 minutes (based upon peak hourly flow) or as required to comply with Rule 62-600.440(5) [formerly Rule 17-600.440(5)], FAC.
3. Groundwater monitoring shall be performed in accordance with the Groundwater Monitoring Plan Implementation Schedule.
4. The treated effluent discharged to the percolation/reject effluent storage pond shall be adequately chlorinated at all times so as to maintain a minimum of 0.5 mg/L total chlorine residual after a minimum contact period of 15 minutes (based upon peak hourly flow).
5. Facilities discharging to groundwaters shall be operated and maintained at all times so as to prevent overflow or seepage of water to adjacent ground surfaces or runoff to surface waters.
6. The maintenance and operation log required pursuant to Chapter 61E12-41, FAC, shall be stored on-site in a weather resistant structure.
7. The boundary of the zone of discharge shall be 100 feet from the site (wetted disposal area) boundary or to the installation's property boundary whichever is less. The zone of discharge shall be the volume underlying the surface within this boundary to the base of the unconfined aquifer.
8. Operational difficulties, including any collection/transmission system overflows, which may cause or result in non-compliance with the requirements of this permit, shall be reported within 24 hours to the Orange County Environmental Protection Department and the Florida Department of Environmental Protection.
9. The permittee shall submit the prescribed application and supporting data for an operation permit no later than 60 days prior to expiration date of this permit.
10. Domestic residuals (sludge) disposal shall be in accordance with Rule 62-640, (formerly Rule 17-640), FAC. Residuals shall be analyzed annually and the results submitted with each Agricultural Use Plan (AUP) update. AUP's shall be resubmitted annually for approval, on appropriate Department forms, beginning one (1) year from the date of permit issuance. The present AUP identifies aerobically digested residuals landspreading on 5.0 dedicated acres on the Clonts Ranch site located at 146 Hillcrest Street, Oviedo, Seminole County, Florida.

Econ Utilities/Wedgefield Subdivision; Operate Permit
Specific Conditions (continued)

11. The Reclaimed Water Analysis Report Form 17-602.900(4) shall be submitted annually beginning one year from the date of permit issuance. Alternatively, the permittee may certify each year to the Department that no new non-domestic connections to the collection system have occurred.
12. Future reuse on sites with edible crops and reuse sites outside the designated service area, will require permit modification utilizing DEP Form 17-610.910(1).
13. Where potable water and sanitary sewer mains cross with less than eighteen (18) inches vertical clearance, the sewage main shall be twenty (20) feet of either ductile iron pipe, concrete encased PVC pipe or encased in a watertight carrier pipe, centered on the point of crossing. A minimum horizontal separation of ten (10) feet (edge to edge) between potable water mains and sewage mains shall be maintained when practical. When the appropriate horizontal separation cannot be maintained the sewage main shall be either ductile iron pipe, concrete encased pipe or encased in a watertight pipe carrier.
14. Maximum obtainable separation of public access reclaimed water mains and sanitary sewer mains shall be maintained. A minimum horizontal separation of five (5) feet (center to center) or three (3) feet (outside to outside) shall be maintained between reclaimed water mains and sewage mains. Where reclaimed water and sanitary sewage mains cross with less than eighteen (18) inches vertical clearance, the sanitary sewage main shall be twenty (20) feet of either ductile iron pipe, concrete encased pipe or encased in a watertight carrier pipe, centered on the point of crossing.
15. Maximum obtainable separation of public access reclaimed water mains and potable water mains shall be maintained. A minimum horizontal separation of five (5) feet (center to center) or three (3) feet (outside to outside) shall be maintained between reclaimed water mains and potable water mains. Where reclaimed water and potable water mains cross with less than eighteen (18) inches vertical clearance, the reclaimed water main shall be twenty (20) feet of either ductile iron pipe, concrete encased pipe or encased in a watertight carrier pipe, centered on the point of crossing.
16. All reclaimed water hose bibbs, hand-operated connections and outlets shall be contained in underground service vaults and shall be appropriately tagged or labeled to warn the public and employees that the water is not intended for drinking. All reclaimed water piping, pipelines, valves and outlets shall be color coded, or otherwise marked, to differentiate reclaimed water from potable or other water.

**Econ Utilities/Wedgefield Subdivision; Operate Permit
Specific Conditions (continued)**

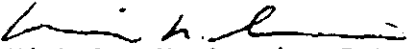
17. Vaults for reclaimed water, hose bibbs and outlets shall be locked or require a special tool for operation of hose bibbs and outlets.
18. A 75 foot setback distance shall be provided from a public access reclaimed water transmission facility/transmission mains to any public potable water supply wells.
19. A 75 foot setback distance shall be provided from public access reuse wetted areas to any public and any private potable water supply wells.
20. Low trajectory nozzles are required within 100 feet of any outdoor public eating, drinking or bathing facilities.
21. Existing water or sewer mains currently not being used for reclaimed water and which may be proposed for conversion to reclaimed water mains in the future, will require separate written approval from the Department. This does not include existing irrigation system piping.
22. Signs shall be posted in the vicinity of public access reclaimed water reuse irrigation systems, or notes placed on score cards at golf courses, advising the public that reuse is practiced.
23. Daily or monthly flow records for reclaimed water discharged to the golf course and for reject water discharged to the percolation/reject effluent storage pond shall be maintained and a summary submitted each month with the Monthly Operating Reports (MORs). Documentation shall be provided to the Department demonstrating the total amount of reuse capacity that has been achieved prior to the expiration date of this permit.
24. An operating protocol designed to ensure that the high-level disinfection and TSS treatment requirements will be met before the reclaimed water is released to the public access reuse systems, has been developed and approved by the department. An updated protocol shall be submitted annually for approval.
25. Reclaimed water that fails to meet minimum treatment requirements as determined by the operating protocol, shall not be released into any public access reuse system or system storage. Such substandard reclaimed water (reject water) shall be discharged to the reject storage pond. Each incident of failure shall be completely recorded in the operating and maintenance log and the corrective action submitted/included with the monthly operating reports. Reject water which is discharged to the reject storage pond is required to meet the effluent limitations described in

Econ Utilities/Wedgefield Subdivision; Operate Permit
Specific Conditions (continued)

this permit. Any discharge of reject water to the reject storage pond which does not meet secondary standards, nitrate limits and the effluent limitations described in Specific Condition #4, will be considered as a non-compliance event and must be reported to the Department.

26. Any emergency discharge of water from the percolation/reject effluent storage pond and/or the reuse/wet weather storage pond will be considered a violation of this permit unless as a result of the storm event which produces rainfall in excess of 7.0 inches for any day or the cumulation of rainfall greater than 10 inches for any three consecutive days. To document the rainfall, it is required that rain gauge readings be taken at the same time each day. It should be noted that discharge is allowed only in amount equal to the volume of excess rainfall (i.e., rainfall in excess of 7.0 inches for any day or the accumulation of rainfall greater than 10 inches for any three (3) consecutive days) times the surface area of pond(s). Within 24 hours of both commencement and ending of discharge, the permittee must notify the event to the department in writing. Within 10 days a report must be provided containing information on the time of discharge, volume discharged, a log of daily rain gauge reading, and wastewater characteristics for pH, CBOD₅, TSS, TN and TP.
27. Vegetation along the pond berms shall be kept mowed for aesthetic purposes and to allow visual inspection of the berm slopes for erosion and deterioration.
28. In accordance with the schedule submitted with the permit application, construction of Phase II-A, the second 0.200 MGD wastewater treatment plant and 0.154 MGD of additional reuse will begin by June, 1995, and be on-line by June, 1996.

Issued this 17th day of January, 1995


Nicholas M. Sassic, Interim Manager
Environmental Protection Department
Orange County

Orange



County

Environmental Protection Department

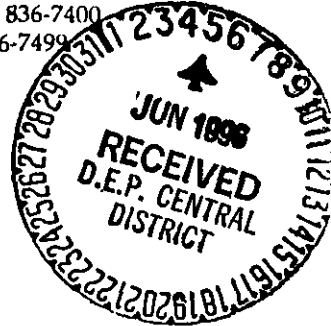
Anna Hacha-Long, Manager

2002 East Michigan Street

Orlando, Florida 32806-4999

Telephone (407) 836-7400

FAX (407) 836-7499



Certified Mail: P 889 328 344

NON-COMPLIANCE LETTER

May 31, 1996

Utilities Incorporated of FL
200 Weathersfield Ave.
Altamonte Springs, FL 32714

Attn: Donald Rasmussen

Ref: Domestic Wastewater Treatment and Disposal System
Wedgfield Golf and Country Club

OCEPD Permit: D095-01

Expires: January 3, 2000

Dear Mr. Rasmussen:

On May 2, 1996, an inspection of the above referenced facility was conducted by a representative of this Department. A copy of the inspection report is enclosed for your review. During the course of the inspection, and/or determined from a review of the records on file in this office, the following permit non-compliance issue(s) were noted:

1. The rubber liner on the inside of the public access irrigation pond was ripped and exposed in several locations along the south beam.
2. It has come to the attention of this department, that the wastewater treatment facility is under new ownership. In accordance with Orange County code, Chapter 15, Section 15-140; The new owner must apply by letter for a transfer of permit within 30 days. For your convenience, we have enclosed the application for transfer of permit. Please complete and return to this Department along with your check in the amount of \$56.00, made payable to the Board of Orange County Commissioners, as payment for the application fee.

May 31, 1996
Wedgefield Golf and Country Club
Page 2.

Your written response is required within ten (10) days of receipt of this letter indicating the corrective action(s) initiated.

Sincerely,


Ernie Browne
Environmental Inspector

^{BE}
EB:BE/en

cc: F.D.E.P.

001-068-2420-4343
INVOICE TO FOLLOW

Orange County



Environmental Protection Department

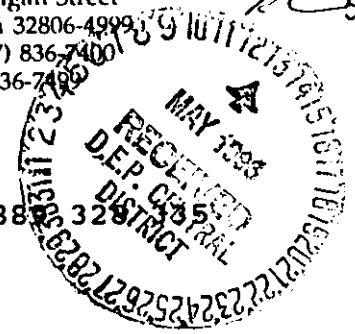
Anna Hacha-Long, Manager

2002 East Michigan Street

Orlando, Florida 32806-4999

Telephone (407) 836-7400

FAX (407) 836-7499



NON-COMPLIANCE LETTER

May 9, 1996

Certified Mail: P 889 325

Wedgfield Golf and Country Club
c/o Econ Utilities Corporation
20751 State Road 520
Orlando, Florida 32833

Attn: Gerald Braley

Ref: Domestic Wastewater Treatment and Disposal System -
Wedgfield Golf and County Club

OCEPD Permit: DO95-01 Expires: January 3, 2000

Dear Mr. Braley:

On May 2, 1996, an inspection of the above referenced facility was conducted by a representative of this Department. A copy of the inspection report is enclosed for your review. During the course of the inspection, and/or determined from a review of the records on file in this office, the following permit non-compliance issue was noted:

1. The rubber liner on the inside of public access irrigation pond was ripped and exposed in several locations along the south berm. This condition requires your immediate attention.

Your written response is required within ten (10) days of receipt of this letter indicating the corrective action(s) initiated.

Sincerely,


Ernie G. Browne
Environmental Inspector

BE
EB:BE/sh

cc: F.D.E.P.

001-068-2420-4343
INVOICE TO FOLLOW

92 3/18

DOMESTIC WASTE
MALFUNCTION REPORT

TO BE DELIVERED TO APPROPRIATE SECTION
IMMEDIATELY

(CLEARLY HANDWRITTEN, NOT TYPED)

REPTD. TO RECORDER 03/17 @ 8:25 A.M.

DATE: 03/18/90 TIME: 8:09 (AM/PM) RECEIVED BY: R. LAUGHLIN

REPORTED BY: BILL SOSSAMAN

NAME OF PLANT/SYSTEM: WEDGEFIELD S/D. COUNTY: ORANGE.

ADDRESS: _____

PHONE: (407) 568-6787

OWNER: UTILITIES, INC (ECON UTILITIES)

DATE & TIME OF FAILURE: 03-16 @ 8:00 A.M.

NATURE OF PROBLEM: PERC POND FILLING w/ RAIN
WATER - ~30,000 SUB-STANDARD WATER DISCHARGED
THRU OVERFLOW TO ADJACENT PROPERTY.

CORRECTIVE ACTION TAKEN: 03-16 @ 2:00 p.m.

EXPECTED BACK IN SERVICE BY (DATE & TIME): 03-16 @ 2:00 p.m.

REMARKS: _____

FOLLOW-UP IN WRITING: (Y/N) Y



Department of *Wedge Field 5/12*
Environmental Protection **File**

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

November 17, 1994

NICK SASSIC
INTERIM MANAGER
ORANGE COUNTY ENVIRONMENTAL
PROTECTION DEPARTMENT
2002 EAST MICHIGAN AVENUE
ORLANDO FL 32806

OCD-DW-C94-0433

Orange County - DW
Complaint Forwarded for Investigation

Dear Mr. Sassic:

Enclosed is a copy of a complaint that originated in Orange County.

Please investigate the subject complaint in accordance with General Provisions of the General Agreement executed between your office and this Department, and forward the results of your investigation directly to the complainant.

If you have any questions concerning this matter, please contact Gary P. Miller at (407) 894-7555.

Sincerely,

Christianne C. Ferraro
Christianne C. Ferraro, P.E.
Program Manager
Domestic Waste

Al
CCF/gm/bn

Enclosure

cc: Maureen Gergora Jones

921-83

AL 11/16
Gm: PL
follow up
11/17

November 14, 1994

State of Florida
Department of Environmental Protection
3319 Maguire Boulevard Suite 232
Orlando, Fl. 32803



RE: Sewage Treatment Station

TO WHOM IT MAY CONCERN:

In February, 1994, I purchased a home from the builder, The Genesis Group, who builds homes in the Wedgefield Division in East Orange County. At the time the lot was cleared, I noticed an electric pole on the side of my property, on an easement. When I questioned the builder, I was told that it was needed to run a water processing box which resided on the front of the easement. Thinking nothing more about it, we signed our contract and purchased the home.

When we moved in we started noticing a sewer smell and inquired of our builder what the smell was. We were then advised that it was a sewer processing box. We then realized that every time it rained, a brown mucky liquid would puddle on the sidewalk next to box. We contacted both the builder and Econ Utilities, which never responded to the problem.

I am presently pregnant and started to become concerned about not only the constant smell but the brown mucky liquid that seems to come out when it rains.

I do not know if you will be able to assist me, however, I would like to be advised by you if you are the proper agency to tell me if this sewer treatment box is environmentally safe around adults and children. I believe the box has been there since before the development of this side of the block.

If you are unable to help me, can you advise me as to whom I should contact?

Thank-you for your time.

Sincerely,

Maureen Gergora Jones
2831 Abalone Boulevard
Orlando, Fl. 32833

cc: M. Couch, State Representative
file

Gen 6/13

DOMESTIC WASTE
MALFUNCTION REPORT

TO BE DELIVERED TO APPROPRIATE SECTION
IMMEDIATELY

(CLEARLY HANDWRITTEN, NOT TYPED)

DATE: 06/12/95 TIME: 3:34 (AM/PM) RECEIVED BY: R. LANGRISH

REPORTED BY: BILL SOSSAMON

NAME OF PLANT/SYSTEM: WEDGEFIELD S/D COUNTY: ORANGE

ADDRESS: _____

PHONE: (407) 568-6787

OWNER: FCOM UTILITIES

DATE & TIME OF FAILURE: 06-11-95 @ 9:00 A.M.

NATURE OF PROBLEM: CLARIFIER INFLUENT PIPE STOPPED
FLOWING - FLOW BACKING UP IN PLANT
OVERLOAD BEING HAULED BY BROWNIE'S

CORRECTIVE ACTION TAKEN: DRAINING DOWN PLANT TO
REPLACE PIPE ~ WED (06/14)

EXPECTED BACK IN SERVICE BY (DATE & TIME): 06/15 @ 9:00 A.M.

REMARKS: _____

FOLLOW-UP IN WRITING: (Y/N) Y

Wedgefield Utilities, Inc.

Docket No. 991437-WU

25.30-440 (7)
DEP Correspondence

Test Year Ended June 30, 1999



ENVIRONMENTAL PROTECTION DEPARTMENT
 ANNA H. LONG, *Manager*
 Leeds Commerce Center
 800 Mercy Drive, Suites 4 & 5
 Orlando, Florida 32808-7896
 (407) 836-1400 • Fax (407) 836-1499
 http://www.citizens-first.co.orange.fl.us

FILE

RECEIVED
 FEB 04 1999

John
 To Do

February 2, 1999

CC: BRYAN
 CHARLIE F.
 WEDGELAND PLANT

Mr. Donald Rasmussen
 Wedgeland Utilities c/o Utilities Inc. of Florida
 200 Weathersfield Avenue
 Altamonte Springs, Florida 32714

ORIGINAL TO FILE

Re: Domestic Wastewater Treatment Facility-Wedgeland Golf & Country Club

OCEPD Permit: DO95-01

Expires: January 3, 2000

Dear Mr. Rasmussen:

On February 1, 1999 an inspection of the above-referenced facility was conducted by a representative of this Division. At the time of inspection, the overall operation of your facility was found to be in accordance with the terms and conditions of the referenced permit.

Please review the enclosed inspection report for any comments and recommendations which may have been noted during the course of the inspection and record review.

Your efforts to help maintain our environment are appreciated. If you have any questions, contact me at the above address or at (407)836-1440.

Sincerely,

Mark Overstreet

Mark Overstreet
 Environmental Specialist

MO/OS/BE/AHL:ml
 Enclosure

c: FDEP
 Central File

001-068-2420-4343
 INVOICE TO FOLLOW

**ORANGE COUNTY ENVIRONMENTAL PROTECTION DEPARTMENT
COMPLIANCE INVESTIGATION CHECKLIST
WASTEWATER TREATMENT FACILITIES (DOMESTIC)**

Facility Name: *Wedge Field Utilities* Date: *2-1-99*
 Facility Location: *C/O Utilities Inc. of FLA* Owner: *DONALD RASMUSSEN*
 Mailing Address: *Altamonte Springs, FL 32714* Attn:
 Orange Co. Permit # *3095-01* Expires: *1-3-2000* Type: *1C*
 State Permit #

Permit Verification:

- | | | | |
|---|---|--|-----|
| 1. Has permit been reviewed prior to inspection? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | N/A |
| 2. Correct name and mailing address of permittee. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | N/A |
| 3. Facility is as described in permit. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | N/A |
| 4. Amendments to permit Explain: | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | N/A |

Compliance Schedules:

- | | | | |
|---|---|--|-----|
| 1. Permittee meeting compliance schedules? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | N/A |
| 2. Facility submitting all monitoring data as required by the permit? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | N/A |
| 3. Extenuating circumstances which would affect the permittee's compliance schedules? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | N/A |

Records and Reports:

- | | | | |
|---|---|-----------------------------|-----|
| 1. Records and reports maintained as required by permit. If no explain: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | N/A |
| 2. Is Monthly Operating Report complete and received in a timely manor? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | N/A |
| 3. Is operators daily log on site and up to date? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | N/A |
| 4. Sludge analysis on file | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | N/A |
| 5. Current well monitoring data, if required. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | N/A |

Facility Site Review:

Headworks

- | | | | |
|---|----------------|---------------|-----|
| 1. Lift station, (grease build up) | Yes | No | N/A |
| 2. Evidence of lift station overflow | Yes | No | N/A |
| 3. Are pumps adequate, maintained | Yes | No | N/A |
| 4. Are the bar screens/comminutors maintained. | Yes | No | N/A |
| 5. Rags/Trash collected/stored/
properly disposed. of. | Yes | No | N/A |
| 6. Are the grit chambers routinely
cleaned? | Yes | No | N/A |
| 7. Offensive/obnoxious odors | Yes | No | N/A |

Flow Equalization:

- | | | | |
|------------------------|----------------|----|-----|
| 1. Sufficient capacity | Yes | No | N/A |
| 2. Adequate aeration | Yes | No | N/A |
| 3. Odor Control | Yes | No | N/A |

Primary Clarifiers:

- | | | | |
|--|-----|----|-----|
| 1. Is there evidence of solids loss? | Yes | No | N/A |
| 2. Is there a problem with bulking? | Yes | No | N/A |
| 3. Are the skimmers functioning
properly? | Yes | No | N/A |
| 4. Are the weirs level? | Yes | No | N/A |
| 5. Are effluent weirs clean? | Yes | No | N/A |

Secondary Clarifiers:

- | | | | |
|--|----------------|---------------|-----|
| 1. Is there evidence of solids
loss? | Yes | No | N/A |
| 2. Is there a problem with
bulking? | Yes | No | N/A |
| 3. Is the depth of the sludge
blanket acceptable? | Yes | No | N/A |
| 4. Are the skimmers functioning
properly? | Yes | No | N/A |

5. Are the weirs level? ~~Yes~~ No N/A
6. Are the effluent weirs clean? ~~Yes~~ No N/A
7. Does tank surface indicate poor
sludge management (i.e. floating
solids, gas) Yes ~~No~~ N/A

Aeration Basins:

1. Aerator type: Mechanical _____, Blower / .
2. Mixed liquor Color: Black _____, Dark Brown / ,
Med Brown _____, Light Brown _____.
3. Foaming: Heavy _____, Moderate _____, Light / .
4. Odors: Strong _____, Moderate _____, Light / .
5. Air distribution: Excellent _____, Adequate / , Poor _____.

Return Sludge Unit:

1. Is there adequate sludge return
back to the head of the plant? ~~Yes~~ No N/A
2. Sludge Color: Black _____, Brown / , Light Brown _____.

Digestors:

1. Digester Type: Anaerobic _____, Aerobic / .
2. Digester Sludge Color: Black _____, Dark Brown / , Brown _____.
3. Digester Odor: None / , Musty _____, Hydrogen Sulfide _____.
4. Does the facility have dewatering
devices? Yes No ~~N/A~~
5. Are they functional? Yes No ~~N/A~~
6. Is the facility wasting
sludge properly? ~~Yes~~ No N/A

Sludge Processing:

1. Provide name of hauler: _____
2. Disposal Site: Owner Name: _____
Location: _____
3. Grade of Sludge: _____

Final Filters:

1. Performing satisfactory Yes No ~~N/A~~

2. General Conditions of Process:

Explain: _____

Trickling Filters:

1. Performing Satisfactory Yes No ~~N/A~~

2. General Condition of Process:

Explain: _____

Disinfection:

1. Chlorinator Type: Gas , Hypochlorination _____,

Other _____, Explain: _____

2. Adequate baffles in contact chamber. (Minimum of 2) Yes No N/A

3. Is there solids evident in the chlorine contact chamber? Yes No N/A

4. Is chlorine residual adequate? Yes No N/A

5. Is there adequate ventilation, proper location of exhaust fan in the chlorine room? Yes No N/A

6. Is there a gas mask available? Yes No N/A

7. Are there dual scales and auto-matic switch over devices available? Yes No N/A

Effluent:

1. The quality of the effluent appears: Excellent _____, Good , Poor _____.

2. Is there solids carry-over in the effluent? Yes No N/A

Perc Pond Disposal Sites:

1. Are the ponds being maintained and rotated routinely? Yes No N/A

2. Are the ponds over grown? Yes No N/A

- | | | | |
|---|-------------|---------------|----------------|
| 3. Do the pond bottoms need cleaning out? | Yes | No | N/A |
| 4. Are the ponds exceeding capacity? | Yes | No | N/A |
| 5. Are there odors? | Yes | No | N/A |
| 6. Appearance of pond surface: | Weeds | / | Algae____, |
| | Scum____, | Bubbles____, | Other____. |
| 7. Appearance of pond water: | Black____, | Brown____, | |
| | Cloudy____, | Clear | / . |

Spray Field Disposal Site:

- | | | | |
|--|-----|---------------|-----|
| 1. Is there adequate field rotation? | Yes | No | N/A |
| 2. Is there evidence of ponding? | Yes | No | N/A |
| 3. Is there evidence of runoff? | Yes | No | N/A |
| 4. Is there an accumulation of solids in the fields? | Yes | No | N/A |
| 5. Are the fields maintained (i.e. mowed, no broken spray heads, etc)? | Yes | No | N/A |

General Plant Conditions:

- | | | | |
|---|-----|---------------|-----|
| 1. Is plant staffed properly by certified operators? | Yes | No | N/A |
| 2. Are the site grounds adequately maintained? | Yes | No | N/A |
| 3. Is water supply adequate for chlorination systems? | Yes | No | N/A |
| 4. Is water provided for plant wash down? | Yes | No | N/A |
| 5. Is there adequate potable water protection? | Yes | No | N/A |
| 6. Is auxiliary power exercised periodically? | Yes | No | N/A |
| 7. Is the site fenced and locked? | Yes | No | N/A |

DOMESTIC WASTE
MALFUNCTION REPORT FORM

TO BE DELIVERED TO APPROPRIATE SECTION
IMMEDIATELY

6/12/10
NH

(CLEARLY HANDWRITTEN, NOT TYPED)

DATE: 12/10/98 TIME: 8:20 (AM/PM) RECEIVED BY: JLB

REPORTED BY: Nathan Van Meter

NAME OF PLANT/SYSTEM: Wedgfield Subdivision COUNTY: Orange

ADDRESS: _____

TELEPHONE: () 568-6787

OWNER: _____

DATE & TIME OF FAILURE: 11/11/98 + 11/24/98

NATURE OF PROBLEM: Exceedance of Nitrate levels on 11/11/98 (140 mg/l) and 11/24/98 (20.2 mg/l). No coliform sample was run last month, the operator did not write it on the C.O.C. so it was not run.

CORRECTIVE ACTION TAKEN: Notify FDEP and site operator.

EXPECTED BACK IN SERVICE BY: (DATE & TIME) _____

REMARKS: _____

FOLLOW-UP IN WRITING: (Y/N) _____

DOMESTIC WASTE
MALFUNCTION REPORT FORM

KG 12/14
MH 12/14

TO BE DELIVERED TO APPROPRIATE SECTION
IMMEDIATELY

(CLEARLY HANDWRITTEN, NOT TYPED)

DATE: 12/8/98 TIME: 3:00 (AM/PM) RECEIVED BY: JLB

REPORTED BY: Nathan Van Meter

NAME OF PLANT/SYSTEM: Wedgfield Subdivision COUNTY: Orange

ADDRESS: 3100 Bancroft Blvd. Orlando 32833

TELEPHONE: () 562-8787

OWNER: _____

DATE & TIME OF FAILURE: 12/7/98 midnight 12:00

NATURE OF PROBLEM: Blower went out.

CORRECTIVE ACTION TAKEN: Tested blower away for repairs. Utilizing back-up
blower

EXPECTED BACK IN SERVICE BY: (DATE & TIME) _____

REMARKS: _____

FOLLOW-UP IN WRITING: (Y/N) _____



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

UTILITIES INCORPORATED OF FLORIDA
200 WEATHERFIELD AVENUE
ALTAMONTE SPRINGS FLORIDA 32714

OCD-C-WW-98-0586

ATTENTION DONALD RASMUSSEN

Orange County - DW
Wedgfield Subdivision
Wastewater Facility - Permit No. DO48-259584
Noncompliance Letter

Dear Mr. Rasmussen:

On June 1, 1998, Department personnel conducted a routine inspection of your wastewater facility. A copy of the inspection report is enclosed for your review. During the course of the inspection, and/or determined from records on file in this office, the following deficiencies were noted:

1. Correction fluid was used on the Monthly Operating Reports (MORs) for June and August through November 1997. Corrections should be made by crossing a single line through the error and writing in the correction and the initials of the person making the correction.
2. The field meter, which is used to check the total residual chlorine continuous analyzer, did not have a record of daily calibrations against known standards.
3. The MORs are being submitted with an incorrect permit number.
4. A review of the ground water files for this facility indicated the following deficiencies:
 - a. Please provide the Department with a detailed explanation of the field procedures used to collect samples from the ground water monitoring wells.
 - b. Please ensure that the quarterly monitoring reports are completed in full with accurate information. Additionally, the report must include the appropriate reference to the preservation methods used. At a minimum the samples must be iced to 4°C in the field immediately after sample collection.
 - c. The fourth quarter of 1996 and the first and second quarters of 1997 Ground Water Monitoring Reports have not been received by the Department's Central District Office. Please submit the missing report to the Central District Office in Orlando, Florida. Please ensure that the quarterly ground water monitoring reports are submitted in a timely manner.

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Printed on recycled paper.

- d. The ground water elevations have not been reported on the quarterly reports received for 1996 and 1997. Additionally, the well completion reports provided to the Department show that the monitoring wells were constructed with 3 foot PVC pipe riser; however, a surveyed measurement for the well's top of casing (i.e., riser) is not included. Please provide the Department with a survey report of all of the monitoring well top of casing elevations in feet National Geodetic Vertical Datum (NGVD). The report must be certified by a Professional Land Surveyor (PLS). Additionally, please provide a summary of the ground water elevation data in a tabular format for the last eight (8) quarters. At a minimum, the table will include each monitoring well's top of casing in feet NGVD, ground surface elevation in feet NGVD, depth to ground water in feet, and water level elevation in feet NGVD. Accuracy of the elevation data shall be to 0.10 feet.
5. The Department lacks a current sludge analysis for this facility.

Please respond to these items, in writing, with a schedule of corrective action. Pursuant to Rule 12-4.100(2), F.A.C., failure to comply with pollution control rules shall be grounds for permit suspension or revocation and initiation of formal enforcement action. Your reply is requested within 14 days from the date of this letter. Your reply and any questions should be addressed to Michael E. Hall at (407) 893-3313.

Sincerely,



Gary P. Miller
Program Manager
Wastewater Compliance/Enforcement

Date: September 18, 1998

copy
vnh/ww

Closure

Orange County Environmental Protection Department
Ground Water Section, FDEP

*Document is followed
by wastewater
Compliance Inspection
Report*

INSPECTION COMMENTS

0.200 MGD AADF design capacity contact stabilization activated sludge wastewater treatment facility with flow equalization, reaeration, settling, tertiary filtration and disinfection by gas chlorination. The disinfected reclaimed water is discharged to groundwater via a 7 day off line percolation/ reject effluent storage pond or a 36 day in line reuse/wet weather lined storage pond and then by spray irrigation at the Wedgefield Golf Course.

PERMIT: Satisfactory Permit Number DO48-259584 on site, expires 1/3/2000.

RECORDS AND REPORTS: Marginal Bound logbook on site with at least 1 year data available. Operator of appropriate level of certification on site as required by permit. MORs reviewed 6/97 - 6/98, all submitted as required. Correction fluid used on June, August - November 1997 MORs. MORs are being submitted with incorrect permit number.

SAMPLING: Marginal Field Cl_2 meter had no calibration log.

Continuous meter readings:

pH - 6.82 SU
 Cl_2 - 5.00 mg/L
Turbidity - 0.627 NTU

FACILITY SITE REVIEW: Satisfactory

Access - Fenced
Blowers - Two, one on at time of inspection
Mixed Liquor - Dark brown, no odor, no foam, good air distribution.
Return Activated Sludge Line - On
Digester - Storage capacity available
Clarifier - Clear, clear over weir
Sand Filters - Two sand filter, appear to be in good working order
Chlorine Contact Chamber - Slightly turbid (due to backwashing of filters), no solids leaving plant.
Chlorination - Two gas cylinders on scale and chained in place. Air pack available. Light and fan in working order.
RPZ - OK

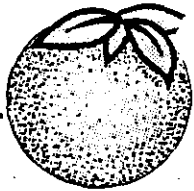
FLOW MEASUREMENT: Satisfactory Flow meter with totalizer, last calibration 9/97.

en received by the Department's Central District Office. Please submit the missing report to the Central District Office in Orlando, Florida. Please ensure that the quarterly ground water monitoring reports are submitted in a timely manner. The ground water elevations have not been reported on the quarterly reports received for 1996 and 1997. Additionally, the well completion reports provided to the Department show that the monitoring wells were constructed with 3 foot PVC pipe riser; however, a surveyed measurement for the well's top of casing (i.e., riser) is not included. Please provide the Department with a survey report of all of the monitoring well top of casing elevations in feet National Geodetic Vertical Datum (NGVD). The report must be certified by a Professional Land Surveyor (PLS). Additionally, please provide a summary of the ground water elevation data in a tabular format for the last eight (8) quarters. At a minimum, the table will include each monitoring well's top of casing in feet NGVD, ground surface elevation in feet NGVD, depth to ground water in feet, and water level elevation in feet NGVD. Accuracy of the elevation data shall be to 0.10 feet.

DISPOSAL METHOD: Satisfactory Reject pond well maintained with >1 ft. freeboard. Golf course well maintained with signs posted.

RESIDUALS MANAGEMENT: Marginal Contract with Brownies Environmental Services for sludge hauling on file. Current sludge analysis not available.

Orange



County

Environmental Protection Department

Storage Tanks Compliance Section

2002 East Michigan Street

Orlando, Florida 32806-4999

Telephone (407) 836-7450

FAX (407) 836-7499

*Com 12/11
K6/12
AM 12/11*

Certified Mail: P 486 608 365

NON-COMPLIANCE LETTER

December 9, 1996

Wedgfield Golf & Country Club
200 Wethersfield Avenue
Altamonte Springs, FL 32714

Attn: Don Rasmusser

Ref: Wedgfield Golf & Country Club
Wastewater Treatment Plant

OCEPD Permit: D095-01 Expires: January 3, 2000

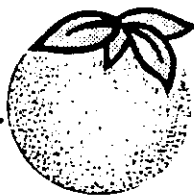
Dear Mr. Rasmusser:

On November 20, 1996, an inspection of the above referenced facility was conducted by a representative of this Department. A copy of the inspection report is enclosed for your review. During the course of the inspection, and/or determined from a review of the records on file in this office, the following permit non-compliance issue(s) were noted:

1. The electronic surveillance dialer is out of service. The daily log did not disclose continuous monitoring of the permit parameter for effluent which is discharging to the public access irrigation pond.
2. A review of the monthly operating report for September 1996, disclose the sampling for CBOD5, TSS, Fecal Coliform and Nitrate Nitrogen as N were not sampled as required by permit Specific Conditions, Para 1. In addition, the MOR's do not indicate the 8-hour flow proportion sampling.
3. To date, we have not received the daily or monthly flow records as required by permit specific condition Para 23.
4. A review of our files disclose we have not received an updated protocol as required by permit specific conditions Para 24.



Orange



County

Environmental Protection Department

Anna Hacha-Long, Manager

2002 East Michigan Street

Orlando, Florida 32806-4999

Telephone (407) 836-7499

FAX (407) 836-7499

Certified Mail: P 486 608 313

NON-COMPLIANCE LETTER

September 10, 1996

Utilities Incorporated of Florida
200 Weathersfield Avenue
Altamonte Springs, Florida 32714

Attn: Donald Rasmussen

Ref: Wedgefield Golf & Country Club Wastewater Treatment Plant

OCEPD Permit: D095-01

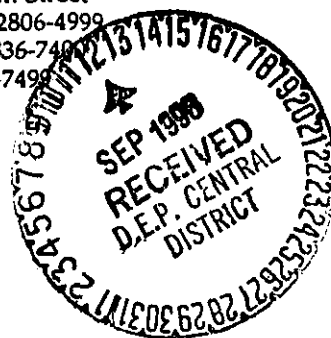
Expires: January 3, 2000

Dear Mr. Rasmussen:

On August 29, 1996, an inspection of the above referenced facility was conducted by a representative of this Department. A copy of the inspection report is enclosed for your review. During the course of the inspection, and/or determined from a review of the records on file in this office, the following permit non-compliance issue(s) were noted:

1. The operating protocol manual was not located at the plant site: Reference: Paragraph 24 of the permit for annual review and approval.
2. A review of our files disclose the following data is delinquent:
 - a. Operating report for April, May and June 1996.
 - b. Reclaimed water analysis report.
 - c. Sludge analysis - required annually.
 - d. Agricultural use plan (AUP) or contract with an approved domestic residuals processor.
 - e. Groundwater monitoring well analysis for the 2nd quarter

*Con 9/13
Ann 5/13*




Donald Rasmussen
September 6, 1996
Page Two

3. The electronic surveillance dialer was not in operation.
4. The chlorine and pH analyzer has been removed for repair. According to the onsite operator, the re-use water is not being diverted to the non-compliance pond. Please explain how the plant is being monitored for compliance after staffing hours.

Your written response is required within ten (10) days of receipt of this letter indicating the corrective action(s) initiated.

Sincerely,


Environmental Inspector
Ernie Browne

EB:CF/df

cc: F.D.E.P.

001-068-2420-4343
INVOICE TO FOLLOW



ENVIRONMENTAL PROTECTION DEPARTMENT

ANNA HACHA-LONG, Manager

8002 East Michigan Street
Orlando, Florida 32806-4999
(407) 836-7400 • Fax (407) 836-7499
http://www.ci.ozens-flrst.co.orange.fl.us

CERTIFIED MAIL: Z 281 793 484

Gen 018
MH 12/9



December 2, 1997

Mr. Donald Rasmussen
Utilities Incorporated
200 Weatherfield Avenue
Altamonte Springs, FL 32714

Re: Wedgefield Golf and Country Club

OCEPD Permit: D095-01

Expires: January 13, 2000

Dear Mr. Rasmussen:

On November 17, 1997, an inspection of the above-referenced facility was conducted by a representative of this Department. A copy of the inspection report is enclosed for your review. During the course of the inspection, and/or determined from a review of the records on file in this office, the following permit non-compliance issue(s) were noted:

1. A review of our files disclosed that we have not received the (3rd quarter) groundwater monitoring well data.
2. The operating protocol for the facility is not on file with this office. Please forward a copy of this document to this office.

Your written response is required within ten (10) days of receipt of this letter indicating the corrective action(s) initiated.

Sincerely,

Mark Overstreet
Environmental Inspector

MO/CS/BE/AHL:ajs
Enclosure

CERTIFIED MAIL: P 034 525 696

June 27, 1997



Mr. Ronald Rasmussen
Wedgefield Golf and Country Club
200 Weathersfield Avenue
Altamonte Springs, FL 32714

Re: Wedgefield Golf and Country Club Wastewater Treatment Plant

OCEPD Permit: DO95-01

Expires: January 3, 2000


Dear Mr. Rasmussen:

On May 29, 1997, an inspection of the above-referenced facility was conducted by a representative of this Department. A copy of the inspection report is enclosed for your review. During the course of the inspection, and/or determined from a review of the records on file in this office, the following permit non-compliance issue(s) were noted:

1. Heavy rust has deteriorated the base of the motor control electrical panel. In addition, the conduit supporting the electrical wires at ground level, has separated from the panel and is exposing the wires.
2. The main incoming voltage panel is inadequately secured to the concrete base. The panel rocks back and forth.
3. Heavy sand build up was being removed from the equalization tank. This condition was creating an obvious odor that permeated the area. No odor masking agent was being utilized.

Your written response is required within ten (10) days of receipt of this letter indicating the corrective action(s) initiated.

Sincerely,


Ernie Browne
Environmental Engineer

EB/CS/BE/AHL:mg
Enclosure

c: DEP
Central File
Correspondence File

001-068-2420-4343
INVOICE TO FOLLOW

ENVIRONMENTAL PROTECTION DEPARTMENT
ANNA HACHA-LONG, Manager

2002 East Michigan Street • Orlando, Florida 32806-4999
Telephone (407) 836-7400 • FAX (407) 836-7499 • <http://www.citizens-first.co.orange.fl.us>

AM
10/89

DOMESTIC WASTE
MALFUNCTION REPORT

TO BE DELIVERED TO APPROPRIATE SECTION
IMMEDIATELY

(CLEARLY HANDWRITTEN, NOT TYPED)

DATE: 11/3/96 TIME: 12:07 (AM/PM) RECEIVED BY: Recorder / K Gottwald

REPORTED BY: Richard Eck, Operator

NAME OF PLANT/SYSTEM: Wedgfield Utilities COUNTY: Orange

ADDRESS: _____

PHONE: (____) _____

OWNER: _____

DATE & TIME OF FAILURE: He didn't say

NATURE OF PROBLEM: 50 gal. overflow of raw sewage
from manhole + c/s.

CORRECTIVE ACTION TAKEN: Pumped down and spread
HTH

EXPECTED BACK IN SERVICE BY (DATE & TIME): _____

REMARKS: Will call Monday with more information

FOLLOW-UP IN WRITING: (Y/N) _____

DOMESTIC WASTE
MALFUNCTION REPORT

KG 12/14
AM 12/14

TO BE DELIVERED TO APPROPRIATE SECTION
IMMEDIATELY

(CLEARLY HANDWRITTEN, NOT TYPED)

DATE: 12/4/96 TIME: 11:00 AM RECEIVED BY Cindy

REPORTED BY: Roger Holsapple

NAME OF PLANT/SYSTEM Wedgfield Utilities COUNTY: Orange

ADDRESS Melville St.

PHONE (407) 568-6787

OWNER _____

DATE AND TIME OF FAILURE 12/3/96 6:30 pm

NATURE OF PROBLEM Sand in sewer system caused
overflow, 50 gals. of water spilled

CORRECTIVE ACTION TAKEN Cleaned lines, HTH on spill, hosed
down area

EXPECTED BACK IN SERVICE BY (DATE & TIME) 12/3/96 9:15 pm

REMARKS: no water ways in area

KG 11/19
AM 11/21

DOMESTIC WASTE
MALFUNCTION REPORT

TO BE DELIVERED TO APPROPRIATE SECTION
IMMEDIATELY

(CLEARLY HANDWRITTEN, NOT TYPED)

DATE: 11/19/96 TIME: 11:05 (AM/PM) RECEIVED BY: C. ANDERSON

REPORTED BY: RICHARD ECK

NAME OF PLANT/SYSTEM: WEDGEFIELD S/D COUNTY: ORANGE

ADDRESS: _____

PHONE: (407) 568-6787

OWNER: _____

DATE & TIME OF FAILURE: 11/19/96 10:00

NATURE OF PROBLEM: M/H BACKUP, SPILL ~ 200 GALS
DUE TO BLOCKAGE.

CORRECTIVE ACTION TAKEN: CHECK PUMPS & MAIN. CLEAN
& DISINFECT AREA.

EXPECTED BACK IN SERVICE BY (DATE & TIME): 11/19/96 10:40

REMARKS: _____

FOLLOW-UP IN WRITING: (Y/N) Y

DOMESTIC WASTE
MALFUNCTION REPORT

TO BE DELIVERED TO APPROPRIATE SECTION
IMMEDIATELY

(CLEARLY HANDWRITTEN, NOT TYPED)

DATE: 6/18/96 TIME: 2:45 (AM PM) RECEIVED BY: C. ANDERSON

REPORTED BY: BILL HOLSAPPLE

NAME OF PLANT/SYSTEM: WEDGEFIELD COUNTY: ORANGE

ADDRESS: _____

PHONE: () 568-6787

OWNER: _____

DATE & TIME OF FAILURE: 6/17/96 2:00

NATURE OF PROBLEM: GOING TO REJECT POND
DUE CONSTRUCTION ON MAIN L/S.

CORRECTIVE ACTION TAKEN: _____

EXPECTED BACK IN SERVICE BY (DATE & TIME): 6/19/96 PM

REMARKS: _____

FOLLOW-UP IN WRITING: (Y/N) Y

Wedgefield Utilities, Inc.

Docket No. 991437-WU

25.30-440 (8)
Field Employees

Test Year Ended June 30, 1999

Employees involved in Wedgefield Operations:

Don Rasmussen, Vice President of Operations: Oversees all operations and employees in Florida.

David L. Orr, E.I., Regional Operations Manager: Manages operations and employees for all central Florida operations. Central Florida Operations includes Lake, Marion, Orange, and Seminole counties.

Bryan Gongre, Area Manager: Supervises day to day operations for central Florida operations.

Charlie Forehand, Assistant Area Manager: Assists Area Manager in day to day operations. Efforts were concentrated at the Wedgefield facilities during the test year.

Field Employees:

Roger Holsapple, Operator: Roger holds a Class C drinking water and Class C wastewater license.

Nathan Van Meter, Operator: Nathan holds a Class B wastewater license.

Robert Risner, Operator: Robert currently holds a Class A water and Class C wastewater license.

Chris Phillips & James Yingling

Facilities:

Wedgefield Wastewater Treatment Facility:

Requires staffing 6 hours per day 7 days per week with a minimum class B certification for the lead operator. To fulfill these requirements two full time operators work 40 hours per week. The lead operator is on site Monday through Friday, the second operator is on site Wednesday through Sunday.

Water Treatment Facility:

Requires staffing of 3 hours per day Monday through Friday and 1 visit each weekend day. The same operator working at the wastewater plant Wednesday through Sunday operated the water treatment plant on these days.

Duties and Responsibilities:

- a) Responsible for performing treatment plant operation and maintenance duties. Duties to be completed in a reasonable and professional manner consistent with the standard operating practices in order to meet state standards and rules. Also, perform duties consistent with the protection of public health and the environment.
- b) Perform responsible, efficient and effective on-site management and supervision over all plant functions.
- c) Submit complete, accurate, and timely plant monthly operating reports.
- d) Report to the Permittee and the Department of Environmental Protection and serious plant breakdown or condition causing or likely to cause serious, inefficient or unsafe treatment plant

operation, or discharge of water or wastewater in a manner not authorized by the current permit.

- e) Submit accurate reports relative to treatment plant operation, sampling and laboratory analysis.
- f) Maintain an operation and maintenance log for each plant, current to the last operation and maintenance performed.
- g) Perform preventative maintenance and either repair or request the Permittee repair equipment or distribution/collection systems as needed to keep the treatment plant operating as permitted.
- h) Perform various work order functions to include but not limited to the following: customer complaints, reading and checking meters, cross-connection inspections, replacing and installing meters, installing or repairing distribution/collection systems, and water conservation activities.
- i) Maintain visual aesthetics of facilities to company standards.

Wedgefield Utilities, Inc.

Docket No. 991437-WU

25.30-440 (9)
Vehicles

Test Year Ended June 30, 1999

WEDGEFIELD UTILITIES, INC.

<u>Assigned to:</u>	<u>Vehicle #</u>	<u>Description</u>	<u>Owned or Leased</u>	<u>Original Cost</u>
Forehand, Charlie	9,810	'98 Dodge Dakota	Owned	\$ 17,115
Gongre, Brian	9,636	'96 Ford Ranger	Owned	\$ 17,978
Holsapple, Roger	9,815	'98 Chevy S-10	Owned	\$ 16,487
Orr, David	9,526	'95 Ford Taurus	Owned	\$ 17,125
Phillips, Christopher	9,814	'98 Chevy S-10	Owned	\$ 16,487
Rasmussen, Don	9,627	'96 Ford Crown Victoria	Owned	\$ 24,440
Risner, Robert	9,806	'98 Dodge Dakota	Owned	\$ 17,115
Ying Ling, James	9,813	'98 Chevy S-10	Owned	\$ 16,487
Van Meter, Nathan	9,523	'95 Chevy S-10	Owned	\$ 13,923

Wedgefield Utilities, Inc.

Docket No. 991437-WU

25.30-440 (10)
Customer Complaints

Test Year Ended June 30, 1999

SUBDIVISION : 649
 ROUTE :
 SERVICE ORDER# : 335183
 ACCOUNT# : 6491023711
 CUSTOMER NAME :
 SERVICE ADDRESS :
 DDATE : 07/01/98
 TYPE : 42
 FOPER : WU
 COMMENT : THE NEIGHBOR OF THIS CUSTOMER CALLED TO SAY THAT WATER IS SHOOTING OUT
 . IN THE FRONT OF THIS CUSTOMERS YARD
 . CHECK THE AREA FOR RUNNING WATER
 RESOLUTION : OPERATOR WENT TO SITE SAID ALL WAS CLEAR AND DRY
 . SG/NV
 RDATE : 07/01/98

SUBDIVISION : 649
 ROUTE :
 SERVICE ORDER# : 344969
 ACCOUNT# : 6490000000
 CUSTOMER NAME :
 SERVICE ADDRESS :
 DDATE : 08/30/98
 TYPE : 39
 FOPER : WU
 COMMENT : SEVERAL ADDRESSES IN WEDGEFIELD CALLED ANSWERING SERVICE TO REPORT
 . ALARM GOING OFF PLEASE FAX RESOLUTION TO OFFICE
 RESOLUTION : ROGER RESPONDED TO ALARM, L/S #2. PUMP #2 BURNED OUT. STARTED BURNED
 . OUT. PUMPING WITH #1 PUMP.
 .
 . STARLING ELECTRIC CHECKED OUT L/S, NEEDS PUMP REPLACED. NEEDS STARTERS
 . RELAYS, START/RUN CAPACITORS. STARLING WORKING ON L/S REPAIRS.
 .
 . NVM/DAMc
 RDATE : 08/30/98

SUBDIVISION : 649
 ROUTE :
 SERVICE ORDER# : 353506
 ACCOUNT# : 6490000000
 CUSTOMER NAME :
 SERVICE ADDRESS :
 DDATE : 10/24/98
 TYPE : 43
 FOPER : WU
 COMMENT : SEVERAL CALLS ON ANSWERING SERVICE REGARDING NO WATER. PLEASE FX
 . TO OFFICE THE PROBLEM AND RESOLUTION. NOTE: A BEAUTY PARLOR SAID
 . THEY WERE OUT OF WATER WHILE PUTTING CHEMICALS IN THEIR CUSTOMER'S
 . HAIR. THEY HAD TO TAKE THE CUSTOMER TO THE CUSTOMER'S HOUSE TO RINSE
 . THEM OUT.
 RESOLUTION : 10/24/98 SUNSHINE BUILDERS WAS WORKING ON A FIRE HYDRANT ON MAXIM
 . PARKWAY WHEN THEY SHUT THAT PART OF THE WATER MAIN DOWN.
 . IT ALSO SHUT DOWN ABALONE BLVD WHICH IS CONNECTED TO THE
 . BEAUTY PARLOR.
 .
 . ROGER STATES HE IS GOING TO CHECK EACH VALVE IN THE LOOP TO BE SURE EACH
 . VALVE IS OPEN. RH/DAMc

RDATE : NVM/DAMc
: 10/13/98

SUBDIVISION : 649
ROUTE : 1
SERVICE ORDER# : 366787
ACCOUNT# : 6491024011
CUSTOMER NAME : MANALAD,ALBERT
SERVICE ADDRESS: 2281 ARDON AVE
DDATE : 01/28/99
TYPE : 36
FOPER : WU

COMMENT : ~~CUSTOMER PHONED DIRECTLY TO PLANT REGARDING SEWER BACK UP~~
: ~~PLEASE ADVISE~~
RESOLUTION : 1/27/99 GENESIS GROUP CALLED ROGER AND SAID WE HAD A SEWER BACK UP AT
: ~~THIS ADDRESS. WHEN ARRIVED, I CHECKED MANHOLES UP STREAM AND DOWN~~
: ~~STREAM. I SHOWED THE OWNER THAT OUR MAIN WAS NOT PLUGGED.~~
:
: 1/28/99 THE PLUMBER FOR GENESIS GROUP CALLED TO MEET WITH HIM AT SITE.
: WHEN ARRIVED, THE PLUMBER HAD THE PIPE DUG UP WHERE THE CUSTOMER'S PIPE
: CONNECTS TO OUR LATERAL, WHEN PLUMBER RAN SNAKE DOWN OUR LATERAL IT THEN
: CLEARED THE GLOG IN OUR LATERAL ABOUT 2 TO 3 FT. FROM OUR MAIN LINE.

RDATE : RH/DAMc
: 01/28/99

SUBDIVISION : 649
ROUTE : 1
SERVICE ORDER# : 376789
ACCOUNT# : 6491017023
CUSTOMER NAME : KROON,JOHN
SERVICE ADDRESS: 20311 MACON PKWY
DDATE : 03/27/99
TYPE : 26

COMMENT : PER ANSWERING SERVICE, WATER MAIN BREAK IN FRONT OF THIS CUSTOMERS HOME
: ~~PLEASE FAX RESOLUTION TO OFFICE~~
RESOLUTION : HOMEOWNER HAD GRAVEL DELIVERED. RAN OVER HIS NEIGHBORS VALVE AND
: BROKE PVC ON CUSTOMER SIDE OF METER. TURNED OFF WATER AND TAGGED
: DOOR. ROGER/NVM/DAMc

RDATE : 03/27/99

SUBDIVISION : 649
ROUTE : 1
SERVICE ORDER# : 377171
ACCOUNT# : 6491027101
CUSTOMER NAME : BARONE,JOHN
SERVICE ADDRESS: 2208 BAGDAD AVE
DDATE : 03/31/99
TYPE : 29

COMMENT : ~~CUSTOMER STATES THAT WATER IS BROWN AND THERE IS A HOLE IN THE FRONT~~
: ~~YARD THAT NEEDS TO BE REPAIRED ALSO CUSTOMERS CLOTHES ARE BROWN~~
: ~~TAG HOUSE WITH THE FINDINGS~~
RESOLUTION : ~~FLUSHED HYDRANT IN FRONT OF CUSTOMER'S HOUSE AND GAVE HIM A BOTTLE OF~~
: ~~RED-B-G FOR HIS STAINED CLOTHERS. THE HOLE HE IS TALKING ABOUT IS BE-~~
: ~~SIDE A STORM DRAIN SO IT IS NOT OUR PROBLEM.~~

RDATE .. 10/24/98

SUBDIVISION .. 649
ROUTE ..
SERVICE ORDER# .. 368958
ACCOUNT# .. 6490000000
CUSTOMER NAME ..

SERVICE ADDRESS:
DDATE .. 02/11/99
TYPE .. 29

FOPER .. WU
COMMENT .. THE FOLLOWING COMPLAINTS WERE HEARD AT THE HOMEOWNER'S ASSOCIATION

- . MEETING ON FEB. 10, 1999
- . 2414 ABALONE - SAID WATER CAUSING RINGS IN TOILET
- . 29819 MAXIM - SAID WATER CAUSING RINGS IN TOILET
- . 20531 MAXIM - CUSTOMER'S WATER TREATMENT SYSTEM CAUSING TILES DISCOLOR

RESOLUTION .. 2414 ABALONE; STOPPED BY 9:31 A.M. MR PLANTER NOT HOME, LEFT PHONE
NUMBER WITH DAUGHTER AND ASKED THEY CALL ME.

- . 20819 MAXIM PARKWAY; STOPPED BY 9:40 AM, SPOKE TO MRS. REEVES, ADVISED
CUSTOMER THAT WE WOULD FLUSH MORE.

- . 20531 MAXIM PARKWAY SPOKE TO CUSTOMER, BLUE TILE PROBLEM NOT PRESENT
BEFORE THEY HAD WATER TREATMENT IN HOME.

RDATE .. 02/15/99

SUBDIVISION .. 649
ROUTE .. 1
SERVICE ORDER# .. 349702
ACCOUNT# .. 6491024042
CUSTOMER NAME .. PHEND, KELLY
SERVICE ADDRESS: .. 2257 ARDON AVE

DDATE .. 09/30/98
TYPE .. 3

FOPER .. WU
COMMENT .. PLEASE REREAD AND CHECK FOR LEAKS
CUSTOMER SAYS METER IS SPINNING WITH EVERYTHING OFF IN THE HOUSE.

RESOLUTION .. RH TALKED WITH HOMEOWNER, SHUT OFF VALVE OUTSIDE THE HOUSE AND THE
METER QUIT TURNING. GUST HAS A LEAK INSIDE THE HOUSE SOMEWHERE

- . RH/DAMc

RDATE .. 09/30/98

SUBDIVISION .. 649
ROUTE .. 1
SERVICE ORDER# .. 351311
ACCOUNT# .. 6491023111
CUSTOMER NAME .. LAWRENCE, VIKTORIA
SERVICE ADDRESS: .. 20614 MAJESTIC CT

DDATE .. 10/13/98
TYPE .. 28

FOPER .. WU
COMMENT .. CUSTOMER REPORTING VERY LOW PRESSURE
STATES IF SHE FLUSHES THE COMMODE THEY CANNOT BATHE.
PLEASE CHECK IT OUT

RESOLUTION .. MR 4844230 HOUSE VALVE WAS TURNED OFF 1/4 OF THE WAY, OPENED ALL
THE WAY, CURB STOP OPENED ALL THE WAY. TAGGED WITH FINDINGS.

M/R-349780
RH/DAMc

RDATE : 03/31/99

SUBDIVISION : 649
ROUTE : 1
SERVICE ORDER# : 377543
ACCOUNT# : 6491024011
CUSTOMER NAME : MANALAD,ALBERT
SERVICE ADDRESS: 2281 ARDON AVE

DDATE : 03/30/99
TYPE : 36
FOPER : WU

COMMENT : PER ANSWERING SERVICE, CUSTOMER PHONED REGARDING DRAINAGE BACKING UP
. PLEASE FAX INFORMATION TO OFFICE.

RESOLUTION : BROWNIES CLEARED THE SEWER LATERAL. CALLED TOTAL SEPTIC TO HAVE THE
. LINE TV'D CAMERA PER CHARLIE F. THIS LINE HAD BEEN PLUGGED UP THREE
. TIME IN PAST THREE MONTHS. TOTAL SEPTIC WILL BRING TAP BY THE OFFICE
. RH/DAMc

RDATE : 03/30/99

SUBDIVISION : 649
ROUTE : 1
SERVICE ORDER# : 378298
ACCOUNT# : 6491028131
CUSTOMER NAME : FLANNERY,SEAN
SERVICE ADDRESS: 2234 BAKER AVE

DDATE : 04/06/99
TYPE : 28
FOPER : WU

COMMENT : CUSTOMER IS EXPERIENCING LOW PRESSURE. PLEASE CHECK IT OUT

RESOLUTION : MR 585200 NO LEAKS. CANNOT TELL IF WATER SOFTENER IS USED.
. PSI IS AT ZERO. NEXT DOOR ON SAME LINE, PSI IS 60. CURB STOP AND
. HOUSE VALVE ARE WIDE OPEN. TAGGED DOOR TO SERVICE WATER SOFTENER
. CALL OFFICE IF THEY DO NOT HAVE SOFTENER NVM/DAMc

RDATE : 04/06/99

SUBDIVISION : 649
ROUTE : 1
SERVICE ORDER# : 390668
ACCOUNT# : 6491024183
CUSTOMER NAME : MURPHY,CORETTA B
SERVICE ADDRESS: 2264 ARCHER BLVD

DDATE : 06/14/99
TYPE : 43
FOPER : WU

COMMENT : PER ANSWERING SERVICE CUSTOMER HAS NO WATER
. PLEASE ADVISE

RESOLUTION : NO PSI ADVISED CUSTOMER TO HAVE WATER SOFTENER CHECKED.
. RH/DAMc

RDATE : 06/14/99

SUBDIVISION : 649
ROUTE : 2
SERVICE ORDER# : 335577

ACCOUNT# : 6493047271
CUSTOMER NAME : MCGREGOR, GEORGE
SERVICE ADDRESS: 2346 ABALONE BLVD
DDATE : 07/06/98
TYPE : 28
FOPER : WU
COMMENT : PER ANSWERING SERVICE, CUSTOMER PHONED WITH LOW PRESSURE
 . STATED HOUSE WILL BURN DOWN IF NO WATER PRESSURE. PLEASE ADVISE OFFICE
 . IS THIS RELATED TO FIRES THERE, ETC
 . CHECK CUSTOMER'S PRESSURE
RESOLUTION : THIS IS DUE TO THE EXCESSIVE DRAW OF WATER DURING THE FIRES
 . NVM/DAMc
RDATE : 07/06/98

SUBDIVISION : 649
ROUTE : 2
SERVICE ORDER# : 335574
ACCOUNT# : 6494033111
CUSTOMER NAME : SAADY, JOSEPHINE
SERVICE ADDRESS: 2310 BABBITT AVE
DDATE : 07/04/98
TYPE : 36
FOPER : WU
COMMENT : PER ANSWERING SERVICE, DON FROM A PLUMBING SERVICE CALLED REGARDING
 . BACKED UP SEWER HERE. PLEASE ADVISE OF SITUATION. FAX RESPONSE
 . BACK TO OFFICE. THANK YOU
RESOLUTION : ROGER STATED PLUMBER RAN 75' SNAKE BUT WAS NOT LONG ENOUGH TO REACH THE
 . STREET BUT IT DID REACH LATERAL. ROGER WENT TO SITE AFTER PLUMBER CALLED
 . AND ROGER SAID NOT OUR PROBLEM. HOWEVER, ROGER CHECKED BOTH MANHOLES AND
 . THEY WERE CLEAR. THEN ROGER CONTACTED BRYAN G, WHICH ADVISED ROGER TO
 . CONTACT BROWNIES. BROWNIES CLEANED LATERAL, CLOG BECAME CLEAR THEN CLOG
 . WAS IN OUR LATERAL. BLOCKAGE ON OUR SIDE. CUSTOMER PAID THE PLUMBER
 . AND IS NOW REQUESTING WE REIMBURSE HER FOR THE PLUMBER'S FEES.
 . COPY OF INVOICE FROM PLUMBER IS ATTACHED. DAMc
RDATE : 07/04/98

SUBDIVISION : 649
ROUTE : 2
SERVICE ORDER# : 343852
ACCOUNT# : 6494032154
CUSTOMER NAME : JOHNSON, RAYMOND
SERVICE ADDRESS: 2344 BAGDAD AVE
DDATE : 08/25/98
TYPE : 11
FOPER : 602
COMMENT : MS. CALLED STATING WATER IS BACK UP AT CURB SO BAD SHE CAN'T MOW. PLEASE
 . CHECK IT OUT.
RESOLUTION : 8/25/98 MR 488240 THERE IS A LEAK EVIDENT BEFORE THE METER, UNDER
 . THE SIDEWALK. SUNSHINE CALLED 8/25/98, CONFIRMATION NO. 618197
 . NVM/DAMc
 . SUNSHINE REPAIRED ON 9/3/98
RDATE : 08/25/98

TYPE : 36
 FOPER : WU
 COMMENT : CUSTOMER PHONED ANSWERING SERVICE REGARDING SEWER BACK UP
 PLEASE FAX INFORMATION TO OFFICE
 RESOLUTION : 1/4/99 BLOCKAGE BETWEEN CLEANOUT AND MAIN. MAIN FLOWING FREELY.
 ATTEMPTED TO DISLodge BLOCKAGE WITH SEWER BALLOON BUT WAS NOT
 SUCCESSFUL. VERIFIED WITH BRYAN THAT CUSTOMER RESPONSIBILITY GOES
 TO PROPERTY LINE AT EASEMENT. INFORMED CUSTOMER THEY WILL HAVE TO
 HAVE PLUMBER DO REPAIR. PROBLEM IS LIKELY CAUSED BY TREE ROOTS AS LINE
 RUNS UNDER SEVERAL TREES. (CUSTOMER ASKED ABOUT PROBABLE CAUSE OF
 BACK UP) NVM/DAMc
 RDATE : 01/04/99

SUBDIVISION : 649
 ROUTE : 2
 SERVICE ORDER# : 366820
 ACCOUNT# : 6491165081
 CUSTOMER NAME : MARCH, WALTER
 SERVICE ADDRESS : 2751 BANCROFT BLVD
 DDATE : 01/23/99
 TYPE : 29
 FOPER : WU
 COMMENT : CUSTOMER STATES THERE IS SCUM IN WATER PLEASE CHECK AND ADVISE
 RESOLUTION : TALKED WITH WALT AND LOOKED AT HIS PROBLEM. FOUND BLACK SCUM IN THE
 BATHROOM FAUCET. WENT OUTSIDE TO LOOK AT HIS SOFTENER. FOUND HE HAD
 TWO FILTERS ONE BEFORE THE SOFTENING AND ONE AFTER. THE ONE AFTER
 HAD BLACK PARTICALS, GREEN AND RED IN COLOR. KEN MILLER SAID HE HAD A
 MAGANESE PROBLEM IN HIS SOFTENER. I WENT BACK TO WALT'S AND SHOWED
 HIM WHERE HIS PROBLEM IS. RH/DAMc
 RDATE : 01/28/99

SUBDIVISION : 649
 ROUTE : 2
 SERVICE ORDER# : 378897
 ACCOUNT# : 6493047252
 CUSTOMER NAME : EUDARIC MD, PHILLIPPE
 SERVICE ADDRESS : 2330 ABALONE BLVD
 DDATE : 04/08/99
 TYPE : 28
 FOPER : WU
 COMMENT : CUSTOMER EXPERIENCING LOW PRESSURE PLEASE CHECK AND ADVISE
 RESOLUTION : DISPATCHED TO OPERATOR. LOW PRESSURE
 RDATE : 04/08/99

SUBDIVISION : 649
 ROUTE : 2
 SERVICE ORDER# : 378823
 ACCOUNT# : 6491165081
 CUSTOMER NAME : MARCH, WALTER
 SERVICE ADDRESS : 2751 BANCROFT BLVD
 DDATE : 04/08/99
 TYPE : 33
 FOPER : WU
 COMMENT : CUSTOMER CALLED SAID WE DOUG UP HIS YARD TO INSTALL NEW SERVICE TO NEW
 HOUSE BEING BUILT NEXT DOOR. WOULD LIKE TO HAVE THE GRASS ON HIS
 PROPERTY WE LEFT OUT REPLACED. SHOULD TAKE 1 OR 2 PIECES OF BAHAYA SOD
 WOULD LIKE TO HAVE DONE ASAP. HE

SUBDIVISION : 649
ROUTE : 2
SERVICE ORDER# : 352242
ACCOUNT# : 6491130072
CUSTOMER NAME : SHUGA,STEPHEN
SERVICE ADDRESS: 2325 BANCROFT BLVD
DDATE : 10/20/98
TYPE : 32
FOPER : WU
COMMENT : PER CUSTOMER'S CORRESPONDENCE, THEY CLAIM WATER TASTES BAD AND IS BEING
TESTED FOR HEALTH CONCERNS. PLEASE CHECK AND ADVISE CUSTOMER YOU ARE
THERE DOING SO. ADVISE OFFICE OF FINDINGS.
RESOLUTION : 10/19/98 MR 534830 TRIED TO CONTACT CUSTOMER, NO ONE HOME.
CL2 RESIDUAL WAS 2.3 AT HOSE BIB. FLUSHED FIRE HYDRANT ACROSS
STREET FROM CUSTOMER FOR SIX MINUTES. TAGGED DOOR WITH FINDINGS
ALSO ADVISED TO SERVICE WATER SOFTNER IF THEY HAVE ONE.
NVM/DAMc

RDATE : 10/19/98

SUBDIVISION : 649
ROUTE : 2
SERVICE ORDER# : 352673
ACCOUNT# : 6494031181
CUSTOMER NAME : FRITTS,DALE
SERVICE ADDRESS: 2370 BAKER AVE
DDATE : 10/21/98
TYPE : 28
FOPER : WU
COMMENT : CUSTOMER COMPLAINT: LOW PRESSURE, ESPECIALLY IN MORNINGS. PLEASE CHECK
TAG RESIDENCE YOU RESPONDED
RESOLUTION : TOOK PRESSURE, TESTED 55 PSI. ADVISED CUSTOMER TO CHECK SOFTENER
ON SIDE OF HOUSE. TAGGED. RH/DAMc

RDATE : 10/21/98

SUBDIVISION : 649
ROUTE : 2
SERVICE ORDER# : 358265
ACCOUNT# : 6492042161
CUSTOMER NAME : DE LA FUENTE,DAN
SERVICE ADDRESS: 2426 ALBION AVE
DDATE : 11/27/98
TYPE : 36
FOPER : WU
COMMENT : PER ANSWERING SERVICE, CUSTOMER CALLED 11/27/98 TO REPORT SEWER IS
BACKED UP PLEASE FAX RESOLUTION OF THIS TO OFFICE
RESOLUTION : SEWER BACK UP IS ON CUSTOMER'S SIDE. RH/DAMc

RDATE : 11/27/98

SUBDIVISION : 649
ROUTE : 2
SERVICE ORDER# : 362312
ACCOUNT# : 6492042161
CUSTOMER NAME : DE LA FUENTE,DAN
SERVICE ADDRESS: 2426 ALBION AVE
DDATE : 01/04/99

RESOLUTION : X.
 :. RH PUT SOD IN HOLE. THE HOLE IS ONLY 22.5 " LONG . I SHOVELED WIDTH
 . WIDE WHERE I DUG WAS IN FRONT OF HIS METER BOX TO LOCATE THE WATER
 . SERVICE FOR THE LOT NEXT TO HIS. THIS CUSTOMER WAS ARRESTED FOR
 . BEATING UP THE TELEPHONE REPAIR MAN SO I DID NOT GO UP TO HIS HOUSE
 . RH/DAMc
 RDATE :. 04/08/99

SUBDIVISION :. 649
 ROUTE :. 2
 SERVICE ORDER# :. 379225
 ACCOUNT# :. 6493046374
 CUSTOMER NAME :. ESCURRA, PATRICIA M
 SERVICE ADDRESS :. 2388 ALABASTER AVE
 DDATE :. 04/16/99
 TYPE :. 35

FOPER :. WU
 COMMENT :. CUSTOMER STATES THAT THERE ARE DEEP HOLES WITH OUR DRAINAGE PIPES
 . FOR THE SEWER AND WOULD LIKE THEM FILLED SO THAT CHILDREN DONT GET HURT
 RESOLUTION :. 4/16/99 I TAGGED HOUSE TO ADVISE THE DRAINAGE SYSTEM BELONGS TO
 . RANGER DRAINAGE DISTRICT , WHICH I ALSO CONTACTED AND TOLD THEM ABOUT
 . THE PROBLEM.
 . THE HOLE IS BESIDE THE DRIVEWAY, UNDER THE DRAIN PIPE
 . RH/DAMc
 RDATE :. 04/16/99

SUBDIVISION :. 649
 ROUTE :. 2
 SERVICE ORDER# :. 380751
 ACCOUNT# :. 6491165081
 CUSTOMER NAME :. MARCH, WALTER
 SERVICE ADDRESS :. 2751 BANCROFT BLVD
 DDATE :. 04/22/99
 TYPE :. 28

FOPER :. WU
 COMMENT :. CUSTOMER WANTS THE PRESSURE TO HIS HOME TESTED. HE HAS VERY LOW WATER
 . PRESSURE PLEASE TEST AND TAG DOOR WITH RESULTS.
 RESOLUTION :. PRESSURE AT WTP IS 45-60 PSI M/R 525160
 . PRESSURE AT HOUSE 55 PSI
 . PESSURE AT METER 55 PSI RH.DAMc
 RDATE :. 04/22/99

SUBDIVISION :. 649
 ROUTE :. 2
 SERVICE ORDER# :. 381914
 ACCOUNT# :. 6494033091
 CUSTOMER NAME :. ALTMAN, STEVE
 SERVICE ADDRESS :. 2301 BAGDAD AVE
 DDATE :. 04/28/99
 TYPE :. 28

FOPER :. WU
 COMMENT :. MS. CALLED STATING SHE HAVE VERY LOW WATER PRESSURE.
 . PLEASE TEST PRESSURE, CHECK FOR LEAKS AND TAG DOOR WITH YOUR FINDINGS.
 RESOLUTION :. MR 29610 PRESSURE 60 LWS TAGGED WITH INFO
 . RH/DAMc
 RDATE :. 04/29/99

SUBDIVISION : 649
ROUTE : 3
SERVICE ORDER# : 338453
ACCOUNT# : 6494048421
CUSTOMER NAME : FARLEY,CHRISTINA
SERVICE ADDRESS: 2753 ABALONE BLVD
DDATE : 07/22/98
TYPE : 27
FOPER : WU
COMMENT : CUSTOMER CALLED, SPOKE WITH DAVID ORR REGARDING SECOND LEAK IN LINE
ACROSS THE ROAD. CHARLIE INSTRUCTED TO REPAIR TODAY AND
CONTACT CONTRACTOR TO REPAIR LINE
RESOLUTION : 10:30 A.M. SPOKE TO JOHN BUSH AT SUNSHINE, WILL HAVE REPAIRED 7/26
CALLED SUNSHINE FOR LOCATES. TICKETS 2753, 2754, 2808 ABALONE BLVD FOR
LONGTAP.
CHARLIE AND NATHAN REPAIRED LEAKS. LEAKS IN TWO PLACES. NVM/DAMc
RDATE : 07/22/98

SUBDIVISION : 649
ROUTE : 3
SERVICE ORDER# : 339244
ACCOUNT# : 6493052031
CUSTOMER NAME : SINGLETON,JAMIE
SERVICE ADDRESS: 20722 MAXIM PKWY
DDATE : 07/27/98
TYPE : 32
FOPER : WU
COMMENT : CUSTOMER COMPLAINS OF STRONG ODOR TO WATER

PAGED TO JOE 3:25PM

RESOLUTION : JOE AND CHARLIE WENT OVER MONDAY AND THEY DID NOT SMELL ANY ODOR
THEY TOOK A SAMPLE, (AWAITING FOR RESULTS) FLUSHED HYDRANT UP AND
DOWN STREAM. RH/DAMc
RDATE : 07/27/98

SUBDIVISION : 649
ROUTE : 3
SERVICE ORDER# : 355273
ACCOUNT# : 6494068211
CUSTOMER NAME : MIRANDA,JESUS
SERVICE ADDRESS: 2910 ABALONE BLVD
DDATE : 11/06/98
TYPE : 30
FOPER : WU
COMMENT : CUSTOMER PHONED REQUESTING HARDNESS OF WATER
RESOLUTION : DON R. GAVE HARDNESS NUMBER TO CHRIS HOLT TO CALL FOR CUSTOMER
HARDNESS IS 7.47 THIS GIVEN TO CUSTOMER
DAMc
RDATE : 11/06/98

SUBDIVISION : 649
ROUTE : 3
SERVICE ORDER# : 358752

~~THE SPIGOT ON THE OTHER SIDE OF THE HOUSE AFTER IT GOES THROUGH THEIR
SOFTENER IS ONLY 30 LBS. I TAGGED THE HOUSE WITH THE RESULTS REQUESTING
THEY CLEAN THEIR SOFTNER AND THE AERATORS ON THE SINKS.
RH/DAMc~~

~~RDATE :: 03/11/99~~

~~SUBDIVISION :: 649
ROUTE :: 3
SERVICE ORDER# :: 374074
ACCOUNT# :: 6494063091
CUSTOMER NAME :: BERGLUND,BILL
SERVICE ADDRESS:: 20314 MELVILLE ST~~

~~DDATE :: 03/12/99
TYPE :: 28
FOPER :: WU~~

~~COMMENT :: CUSTOMER STATES THAT THEY HAVE LOW FRESSURE CUSTOMER WOULD LIKE THE
PSI TAKEN AND ALSO REQUESTS A FLOW TEST PLEASE NOTIFY CUSTOMER
WITH THE RESULTS~~

~~RESOLUTION :: CHARLIE WILL TRY TO BRING METER TEST EQUIPMENT TO WEDGEFIELD ON WED.
DAMc/NVM
START 0464521.1 STOP 0464527.6 AT HOUSE
START 00001.0 NEW METER STOP 00007.5 AT HOUSE
START 0464528.2 AT METER
STOP 0464569.5 R.H.
THE PROBLEM IS ON CUSTOMER'S SIDE OF METER~~

~~RDATE :: 03/12/99~~

~~SUBDIVISION :: 649
ROUTE :: 3
SERVICE ORDER# :: 378261
ACCOUNT# :: 6494059341
CUSTOMER NAME :: ESPINDSA,JOSEPH
SERVICE ADDRESS:: 20634 NETTLETON ST~~

~~DDATE :: 04/06/99
TYPE :: 28
FOPER :: WU~~

~~COMMENT :: CUSTOMER BELIEVES THEY HAVE A LEAK AND STATE THAT THEIR WATER PRESSURE
IS VERY LOW PLEASE CHK FOR LEAKS AND FIND OUT WHAT THEIR WATER
PRESSURE IS TAG HOUSE WITH THE FINDINGS~~

~~RESOLUTION :: MR 109710 55 PSI. CUSTOMER OPENED HOSE BIB, AND PSI DROPPED TO 50
BEFORE AND AFTER SOFTENER LOOKS GOOD. NO APPARENT LOOKS. CUSTOMER
HOME AND DISCUSSED FINDINGS WITH HIM. NVM/DAMc~~

~~RDATE :: 04/06/99~~

~~SUBDIVISION :: 649
ROUTE :: 3
SERVICE ORDER# :: 378980
ACCOUNT# :: 6494048231
CUSTOMER NAME :: O'HARE,CATHY
SERVICE ADDRESS:: 2511 ABALONE BLVD~~

~~DDATE :: 04/12/99
TYPE :: 28
FOPER :: WU~~

~~COMMENT :: CUSTOMER STATES SHE HAS LOW PRESSURE PROBLEMS. PLEASE CHECK AND ADVISE
OF FINDINGS.~~

~~RESOLUTION :: 4/12/99 MR 227630 THERE WAS 30 PSI AT HOSE BIB, BUT 60 PSI AT METER
THERE WAS A LOT OF BACK PSI WHEN TOOK METER OFF. TAGGED CUSTOMER TO~~

ACCOUNT# : 6494065052
 CUSTOMER NAME : SCAGLIARINI,JOHN
 SERVICE ADDRESS: 2825 ABBEY AVE
 DDATE : 11/30/98
 TYPE : 26
 FOPER : WU
 COMMENT : PER ANSWERING SERVICE SHEET, CUSTOMER PHONED REGARDING A PIPE BROKEN
 . AND WATER SHOOTING OUT INTO THE STREET PLEASE FAX INFORMATION
 RESOLUTION : 12/1/98 1" SERVICE STUB UP HIT BY MOWER. REPAIRED AND BURIED.
 . NVM/DAMc
 RDATE : 12/02/98

SUBDIVISION : 649
 ROUTE : 3
 SERVICE ORDER# : 362058
 ACCOUNT# : 6495001022
 CUSTOMER NAME : CAESAR,CYRIL G
 SERVICE ADDRESS: 2405 ABALONE BLVD
 DDATE : 01/04/99
 TYPE : 32
 FOPER : WU
 COMMENT : CUSTOMER STATES THAT THEY HAVE A VERY BAD ODOR IN THEIR WATER
 . SYSTEM MAY NEED TO BE FLUSHED PLEASE TAG DOOR WITH THE FINDINGS
 RESOLUTION : FLUSHED MAIN, TAGGED DOOR
 . M/R 1120960
 . NVM/DAMc
 RDATE : 01/04/99

SUBDIVISION : 649
 ROUTE : 3
 SERVICE ORDER# : 371646
 ACCOUNT# : 6495006153
 CUSTOMER NAME : SMITH,LOWELL E
 SERVICE ADDRESS: 2412 ABBEY AVE
 DDATE : 02/26/99
 TYPE : 36
 FOPER : WU
 COMMENT : CUSTOMERS TOILET IS FLUSHING "SLOWLY" AND FEELS THERE MAY BE A CLOG
 . IN THE SEWER. PLEASE CHECK IT OUT
 RESOLUTION : THIS IS CUSTOMER'S PROBLEM. ADVISED CUSTOMER
 . NVM/DAMc
 RDATE : 02/26/99

SUBDIVISION : 649
 ROUTE : 3
 SERVICE ORDER# : 373559
 ACCOUNT# : 6494063091
 CUSTOMER NAME : BERGLUND,BILL
 SERVICE ADDRESS: 20314 MELVILLE ST
 DDATE : 03/11/99
 TYPE : 28
 FOPER : WU
 COMMENT : CUSTOMER CALLED SAID VERY LOW WATER PRESURE, SAYS HAS WATER SOFTNER
 . BUT PRESURE IS VERY LOW BEFORE UNIT. PLEASE CHECK PRESURE AND FLOW
 . AT HOUSE AND AT METER . HE
 RESOLUTION : THE SPIGOT CLOSEST TO THE METER IS 52 LBS, 4 LBS LESS THAN THE PLANT

SUBDIVISION :. 649
ROUTE :. 3
SERVICE ORDER# :. 385573
ACCOUNT# :. 6496003102
CUSTOMER NAME :. VERMILLION,DEAN
SERVICE ADDRESS: 2750 BABBITT AVE
DDATE :. 05/15/99
TYPE :. 32
FOPER :. WU
COMMENT :. PER ANSWERING SERVICE, WATER HAS ODOR.
RESOLUTION :. FLUSHED HYDRANTS ON BOTH SIDES OF HOUSE. RH/DAMC
RDATE :. 05/15/99

SUBDIVISION :. 649
ROUTE :. 3
SERVICE ORDER# :. 390613
ACCOUNT# :. 6496002252
CUSTOMER NAME :. OSOTEQ,MARCOS
SERVICE ADDRESS: 2607 BABBITT AVE
DDATE :. 06/11/99
TYPE :. 32
FOPER :. WU
COMMENT :. CUSTOMER STATES HER WATERS SMELLS PLS CHECK AND ADVISE
RESOLUTION :. FLUSHED ALL HYDRANTS ALL AROUND CUSTOMER HOME. TAGGED DOOR TO
FLUSH FAUCETS INSIDE HOME TO CLEAR SERVICE LINE
NVM/DAMC
RDATE :. 06/11/99

SUBDIVISION :. 649
ROUTE :. 3
SERVICE ORDER# :. 390671
ACCOUNT# :. 6494048391
CUSTOMER NAME :. COOPER,GARY
SERVICE ADDRESS: 2729 ABALONE BLVD
DDATE :. 06/14/99
TYPE :. 26
FOPER :. WU
COMMENT :. PER ANSWERING SERVICE, BREAK IN MAIN BETWEEN HOUSES
PLEASE FAX INFORMATION TO OFFICE
RESOLUTION :. 6/14/99 SERVICE LINE BETWEEN SIDEWALK AND METER. WILL FOX ON WED.
WITH NATHAN'S HELP.
6/16/99 PLEASE REPAIR AS ABOVE.
6/17/99 LEAK REPAIRED. WILL REPAIR SIDEWALK ONCE RAIN STOPS. RH
RDATE :. 06/14/99

SUBDIVISION :. 649
ROUTE :. 3
SERVICE ORDER# :. 393056
ACCOUNT# :. 6494063291
CUSTOMER NAME :. PALAMINO,CHRIS
SERVICE ADDRESS: 2727 BALLARD AVE
DDATE :. 06/24/99
TYPE :. 28
FOPER :. WU
COMMENT :. CUSTOMER STATES THEY HAVE LOW PRESSURE
RESOLUTION :. CUSTOMER HAS 60 PSI THIS IS A VOLUME PROBLEM. SUNSHINE TO CHECK OUT

. CHECK WATER SOFTNER FILTER. NVM/DAMc
. 4/13/99 NVM RETURNED TO HOME WITH SAME COMPLAINT. CUSTOMER ADVISES
. SHE DOES NOT HAVE WATER SOFTNER. NATHAN VERIFIED SOFTNER DOES NOT
. EXIST. CHARLIE F. TO ADVISE OF SITUATION AND SUBMIT REPORT REGARDING
. THIS INFORMATION. CUSTOMER REQUESTING WRITTEN INFO TO SUBMIT TO THE
. BUILDER. DAMc

RDATE :. 04/12/99

SUBDIVISION :. 649
ROUTE :. 3
SERVICE ORDER# :. 380628
ACCOUNT# :. 6494051161
CUSTOMER NAME :. NASSOY,DAVID
SERVICE ADDRESS :. 2702 ALABASTER AVE
DDATE :. 04/21/99

TYPE :. 28
FOPER :. WU
COMMENT :. CUSTOMER CONCERNED WITH LOW PRESSURE , ESPECIALLY WITH THE FIRE
SITUATION OCCURRING. PLEASE SEE CUSTOMER PER REQUEST

RESOLUTION :. PRESSURE AT WTO IS 45-60 PSI MR 267510
. PRESSURE AT HOUSE 55 PSI
. PRESSURE AT METER 55 PSI

RDATE :. 04/21/99

SUBDIVISION :. 649
ROUTE :. 3
SERVICE ORDER# :. 381385
ACCOUNT# :. 6492041621
CUSTOMER NAME :. TOWNSEND,JOHN
SERVICE ADDRESS :. 2636 ALBION AVE
DDATE :. 04/26/99

TYPE :. 36
FOPER :. WU
COMMENT :. PLEASE CHECK FOR CLOGGED SEWER
RESOLUTION :. PROBLEM IS ON CUSTOMER SIDE. CUSTOMER ALREADY HAD PLUMBER THERE
. UNCLOGGED SEWER. ADVISED CUSTOMER TO HAVE LINE CAMERA'D TO PINPOINT
. PROBLEM AND HAVE LINE REPAIRED
. PROBABLE CAUSE; TREE NEAR LINE. NVM/DAMcc

RDATE :. 04/26/99

SUBDIVISION :. 649
ROUTE :. 3
SERVICE ORDER# :. 382272
ACCOUNT# :. 6496003102
CUSTOMER NAME :. VERMILLION,DEAN
SERVICE ADDRESS :. 2750 BABBITT AVE
DDATE :. 04/29/99

TYPE :. 32
FOPER :. WU
COMMENT :. CUSTOMER SAID THE WATER SMELLS LIKE ROTTEN EGGS.

RESOLUTION :. PAGED ROGER AND HE IS TAKING CARE OF IT SCG
. WHEN OPERATOR ARRIVED, NOBODY HOME. PRESSURE WAS 55
. THERE WAS NO APPARENT ODOR TO WATER RH/DAMc

RDATE :. 04/29/99

OVER WEEKEND THEY TAPPED THIS

TE : NVM/DAMc
: 06/25/99

DIVISION : 649
TE : 3
VICE ORDER# : 393709
COUNT# : 6496002252
CUSTOMER NAME : OSOTED, MARCOS
SERVICE ADDRESS : 2607 BABBITT AVE

TE : 06/30/99
E : 32
OPER : WU
COMMENT : MRS CALLED AND STATED THAT THE WATER HAS A BAD ODOR AND THE WATER IS
ORANGE IN THE TOILET BOWL.

SOLUTION : MR 538220 FLUSHED
NVM/DAMc
DATE : 06/30/99

DIVISION : 649
UTE : 4
SERVICE ORDER# : 344790
COUNT# : 6494039053
CUSTOMER NAME : SHIFE, DEBRA
SERVICE ADDRESS : 20342 MARLIN ST

DATE : 08/31/98
E : 43
OPER : WU
COMMENT : CUSTOMER STATES THE WATER IS T/OFF. PLEASE CHECK IT OUT. PAGED
NATHAN @ 9:50A.M.

SOLUTION : 8/31/98 SOMEONE HAD TURNED OFF HOUSE VALVE. TURNED ON. INFORMED
CUSTOMER NVM/DAMc
DATE : 08/31/98

DIVISION : 649
UTE : 4
SERVICE ORDER# : 355540
COUNT# : 6492045113
CUSTOMER NAME : BACHMAN, JOHN
SERVICE ADDRESS : 2220 ALBION AVE

DATE : 11/10/98
E : 43
OPER : WU
COMMENT : CUSTOMER STATES THEY DO NOT HAVE WATER. PLEASE CHECK IT OUT.
PAGED DAVID RYNIAK

SOLUTION : OPERATOR TURNED ON AGAIN. SAID HE TURNED ON 11/9 AND SOMEONE HAD
TURNED OFF. NVM/DAMc
DATE : 11/10/98

DIVISION : 649
UTE : 4
SERVICE ORDER# : 378007
COUNT# : 6490010871
CUSTOMER NAME : BATTAGLIA, MICHAEL
SERVICE ADDRESS : 2600 PINE GLEN CT

DATE : 04/06/99
E : 28

FOPER :. WU
 COMMENT :. CUSTOMER IS EXPERIENCING SPERATIC LOW PRESSURE THROUGH OUT THE DAY.
 . THIS LOW PRESSURE HAS BEEN GOING ON FOR ABOUT A WEEK NOW. PLEASE
 . CHECK IT OUT AND TAG WITH FINDINGS
 RESOLUTION :. MR 73030 48 PSI, CLIMBED TO 81 OPENED SPRINKLER, DROPPED TO 54
 . LOOKS LIKE POSSIBLE VOLUME PROBLEM. CURB STOP AND HOUSE VALVES OPEN
 . ALL THE WAY CUSTOMER DOES NOT HAVE WATER SOFTNER.
 . NVM/DAMc
 RDATE :. 04/05/99

SUBDIVISION :. 649
 ROUTE :. 4
 SERVICE ORDER# :. 302269
 ACCOUNT# :. 6494038023
 CUSTOMER NAME :. TOLLMAN, BILL M
 SERVICE ADDRESS :. 20122 MARLIN ST
 DDATE :. 04/29/99
 TYPE :. 11

FOPER :. WU
 COMMENT :. CUSTOMER SAID THAT HE CALLE ON 4/27 TO GET WATER TURNED ON AND IT STILL
 . IS NOT ON.

RESOLUTION :. PAGED ROGER AND HE IS TAKING CARE OF IT. SCG
 :. MR 278740 METER WAS ALREADY ON RH/DAMc
 . THIS ACCT DOES NOT FINAL UNTIL 5/7/99
 RDATE :. 04/29/99

SUBDIVISION :. 649
 ROUTE :. 5
 SERVICE ORDER# :. 370756
 ACCOUNT# :. 6490005041
 CUSTOMER NAME :. WEDGEFIELD DEVELOPMENT,
 SERVICE ADDRESS :. 20751 SR 520
 DDATE :. 02/23/99
 TYPE :. 43

FOPER :. WU
 COMMENT :. RADIOED TO CHARLIE FOREHAND
 .
 . CUSTOMER CALLED BECAUSE THEIR WATER IS OFF AND THEY WANT TO KNOW WHY.
 RESOLUTION :. THE WATER WAS TURNED OFF TEMPORARILY TO REPAIR IRRIGATION LEAK.
 . WHEN OPERATOR (RH) GOT THERE, THE WATER WAS BACK ON.
 . RH/DAMc
 RDATE :. 02/25/99

48 records listed.