

CLASS A and B
WATER AND/OR WASTEWATER UTILITIES

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

OF

Miles Grant Water and Sewer Company

Exact Legal Name of Utility

VOLUME III



FOR THE

Test Year Ended: 6/30/07

2008 FEB 29 11 49 AM '08

01495 FEB 29 08

FPSC-COMMISSIONER OF FIN.

Miles Grant Water and Sewer Company

Docket No.: 070695-WS

Martin County

**25.30.440 (1)
DETAILED MAP**

Test Year Ended June 30, 2007

DETAILED MAP
PROVIDED TO STAFF
SEPARATELY

Miles Grant Water and Sewer Company

Docket No.: 070695-WS

Martin County

25.30.440 (2)
CHEMICALS USED

Test Year Ended June 30, 2007

Miles Grant Water & Sewer Co.
 Schedule of Chemicals
 Test Year Ended June 30, 2007
 July 2006- June 30, 2007
 LUSI- List of Chemicals

Date of Invoice	Sodium Hypochlorite 10% solution		Sodium Hexametaphosphate Granular		Cheney Hydrated Lime Pallet of 50		Aqua Ammonia		Aquadene Polyphosphate		Whisprofloc Polymer		TOTAL AMOUNTS	Company
	1 Gal	Unit Price	50 # BG	Unit Price	50# BG	Unit Price	55 GL	Unit Price	5 Gallons	Unit Price	50 # BG	Unit Price		
2006														
Sub 640 6181010														
5/26/2006	525	1.15			50	10.58							612.75	
6/23/2006	900	1.15	2	122.00	50	10.58							1,044.00	
7/7/2006	725	1.15			25	10.58							842.75	
7/21/2006	690	1.15			30	10.58					2	119.00	802.50	
8/4/2006	675	1.15			30	10.58							785.25	
8/18/2006	375	1.15			30	10.58							440.25	
9/1/2006	775	1.15			30	10.58							900.25	
9/1/2006													326.40	
9/15/2006	875	1.15			30	10.58							1,015.25	
9/28/2006	795	1.15			30	10.58							923.25	
10/13/2006	1,050	1.15			30	10.58							1,216.50	
10/26/2006	650	1.15	1	122.00	30	10.58	110	2.20			1	119.00	756.50	
11/10/2006	950	1.15			80	10.58							1,110.50	
11/22/2006	700	1.15			80	10.58							814.00	
9/28/2006	795	1.15			30	10.58							932.25	
12/22/2006	845	1.15											989.75	
12/23/2006	105	1.15											120.75	
Sub 640 6181090														
5/26/2006					50	10.58							538.00	
6/23/2006			2	122.00	50	10.58							782.00	
7/7/2006					25	10.58							273.50	
7/21/2006					30	10.58					2	119.00	564.40	

Miles Grant Water & Sewer Co.
 Schedule of Chemicals
 Test Year Ended June 30, 2007
 July 2006- June 30, 2007
 LUSI- List of Chemicals

Date of Invoice	Sodium Hypochlorite 10% solution		Sodium Hexametaphosphate Granular		Cheney Hydrated Lime Pallet of 50		Aqua Ammonia		Aquadene Polyphosphate		Whisprofloc Polymer		TOTAL AMOUNTS	Company						
	1 Gal	Unit Price	50 # BG	Unit Price	50# BG	Unit Price	55 GL	Unit Price	5 Gallons	Unit Price	50 # BG	Unit Price								
8/4/2006					30	10.58							326.40							
8/11/2006			2	122.00									244.00							
8/18/2006					30	10.58							326.40							
9/15/2006					30	10.58							326.40							
9/28/2006					30	10.58							326.40							
10/13/2006					30	10.58							326.40							
10/26/2006			1	122.00	30	10.58	110	2.20			1	119.00	809.40							
11/10/2006					80	10.58							846.40							
11/22/2006					80	10.58							855.40							
9/28/2006					30	10.58							334.90							
12/23/2006					50	10.58							529.00							
2007																				
Sub 640 6181010																				
1/5/2007	740	1.25											925.00							
1/19/2007	825	1.25											1,031.25							
1/19/2007			1	122.00	100	10.58							1,180.00							
2/16/2007	875	1.25											1,093.75							
2/2/2007	725	1.25											906.25							
3/2/2007	975	1.25											1,218.75							
3/16/2007	1,175	1.25											1,468.75							
4/13/2007	550	1.25											687.50							
3/30/2007	850	1.25					55	2.20					1,183.50							
5/11/2007	415	1.25											518.75							
4/27/2007	395	1.25											493.75							
Sub 640 6181090																				
1/5/2007					50	10.58							529.00							
2/16/2007			1	122.00	50	10.58					1	156.50	807.50							
2/2/2007					50	10.58							529.00							
2/28/2007									25	37.50			937.50							
3/2/2007					50	10.58							529.00							
3/16/2007					50	10.58							529.00							
4/13/2007					60	10.58							634.80							
3/30/2007					60	10.58							649.80							
5/11/2007			2	122.00	30	10.58							561.40							
4/27/2007			1	122.00	30	10.58					1	156.50	595.90							
													18,955	10	1085	275	25	5	38,052.05	

Quantity Purchased	18,955	10	1085	275	25	5
Unit of Measure	Gallons	50# Bags	50# Bags	55 Gal Drum	5 Gal Pail	50# Bags
Average Cost/ Unit	1.20	2.44	10.58	2.20	37.50	4.40
Where Used (Water/ Sewer)	Water and Sewer	Water Only	Water & Sewer	Water Only	Water Only	Water Only

Exhibit H

Miles Grant Water & Sewer Co.
 Schedule of Chemicals
 Test Year Ended June 30, 2007
 July 2006- June 30, 2007
 LUSI- List of Chemicals

Date of Invoice	Sodium Hypochlorite 10% solution		Sodium Hexametaphosphate Granular		Cheney Hydrated Lime Pallet of 50		Aqua Ammonia		Aquadene Polyphosphate		Whisprofloc Polymer		TOTAL AMOUNTS	Company
	1 Gal	Unit Price	50 # BG	Unit Price	50# BG	Unit Price	55 GL	Unit Price	5 Gallons	Unit Price	50 # BG	Unit Price		
Specify Dosage Rate					Stabilize biosolids, lime softening in water treatment		Disinfecting agent		Corrosion inhibitor			Water treatment, flocculating aid		
Water, total chem used	7,582		500		44250		275					250		
Water, chemical feed rate, ppm	15		1		107.8		5.6		Discontinued use			5.1		
Volume treated, million gal	49.2		49.2		49.2		49.2					49.2		
Sewer, total chem used	11,373				200									
Sewer, chemical feed rate, ppm	35		N/A		N/A		N/A		N/A			N/A		
Volume treated, million gal	32.2													

Miles Grant Water and Sewer Company

Docket No.: 070695-WS

Martin County

**25.30.440 (3)
CHEMICAL ANALYSES**

Test Year Ended June 30, 2007

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

John Lisle
John Lisle
November 2007

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

System Name: Utilities Inc of Miles Grant PWS I.D. # [] [] [] [] [] [] [] [] [] []
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: 5418 SE Mile sGrant Rd.
City: Stuart State: FL ZIP Code: 34997
Phone #: 772 286 7287 Fax #:
E-Mail Address: JDLisle@UIWater.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 49946DW1 Location Code (if known): MRT
Sample Date: 10/03/07 Sample Time: 0950 AM PM (Circle One)
Sample Location (be specific): Peterson Ln
Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): mg/L 2.0 Field pH: 8.41

Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)
 Distribution Routine Compliance (with 62-550) Quarterly (Which Quarter? 4th)
 Entry Point (to Distribution) Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
 Plant Tap (not for compliance with 62-550) Composite of Multiple Sites** Violation Resolution
 Raw (at well or intake) Clearance (permitting) Replacement (of Invalidated Sample)
 Max Residence Time Other:
 Ave Residence Time Sampling Procedure Used or Other Comments:
 Near First Customer

*See 62-550.500(6) for requirements and restrictions. **See 62-550.550(4) for requirements and attach a results page for each site.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

Sampler's Name: John Lisle
Sampler's Phone #: 772 225 7622 Sampler's Fax #: 772 225 7623
Sampler's E-Mail Address: jdlisle@uiwater.com

CERTIFICATION (to be completed by sampler)

I, John Lisle, Field Supervisor
(Print Name) (Print Title)

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

Signature: Date: 11/25/07

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

Laboratory Certification Information (to be completed by lab)

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

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

Analysis Information (to be completed by lab)
Sample Number: 49946DW1

Report Number: 49946
Date Sample Received: 10/04/07

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

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

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

Certification

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

Signature:



Date: 10/10/07

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

** Please provide radiochemical sample dates and locations for each quarter.

Compliance Determination (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory Yes No
 Resample Requested (circle or highlight groups above) Revised Report Requested (circle or highlight groups above)
Reason(s): Incomplete Report Location Unsatisfactory Analysis Unsatisfactory
 Missing Analyte Sheet(s) Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

Disinfection Byproducts: 62-550.310(3) Lab ID: 49946DW1 PWS ID: MG Sample ID: Peterson Ln.

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	ug/L	2.00	U	EPA552.2	2.00	10/09/07		E83018
2451	Dichloroacetic Acid	N/A	ug/L	22.7		EPA552.2	2.00	10/09/07		E83018
2452	Trichloroacetic Acid	N/A	ug/L	14.6		EPA552.2	0.500	10/09/07		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.00	U	EPA552.2	1.00	10/09/07		E83018
2454	Dibromoacetic Acid	N/A	ug/L	0.500	U	EPA552.2	0.500	10/09/07		E83018
2456	HAA5	60	ug/L	37.3		EPA552.2	0.500	10/09/07		E83018
2941	Chloroform	N/A	ug/L	55.1		EPA502.2	0.500	10/08/07		E83018
2942	Bromoform	N/A	ug/L	0.500	U	EPA502.2	0.500	10/08/07		E83018
2943	Bromodichloromethane	N/A	ug/L	8.60		EPA502.2	0.500	10/08/07		E83018
2944	Dibromochloromethane	N/A	ug/L	1.07		EPA502.2	0.500	10/08/07		E83018
2950	Total Trihalomethanes	80	ug/L	64.7		EPA502.2	0.500	10/08/07		E83018

640

David Lohman 11-14-07 9:30A-

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORT



FCL-South

FLDOH Lab Certification #E86562
8253 S. US Hwy 1, Port St. Lucie, FL 34952
772-343-8006, 772-343-8089 (fax)

Lab Receipt Date & Time: 11/14/07 2:00 p
Analysis Date & Time: 11-14-07 3:20 p
Sample Acceptance Criteria:
Sample Preservation: [x] On Ice [] Not On Ice [] °C
Disinfectant Check: [] Not Detected [] mg/L

Analysis Requested:
[x] Present / Absent Standard Coliform Test
[] HPC

System Name UTILITIES INC

System Address 5418 SE MILES GRANT RD
City STUART FL 34997
System or Owner's Phone # 772-286-7287
Collector T. FRANK GREEN

PWS I.D. 4430917

Fax # 772-286-6016
Collector's Phone # 772-286-7287

Type of Supply (check only one)

- [x] Community Water System [] Non-Transient Non-community Water System [] Transient Non-community Water System
[] Limited Use System [] Bottled Water [] Private Well [] Swimming Pool [] Other
Reason for Sampling: (check only one) [x] Routine Compliance [] Repeat [] Replacement [] Main Clearance [] Well Survey [] Other

Sample Collection Date: 11-13-07 P = Coliforms Are Present A = Coliforms Are Absent TNTC = Too Numerous To Count

Table with columns: Sample Number, Sample Point (Location or Specific Address), Collection Time, Sample Type, Disinfect Res d (mg/L), pH, Total Coliform, Fecal or E. coli, Lab Sample Number, Non Coliform, Total Coliform, Fecal or E. coli, Q2. Rows 1-6 show well samples with results like 98017, 98018, 98019, 98020, 98021, 98022.

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

Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: [] DPD Colorimetric Other:
Person performing analysis is: [x] A certified operator (# 24153) [] Employed by a certified lab
[] Supervised by a cert operator (#) [] Employed by DEP or DOH

Date PWS notified by lab of positive results:
Date State notified by lab of positive results:

Name and Mailing Address of Person to Receive Report
JOHN LISLE
5418 SE MILES GRANT RD
STUART FL 34997

Lab Signature: [Signature]
Title: [Signature]

DEP/DOH USE ONLY
[] Satisfactory
[] Incomplete Collection Information
[] Repeat Samples Required
[] Replacement Samples Required
Date Reviewed by DEP/DOH:
DEP/DOH Reviewing Official:

White copy AGENCY Yellow copy DUPLICATE Pink copy CUSTOMER

FRAX NO. : 772 343 8089 FROM : FLOWERSLRB-SOUTH

David Tolson 11-15-07 4:30 AM

640

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORT



FCL-South

FLDOH Lab Certification #E86562
8253 S. US Hwy 1, Port St. Lucie, FL 34952
772-343-8006, 772-343-8089 (fax)

Lab Receipt Date & Time: Nov 15 12:05 p
 Analysis Date & Time: 11-15-07 3:34 p
 Sample Acceptance Criteria:
 Sample Preservation On Ice Not On Ice _____ °C
 Disinfectant Check Not Detected _____ mg/L

Analysis Requested:
 Present / Absent Standard Coliform Test
 HPC

System Name UTILITIES INC

System Address 5418 SE MILES GRANT RD
 City STUART FL 34997
 System or Owner's Phone # 772-286-7277
 Collector J. FRANK EGHEW

PWS I.D. 4430917
 Fax # 772-289-6061
 Collector's Phone # 772-286-7287

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

Sample Collection Date: 11-14-07 P = Coliforms Are Present A = Coliforms Are Absent TNTC = Too Numerous To Count

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Resid (mg/L)	pH	Total Coliform: <input checked="" type="checkbox"/> SM 922B-MF or <input type="checkbox"/> SM9223B-Colitag				
						Lab Sample Number	Non Coliform	Total Coliform	Fecal or E. coli	CF
1	HANSON LANDING BUILD	1532	DW	0.8	9.4	98071	0	A		
2	RIVER PINES MAINT BLD	1500	DW	1.40	8.5	98072	0	A		
3	WOOD BRIDGE POOL HOUSE	1515	DW	1.2	8.7	98073	0	A		
4	CCC POOL HOUSE	1525	DW	1.1	8.9	98074	0	A		
5	1050 HORSESHOE PT. RD	1544	DW	1.3	8.7	98075	0	A		

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

²Defined in Florida Administrative Code Rule 62-160, Table 1
 All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____
 Person performing analysis is A certified operator (# 04153) Employed by a certified lab
 Supervised by a cert operator (# _____) Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
 Date State notified by lab of positive results: _____

Lab Signature: [Signature]
 Title: LCL

Name and Mailing Address of Person to Receive Report
BILL COATAS
5418 SE MILES GRANT RD
STUART FL 34997

DEP/DOH USE ONLY
 Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
 Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____

White copy: AGENCY Yellow copy: DUPLICATE Pink copy: CUSTOMER

FROM : FLOWERSLAB-SOUTH FAX NO. : 772 343 8089

Lead and Copper Tap Sample Analysis and Result Ranking
Reporting Format 62-560.730(5)(a)

System Name: 640W	Date Submitted to Lab: 11/28/07
PWS-ID: 443-0917	Analysis Date: 11/30/07
Laboratory Name: Flowers Chemical Laboratories, Inc.	Lab Analysis Method: EPA200.8
Lab-ID: EB3018	Lead or Copper (list one): Copper
Contact Person: Dr. Jefferson S. Flowers	Method Detection Limit: .001
Phone: (407) 339-5984	90th Percentile Value: 0.0892

A	Rank (ascending)	Location Code Number	Lab Sample ID	Date Site Sampled	Copper (mg/L)
	1	H.L. 6161 #6	55767DW17	11/27/07	0.00319
	2	CCC 5040	55767DW1	11/27/07	0.0113
	3	H.L. 6101 #2	55767DW11	11/27/07	0.0133
	4	CCC 5030	55767DW2	11/27/07	0.0157
	5	CCC 5020	55767DW3	11/27/07	0.0166
	6	CCC 4860	55767DW8	11/27/07	0.0169
	7	CCC 4940	55767DW7	11/27/07	0.0171
	8	H.L. 6141 #2	55767DW15	11/27/07	0.0203
	9	CCC 5149	55767DW9	11/27/07	0.0239
	10	CCC 4830	55767DW20	11/27/07	0.0248
	11	H.L. 6122 #3	55767DW18	11/27/07	0.0260
	12	CCC 4970	55767DW8	11/27/07	0.0318
	13	CCC 4989	55767DW5	11/27/07	0.0320
	14	H.L. 6161 #3	55767DW16	11/27/07	0.0390
	15	H.L. 6121 #11	55767DW14	11/27/07	0.0391
	16	CCC 5110	55767DW4	11/27/07	0.0453
	17	H.L. 6161 #2	55767DW19	11/27/07	0.0558
	18	H.L. 6101 #1	55767DW10	11/27/07	0.0892
	19	H.L. 6101 #4	55767DW12	11/27/07	0.0969
	20	H.L. 6121 #3	55767DW13	11/27/07	0.148

CERTIFICATION. The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (+/-100ml). All samples were taken properly by the above system and analyzed in accordance with the requirements in Chapter 10D-41, F.A.C. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

Signature of Authorized Laboratory Representative:



Name (Please Print): Jefferson S. Flowers
 Title and Date: Technical Director 12/20/07

Lead and Copper Tap Sample Analysis and Result Ranking
Reporting Format 62-550.730(5)(a)

System Name: 640W

Date Submitted to Lab: 11/28/07

PWS-ID: 443 - 0917

Analysis Date: 11/30/07

Laboratory Name: Flowers Chemical Laboratories, Inc.

Lab Analysis Method: EPA200.8

Lab-ID: E83018

Lead or Copper (list one): Lead

Contact Person: Dr. Jefferson S. Flowers

Method Detection Limit: .001

90th Percentile Value: 0.001 U

A	Rank (ascending)	Location Code Number	Lab Sample ID	Date Site Sampled	Lead (mg/L)
	1	CCC 5030	55767DW2	11/27/07	0.00100 U
	2	H.L. 6141 #2	55767DW15	11/27/07	0.00100 U
	3	H.L. 6101 #4	55767DW12	11/27/07	0.00100 U
	4	CCC 5020	55767DW3	11/27/07	0.00100 U
	5	CCC 5110	55767DW4	11/27/07	0.00100 U
	6	CCC 4970	55767DW6	11/27/07	0.00100 U
	7	H.L. 6101 #2	55767DW11	11/27/07	0.00100 U
	8	H.L. 6121 #3	55767DW13	11/27/07	0.00100 U
	9	H.L. 6121 #11	55767DW14	11/27/07	0.00100 U
	10	CCC 5040	55767DW1	11/27/07	0.00100 U
	11	H.L. 6161 #6	55767DW17	11/27/07	0.00100 U
	12	H.L. 6101 #1	55767DW10	11/27/07	0.00106 I
	13	CCC 4830	55767DW20	11/27/07	0.00126 I
	14	H.L. 6122 #3	55767DW18	11/27/07	0.00141 I
	15	CCC 4940	55767DW7	11/27/07	0.00188 I
	16	CCC 5149	55767DW9	11/27/07	0.00188 I
	17	CCC 4860	55767DW8	11/27/07	0.00195 I
	18	H.L. 6161 #3	55767DW16	11/27/07	0.00199 I
	19	CCC 4989	55767DW5	11/27/07	0.00221
	20	H.L. 6161 #2	55767DW19	11/27/07	0.00302

CERTIFICATION. The tap samples used for lead and copper analyses were submitted by the above PWS. Each sample container had one liter of solution (+/-100ml). All samples were taken properly by the above system and analyzed in accordance with the requirements in Chapter 10D-41, F.A.C. The sampling dates were reported for each sample received. I hereby certify that all data submitted are correct.

Signature of Authorized Laboratory Representative:



Name (Please Print): Jefferson S. Flowers

Title and Date: Technical Director 12/20/07

640 EPA 00A 2000
Sam. No.

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

Disinfection Byproducts: 62-550.310(3) Lab ID: 26923DW1 PWS ID: Miles Grant Sample ID: Peterson Lns 1

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	ug/L	2.00	U	EPA552.2	2.00	11/01/06		E83018
2451	Dichloroacetic Acid	N/A	ug/L	18.1		EPA552.2	2.00	11/01/06		E83018
2452	Trichloroacetic Acid	N/A	ug/L	5.51		EPA552.2	0.500	11/01/06		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.00	U	EPA552.2	1.00	11/01/06		E83018
2454	Dibromoacetic Acid	N/A	ug/L	2.43		EPA552.2	0.500	11/01/06		E83018
2456	HAAS	60	ug/L	26.0		EPA552.2	0.500	11/01/06		E83018
2941	Chloroform	N/A	ug/L	48.5		EPA502.2	0.500	10/25/06		E83018
2942	Bromoform	N/A	ug/L	0.500	U	EPA502.2	0.500	10/25/06		E83018
2943	Bromodichloromethane	N/A	ug/L	21.1		EPA502.2	0.500	10/25/06		E83018
2944	Dibromochloromethane	N/A	ug/L	9.25		EPA502.2	0.500	10/25/06		E83018
2950	Total Trihalomethanes	80	ug/L	78.8		EPA502.2	0.500	10/25/06		E83018

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

Public Water System Information (to be completed by sampler)

System Name: UTILITIES INC OF PALMS GRAPT PWS ID #: 4430917

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

Address: 5418 SE PALMS GRAPT RD

City: STUART State: FL ZIP Code: 34997

Phone #: 772 286 7287 Fax #: 772 283 6016

E-Mail Address: JDLUSCE@WATER.COM

Sample Information (to be completed by sampler)

Sample Number: 28923DW1 Location Code (if known): Peterson Lns 1

Sample Date: 10/23/06 Sample Time: 0851 AM PM (circle one)

Sample Location (be specific): SE PETERSON LNS

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 1.2 mg/L Field pH: 8.6

Sample Type (check only one)	Sample Reason(s) (check all that apply)
<input type="checkbox"/> Distribution	<input checked="" type="checkbox"/> Routine Compliance (with 82-560)
<input type="checkbox"/> Entry Point (for Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedance *
<input type="checkbox"/> Plant Tap (not for compliance with 82-560)	<input type="checkbox"/> Composite of Multiple Sites **
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Clearance (permitting)
<input checked="" type="checkbox"/> Max Residence Time	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Avg Residence Time	Sampling Procedure Used or Other Comments: _____
<input type="checkbox"/> Near First Customer	

* See 82-560.500(6) for requirements and restrictions.
NOTE: See 82-560.512(3) for additional requirements for nitrate or nitrate MCL exceedances.

** See 82-560.560(2) for requirements and attach a results page for each site.

Sampler's Name: JOHN LUSCE
Sampler's Phone #: 772 225 7622 Sampler's Fax #: 772 225 7623
Sampler's E-Mail Address: JDLUSCE@WATER.COM

Certification (to be completed by sampler)

I, JOHN LUSCE FIELD SUPERVISOR
(Print Name) (Print Title)

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

Signature: [Signature] Date: 10/23/06

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

Laboratory Certification Information (to be completed by lab)

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

Florida Certification #: E83018
Certification Expiration Date: 6/30/2007
Phone #: 407-338-5984

Analysis Information (to be completed by lab)
Sample Number: 26923DW1

Report Number: 26923
Date Sample Received: 10/24/06

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

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

Were any analyses subcontracted? Yes No

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

Certification

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

Signature: 

Date: 11/03/06

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

Compliance Determination (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory Yes No
- Resample Requested (circle or highlight groups above) Revised Report Requested (circle or highlight groups above)
- Reason(s): Incomplete Report Location Unsatisfactory Analysis Unsatisfactory
- Missing Analyte Sheet(s) Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

Miles Grant Water and Sewer Company

Docket No.: 070695-WS

Martin County

**25.30.440 (4)
OPERATIONS REPORTS**

Test Year Ended June 30, 2007

JULY - DECEMBER, 2005

640



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

See page 4 for instructions.

12106

A. Public Water System (PWS) Information

PWS Name: Miles Grant WTP PWS Identification Number: 4430917

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

Number of Service Connections at End of Month: 1277 Total Population Served at End of Month: 3192

PWS Owner: Miles Grant Water & Sewer Company

Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714

Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6961

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

B. Water Treatment Plant Information

Plant Name: Miles Grant WTP Plant Telephone Number: 800-272-1919

Plant Address: 5418 Miles Grant Rd. City: Stuart State: FL Zip Code: 34997

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000

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

Licensed Operator	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator:	M. Kelly	B	4683	TUE → PMUR
Other Operators:	James Coolbaugh	PC	13743	MON → FR
	John Hiles	C	8972	SAT

II. Certification by Lead/Chief Operator

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

Michael S. Ellis 1/4/06 Michael S. Ellis

Signature and Date Printed or Typed Name

PAGE 03 GARTH A 8136261030 01/05/2006 13:38

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

PWS Identification Number: 4430917 Plant Name: MILES GRANT

13. Summary of Use of Polymers Containing the monomer acrylamide. Indicate if any acrylamide is used in the treatment of water and, if so, the type of acrylamide used at the water treatment plant? No Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm = _____ Acrylamide Level, % = _____

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

Polymer Dose, ppm = _____ Epichlorohydrin Level, % = _____

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

Type of Sequestant (polyphosphate or sodium silicate): Sodium Polyphosphate
Sequestant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂: 1.0 mg/L
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂: _____

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestant.
† Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

Miles Grant
DEC

1	0.2462
2	0.2308
3	0.2355
4	0.2368
5	0.2467
6	0.2272
7	0.2410
8	0.2122
9	0.1000
10	0.2229
11	0.1884
12	0.2157
13	0.2095
14	0.2646
15	0.2599
16	0.2065
17	0.1584
18	0.2196
19	0.2694
20	0.1927
21	0.2412
22	0.2629
23	0.2122
24	0.2606
25	0.2568
26	0.1903
27	0.2566
28	0.1696
29	0.2105
30	0.2183
31	0.2316
Total	6.8946
Avg.	0.2224
Max	0.2694



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

FILE COPY

640

See page 4 for instructions.

11/05

A. Public Water System (PWS) Information

PWS Name: <u>UTILITIES INC OF MILES GRANT</u>		PWS Identification Number: <u>443 0917</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>1277</u>		Total Population Served at End of Month: <u>3197</u>	
PWS Owner: <u>UTILITIES INC OF FLORIDA</u>			
Contact Person: <u>PATRICK FLYNN</u>		Contact Person's Title: <u>REGIONAL DIRECTOR</u>	
Contact Person's Mailing Address: <u>800 WEATHERFIELD AVE</u>		City: <u>PLANTATION</u>	State: <u>FL</u> Zip Code: <u>32714</u>
Contact Person's Telephone Number: <u>800-272-1779</u>		Contact Person's Fax Number: <u>867-869-6961</u>	
Contact Person's E-Mail Address: <u>P.F.FLYNN@UTILITIESINC-USA.COM</u>			

B. Water Treatment Plant Information

Plant Name: <u>UTILITIES INC OF MILES GRANT</u>		Plant Telephone Number: <u>772-286-7127</u>	
Plant Address: <u>549 SE MIKES GRANT RD</u>		City: <u>STUART</u>	State: <u>FL</u> Zip Code: <u>34997</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>300</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>II</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	
Operator Name	License Class	License Number	Days Worked
<u>MIKE ELLIS</u>	<u>B</u>	<u>12938</u>	<u>SUN - SAT</u>
<u>JAMES COOLBAUGH</u>	<u>C</u>	<u>13743</u>	<u>MON - FRI</u>
<u>JOHN LISLE</u>	<u>C</u>	<u>5972</u>	<u>MON - FRI</u>

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

Signature and Date: [Signature] 11/05/05 Printed or Typed Name: JOHN LISLE License Number: C 5972

12/12/2005 12:48 8136261030 GARTH A PAGE 05

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

PWS Identification Number: 493-8977 Plant Name: UTILITIES A/C OF WELLS GRANT

Free Chlorine
 Chlorine Dioxide
 Ozone
 Combined Chlorine (Chloramines)

Means of Achieving Four-Log Virus Inactivation/Removal: * 1105

Ultraviolet Radiation
 Other (Describe):

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

Date		pH		Free Chlorine (mg/L)		Total Chlorine (mg/L)		Chlorine Dioxide (mg/L)	
11/4	186	2.9		9.81		2.9			
11/5	194	2.4		9.84		2.1			
11/7	190	3.7		9.71		1.8			
11/8	182	4.1		10.21		2.0			
11/9	217	3.2		10.20		1.9			
12/0	215	3.6		9.71		2.0			
12/8	211	3.6		10.01		1.6			
12/5	224	3.4		9.64		0.9			
12/1	202	2.3		9.97		0.7			
12/1	201	2.3		10.25		0.8			
12/3	235	2.2		9.04		3.4			
12/5	163	3.5		8.87		4.0			
12/0	214	3.5		8.73		2.3			
12/4	231	3.8		9.22		1.3			
12/4	104	3.1		9.35		1.1			
12/0	216	3.2		9.74		1.2			
12/7	224	2.4		9.62		2.9			
12/0	183	3.0		9.83		3.4			
12/3	260	3.7		9.85		2.1			
12/8	52	3.3		9.87		1.3			
12/3	203	2.5		9.42		1.2			
12/4	201	2.5		9.83		1.3			
12/4	198	3.7		9.51		1.7			
12/4	178	4.7		1.12		3.9		WELL #3 HIGHER TRIP *	
12/8	252	4.3		10.36		2.9			
12/0	196	5.1		9.55		2.1			
12/3	178	5.5		9.26		1.9			
12/8	203	2.7		9.20		1.3			
12/9	230	2.8		9.49					
12/3/04	217								
12/1	210								

11/26/05 WELL #3 TRIPPED BUT THIS ELEVATED CL
 LEVELS. RAN #1 WELL W/ #3 TO BRING
 CL UNDER CONTROL

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

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

PWS Identification Number: _____ Plant Name: _____

1. ~~Number of lbs of Poly acrylamide, acrylamide, Potassium permanganate, and iron or Manganese Sequesterant for the Year.~~

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

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

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

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

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

Type of Sequestrant (polyphosphate or sodium silicate): SODIUM POLYPHOSPHATE
 Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂: 1.0 MG/L

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

¹ Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.
² Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

12/12/2005 12:48 8136261030

GARTH A

PAGE 07

Miles Grant

Nov.		
1	0.188	✓
2	0.194	✓
3	0.190	✓
4	0.182	✓
5	0.217	✓
6	0.213	✓
7	0.211	✓
8	0.224 0.224	✓
9	0.202	✓
10	0.201 0.201	✓
11	0.235	✓
12	0.168	✓
13	0.214	✓
14	0.231	✓
15	0.204	✓
16	0.218	✓
17	0.224	✓
18	0.183 0.185	✓
19	0.260	✓
20	0.158	✓
21	0.205	✓
22	0.201	✓
23	0.198	✓
24	0.178	✓
25	0.252	✓
26	0.196 0.146	✓
27	0.238	✓
28	0.248 0.248	✓
29	0.223 0.223	✓
30	0.230 0.230	✓
Total	6.228	6.277
Avg.	0.208	.209
Max	0.260	.260

6.277 H₆

.209 AVG

.260 H_{max}





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

440

See page 4 for instructions.

Reporting Period for the Month of: 10/05

A. Public Water System (PWS) Information

PWS Name: <u>UTILITIES INC OF MILES CREST</u>		PWS Identification Number: <u>443 0917</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>1255</u>		Total Population Served at End of Month: <u>3000</u>	
PWS Owner: <u>UTILITIES INC OF FLORIDA</u>			
Contact Person: <u>PATRICK FLYNN</u>		Contact Person's Title: <u>REGIONAL MANAGER</u>	
Contact Person's Mailing Address: <u>200 CANTERSFIELD AVE</u>		City: <u>ACRAHUTE SPRINGS</u>	State: <u>FL</u> Zip Code: <u>32214</u>
Contact Person's Telephone Number: <u>800 272 1919</u>		Contact Person's Fax Number: <u>407-869-6961</u>	
Contact Person's E-Mail Address: <u>P.C.FLYNN@UTILITIES INC-USA.COM</u>			

B. Water Treatment Plant Information

Plant Name: <u>UTILITIES INC OF MILES CREST</u>		Plant Telephone Number: <u>772-286-2287</u>	
Plant Address: <u>5413 SE MILES CREST RD</u>		City: <u>STUART</u>	State: <u>FL</u> Zip Code: <u>34997</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>300</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>II</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	
Operator Name	License Class	License Number	Day(s) Worked
<u>MIKE ELLIS</u>	<u>D</u>	<u>4693</u>	<u>SUN - THURS</u>
<u>JAMES COOLEMAN</u>	<u>C</u>	<u>13743</u>	<u>FRI</u>
<u>JOHN USLE</u>	<u>C</u>	<u>5972</u>	<u>SAT</u>

C. Certification by Lead Plant Operator

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

Signature and Date: [Signature] 11/09/05 Printed or Typed Name: JOHN USLE License Number: C 5972

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

PWS Identification Number: 443 0917 Plant Name: UTILITIES DEPT OF MILLS GRANT

III. Daily Data for the Month of 10/05

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

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

Day of Month	Time	Flow of Residual Disinfectant (mg/L)	Disinfectant Type	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Other (mg/L)		
1	9:17	191		1.1			9.63	1.2	
1	10:16	211		2.4			8.60	1.0	
1	12:1	206		2.9			9.78	1.4	
1	13:7	195		1.6			9.08	1.3	
1	14:4	184		1.8			9.51	1.4	
1	10:5	205		1.2			10.22	1.7	
1	12:5	205		1.5			9.93	1.3	
1	14:0	207		2.7			9.54	1.3	
1	16:4	221		6.5			10.90	2.4	
1	15:0	224		3.8			10.60	1.6	
1	13:0	195		1.6			10.44	1.1	
1	11:6	191		1.3			9.57	1.3	
1	13:2	171		3.7			10.10	2.2	
1	12:4	174		3.4			10.30	2.8	
1	11:0	194		4.5			10.55	1.6	
1	11:5	197		3.1			8.77	1.7	
1	12:0	198		2.9			8.13	1.1	
1	11:5	212		1.6			8.74	1.0	
1	11:3	186		2.4			8.59	1.3	
1	14:3	200		2.0			9.12	1.5	
1	8:9	205		1.9			9.27	1.7	
1	10:1	191		3.6			8.85	2.4	
1	10:4	201		3.4			8.17	2.6	
1	23:5	387		3.8			10.05	3.9	W.L.M.A
1	22:3	262		3.3			9.47	2.8	
1	15:3	236		3.8			10.80	1.1	
1	14:3	227		4.2			9.57	2.8	
1	12:3	203		4.9			9.73	2.1	
1	16:3	216		5.8			8.57	3.6	
1	16:3	187		4.8			10.40	4.1	
1	6:38	387							
1	2:05								
1	3:38								

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

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

PWS Identification Number: 493-0917 Plant Name: UTILITIES IDC of NILES GARD

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestant for the Year 2005

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

Polymer Dose, ppm = _____ Acrylamide Level, %[†] = _____

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

Polymer Dose, ppm = _____ Epichlorohydrin Level, %[†] = _____

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

Type of Sequestant (polyphosphate or sodium silicate): SODIUM POLYPHOSPHATE

Sequestant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ = 1.0 MG/L

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

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestant.
 † Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

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GARTH A

PAGE 08

MILES GRANT SEPT. MOR

1	0.168700
2	0.213500
3	0.136500
4	0.165100
5	0.187000
6	0.164800
7	0.166000
8	0.192400
9	0.212600
10	0.135600
11	0.221800
12	0.190400
13	0.219300
14	0.221300
15	0.211000
16	0.211200
17	0.156100
18	0.222300
19	0.194100
20	0.164300
21	0.189000
22	0.171300
23	0.198200
24	0.209300
25	0.161700
26	0.192200
27	0.199400
28	0.208300
29	0.206000
30	0.219400
Total	5.708800
Avg.	0.190293
Max	0.222300

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

See page 4 for instructions.

09/05

A. Public Water System (PWS) Information

PWS Name: UTILITIES INC OF MILES GRANT PWS Identification Number: 4438817

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

Number of Service Connections at End of Month: 1277 Total Population Served at End of Month: 3192

PWS Owner: UTILITIES INC OF FLORIDA

Contact Person: PATRICK FLYNN Contact Person's Title: REGIONAL MANAGER

Contact Person's Mailing Address: 200 WEATHERSFIELD AVE City: MOUNTAIN SPRINGS State: FL Zip Code: 32714

Contact Person's Telephone Number: 800-272-1919 Contact Person's Fax Number: 407-869-6961

Contact Person's E-Mail Address: P.C.FLYNN@UTILITIESINC-USA.COM

B. Water Treatment Plant Information

Plant Name: UTILITIES INC OF MILES GRANT Plant Telephone Number: 772-286-2287

Plant Address: 5418 SE MILES GRANT RD City: STUART State: FL Zip Code: 34997

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 500 MGD

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

Name	License Class	License Number	Department/Division
<u>MIKE ELLIS</u>	<u>B</u>	<u>4083</u>	<u>SUN - THURS</u>
<u>MIKE WOODSIDE</u>	<u>B</u>	<u>12938</u>	<u>MON, TUE, FRI, SAT</u>
<u>JIMMY CODY ABRAHAM</u>	<u>C</u>	<u>13743</u>	<u>MON - FRI</u>
<u>JOHN USLE</u>	<u>C</u>	<u>5972</u>	<u>MON - FRI</u>

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

Signature and Date: [Signature] Printed or Typed Name: JOHN D. USLE, JR License Number: C5972

DEP Form 62-699.300(3) Effective August 28, 2003

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

PWS Identification Number: 443897 Plant Name: UTILITIES INC OF WICES GRAD

III Data for the Month of: 09/05

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

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

Plant	Volume (Gallons)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Notes
8.9	169,700	2.3				9.50	
12.7	212,100	2.5				10.16	
5.9	136,500	2.6				9.93	
8.5	165,100	3.4				9.97	
5.1	181,000	3.8				9.61	
8.1	167,800	1.8				9.55	
7.7	166,000	1.9				9.32	
9.4	197,400	1.5				8.90	
9.7	212,600	1.9				9.32	
5.9	175,600	4.8				9.77	
12.2	271,800	3.6				9.56	
9.6	190,000	3.5				9.88	
12.5	219,300	4.6				9.92	
13.5	229,300	1.0				9.20	
11.9	217,000	1.9				9.43	
11.9	217,200	1.4				9.26	
8.3	156,100	1.9				8.86	
12.0	221,100	3.6				8.83	
8.7	149,100	4.0				10.00	
8.7	164,300	4.0				9.03	
10.7	181,000	3.6				9.00	
8.2	171,500	3.3				9.61	
10.3	198,200	2.8				10.06	
10.0	209,300	3.1				10.03	
9.6	187,700	2.5				9.7	
11.8	187,300	1.8				10.00	
12.1	189,400	1.8				9.41	
10.7	207,200	1.5				9.70	
14.0	206,000	1.5				10.10	
14.7	219,400	2.7				10.70	
	5,275,000						
	185,100						
	222,300						

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

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

PWS Identification Number: 4438917 Plant Name: UTILITIES WCD OF MILES GRAVE

Summary of Use of Polymers containing Acrylamide, Polymers containing Epichlorohydrin, and Iron or Manganese Sequestrant in the Year: 07/05

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

Polymer Dose, ppm = _____ Acrylamide Level, %* = _____

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

Polymer Dose, ppm = _____ Epichlorohydrin Level, %† = _____

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

Type of Sequestrant (polyphosphate or sodium silicate): EPICHLOR POLYPHOSPHATE

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ = 1.0 MG/L

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

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.
 † Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

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

PWS Identification Number: 4430917 Plant Name: UTILITIES INC OF WILCOX GRANT

Reporting Period: 09/05

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

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

Plant	Volume	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)
8.9	168,300	2.3			9.50
12.7	203,100	2.5			10.16
5.9	136,500	2.6			9.93
8.6	165,100	3.4			9.97
5.1	147,000	3.8			9.61
8.1	164,800	1.9			9.33
7.7	166,000	1.9			9.92
9.4	188,400	1.5			8.90
9.7	202,600	1.9			9.32
5.9	135,600	4.8			9.72
13.2	224,800	3.6			9.56
9.6	190,400	3.5			8.89
12.5	219,300	4.6			9.92
13.5	227,500	1.8			9.00
11.9	217,000	1.9			9.43
11.9	217,200	1.4			9.86
8.3	156,100	1.8			8.86
12.0	222,100	3.6			8.83
8.7	144,100	4.0			10.00
8.7	164,300	4.0			9.07
10.7	181,000	3.6			9.00
8.3	131,600	3.3			9.61
10.3	198,200	2.8			10.76
10.0	209,300	2.1			10.03
9.6	161,300	2.5			9.7
11.8	143,700	1.9			10.00
12.1	199,400	1.8			9.41
10.8	208,300	1.8			4.10
14.0	206,000	1.3			10.10
14.7	219,400	2.7			10.70
	5,765,000				
	185,100				
	722,300				

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

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

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See page 4 for instructions.

Reporting Period (Month/Year) 08/05

A. Public Water System (PWS) Information

PWS Name: UTILITIES INC OF MILES GRAD PWS Identification Number: 4438917
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 1277 Total Population Served at End of Month: 3192
PWS Owner: UTILITIES INC OF FLORIDA
Contact Person: PATRICK FLYNN Contact Person's Title: DISTRICT MANAGER
Contact Person's Mailing Address: City: ABERNATHY SPRINGS State: FL Zip Code: 32714
Contact Person's Telephone Number: 800 277 1919 Contact Person's Fax Number: 407 869 6961
Contact Person's E-Mail Address: P.C.FLYNN@UTILITIESINC-USA.COM

B. Water Treatment Plant Information

Plant Name: UTILITIES INC OF MILES GRAD Plant Telephone Number: 772 286 7281
Plant Address: 5418 SE MILES GRAD RD City: STUART State: FL Zip Code: 34997
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300
Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.):

Operator Name	License Class	License Number	Day(s)/Shift(s) Worked
MIKE ELLIS	B	12938	SUN - THUR
MIKE COOPER	C	13793	MON - FRI SAT
JIMMY COLEBAUGH	C	5972	MON - FRI
DAVID LUCE	C		MON - FRI

C. Certification by Lead Operator

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

Signature and Date: *[Signature]* 08/09/05
Printed or Typed Name: DAVID LUCE
License Number: C 5972

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

PWS Identification Number: 463 8917

Plant Name: UTILITIES INSPCT MILES ROAD

Reporting Period: 08/05

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

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

Time	Flow (MGD)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
8.5	17.200	1.80				10.5
10.4	16.200	2.80				6.5
12.3	13.800	1.90				8.40
14.1	17.800	1.90				9.85
15.9	17.700	1.40				9.78
17.6	18.100	1.30				4.75
19.3	17.000	1.25				9.68
21.1	16.300	4.70				8.86
22.8	18.800	3.80				9.65
24.6	18.800	2.82				8.91
26.3	18.700	1.80				9.19
28.1	20.500	1.80				9.45
29.9	19.300	3.2				10.12
31.7	16.900	6.2				10.37
33.4	18.200	1.6				8.40
35.2	18.600	1.6				7.72
37.0	18.600	2.5				9.21
38.8	19.700	1.74				9.02
40.5	19.700	1.70				9.02
42.3	19.400	1.96				9.10
44.1	19.300	6.80				10.16
45.9	16.400	3.20				8.82
47.7	17.800	3.40				9.10
49.4	15.400	1.60				9.61
51.2	18.600	1.02				10.31
53.0	15.800	2.0				9.32
54.8	15.800	2.10				9.58
56.5	15.900	3.1				9.73
58.3	15.400	2.5				9.72
60.1	17.400	2.1				9.12
61.9	15.700	1.99				9.86
63.7	17.400					
65.5	20.500					
67.3	17.400					
69.1	20.500					

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

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

PWS Identification Number: 443 8911 Plant Name: UTILITIES INC OF ALICE CORNAY

IV. Submit this report for water treatment plants using a) acrylamide, b) polymer containing epichlorohydrin, and c) iron or manganese sequestrant. Date: 08/05

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

Polymer Dose, ppm = Acrylamide Level, %¹ =

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

Polymer Dose, ppm = Epichlorohydrin Level, %¹ =

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

Type of Sequestrant (polyphosphate or sodium silicate): SODIUM POLYPHOSPHATE

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ = 1.0

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

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

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

Miles Grant

1	0.177200
2	0.196200
3	0.138500
4	0.173400
5	0.177400
6	0.188000
7	0.179000
8	0.163000
9	0.188000
10	0.175200
11	0.199700
12	0.206500
13	0.192300
14	0.169800
15	0.182800
16	0.186000
17	0.186000
18	0.197000
19	0.197000
20	0.184000
21	0.193000
22	0.164000
23	0.178100
24	0.157400
25	0.180600
26	0.158600
27	0.158600
28	0.178400
29	0.157400
30	0.179400
31	0.157000
Total	5.519500
Avg.	0.178048
Max	0.206500

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

See page 4 for instructions.

General Information for the Month of 07/05

A. Public Water System (PWS) Information

PWS Name: UTILITIES INC OF MILES GRANT PWS Identification Number: 443 0911
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 1297 Total Population Served at End of Month: 3192
PWS Owner: UTILITIES INC OF FLORIDA
Contact Person: PATRICK FLYNN Contact Person's Title: REGIONAL DIRECTOR
Contact Person's Mailing Address: 200 WEATHERS FORD AVE City: ALTAMONTE SPRINGS State: FL Zip Code: 32714
Contact Person's Telephone Number: 800-272-1919 Contact Person's Fax Number: 407-869-6961
Contact Person's E-Mail Address: P.C.FLYNN@UTILITIESINC-USA.COM

B. Water Treatment Plant Information

Plant Name: UTILITIES INC OF MILES GRANT Plant Telephone Number: 716-276-7287
Plant Address: 5419 SE MILES GRANT RD City: STUART State: FL Zip Code: 34997
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day:
Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.):

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator				
Other Operators	<u>JOHN LISLE</u>	<u>C</u>	<u>5972</u>	<u>SUN - FRI</u>
	<u>MIKE WOODSIDE</u>	<u>O</u>	<u>12938</u>	<u>MON - TUES - FRI - SAT</u>
	<u>JAMES COOLBACH</u>	<u>C</u>	<u>13743</u>	<u>MON - FRI</u>

C. Certification by Lead/Chief Operator

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

[Signature] 07/05/05 JOHN D. LISLE, JR C5972
Signature and Date Printed or Typed Name License Number

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

PWS Identification Number: 443 0917 Plant Name: UNITES INC OF NILES CRAFT

11. Daily Data for the Month Year of: 07/05

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

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

Day of the Month	Hours (Plan) in Operation	Net Quantity of Treated Water Produced, gal	Peak Flow Rate, gpm	Free Chlorine			Other			Lowest Residual Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Lowest Residual Concentration (C) Between or at First Chlorine Measurement Point, mg/L	Disinfectant Contact Time (T) at C Measurement Point, minutes	Lowest CT Required, mg-min/L	Minimum UV Dose Required, mJ/cm ²	Minimum CT Dose Required, mg-min/L			
1	7.2	142,600		.89				9.38	1.0		
2	9.1	179,300		1.11				9.42	2.0		
3	8.8	175,400		1.98				9.32	1.5		
4	9.6	188,200		.99				10.10	1.3		
5	9.5	173,100		.72				9.43	1.2		
6	9.0	181,000		1.2				9.99	.41		
7	7.2	189,500		.3				8.90	.81		
8	7.0	172,000		1.2				8.68	.42		
9	1.0	197,700		2.7				8.93	.63		
10	8.6	168,300		.90				9.26	2.2		
11	11.4	192,000		4.0				9.09	1.0		
12	9.6	160,100		1.4				8.67	1.9		
13	11.7	182,200		3.0				9.36	2.1		
14	3.6	160,100		2.2				10.17	1.7		
15	12.8	224,500		2.9				9.63	1.8		
16	10.5	191,900		3.3				9.40	2.7		
17	12.3	222,100		2.3				9.13	1.7		
18	7.7	136,600		3.3				8.84	3.7		
19	9.9	156,900		2.2				9.10	1.6		
20	8.1	165,500		2.0				9.59	1.5		
21	9.4	174,100		.62				9.45	.36		
22	12.1	215,300		.7				8.51	1.3		
23	9.8	197,200		.8				9.26	1.1		
24	9.2	166,800		3.6				8.84	3.4		
25	10.1	178,200		4.1				8.14	3.6		
26	10.6	201,700		2.2				9.01	2.2		
27	9.2	184,900		3.4				10.34	2.3		
28	10.2	183,100		2.6				9.50	2.0		
29	8.0	165,900		.7				9.30	.9		
30	11.8	212,100		1.7				9.27	1.1		
31	8.8	178,200		3.3				8.82	1.3		
Total		5,695,400									
Minimum		183,700									
Maximum		224,500									

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

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

PWS Identification Number: 443 0917 Plant Name: UTILITIES INC OF HILLS CRAFT

Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year 07/05

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

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

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

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

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

Type of Sequestrant (polyphosphate or sodium silicate): SEDICEM POLY PHOSPHATE

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ = 1.0 mg/L

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

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

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

FLUSHING & WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM: Miles Grant

MONTH/YEAR: July 2005

DATE	SIZE	START TIME	STOP TIME	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1							
2							
3							
4							
5						20,000	5334 Miles Grant Rd - 2" meter bad
6							
7							
8							
9							
10							
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

1. Date of Information for this Month's Report: 06/05

A. Public Water System (PWS) Information

PWS Name: UTILITIES INC OF MILES GRANT PWS Identification Number: 443 0917
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: 1277 Total Population Served at End of Month: 3192
 PWS Owner: UTILITIES INC OF FLORIDA
 Contact Person: PATRICK FLYNN Contact Person's Title: REGIONAL MANAGER
 Contact Person's Mailing Address: 200 WEATHERS FIELD AVE City: ALTAMONTE SPRINGS State: FL Zip Code: 32917
 Contact Person's Telephone Number: 800-222-1919 Contact Person's Fax Number: 407-262-6961
 Contact Person's E-Mail Address: P.C.FLYNN@UTILITIESINC-USA.COM

B. Water Treatment Plant Information

Plant Name: UTILITIES INC OF MILES GRANT Plant Telephone Number: 772-296-2287
 Plant Address: 5418 SE MILES GRANT RD City: STUART State: FL Zip Code: 34987
 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300 MGD
 Plant Category (per subsection 62-699.310(4), F.A.C.): I Plant Class (per subsection 62-699.310(4), F.A.C.): C

Operator Name	License Class	License Number	Day(s) Worked
JOHN USLE	C	5972	SUN - SAT
JOHN STUART	C	4307	TUES - THURS
LEAHY GODWIN	B	6425	SAT - SUN

II. Certification of Truthful Information

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

Signature and Title: *John D. Usle, Jr.* Printed or Typed Name: JOHN D. USLE, JR. License Number: C 5972

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

PWS Identification Number: 443-0917 Plant Name: Utilities Inc of Miles Grant

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

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

Plant ID	Date	Volume of Water Treated (gallons)	Disinfectant Residual (mg/L)	pH	Temperature (°C)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	UV Dose (mJ/cm²)	Other (mg/L)	Notes
1	8.2	160100	2.8			8.73						1.5
2	7.8	156900	1.0			9.70						0.8
3	10.3	208100	2.6			9.67						2.1
4	7.7	152700	2.3			9.47						1.8
5	8.5	167700	2.4			9.67						1.4
6	8.7	169500	3.3			9.34						1.6
7	8.1	173100	2.2			9.19						2.0
8	9.0	178600	1.9			9.34						1.0
9	7.9	171200	1.8			9.76						1.3
10	8.3	171100	2.1			10.09						1.8
11	8.6	160100	3.9			9.37						3.7
12	8.6	174700	3.0			9.07						3.7
13	9.4	87400	2.7			9.01						2.0
14	9.4	158600	1.6			8.97						0.8
15	8.3	16300	3.6			8.71						3.8
16	10.4	220900	3.2			9.13						3.0
17	9.6	204900	3.2			9.44						3.2
18	6.6	137500	3.1			9.14						3.8
19	8.0	162500	2.6			9.58						2.5
20	7.9	165500	3.3			9.34						1.8
21	9.4	174500	2.9			9.28						1.9
22	8.9	387200	3.1			9.58						1.6
23	10.7	221500	4.2			9.62						1.8
24	6.6	170100	4.8			9.76						3.5
25	9.8	204600	3.2			9.87						2.1
26	10.2	194500	2.5			9.88						2.2
27	11.2	245200	1.6			1.71						4.8
28	7.3	166100	1.7			8.46						1.2
29	9.3	197800	3.1			9.40						2.0
		6,314,400										
		178,600										
		329,900										

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

07/08/2005 10:25 9136261030 GARTH A PAGE 03

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

PWS Identification Number: 443-0917 Plant Name: UTILITIES USE OF MILES GRANT

Summary of Chemicals Containing Acrylamide, Polymers Containing Epichlorohydrin, and Iron or Manganese Sequestant for the Year: 06/05

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

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

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

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

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

Type of Sequestant (polyphosphate or sodium silicate): SODIUM POLY PHOSPHATE

Sequestant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ = 1.0 MG/L

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

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestant.
¹ Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

07/08/2005 10:25 8135261030 GARTH A PAGE 04

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

See page 4 for instructions.

05/05

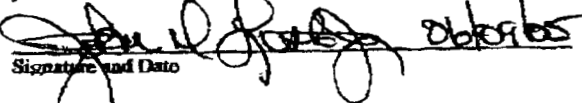
A. Public Water System (PWS) Information

PWS Name: UTILITIES INC OF MIAMI GRANT		PWS Identification Number: 4430917	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1277		Total Population Served at End of Month: 3192	
PWS Owner: UTILITIES INC OF FLORIDA			
Contact Person: HAROLD JELVIN		Contact Person's Title: DISTRICT MANAGER	
Contact Person's Mailing Address: 20 WEAVERFORD AVE		City: APOPKA SPRINGS State: FL Zip Code: 32714	
Contact Person's Telephone Number: RD 272 1919		Contact Person's Fax Number: 407 859 6961	
Contact Person's E-Mail Address: P.JELVIN@UTILITIES-INC-USA.COM			

B. Water Treatment Plant Information

Plant Name: UTILITIES INC OF FLORIDA		Plant Telephone Number: 772 286 7287	
Plant Address: 5418 SEMILES GRANT RD		City: STUART State: FL Zip Code: 34997	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 500,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): I		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Water	License Class	License Number	Day(s) Week(s) Weekend
JOHRI USE	C	5972	SUN - SAT

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part C of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.230(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.


06/05/05
JOHRI USE
C 5972

Signature and Date Printed or Typed Name License Number

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

PWS Identification Number: 449 0917 Plant Name: UTILITIES USE OF MILLS GRAIN

Reporting Period: 05/05
 Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

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

Date	Sample Location	Sample Volume (L)	Sample Time	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	pH	Temperature (°C)	Turbidity (NTU)	Total Hardness (mg/L)	Calcium Hardness (mg/L)	Magnesium Hardness (mg/L)	Total Dissolved Solids (mg/L)	Total Suspended Solids (mg/L)	Total Solids (mg/L)	Total Chlorine (mg/L)	Total Chlorine Demand (mg/L)	Chlorine Residual (mg/L)	Chlorine Dioxide Residual (mg/L)	Ozone Residual (mg/L)	Combined Chlorine Residual (mg/L)	Residual Type	Remarks			
																								Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)
13.6	210000			5.6																							
15.3	250000			8.5																							
18.4	250000			5.3																							
14.8	150000			7.7																							
17.7	250000			5.7																							
17.1	2110000			5.8																							
11.5	100000			5.3																							
10.0	110000			5.0																							
14.7	150000			5.4																							
9.9	100000			4.1																							
15	150000			4.3																							
13.3	150000			7.1																							
14	150000			7.0																							
14.3	2110000			7.2																							
13.3	250000			8.8																							
14.3	150000			5.7																							
4.9	150000			1.0																							
10.5	150000			2.6																							
11.7	150000			4.5																							
11	150000			2.9																							
11	150000			3.3																							
11	150000			3.6																							
11	150000			2.6																							
10.2	150000			2.6																							
8.2	150000			2.6																							
5.5	150000			2.4																							
10.2	150000			2.6																							
8.2	150000			2.6																							
5.5	150000			2.4																							
10.2	150000			2.6																							
12.7	150000			2.6																							
11.6	150000			3.8																							

LOWER PLANT OFF LINE FOR ANNUAL CLEANING FOR 05/20/05 - 05/25/05

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

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

PWS Identification Number: 443 0917 Plant Name: LITTLETON LLC OF HILLS CREST

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

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

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

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

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

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

(Type of Sequestrant (polyphosphate or sodium silicate): SODIUM POLY PHOSPHATE

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ = 1.0

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

¹ Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

² Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416-3425

PERMITTEE NAME: Miles Grant Water and Sewer Company
 MAILING ADDRESS: 208 Weathersfield Avenue
 Aylamonte Springs, FL 32714

PERMIT NUMBER: FLA013842
 LIMIT: Final
 CLASS SIZE: N/A
 CBMS ID NO.: 5143P02100
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:

REPORT GROUP: Monthly Domestic
 CWP TEST SITE NO.:

FACILITY: Miles Grant WWTFF
 LOCATION: 5481 SE Miles Grant Road
 Stuart, FL 34997

COUNTY: Martin

MONITORING PERIOD From: 12/01/05 To: 12/31/05

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.099	.096	MGD				6	5/week	Flow meter
PARM Code 8805B Mon Site No. EFF-1	Permit Requirement	0.3 (3-Mo. Avg.)	Report (Mo. Avg.)	mgd				6	5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.41		MG/L	0	Every 2 weeks	8 HR FPC
PARM Code 88082 Mon Site No. EFF-1	Permit Requirement				20.0 (All Avg.)		mg/l	0	Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				22	22	MG/L	0	Every 2 weeks	8 HR, FPC
PARM Code 88082 Mon Site No. EFF-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)	mg/l	0	Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.40		MG/L	0	4 week	GRAB
PARM Code 60530 Mon Site No. EFB-1	Permit Requirement				5.8 (Max.)		mg/l	0	4 Days/Week	Grab
pH	Sample Measurement				6.91	7.26	P.U.	0	4 week	Grab
PARM Code 60400 Mon Site No. EFF-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	P.U.	0	5/week	GRAB
							S.E.	0	5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
LEAD OPERATOR	<i>Michael J. Z...</i>	407-469-3271	06/01/11

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 DIVERTED FOR C12 ON 12/8, 12/9 + 12/25/05

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Miles Grant WWTF PERMIT NUMBER: FLA013842 MONITORING GROUP NUMBER: R-001

12/10/05 - 12/31/05

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, fecal	Sample Measurement			100#				
PARM Code 74055 Mon Site No. EFF-4	Permit Requirement			Non Detectable (75 Percentile)		100ml #/100ml	4/week	GRAB
Total Residual Chlorine (For Disinfection)	Sample Measurement			25 (Max.)			4 Days/Week	Grab
PARM Code 50060 Mon Site No. EFF-1	Permit Requirement			0.8 1.0 (Min.)		mg/L mg/l	CON Continuous	HACH Analyzer
Flow	Sample Measurement	.116	MGD					
PARM Code 50050 Mon Site No. INF-1	Permit Requirement	0.3 (An.Avg.)	mgd				5/week	Flow meter
Flow	Sample Measurement	.109	MGD				5 Days/Week	Flow meters and totalizers
PARM Code 50050 Mon Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	mgd				5/week	Flow meter
BOD ₅ Carbonaceous 5 day, 20°C	Sample Measurement						5 Days/Week	Flow meters and totalizers
PARM Code 80082 Mon Site No. INF-1	Permit Requirement			266 Report (Mo.Avg.)		mg/L mg/l	CON 2/week	8hr FPC
Solids, Total Suspended	Sample Measurement			24			Every Two Weeks	8-hour FPC
PARM Code 00530 Mon Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/L mg/l	Every 2 weeks	8hr FPC
Turbidity	Sample Measurement						Every Two Weeks	8-hour FPC
PARM Code 81078 Mon Site No. EFF-1	Permit Requirement					NTU	CON	Ashor Scientific
Citratid ^a	Sample Measurement			2.0		NTU	Continuous	Meter
PARM Code 61ABD Mon Site No. EFF-1	Permit Requirement						1/5YRS.	GRAB
Cryptosporidium ^a	Sample Measurement						Once every 5 years	Grab
PARM Code CRYPT Mon Site No. EFF-1	Permit Requirement						1/5YRS	GRAB
							Once every 5 years	Grab

^a Use DEP form 62-610.300(4)(a)4 to report test results.

Permit Number: FLA013842
 Monitoring Period: From: 12/6/05 To: 12/30/05

Three-month Average Daily Flow:
 (TMADF/Permitted Capacity) 2:100

Code	Flow (mgd)	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliforms (#/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity (nu)
Mon. Svc	EFF-1	INF-1	EFF-1	INF-1	EFF-1	INF-1	EFF-1	EFF-1	EFF-1	EFF-1
1	.116	.131			<1		7.12	<1	2.0	.80
2	.115	.127					6.91		1.8	.60
3	.095	.108					7.11		2.0	.80
4	.108	.119					7.22		2.4	.90
5	.097	.102			<1		6.96	<1	5.0	.90
6	.094	.098			<1		6.91	<1	5.0	.80
7	.106	.107			<1		6.97	<1	2.5	1.0
8	.124	.097			<1		7.20	<1	1.4	.50
9	.110	.156					7.4		2.8	.52
10	.096	.098					7.42		1.8	.60
11	.096	.080					7.54		2.6	.80
12	.103	.116			<1		7.28	<1	5.0	.50
13	.075	.084			<1		7.37	<1	5.0	.40
14	.082	.084	<2	2.88	<1	2.27	7.73	<1	5.0	.60
15	.109	.161			1.20		7.71	<1	5.0	1.90
16	.115	.083					7.58		1.8	.50
17	.074	.077					7.86		2.4	.80
18	.065	.144					7.48		1.8	.80
19	.131	.133			1.20		7.20	<1	3.6	.85
20	.103	.102			<1		7.04	<1	5.0	.80
21	.083	.090			2.40		7.63	<1	5.0	1.50
22	.097	.107			<1		7.7	<1	4.2	1.10
23	.092	.094					7.65		5.0	1.0
24	.042	.130					7.72		1.6	.80
25	.110	.127					7.45		1.0	.65
26	.090	.101					6.99		5.0	.60
27	.096	.116			<1		7.10	<1	5.0	.60
28	.096	.112	<2	2.43	<1	2.54	6.90	<1	5.0	.80
29	.112	.116			1.20		7.01	<1	5.0	.70
30	.084	.103			<1		6.91	<1	5.0	2.0
31	.107	.127					6.94		1.6	.60

PLANT STAFFING:
 Day Shift Operator Class: C Certificate No: 5972 Name: JIM KILLEN
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 5929 Name: MIKE ECCLES
 Type of Solids Disposal or Reclamation: Wet Weather
 Limited Wet Weather Discharge Activated: Yes No Not Applicable; If yes, cumulative days of wet weather: 16/14

JIM COLOMBAU TRAINEE

FILE COPY

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed send this report to: Department of Environmental Protection, Southeast District, P.O. Box 15625, West Palm Beach, 33416-5625

PERMITTEE NAME: **Miles Grand Water and Sewer Company**
 MAILING ADDRESS: **200 Weatherstaff Avenue
 Altamonte Springs, FL 32714**

PERMIT NUMBER: **FLA013842**
 LIMIT: **Final**
 CLASS SIZE: **N/A**
 GMB ID NO.: **5143P02100**
 MONITORING GROUP NUMBER: **R-001**
 PLANT SIZE/TREATMENT TYPE: **11C**
 NO DISCHARGE FROM SITE:

REPORT: **Monthly**
 GROUP: **Domestic**
 GMS TEST SITE NO.:

640

FACILITY: **Miles Grand WWTP**
 LOCATION: **5481 SE Miles Grand Road
 SUWAT, FL 32997**

COUNTY: **Marion**

MONITORING PERIOD From: **11/01/05** To: **11/30/05**

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	094	MGD				5/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-1	Permit Requirement	0.3 (3-Mo. Avg.)	mgd	Report (Mo. Avg.)			5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.06	MG/L		1/week	8HR FPC
PARM Code 80082 Mon. Site No. EFF-1	Permit Requirement			100 (Ar. Avg.)	mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.22	MG/L		2/week	8HR FPC
PARM Code 80082 Mon. Site No. EFF-1	Permit Requirement			Report (Mo. Avg.)	60.0 (Max.)		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			4.60	MG/L		4/week	GRAB
PARM Code 40530 Mon. Site No. EFF-1	Permit Requirement			5.0 (Max.)	mg/l		4 Days/Week	Grab
pH	Sample Measurement			6.85	U.		5/week	GRAB
PARM Code 80408 Mon. Site No. EFF-1	Permit Requirement			6.0 (Min.)	U.		5 Days/Week	Grab
				7.73				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
John Lisle Field Supervisor		772 225 7623	05/10/20

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

PLANT DIVERSION Cl₂ - 11/09, 11/10, 11/14, 11/15, 11/16, 11/21, 11/24, 11/27
 PLANT DIVERSION NH₄ - 11/19, 11/20, 11/21

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: *Miles Grant WWTP* PERMIT NUMBER: *FLA013842* MONITORING GROUP NUMBER: *R-001*

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ek.	Frequency of Analysis	Sample Type
Coliform, Focal	Sample Measurement			<i>100%</i>	<i>L1</i>	<i>#/100ml</i>	<i>—</i>	<i>4/WEEK</i>	<i>C.R.A.B</i>
PARM Code 78055 Mon. Site No. BFF-1	Permit Requirement			Not Detectable (75 Percentile)	25 (Max.)	#/100ml		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			<i>0</i>		<i>mg/L</i>	<i>—</i>	<i>CONT</i>	<i>ANALYZER</i>
PARM Code 30080 Mon. Site No. BFF-1	Permit Requirement			LD (Min.)		mg/L		Continuous	Analyzer
Flow	Sample Measurement	<i>113</i>	<i>MGD</i>					<i>5/WEEK</i>	<i>FLOW METER</i>
PARM Code 30050 Mon. Site No. INF-1	Permit Requirement	<i>0.3</i> (An Avg.)	mgd					5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	<i>122</i>	<i>MGD</i>					<i>5/WEEK</i>	<i>FLOW METER</i>
PARM Code 38050 Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)	mgd					5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<i>263</i>		<i>mg/L</i>		<i>EVERY 2 WEEKS</i>	<i>8-HR FPC</i>
PARM Code 80082 Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)		mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			<i>194</i>		<i>mg/L</i>		<i>EVERY 2 WEEKS</i>	<i>8-HR FPC</i>
PARM Code 00530 Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)		mg/L		Every Two Weeks	8-hour FPC
Turbidity	Sample Measurement			<i>5.0</i>		<i>NTU</i>	<i>—</i>	<i>CONT</i>	<i>METER</i>
PARM Code 82078 Mon. Site No. EPB-1	Permit Requirement			3.0 (max)		NTU		Continuous	Meter
Giardia ^a	Sample Measurement							<i>1/5 YRS</i>	<i>GRAB</i>
PARM Code 01ARD Mon. Site No. BFF-1	Permit Requirement							Once every 5 years	Grab
Cryptosporidium ^a	Sample Measurement							<i>1/5 YRS</i>	<i>GRAB</i>
PARM Code 01YPT Mon. Site No. BFF-1	Permit Requirement							Once every 5 years	Grab

^aUse DEP form 62-610.300(4)(a)4 to report test results.

PAGE 03

GARTH A

8136261030

12/22/2005 08:52

DAILY SAMPLE RESULTS - PART B

Permit Number
Monitoring Period

FLA013842

From: 11/21/05

To: 11/30/05

Three-month Average Daily Flow:
(TMADF/Permitted Capacity)x100:

Code	Flow (mgd)	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (M/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity (ntu)
Mon. Site	EFF-1	INF-1	EFF-1	INF-1	EFF-1	INF-1	EFF-1	EFF-1	EFF-1	EFF-1
1	.090	.096			<1		7.24	<1	3.6	.58
2	.094	.098			<1		7.34	<1	3.0	.40
3	.202	.091	22	341	<1	207	7.27	<1	2.6	2.0
4	.108	.09					7.33		2.3	.60
5	.119	.122					7.11		3.2	.60
6	.120	.128					7.58		2.5	1.0
7	.124	.127			<1		7.20	<1	3.4	.50
8	.107	.109			<1		7.02	<1	1.2	.60
9	.105	.119			1.60		6.93	<1	1.8	.55
10	.098	.109			<1		7.24	<1	2.1	.98
11	.127	.133					6.94		2.1	.48
12	.094	.103					7.18		2.1	.95
13	.107	.110					6.98		2.5	.90
14	.098	.100			<1		6.93	<1	1.4	.44
15	.093	.099			<1		7.04	<1	1.0	.42
16	.096	.102			<1		6.85	<1	1.1	.44
17	.085	.102	2.67	2.68	<1	198	7.63	<1	4.7	.46
18	.091	.100					7.58		1.6	.80
19	.042	.153					7.60		1.5	5.00
20	.111	.115					7.58		1.5	5.00
21	.136	.156			1.20		7.10	<1	1.0	.65
22	.140	.152			<1		7.10	<1	2.8	.60
23	.144	.129			1.20		7.73	<1	3.2	.70
24	.163	.205					7.03		1.4	1.5
25	.139	.148			1.20		7.23	<1	4.8	1.5
26	.162	.118					7.46		8.8	.40
27	.146	.148					7.07		1.2	1.8
28	.140	.138					7.42		4.2	1.0
29	.134	.131			2.20		7.37	<1	5.0	.80
30	.150	.149	<2	181	4.60	178	7.64	<1	4.2	.96
31										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 5972 Name: JOAN LISLE
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 5725 Name: MIKE BULL
 Type of Effluent Disposal or Reclaimed Water Return: SOLE (BLISS) IRRIGATION
 Limited Wet Weather Discharge Activated: Yes No: Not Applicable; If yes, cumulative days of wet: 114

Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416-3425

PERMITTEE NAME: Miles Grant Water and Sewer Company
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA013841
 LIMIT: Final
 CLASS SIZE: N/A
 OMS ID NO.: S143P02100
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic
 GMS TEST SITE NO.: 640

FACILITY: Miles Grant WWTF
 LOCATION: 3481 SE Miles Grant Road
 Stuart, FL 34997

COUNTY: Martin

MONITORING PERIOD

From:

10/01/05

To:

10/31/05

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	082	088	MGD					5/WEEK	FLOW METER
PARM Code 50050 Mon. Site No. EFF-1	Permit Requirement	0.3 (3-Mo. Avg.)	Report (Mo. Avg.)	mgd					5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.54		mg/l	-	Every 2 Weeks	8-HR FPC
PARM Code 80882 Mon. Site No. EFF-1	Permit Requirement				20.0 (An. Avg.)		mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2	< 2	mg/l	-	Every 2 Weeks	8-HR FPC
PARM Code 80882 Mon. Site No. EFF-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)	mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.33		mg/l	-	4/WEEK	GRAB
PARM Code 00530 Mon. Site No. EFB-1	Permit Requirement				5.0 (Max.)		mg/l		4 Days/Week	Grab
pH	Sample Measurement				6.92	8.22	S.U.	-	5/WEEK	GRAB
PARM Code 00400 Mon. Site No. EFF-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
JOHN LUCE FIELD SUPERVISOR	<i>John Luce</i>	772-225-7622	05/00/22

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

PLANT IN DIVERSION FOR CL2 - 10/02, 03, 04, 05, 06, 11, 12, 26, 27/05
 PLANT IN DIVERSION FOR DTCP - 10/31/05

100

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Miles Grant WWTF PERMIT NUMBER: FLA013842 MONITORING GROUP NUMBER: R-001

10/01/05 - 10/31/05

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			100%	<1	#/100ml	-	4/week	GRAB
PARM Code 74035 Mon Site No. EFF-1	Permit Requirement			Non Detectable (75 Percentile)	25 (Max.)	#/100ml		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0		mg/L	-	CONT	ANALYZER
PARM Code 50060 Mon Site No. EFF-1	Permit Requirement			1.0 (Min.)		mg/l		Continuous	Analyzer
Flow	Sample Measurement	103	MGD					3/week	FLOW METER
PARM Code 50090 Mon Site No. INF-1	Permit Requirement	0.3 (An.Avg.)	mgd					5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	097	MGD					5/week	FLOW METER
PARM Code 58050 Mon Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	mgd					5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				137	mg/l	-	EVERY 2 WEEKS	8HR FPC
PARM Code 80082 Mon Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				162	mg/l	-	EVERY 2 WEEKS	8HR FPC
PARM Code 00530 Mon Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/l		Every Two Weeks	8-hour FPC
Turbidity	Sample Measurement				5.0	NTU	-	CONT	METER
PARM Code 82078 Mon Site No. EFB-1	Permit Requirement				3.0 (max)	NTU		Continuous	Meter
Giardia*	Sample Measurement							1/5 YRS	CLAB
PARM Code CHAD Mon Site No. EFF-1	Permit Requirement							Once every 5 years	Grab
Cryptosporidium*	Sample Measurement							1/5 YRS	CLAB
PARM Code CRYPT Mon Site No. EFF-1	Permit Requirement							Once every 5 years	Grab

*Use DEP form 62-610.300(4)(a)4 to report test results.

DAILY SAMPLE RESULTS - FARI D

Permit Number:
Monitoring Period:

FLA013842
From: 10/26/05 To: 10/31/05

Three-month Average Daily Flow:
(TMADF/Permitted Capacity) x .00:

Code	50050	50050	80082	80082	00530	00530	00400	74055	50060	82178
Mon. Site	EFF-1	INF-1	EFF-1	INF-1	EFB-1	INF-1	EFF-1	EFF-1	EFF-1	EFB-1
	Flow (mgd)	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity (nt.us)
1	.060	.090					8.22		1.2	2.0
2	.100	.079					7.70		1.5	1.1
3	.069	.076			1.20		7.84	<1	1.4	1.0
4	.092	.079			1.40		8.04	<1	1.4	2.6
5	.041	.088	<2	180	1.00	175	7.18	<1	2.8	1.9
6	.048	.082			<1		7.18	<1	2.8	1.3
7	.049	.069					7.33		5.0	1.3
8	.146	.093					7.44		1.8	1.4
9	.058	.076					7.31		1.0	1.0
10	.035	.076			1.20		7.20	<1	1.0	2.1
11	.101	.102			1.00		7.60	<1	1.80	2.0
12	.091	.083			1.60		7.68	<1	1.50	1.6
13	.114	.116			2.20		7.72	<1	2.60	5.0
14	.111	.107					7.82		2.0	2.0
15	.086	.085					7.67		5.0	1.0
16	.119	.116					7.91		5.0	1.0
17	.079	.080					7.44		5.0	.80
18	.106	.103			2.20		7.50	<1	5.0	1.2
19	.134	.129	<2	947	1.00	149	7.58	<1	5.0	1.8
20	.099	.085			1.20		7.62	<1	5.0	1.40
21	.147	.135			<1		7.76	<1	5.0	1.6
22	.027	.039					7.37		1.6	1.4
23	.158	.168					7.56		1.8	1.4
24	W.L.M.A	W.L.M.A			W.L.M.A			W.L.M.A	W.L.M.A	W.L.M.A
25	.066	.079			W.L.M.A		7.60	W.L.M.A	5.0	2.2
26	.056	.066			<1		7.42	<1	.30	1.8
27	.081	.116			<1		6.92	<1	.90	1.9
28	.106	.125			2.33		7.23	<1	1.1	1.6
29	.110	.151					7.31		4.0	1.80
30	.133	.140					7.56		4.2	1.2
31	.120	.122			1.00		7.46	<1	5.0	1.5

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 13411 Name: BRUCE RAUBS
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: 0 Certificate No: 1571 Name: JOHN LEE
 Type of Effluent Disposal or Reclaimed Water Reuse: GOLF COURSE IRRIGATION
 Limited Wet Weather Discharge Activated: Yes No Not Applicable: If yes, cumulative days of wet _____

Attach additional sheets if necessary to list all certified operators.

TOTAL 2.722 2.456
 AVE .041 .100

640

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416-5425

PERMITTEE NAME: Miles Grant Water and Sewer Company
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA01384Z
 LIMIT: Final
 CLASS SIZE: N/A
 GMS ID NO.: S143P02100
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic
 GMS TEST SITE NO.:

FACILITY: Miles Grant WWTF
 LOCATION: 5481 SE Miles Grant Road
 Stuart, FL 34997

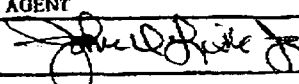
COUNTY: Martin

MONITORING PERIOD

From: 09/01/05 To: 09/30/05

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	079	080	MGD				-	5/WEEK	FLOW METER
PARM Code 50051 Mon Site No. EFF-1	Permit Requirement	0.3 (3-Mo. Avg.)	Report (Mo. Avg.)	mgd					5 Days/Week	Flow meters and Intellizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.71		MG/L	-	EVERY TWO WEEKS	8HR FPC
PARM Code 80082 Mon Site No. EFF-1	Permit Requirement				20.0 (An. Avg.)		mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	MG/L	-	EVERY TWO WEEKS	8HR FPC
PARM Code 80082 Mon Site No. EFF-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)	mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.0		MG/L	-	4/WEEK	GRAB
PARM Code 00530 Mon Site No. EFF-1	Permit Requirement				5.0 (Max.)		mg/l		4 Days/Week	Grab
pH	Sample Measurement				6.94	8.30	S.U.	-	5/WEEK	GRAB
PARM Code 00400 Mon Site No. EFF-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
JOHN LUCE Field SUPERVISOR		772 225 7622	05/10/27

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

09/18, 09/19, 09/27, 09/28 - PLANT DIVERTED - LOW CL2
 09/29 - PLANT DIVERTED - HIGH NH4.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Miles Grant WWTF PERMIT NUMBER: FLA013842 MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement		2	100%	<1		1/10 WEEK	GRAB
PARM Code 74055 Mon Site No. EFF-1	Permit Requirement		b	Non Detectable (75 Percenile)	25 (Max)		Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			.30			CON	ANALYZER
PARM Code 50060 Mon Site No. EFF-1	Permit Requirement			1.0 (Min)			Continuous	ANALYZER
Flow	Sample Measurement	103	MGD				5/WEEK	FLOW METER
PARM Code 50050 Mon Site No. INF-1	Permit Requirement	0.3 (An. Avg.)	mgd				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	678	MGD				5/WEEK	FLOW METER
PARM Code 50050 Mon Site No. INF-1	Permit Requirement	Report (Mo. Avg.)	mgd				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.2			EVERY 2 WEEKS	8HR FPC
PARM Code 80082 Mon Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			181			EVERY 2 WEEKS	8HR FPC
PARM Code 00530 Mon Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			Every Two Weeks	8-hour FPC
Turbidity	Sample Measurement				3.9		CON	METER
PARM Code 82078 Mon Site No. EFF-1	Permit Requirement				3.0 (max)		Continuous	Meter
Giardia*	Sample Measurement						1/5 YRS	GRAB
PARM Code GIARD Mon Site No. EFF-1	Permit Requirement						Once every 5 years	Grab
Cryptosporidium*	Sample Measurement						1/5 YRS	GRAB
PARM Code CRYPT Mon Site No. EFF-1	Permit Requirement						Once every 5 years	Grab

*Use DEP form 62-610.300(4)(a)4 to report test results.

PAGE 04

GARTH A

8136261030

10/28/2005 09:45

DAILY SAMPLE RESULTS - PART D

Permit Number:
Monitoring Period:

FLA013847
From: 09/01/05

To: 09/10/05

Three-month Average Daily Flow:
(TMADF/Permitted Capacity)x100:

Code	Flow (mgd)	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity (ntus)
Mon. Site	EFF-1	INF-1	BFF-1	INF-1	EFB-1	INF-1	EFF-1	EFF-1	EFF-1	EFF-1
1	.073	.080			<1		7.72	<1	5.0	.85
2	.071	.075					8.24		5.0	1.0
3	.081	.072					8.05		5.0	1.1
4	.081	.074					8.04		5.0	1.5
5	.091	.085					8.47		5.0	1.0
6	.081	.077			<1		8.29	<1	1.7	.70
7	.084	.078	<2	239	<1	200	7.90	<1	3.0	.70
8	.083	.079			2.00		7.88	<1	5.0	.82
9	.070	.068			1.60		7.84	<1	5.0	.71
10	.086	.084					8.10		5.0	.90
11	.083	.085					8.20		3.8	1.0
12	.077	.075			<1		7.98	<1	5.0	1.0
13	.069	.070			1.70		7.85	<1	5.0	.80
14	.073	.081			<1		7.96	<1	3.6	.80
15	.080	.063			<1		7.88	<1	3.5	.75
16	.065	.083					8.29		4.0	1.9
17	.073	.077					8.12		1.4	1.0
18	.083	.074					7.71		.70	1.3
19	.071	.074			1.20		7.86	<1	1.80	1.0
20	.079	.083			<1		7.80	<1	1.10	1.1
21	.095	.083	<2	205	1.20	162	7.98	<1	1.30	.90
22	.092	.072			1.20		8.00	<1	1.1	.80
23	.077	.083					6.94		2.5	.89
24	.060	.091					7.39		1.6	.85
25	.104	.081					8.30		3.6	3.0
26	.086	.077			1.00		7.98	<1	1.0	1.0
27	.084	.080			<1		8.02	<1	.80	.80
28	.083	.082			<1		7.76	<1	.30	.30
29	.093	.074			1.80		7.86	<1	3.70	3.90
30	.070	.080					7.51		5.0	1.19
31										

PLANT STAFFING:
 Day Shift Operator Class: C Certificate No: 5972 Name: JOHN LISLE
 Evening Shift Operator Class: C Certificate No: 13411 Name: BRUCE RAMOS
 Night Shift Operator Class: Certificate No: Name:
 Lead Operator Class: C Certificate No: 5923 Name: MIKE ELLIS
 Type of Effluent Disposal or Reclaimed Water Reuse: GOLF COURSE USE
 Limited Wet Weather Discharge Activated: Yes: No: Nor Applicable: if yes, cumulative days of wet

Attach additional sheets if necessary to list all certified operators.

FILE COPY

646

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416-5425

PERMITTEE NAME: Miles Grant Water and Sewer Company
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA013842
 LIMIT: Final
 CLASS SIZE: N/A
 GMS ID NO.: 5143P02100
 MONITORING GROUP NUMBER: N-607
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:

REPORT GROUP: Monthly Domestic
 GMS TEST SITE NO.:

FACILITY: Miles Grant WWTF
 LOCATION: 5461 SE Miles Grant Road
 Street, FL 34997

COUNTY: Martin

MONITORING PERIOD

From: 08/01/05 To: 08/31/05

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.079	078	MGD					5/WEEK	METER
PARM Code 50050 Mon. Site No. EFF-1	Permit Requirement	0.3 (3-Mo. Avg.)	Report (Mo. Avg.)	mgd					5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.92		MG/L	-	EVERY 2 WEEK	SHR PFC
PARM Code 80082 Mon. Site No. EFF-1	Permit Requirement				20.0 (An. Avg.)		mg/l		Every Two Weeks	8-hour PFC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				22		MG/L	-	EVERY 2 WEEK	SHR PFC
PARM Code 80082 Mon. Site No. EFF-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)	mg/l		Every Two Weeks	8-hour PFC
Solids, Total Suspended	Sample Measurement				4.20		MG/L	-	4/WEEK	GRAB
PARM Code 00530 Mon. Site No. EFB-1	Permit Requirement				5.0 (Max.)		mg/l		4 Days/Week	Grab
pH	Sample Measurement				6.87	8.10	S.U.	-	5/WEEK	GRAB
PARM Code 00400 Mon. Site No. EFF-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
DAVID L. LISK, JR. FIELD SUPERVISOR		772-225-2822	05/09/27

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

PLANT DIVERTED ON CLR FOR DATES - 08/03, 08/04, 08/05, 8/10 & 8/11
 PLANT DIVERTED ON UTU FOR DATE - 08/09

FACILITY NAME: Miles Grant WWTF

PERMIT NUMBER: FLA013842

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R-001

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement									
PARM Code 74053 Mon Site No. EFF-1	Permit Requirement				94.74	134				
Total Residual Chlorine (For Disinfection)	Sample Measurement				Non Detectable (75 Percentile)	25 (Max.)	mg/100ml		4/week	GRAB
PARM Code 30060 Mon Site No. EFF-1	Permit Requirement						#/100ml		4 Days/Week	Grab
Flow	Sample Measurement				1.0 (Min.)		MG/L			
PARM Code 30050 Mon Site No. INF-1	Permit Requirement	.096		MGD			mg/l		CEU Continuous	ANALYZER
Flow	Sample Measurement	0.3 (An.Avg.)		MGD						
PARM Code 30050 Mon Site No. INF-1	Permit Requirement	.080		MGD					5/week	METER
BOD, Carbonaceous 5 day, 20C	Sample Measurement	Report (Mo.Avg.)		mgd					5 Days/Week	Flow meters and totalizers
PARM Code 80082 Mon Site No. INF-1	Permit Requirement								5/week	METER
Solids, Total Suspended	Sample Measurement				133				5 Days/Week	Flow meters and totalizers
PARM Code 00530 Mon Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		MG/L		Every Two Weeks	8-hour FPC
Turbidity	Sample Measurement				182		mg/l		2 Weeks	8-hour FPC
PARM Code 82078 Mon Site No. EFB-1	Permit Requirement						mg/l		2 Weeks	8-hour FPC
Giardia*	Sample Measurement				10.00				Every Two Weeks	8-hour FPC
PARM Code GIARD Mon Site No. EFF-1	Permit Requirement				3.0 (MAX)		NTU		Continuous	METER
Cryptosporidium*	Sample Measurement									
PARM Code CRYPT Mon Site No. EFF-1	Permit Requirement								1/5 YRS	GRAB
									Once every 5 years	Grab
									1/5 YRS	GRAB
									Once every 5 years	Grab

*Use DEP form 62-610.300(4)(a)4 to report test results.

WATER SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA013844
From: 08/01/05

To: 08/31/05

Three-month Average Daily Flow:
(TMADF/Permitted Capacity)x100:

Code	Flow (mgd)	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity (ntu)
Mon. Site	EFF-1	INF-1	EFF-1	INF-1	EPB-1	INF-1	EFF-1	EPB-1	EFF-1	EPB-1
1	.086	.088					7.56		5.0	1.76
2	.080	.087			<1		7.42	<1	4.0	1.20
3	.098	.096			<1		6.98	<1	0	1.80
4	.077	.088			<1		7.13	<1	.20	1.00
5	.069	.091			<1		6.96	134	18	12.80
6	.091	.098					7.10		2.6	0.90
7	.104	.100					7.28		2.4	2.80
8	.104	.103			<1		7.10	<1	3.0	10.00
9	.133	.127			<1		6.86	<1	1.3	1.0
10	.086	.085	<2	135	<1	130	6.94	<1	0.5	8.80
11	.056	.079			1.40		7.18	<1	0.5	1.8
12	.071	.073					7.25		1.0	1.0
13	.085	.083					7.10		5.0	1.8
14	.075	.073					6.87		5.0	1.0
15	.062	.060			1.60		6.98	<1	5.0	1.6
16	.070	.069			1.00		6.82	<1	5.0	1.0
17	.077	.068			<1		7.12	<1	5.0	1.0
18	.070	.072			<1		6.95	<1	5.0	8.9
19	.063	.063					7.77		5.0	0.7
20	.096	.094					7.40		5.0	.50
21	.069	.063					7.86		6.0	1.80
22	.069	.069			4.20		8.06	<1	5.0	1.80
23	.071	.069			<1		7.68	<1	5.0	1.0
24	.083	.071	<2	186	<1	233	7.30	<1	5.0	1.12
25	.073	.071			<1		7.44	<1	5.0	1.33
26	.076	.071					8.10		5.0	.95
27	.073	.072					7.97		0.2	.90
28	.076	.073					7.50		5.0	.90
29	.077	.070			<1		7.38	<1	5.0	1.2
30	.081	.074			<1		8.00	<1	5.0	1.0
31	.069	.070			1.00		7.68	<1	5.0	.80

PLANT STAFFING:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

Class: C
Class: C
Class: C
Class: C

Certificate No: 13483
Certificate No: 13411
Certificate No:
Certificate No: 5973

Name: MIKE WOODSIDE
Name: DAKE RALES
Name:
Name: MIKE ELLIS

Type of Effluent Disposal or Reclaimed Water Reuse:

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

NAME

Attach additional sheets if necessary to list all certified operators.

C

5972

JOHN LISUE

240

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416-5425

PERMITTEE NAME: Miles Grant Water and Sewer Company
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA013842
 LIMIT: Final
 CLASS SIZE: N/A
 GMS ID NO.: 5143P02100
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic
 GMS TEST SITE NO.:

FACILITY: Miles Grant WASTW
 LOCATION: 5481 SE Miles Grant Road
 Stuart, FL 34997

COUNTY: Martin

MONITORING PERIOD

From:

07/01/05

To:

07/31/05

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.081	.080	MGD					5/WEEK	Flow meters and totalizers
PARM Code 50050 Mon. Site No. EFF-1	Permit Requirement	0.3 (3-Mo. Avg.)	Report (Mo. Avg.)	mgd					5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.91		MG/L	-	Every Two Weeks	8-hour FPC
PARM Code 80082 Mon. Site No. EFF-1	Permit Requirement				20.0 (An. Avg.)		mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2	2	MG/L	-	Every Two Weeks	8-hour FPC
PARM Code 80082 Mon. Site No. EFF-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)	mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				83.8		MG/L	-	4/WEEK	GRAB
PARM Code 00530 Mon. Site No. EFF-1	Permit Requirement				5.0 (Max.)		mg/l		4 Days/Week	Grab
pH	Sample Measurement				6.75	7.96	S.U.	-	5/WEEK	GRAB
PARM Code 00400 Mon. Site No. EFF-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
JOHN D. LISLE JR FIELD SUPERVISOR	<i>[Signature]</i>	772 225 7622	05/08/26

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

PLANT IN DIVERSION 07/20, 07/21, 07/22, 07/23, 07/24, 07/25
 Cl2 = 07/20, 07/21, 07/22, 07/23
 NTU = 07/24, 07/25

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Miles Grant WWTF PERMIT NUMBER: FLA013842 MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Fx	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			100%	<1	#/100ml	4/WEEK	GRAB
PARM Code 74055 Mon Site No. EFF-1	Permit Requirement			Non Detectable (75 Percentile)	25 (Max.)	#/100ml	4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0		MG/L	CON	ANALYZER
PARM Code 50060 Mon Site No. EFF-1	Permit Requirement			1.0 (Min.)		mg/l	Continuous	Analyzer
Flow	Sample Measurement	110	MGD				5/WEEK	FLOW METERS TOTALIZER
PARM Code 50050 Mon Site No. INF-1	Permit Requirement	0.3 (An. Avg.)	mgd				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.83	MGD				5/WEEK	FLOW METERS TOTALIZER
PARM Code 50050 Mon Site No. INF-1	Permit Requirement	Report (Mo. Avg.)	mgd				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			280		MG/L	EVERY 2 WEEKS	8HR FPC
PARM Code 80082 Mon Site No. INF-1	Permit Requirement			Report (Mo. Avg.)		mg/l	Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			466		MG/L	EVERY 2 WEEKS	8HR FPC
PARM Code 00530 Mon Site No. INF-1	Permit Requirement			Report (Mo. Avg.)		mg/l	Every Two Weeks	8-hour FPC
Turbidity	Sample Measurement				17.30	NTU	CON	METER
PARM Code 82078 Mon Site No. EFF-1	Permit Requirement				3.0 (max)	NTU	Continuous	Meter
Giardia*	Sample Measurement						1/5 YRS	GRAB
PARM Code GIARD Mon Site No. EFF-1	Permit Requirement						Once every 5 years	Grab
Cryptosporidium*	Sample Measurement						1/5 YRS	GRAB
PARM Code CRYPT Mon Site No. EFF-1	Permit Requirement						Once every 5 years	Grab

*Use DEP form 62-610.300(4)(a)4 to report test results.

DAILY SAMPLE RESULTS - PART B

Permi Number:
Monitoring Period

FLA013842
From: 07/01/05

To: 07/31/05

Three-month Average Daily Flow:
(TMADF/Permitted Capacity): 100:

Code	Flow (mgd)	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (a.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity (ntus)
Mon. Site	EFF-1	INF-1	EFF-1	INF-1	EFB-1	INF-1	EFF-1	EFF-1	EFF-1	EFB-1
1	.075	.072					7.12		5.0	1.20
2	.079	.076					7.14		5.0	0.60
3	.081	.083					7.20		5.0	0.60
4	.087	.083					7.30		5.0	0.60
5	.067	.079			2.80		7.18	<1	5.0	3.00
6	.087	.083			<2.00		7.26	<1	2.5	2.00
7	.074	.072			3.40		6.85	<1	5.0	0.85
8	.080	.076			<2.00		7.96	<1	5.0	0.60
9	.090	.084					7.54		5.0	0.60
10	.087	.082					7.32		5.0	0.80
11	.075	.076			<2.00		7.28	<1	5.0	0.80
12	.071	.070			4.60		6.95	<1	5.0	0.80
13	.080	.078	<2.00	348	<1.00	639	7.10	<1	3.2	1.20
14	.077	.077			<1.00		6.98	<1	3.9	1.20
15	.036	.077					7.15		3.7	1.10
16	.085	.092					7.65		5.0	1.10
17	.070	.069					7.43		2.0	1.20
18	.081	.081			1.00		7.62	<1	2.0	1.10
19	.072	.069			<1.00		7.10	<1	5.0	1.00
20	.129	.072			1.00		7.26	<1	.80	3.20
21	.042	.078			.80		7.87	<1	0	2.30
22	---	.088					7.63		0	---
23	---	.102					7.54		0	---
24	.041	.080					7.09		4.6	17.30
25	.099	.087			83.8		7.17	<1	5.0	16.90
26	.102	.095			2.00		6.75	<1	1.0	1.50
27	.093	.088	<2.00	213	<1.00	293	6.95	<1	5.0	1.00
28	.092	.089			<1.00		7.10	<1	5.0	0.60
29	.106	.103					6.86		3.2	1.0
30	.125	.130					7.26		1.8	0.90
31	.069	.091					6.96		2.2	0.50

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No: 13483

Name: MIKE WOODSIDE

Evening Shift Operator

Class: _____

Certificate No: _____

Name: _____

Night Shift Operator

Class: _____

Certificate No: _____

Name: _____

Lead Operator

Class: C

Certificate No: 7371

Name: MIKE WOODSIDE

Type of Effluent Disposal or Reclaimed Water Reuse: RE-USE - GOLF COURSE IRRIGATION

Limited Wet Weather Discharge Activated: Yes: No:

Not Applicable: _____

If yes, cumulative days of wet _____

Attach additional sheets if necessary to list all certified operators.

JANUARY - DECEMBER, 2006

FILED

PAGE 06



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

640

See page 4 for instructions

01/06 PWS Identification Number: 4430917

A. Public Water System (PWS) Information

PWS Name: Miles Grant WTP Community Non-Treatment Non-Community Transient Non-Community Connection **Total Population Served at End of Month: 3192**

PWS Type: Community Non-Treatment Non-Community Transient Non-Community Connection

Number of Service Connections at End of Month: 1277

PWS Owner: Miles Grant Water & Sewer Community **County: Alachua** **City: Altonville Springs** **State: FL** **Zip Code: 32714**

Contact Person: Patrick C. Flynn **Contact Person's Title: Business Director** **Contact Person's Phone Number: 407.869.1919** **Contact Person's Fax Number: 407.869.6961**

Contact Person's Mailing Address: 200 Weatherfield Ave. **Plant Telephone Number: 800-272-1919**

Contact Person's E-Mail Address: p.c.flynn@altonville.com **State: FL** **Zip Code: 34997**

B. Water Treatment Plant Information

Plant Name: Miles Grant WTP **City: Stuart**

Plant Address: 5418 Miles Grant Rd. **State: FL**

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000

Operator Name	License Class	License Number	Days (1/31) Worked
MIKE ELLIS	B	4693	SUN - THURS
JIM COELSBACH	C	18793	MON - FRI
JOHELISE	C	5872	TUES - SAT

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-551.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner as the PWS owner maintain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: [Signature] 02/06/06 JOHELISE
Printed or Typed Name

GARTH A

8136261030

11:29

02/06/2006

02/06/2006 10:28

12395611263

EAGLE RIDGE

PAGE 01/03

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

PWS Identification Number: **440 0917** Plant Name: **MILES GRANT**

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

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

Days Since Startup and Visited Site/ Operator (Phone No.)												
X	16.5	240.7	4.10									
X	17.0	251.7	4.0									
X	17.0	259.3	4.0									
X	19.1	225.9	10.0									
X	20.4	231.7	8.8									
X	23.0	268.3	8.4									
X	18.2	262.3	10.0									
X	25.4	309.5	8.1									
X	11.3	154.3	8.4									
X	22.3	243.8	8.4									
X	16.0	233.8	8.4									
X	14.4	218.3	8.4									
X	17.4	218.5	8.4									
X	11.6	188.2	8.4									
X	14.0	236.1	8.4									
X	12.9	230.0	8.4									
X	15.6	248.9	8.4									
X	15.1	249.8	8.4									
X	15.9	248.5	8.4									
X	18.7	281.5	8.4									
X	17.7	261.4	8.4									
X	16.0	247.1	8.4									
X	16.0	249.0	8.4									
X	18.1	281.5	8.4									
X	15.4	267.6	8.4									
X	16.0	246.8	8.4									
X	18.1	281.5	8.4									
		31,400										

* Refer to the instructions for this report to determine which plants must provide this information.
K 30 hys.

640

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #:

MILES RAIN

MONTH/YEAR:

JAN 06

DATE	TIME	AMOUNT	REMARKS
1		4550	B/w #2 Filter
2			
3			
4			
5			
6		4550	B/w #1 Filter
7			
8			
9		4550	B/w #2 Filter
10		4550	B/w #1 Filter
11			
12		1500	VAC TRUCK L/S CLEANING
13		4550	B/w #1 Filter
14			
15		1000	IRREGULAR L/S
16		11,500	" " B/w Filter #1
17		7500	" " B/w #2 Filter
18			
19			
20			
21			
22			
23		5650	IRREGULAR B/w #1 Filter
24		14,100	" " B/w #2 Filter
25		200	" " "
26		12,300	" " B/w #1 Filter
27		9200	" " B/w #2 Filter
28			
29		4700	IRREGULAR
30		5150	" " B/w #1 Filter
31		8750	" " B/w #2 Filter

- Loss Code
- 1) Water breaks
 - 2) Flushing hydrants
 - 3) Meter failure
 - 4) Construction
 - 5) Other

100,412

Form MWR-10/2000

File: Flushing & Water Loss Report

640



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

See page 4 for instructions.

Report Period: 02/06

A. Public Water System (PWS) Information

PWS Name: Utilities Inc of Miles GRANT PWS Identification Number: 430917

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

Number of Service Connections at End of Month: 1277 Total Population Served at End of Month: 3192

PWS Owner: Miles GRANT WATER & Sewer Company

Contact Person: PATRICK C. FLYNN Contact Person's Title:

Contact Person's Mailing Address: 200 Weatherfield AVE City: Mitmore Springs State: FL Zip Code: 32714

Contact Person's Telephone Number: 407-869-1919 Contact Person's Fax Number: 407-869-6961

Contact Person's E-Mail Address: P.C.Flynn@UtilitiesInc-USA.com

B. Water Treatment Plant Information

Plant Name: Miles GRANT WTP Plant Telephone Number: 800-272-1919

Plant Address: 5418 E. Miles GRANT Road City: Stuart State: FL Zip Code: 34947

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 700,000

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

Operator Name	License Class	License Number	Shift
<u>Michael Ellis</u>	<u>B</u>	<u>4683</u>	<u>SUN - THUR</u>
<u>James Coalbaugh</u>	<u>C</u>	<u>13743</u>	<u>MON - FRS</u>
<u>John Lisle</u>	<u>C</u>	<u>5970</u>	<u>TUE - SAT</u>

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

Michael Ellis 2/2/06 Michael ELLIS 84683

Signature and Date Printed or Typed Name License Number

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

PWS Identification Number: 4420917 Plant Name: M. LOS GRANT

Reporting Period: Feb. 2006

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

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

Day	Plant	Sample	Location	Time	Operator	Free Chlorine (mg/L)	Combined Chlorines (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Notes
X						16.1	271.6			
X						15.1	273.0			
X						21.0	147.9			343.0
X						22.8	172.9			
X						16.1	278.7			
X						14.3	237.6			257.0
X						15.0	237.8			
X						14.0	244.6			
X						17.6	287.2			
X						13.0	184.7			
X						10.9	237.3			
X						10.9	241.2			
X						14.0	248.5			248.5
X						14.8	248.5			248.5
X						17.6	296.2			
X						16.7	287.4			287.4
X						13.9	174.4			
X						11.5	283.3			
X						15.6	280.6			
X						15.8	292.7			
X						12.6	233.4			
X						15.0	294.8			
X						7.1	224.4			224.4
X						10.8	220.3			220.3
X						15.8	255.7			255.7
X						15.1	246.8			
X						14.4	297.3			

794.120
266.8
297.3
2/24 26 Hours between readings
2/28 28

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

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

PWS Identification Number: 4430917 Plant Name: Miles GRANT Utilities Inc

Is any iron or manganese sequestant used at the water treatment plant? No Yes, and the type of sequestant, sequestant dose, etc., are as follows: 02/06

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

Polymer Dose, ppm = Acrylamide Level, % =

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

Polymer Dose, ppm = Epichlorohydrin Level, % =

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

Type of Sequestant (polyphosphate or sodium silicate): Sodium Polyphosphate

Sequestant Dose, mg/L of phosphate as PO4 or mg/L of silicate as SiO2 = 1.0 mg/L

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

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestant.
† Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

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WATER LOSS RECORD

Includes Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Miles Grant

MONTH/YEAR: Feb 2006

DATE	DESCRIPTION	AMOUNT	REMARKS
1			
2			
3		✓ 4550	Filter Wash
4			
5			
6			
7	B/W FILTER # 2	✓	4550
8			
9		✓ 10,000	IRRIGATION Water Plant
10		✓ 2700	" " " "
11			
12		✓ 900	IRRIGATION WATER PLANT
13			
14		✓ 6325	B/W #2 - UNAGE Break #1
15			
16			
17		✓ 4550	B/W Filter #2
18			
19			
20		✓ 1200	IRRIGATION WTP
21		✓ 4550	B/W #2 Filter
22			
23		✓ 2300	IRRIGATION WTP
24		✓ 4550	Filter Wash
25			
26			
27			
28			
29		4550	B/W Filter #2 Line Break Est 50,000
30			
31			

- Drop Code
- 1) Water breaks
 - 2) Flushing hydrants
 - 3) Meter defect
 - 4) Construction
 - 5) Other

100,625

B/W = 33,625
 IRRIG = 19,000
 BREAK = 50,000

Form Modified 10/20/03

File: Flushing & Water Loss Record



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

640

See page 4 for instructions.

General Information: Month, Year of: MARCH 2006																																					
A. Public Water System (PWS) Information																																					
PWS Name: Miles Grant WTP Utilities Inc of FL PWS Identification Number: 4410917																																					
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive																																					
Number of Service Connections at End of Month: 1277 Total Population Served at End of Month: 3192																																					
PWS Owner: Miles Grant Water & Sewer Company																																					
Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director																																					
Contact Person's Mailing Address: 200 Westerafield Ave City: Altamonte Springs State: FL Zip Code: 32714																																					
Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6961																																					
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com																																					
B. Water Treatment Plant Information																																					
Plant Name: Miles Grant WTP Plant Telephone Number: 800-272-1919																																					
Plant Address: 5418 Miles Grant Rd. City: Stuart State: FL Zip Code: 34997																																					
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water																																					
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000																																					
Plant Category (per subsection 62-699.310(4), F.A.C.): I Plant Class (per subsection 62-699.310(4), F.A.C.): C																																					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 10%;">Credentials Class</th> <th style="width: 15%;">License Number</th> <th style="width: 45%;">Day(s) Shift(s) Worked</th> </tr> </thead> <tbody> <tr> <td>Michael Ellis</td> <td style="text-align: center;">B</td> <td style="text-align: center;">0004683</td> <td>7 DAYS MON-THUR SUN.</td> </tr> <tr> <td>John Lisle</td> <td style="text-align: center;">C</td> <td style="text-align: center;">0005972</td> <td>FILL IN</td> </tr> <tr> <td>Nick Casaling</td> <td></td> <td style="text-align: center;">TRAISPEE</td> <td>MON THUR FAX</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Credentials Class	License Number	Day(s) Shift(s) Worked	Michael Ellis	B	0004683	7 DAYS MON-THUR SUN.	John Lisle	C	0005972	FILL IN	Nick Casaling		TRAISPEE	MON THUR FAX																				
Name	Credentials Class	License Number	Day(s) Shift(s) Worked																																		
Michael Ellis	B	0004683	7 DAYS MON-THUR SUN.																																		
John Lisle	C	0005972	FILL IN																																		
Nick Casaling		TRAISPEE	MON THUR FAX																																		

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

Michael Ellis 04/03/06 Michael Ellis
 Signature and Date Printed or Typed Name

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

PWS Identification Number: 4430917 Plant Name: Utilities Inc. Ft. Miles Grant

Month: MAR. 2006

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	14.7	204.3	2.0												
2	X	14.0	287.6	2.0												
3	X	19.2	396.1	2.0												
4	X	11.4	221.2	2.0												
5	X	16.9	314.3	2.0												
6	X	14.1	274.6	2.0												
7	X	15.6	290.0	2.0												
8	X	13.7	233.6	2.0												
9	X	14.8	279.0	2.0												
10	X	13.3	286.2	2.0												
11	X	16.4	302.7	2.0												
12	X	12.8	307.8	2.0												
13	X	12.6	267.1	2.0												
14	X	15.0	294.7	2.0												
15	X	15.6	288.4	2.0												
16	X	17.4	312.6	2.0												
17	X	14.6	272.6	2.0												
18	X	14.4	274.9	2.0												
19	X	17.6	319.5	2.0												
20	X	14.3	272.0	2.0												
21	X	13.2	284.6	2.0												
22	X	17.8	313.4	2.0												
23	X	14.6	271.1	2.0												
24	X	15.2	278.0	2.0												
25	X	15.1	274.0	2.0												
26	X	13.8	274.7	2.0												
27	X	16.6	297.3	2.0												
28	X	15.0	274.3	2.0												
29	X	16.0	277.5	2.0												
30	X	14.2	277.0	2.0												
31	X	14.4	274.4	2.0												
Total			8,468,180													
Average			273													
Maximum			346.1													

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

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

PWS Identification Number: 4430917 Plant Name: Utilities Inc Miles GRANT

IX. Summary of Data for the month beginning on 03/06 and ending on 03/06 and Total of Chemicals Sequestered in the Year 03/06

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

Polymer Dose, ppm = _____ Acrylamide Level, %* = _____

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

Polymer Dose, ppm = _____ Epichlorohydrin Level, %* = _____

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

Type of Sequestrant (polyphosphate or sodium silicate): Sodium Polyphosphate

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ = 1 mg/L

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

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

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



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

See page 4 for instructions.

Monthly Operation Report for the month of APRIL 2006

A. Public Water System (PWS) Information

PWS Name: Miles Grant WTP Utilities Inc. of Florida. PWS Identification Number: 4430917

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

Number of Service Connections at End of Month: 1277 Total Population Served at End of Month: 3192

PWS Owner: Miles Grant Water & Sewer Company

Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weatherfield Ave. City: Altamonte Springs State: FL Zip Code: 32714

Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6961

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

B. Water Treatment Plant Information

Plant Name: Miles Grant WTP Plant Telephone Number: 800-272-1919

Plant Address: 5418 Miles Grant Rd. City: Stuart State: FL Zip Code: 34997

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000

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

Licensed Operators	Name	License Class	License Number	Days/Shift(s) Worked
Lead/Chief Operator:	<u>Mike Ellis</u>	<u>B</u>	<u>84683</u>	<u>SUN → THUR.</u>
Other Operators:	<u>JOHN Lisle</u>	<u>B</u>	<u>5973</u>	<u>TUE → SAT</u>
	<u>FRANIS Eskew</u>	<u>C</u>	<u>4153</u>	<u>TUE SAT</u>
	<u>Nick Casling</u>		<u>TRANS</u>	<u>TUE → SAT.</u>

III. Certification by Licensed Operator

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

Michael A. Ellis 5/2/06 Michael Ellis 84683
 Signature and Date Printed or Typed Name

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

PWS Identification Number: 4430917 Plant Name: Utility of FL. MILES GRAN

APRIL 2006

Means of Achieving Free Chlorine Residuals/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

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

Days Month	Plant Served	Volume (gpd)	Operator (Name)	Free Chlorine	Combined Chlorine (Chloramines)	Chlorine Dioxide
X	15.7	163.0				
X	16.1	164.7				
X	17.5	169.6				
X	18.4	150.2				
X	19.0	176.0				
X	20.0	159.0				
X	21.0	150.8				
X	22.5	163.4				
X	23.0	173.6				
X	24.6	140.7				
X	25.1	140.1				
X	26.6	146.1				
X	27.0	148.3				
X	28.2	158.3				
X	29.3	156.7				
X	30.1	131.9				
X	31.0	136.1				
X	1.0	147.0				
X	1.7	169.4				
X	2.3	131.7				
X	3.4	146.5				
X	4.5	126.2				
X	5.9	139.7				
X	7.0	118.0				
X	8.2	137.9				
X	9.4	200.6				
X	10.5	93.1				
X	11.8	205.6				
		4386500				
		146210				
		2106				

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

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

PWS Identification Number: 4430917 Plant Name: Utilities Inc of Ft. Miles GRANT

Substance of Concern: Acrylamide, Hexamine, Epichlorohydrin, and Lead or Chromium. Sample Date: 4/06

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

Polymer Dose, ppm = Acrylamide Level, % =

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

Polymer Dose, ppm = Epichlorohydrin Level, % =

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

Type of Sequestrant (polyphosphate or sodium silicate): Sodium Poly Phosphate

Sequestrant Dose, mg/L of phosphate as PO4 or mg/L of silicate as SiO2 = 1 mg/L

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

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, or both as iron and manganese sequestrant.
† Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: MILES GRANT

MONTH/YEAR: APR. 06

DATE	TIME	DESCRIPTION	AMOUNT	REMARKS
1				
2				
3			9500	S/W #1 Filter & IRR.
4			6700	S/W #2 Filter & IRR
5			1800	IRRIGATION
6			2500	" "
7			3100	" "
8			2100	" "
9				
10			14500	GW #1 line Break River Pines
11			4500	S/W #2 Filter
12				
13				
14				
15				
16				
17			7500	S/W #1 Filter & IRR.
18			3900	IRR.
19			4500	S/W #2 Filter
20			2600	IRR.
21				
22				
23			2710	IRR.
24				
25			500	IRR.
26				
27				
28				
29				
30				
31				

Total 65,500

- Exam Code
- 1) Water breaks
 - 2) Flushing Hydrants
 - 3) Meter defect
 - 4) Construction
 - 5) Other

Form Modified 10/10/03

File: Flushing & Water Loss Record



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

See page 4 for instructions.

I. General Information for the Month Year of: MAY 2006

A. Public Water System (PWS) Information

PWS Name: Miles Grant WTP Utilities Inc. of Florida PWS Identification Number: 4430917

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

Number of Service Connections at End of Month: 1277 Total Population Served at End of Month: 3192

PWS Owner: Miles Grant Water & Sewer Company

Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714

Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6961

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

B. Water Treatment Plant Information

Plant Name: Miles Grant WTP Plant Telephone Number: 800-272-1919

Plant Address: 5418 Miles Grant Rd. City: Stuart State: FL Zip Code: 34997

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000

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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Mike Ellis</u>	<u>B</u>	<u>4683</u>	<u>SUN → THUR</u>
Other Operators:	<u>John Lisle</u>	<u>B</u>	<u>5972</u>	<u>MON → FRI.</u>
	<u>FRANK ESKOW</u>	<u>C</u>	<u>463</u>	<u>THUR → MON</u>
	<u>Nick Casillas</u>		<u>TRAINER</u>	

II. Certification of Lead Chief Operator

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

Signature and Date: [Signature] 06/05/06 Printed or Typed Name: JOHN D. LISLE JR.

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

PWS Identification Number: 443 0917 Plant Name: WILKINS IUC OF MILCS CRAPT

III. Daily Data for the Month Year of: 05 2006

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			CT Calculations					UV Dose						
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	12.5	.123		2.7										
2	11.9	.123		1.9										
3	11.5	.114		1.6										
4	12.3	.123		1.3										
5	14.1	.132		1.1										
6	11.6	.093		1.1										
7	12.4	.132		1.6										
8	12.7	.154		2.6										
9	12.4	.108		2.0										
10	12.1	.129		1.8										
11	10.8	.112		2.1										
12	8.1	.081		2.2										
13	11.3	.175		3.9										
14	11.6	.123		2.7										
15	11.6	.112		2.2										
16	9.1	.093		1.7										
17	10.6	.106		1.4										
18	9.6	.124		1.7										
19	10.0	.098		2.2										
20	10.0	.101		3.0										
21	9.6	.117		3.0										
22	11.0	.106		3.0										
23	10.8	.099		3.3										
24	11.3	.113		1.8										
25	9.1	.101		2.1										
26	8.4	.084		1.5										
27	8.4	.096		2.8										
28	10.4	.110		3.6										
29	12.2	.130		3.4										
30	11.2	.113		2.4										
31	10.6	.105		1.0										
Total		3555												
Average		.115												
Maximum		.175												

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

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

PWS Identification Number: 4430917 Plant Name: Utilities Dept. of Fl. Miller Grant

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

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

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

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

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

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

Type of Sequestrant (polyphosphate or sodium silicate): Sodium Polyphosphate

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ = 1 mg/L

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

¹ Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

² Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



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

FILE COPY

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See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: <u>Miles Grant WTP</u>		PWS Identification Number: <u>4430917</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>1277</u>		Total Population Served at End of Month: <u>3192</u>	
PWS Owner: <u>Miles Grant Water & Sewer Company</u>			
Contact Person: <u>Patrick C. Flynn</u>		Contact Person's Title: <u>Regional Director</u>	
Contact Person's Mailing Address: <u>200 Weathersfield Ave.</u>		City: <u>Altamonte Springs</u>	State: <u>Fl</u> Zip Code: <u>32714</u>
Contact Person's Telephone Number: <u>407.869.1919</u>		Contact Person's Fax Number: <u>407.869.6961</u>	
Contact Person's E-Mail Address: <u>p.c.flynn@utiltiesinc-usa.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Miles Grant WTP</u>		Plant Telephone Number: <u>800-272-1919</u>	
Plant Address: <u>5418 Miles Grant Rd.</u>		City: <u>Stuart</u>	State: <u>Fl</u> Zip Code: <u>34997</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>300,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>I</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	

License/Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	<u>Michael Elliv</u>	<u>B</u>	<u>4683</u>	<u>SUN → THUR</u>
Other Operators	<u>JOHN LIZLE</u>	<u>B</u>	<u>5972</u>	<u>MON → FRI</u>
	<u>FRANK ESKEW</u>	<u>C</u>	<u>4153</u>	<u>WED → SUN</u>
	<u>NICK CAROLINA</u>	<u>TRAINEE</u>		

II. Certification by Lead/Chief Operator

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

Michael Elliv 7/5/06 Michael Elliv 34683
 Signature and Date Printed or Typed Name

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

PWS Identification Number: 4430917 Plant Name: Utilities INC. Miles GRANT

June 2006

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

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

Days Plant Staffed	Free Chlorine	Combined Chlorine (Chloramines)	Chlorine Dioxide	Other (Describe)
X	8.6	1083		
X	9.0	107		
X	11.0	105		
X	10.2	113		
X	18.8	194		
X	24.0	1447		
X	14.2	323		
X	14.7	323		
X	22.2	396		
X	19.2	322		
X	23.2	370		
X	20.7	368		
X	20.8	368		
X	20.2	368		
X	20.7	393		
X	18.2	396		
X	21.2	362		
X	23.7	397		
X	15.4	268		
X	15.0	298		
X	16.6	267		
X	18.4	303		
X	12.4	209		
X	11.2	176		
X	10.3	194		
X	17.7	180		
X	15.8	174		
X	16.4	177		
X	11.9	197		
X	9.0	299		
		2,862		
		2262		
		447		

6/6/06 to 6/22/06 Flushing hydrants/
 For Hydro Pneumatic Tank Maintenance

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

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

PWS Identification Number: 4420917 Plant Name: Utilities Inc. Miles GRANT

5/06

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

Polymer Dose, ppm = Acrylamide Level, % =

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

Polymer Dose, ppm = Epichlorohydrin Level, % =

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

Type of Sequestant (polyphosphate or sodium silicate): Sodium polyphosphat

Sequestant Dose, mg/L of phosphate as PO4 or mg/L of silicate as SiO2 = 1 mg/L

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

* Complete and submit Part B of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestant.
* Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

6410

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Utilitar Inc. Miles Grant
 MONTH/YEAR: June 2006

DATE	SIZE	DESCRIPTION	AMOUNT	REMARKS
1				
2				
3				
4				
5				
6				
7	3"		271,700	Hydro Pneumatic Tank off
8	"		148,000	For maintenance flushing
9	"		148,200	hydrant Court & River Pkwy
10	"		225,800	
11	"		146,500	
12	"		194,600	
13	"		192,700	
14	"		194,500	
15	"		184,700	
16	"		218,200	
17	"		120,900	
18	"		186,700	
19	"		222,500	
20	"		97,000	
21	"		127,700	
22	"		92,1	
23				
24				
25				
26				
27				
28				
29				
30				
31				

- Excess GASA
- 1) Water breaks
 - 2) Flushing hydrants
 - 3) Meter defect
 - 4) Construction
 - 5) Other

2,748,700

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Miles GRANT

MONTH/YEAR: JUL 2006

DATE	SIZE	TYPE	AMOUNT	REMARKS
				F.
1				
2				
3			4500	#1 Filter B/W
4			4500	#2 Filter B/W
5				
6				
7				
8				
9			4500	#2 Filter B/W
10			4500	#1 Filter B/W
11				
12				
13				
14			4500	#1 Filter B/W
15			4500	#2 Filter B/W
16			10000	Water break
17				
18				
19				
20				
21			4500	#1 Filter B/W
22			4500	#2 Filter B/W R.B. #625
23				
24			8000	Leak 5245 S.E. Sea Island Way
25				
26				
27				
28			4500	#1 Filter B/W
29			4500	#2 Filter B/W
30				
31				

- Drop Code**
- 1) Water breaks
 - 2) Flushing hydrants
 - 3) Meter defect
 - 4) Construction
 - 5) Other



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

640 FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Miles Grant WTP Utilities Inc of FL PWS Identification Number: 4430917

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

Number of Service Connections at End of Month: 1277 Total Population Served at End of Month: 3192

PWS Owner: Miles Grant Water & Sewer Company

Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714

Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6961

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

B. Water Treatment Plant Information

Plant Name: Miles Grant WTP Plant Telephone Number: 800-272-1919

Plant Address: 5418 Miles Grant Rd. City: Stuart State: FL Zip Code: 34997

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000

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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Michael Ellis</u>	<u>B</u>	<u>84683</u>	<u>SUN → THUR</u>
Other Operators:	<u>John Lisle</u>	<u>B</u>	<u>C5970</u>	<u>MON → FRI</u>
	<u>FRANK ESKew</u>	<u>C</u>	<u>C3640</u>	<u>THUR → TUE</u>
	<u>NICK CASILANO</u>		<u>TRAVICE</u>	<u>TUE → Sat</u>

II. Certification by Lead Chief Operator

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

Michael Ellis 8/2/06 Signature and Date
Michael Ellis Printed or Typed Name

COPY

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

PWS Identification Number: 4430917 Plant Name: Utilities Inc. Miles Grant

July 2006
 Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):
 Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Days Plant Staffed (X)	Days Visited (X)	Operator (Place (X))	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)
X	X		7.9	.077		
X	X		10.7	.108		
X	X		12.4	.071		
X	X		8.1	.119		
X	X		10.2	.103		
X	X		10.5	.102		
X	X		7.8	.087		
X	X		7.7	.061		
X	X		6.7	.087		
X	X		8.8	.092		
X	X		7.6	.077		
X	X		7.6	.087		
X	X		7.6	.091		
X	X		9.4	.091		
X	X		9.7	.109		
X	X		12.4	.118		
X	X		10.6	.108		
X	X		11.9	.114		
X	X		10.9	.107		
X	X		11.3	.111		
X	X		7.8	.090		
X	X		7.0	.090		
X	X		9.8	.096		
X	X		9.7	.099		
X	X		8.0	.085		
X	X		7.0	.083		
X	X		7.1	.073		
X	X		6.2	.083		
X	X		11.8	.104		
X	X		7.6	.087		
Total			2.103			
Average			.094			
Minimum			.119			

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

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

PWS Identification Number: 4430917 Plant Name: Utilities Inc of Fl. Miles GRANT

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

Polymer Dose, ppm = Acrylamide Level, %† =

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

Polymer Dose, ppm = Epichlorohydrin Level, %† =

C. Is any iron or manganese sequestant used at the water treatment plant? [] No [X] Yes, and the type of sequestant, sequestant dose, etc., are as follows:

Type of Sequestant (polyphosphate or sodium silicate): Sodium Polyphosphate

Sequestant Dose, mg/L of phosphate as PO4 or mg/L of silicate as SiO2 = 1 mg/L

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

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestant.
† Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



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

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FILE COPY

See page 4 for instructions.

I. General Information for the Month Year of AUGUST 2006

A. Public Water System (PWS) Information

PWS Name: Miles Grant WTP Utilities Inc. of Fl. PWS Identification Number: 4430917

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

Number of Service Connections at End of Month: 1277 Total Population Served at End of Month: 3192

PWS Owner: Miles Grant Water & Sewer Company

Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: Fl Zip Code: 32714

Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6961

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

B. Water Treatment Plant Information

Plant Name: Miles Grant WTP Plant Telephone Number: 800-272-1919

Plant Address: 5418 Miles Grant Rd. City: Stuart State: Fl. Zip Code: 34997

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300,000

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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	<u>MICHAEL ELLIS</u>	<u>B</u>	<u>84683</u>	<u>SUN -> THUR.</u>
Other Operators	<u>FRANK ESKEW</u>	<u>C-D</u>	<u>55923</u>	<u>MON & FRI</u>
	<u>John Lisle</u>	<u>C</u>	<u>57640</u>	
	<u>Nick Castano</u>		<u>TRAINEE</u>	<u>TUE -> Sat</u>

II. Certification by Lead Chief Operator

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

Michael J. Ellis 9/3/06 Michael Ellis
Signature and Date Printed or Typed Name

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

PWS Identification Number: 4430917 Plant Name: Utilities Inc of Fl. Miles GRANT

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation			
				Peak Flow Rate, gpd	CT Calculations		UV Dose				Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L						
					Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L		Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	10.1	.094			1.6										0.9	
2	X	6.3	.072			2.4										1.0	
3	X	7.2	.089			1.9										0.9	
4	X	4.1	.076			2.6										0.9	
5	X	8.3	.080			1.6										1.1	
6	X	11.3	.114			3.2										1.4	
7	X	12.4	.090			3.7										1.3	
8	X	10.1	.106			3.2										1.4	
9	X	13.1	.107			2.2										1.4	
10	X	10.2	.101			2.2										1.4	
11	X	10.5	.098			3.3										1.4	
12	X	9.0	.097			2.1										1.2	
13	X	11.2	.134			1.1										1.4	
14	X	12.5	.099			1.1										1.1	
15	X	13.6	.099			1.1										1.1	
16	X	11.7	.085			1.1										1.2	
17	X	11.3	.089			1.1										0.7	
18	X	8.8	.088			1.1										0.8	
19	X	7.9	.080			3.2										1.8	
20	X	7.6	.105			3.2										1.6	
21	X	7.4	.075			3.3										1.3	
22	X	13.0	.087			2.2										1.1	
23	X	11.5	.071			2.2										1.1	
24	X	10.8	.108			2.2										0.6	
25	X	7.8	.077			1.1										1.6	
26	X	7.6	.081			1.1										1.3	
27	X	7.5	.102			2.1										1.1	
28	X	8.4	.087			2.2										1.1	
29	X	7.3	.087			2.2										0.9	
30	X	6.6	.070			2.2										0.9	
31	X	13.7	.099			2.2										0.9	
Total			2.863														
Average			.092														
Maximum			.134														

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

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

PWS Identification Number: 4430917 Plant Name: Utilities Inc of FL Miles GRANT

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant in the Year:
A. Is any polymer containing the monomer acrylamide used at the water treatment plant? No Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

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

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

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

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

Type of Sequestrant (polyphosphate or sodium silicate): Sodium polyphosphate

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ = 1 mg/L

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

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.
* Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

WATER LOSS RECORD

Include Service Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Miles GRANT

MONTH/YEAR: AUG. 2006

DATE	SIZE	TYPE	LOCATION	TOTAL GALLONS	REMARKS
1					
2					
3					
4					
5					
6					
7					
8				4500	B/w #1 Filter
9				4500	B/w #2 Filter
10				6500	Irrigation
11					
12					
13					
14					
15					
16				2800	Irrigation
17				2100	Irrigation
18				100	" "
19				100	" "
20					
21					
22				3000	Irrigation
23				8000 ⁵⁰⁰⁰	Line Break 9th Court + 5,000 Irrigation
24				2200	Irrigation
25				3400	" "
26				3600	" "
27				1700	" "
28				2700	" "
29				2600	" "
30				2700	" "
31				2700	" "

131,000

@ \$3.00/gal est.

- Loss Code**
- 1) Water breaks
 - 2) Flushing hydrants
 - 3) Meter defect
 - 4) Construction
 - 5) Other



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

See page 4 for instructions.

I. General Information for the Month Year of: Sept. 2006

A. Public Water System (PWS) Information

PWS Name: Miles Grant WTP Utilities Inc. of FL. PWS Identification Number: 4430917

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

Number of Service Connections at End of Month: 1277 Total Population Served at End of Month: 3192

PWS Owner: Miles Grant Water & Sewer Company

Contact Person: Patrick C. Flynn Contact Person's Title: Regional Director

Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: FL Zip Code: 32714

Contact Person's Telephone Number: 407.869.1919 Contact Person's Fax Number: 407.869.6961

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

B. Water Treatment Plant Information

Plant Name: Miles Grant WTP Plant Telephone Number: 800-272-1919

Plant Address: 5418 Miles Grant Rd. City: Stuart State: FL Zip Code: 34997

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

Permitted Maximum Day Operating Capacity of Plant: gallons per day: 303,000

Plant Category (per subsection 62-699.310(4), F.A.C.): 1 Plant Class (per subsection 62-699.310(4), F.A.C.): C

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Michael Ellis</u>	<u>B</u>	<u>94683</u>	<u>MON → THUR</u>
Other Operators:	<u>FRANK ESKEW</u>	<u>B</u>	<u>C3640</u>	<u>MON & FRI</u>
	<u>John Lisle</u>	<u>C</u>	<u>C5972</u>	<u>MON</u>
	<u>Nick Casalina</u>		<u>TRAINEE</u>	<u>TUE → SAT</u>

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(5), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Michael S. Ellis 10/2/06 Michael S. Ellis
 Signature and Date Printed or Typed Name

PAGE 02/05
PAGE 01/07

HUTCHINSON ISLAND
MILES GRANT

10/09/2006 15:19 17722257623
10/09/2006 14:59 7722935016

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

PWS Identification Number: 4430917 Plant Name: Utilities Inc. of Ft. Miles Grant

III. Daily Data for the Month Year of: Sept. 2006
 Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

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

Day of the Month	Days Plant Staffed or Vented	Operating (Place)	Hours of Operation	Net Capacity of Filter (MGD)	Chlorination					Minimum UV Dose (mJ/cm ²)	Minimum UV Dose (mJ/cm ²)	Lowest Residual Disinfectant Concentration (mg/L)	Frequency or Interval of Operating Condition Register Maintenance Work that Involves Testing Water System Components (if of operation)
					Lowest Residual Disinfectant Concentration (mg/L)	Residual (mg/L)	Residual (mg/L)	Residual (mg/L)	Residual (mg/L)				
1	X		5.1	.057	2.3	9.0					1.0	At 3 we had out of service (pulled out) for repair north of Sept.	
2	X		6.5	.070	2.3	9.3					2.1		
3	X		8.4	.082	2.3	9.3					1.7		
4	X		9.6	.101	2.3	9.0					2.1		
5	X		8.4	.049	1.6	8.8					1.8		
6	X		9.9	.077		8.9					2.0		
7	X		9.6	.083		8.9					1.3		
8	X		9.4	.092		8.4					2.4		
9	X		6.5	.078		8.5					1.6		
10	X		10.0	.101		8.9					3		
11	X		9.1	.098		8.7					1.1		
12	X		9.4	.098		9.2					1.3		
13	X		11.0	.086		9.0					1.3		
14	X		9.3	.082		9.5					2.6		
15	X		6.9	.076		8.9					2.1		
16	X		7.9	.079		8.7					1.8		
17	X		9.7	.100		8.6					1.3		
18	X		9.6	.086		8.7					1.1		
19	X		9.6	.096		8.9					1.1		
20	X		7	.075		8.8					1.4		
21	X		11.8	.090		9.9					1.4		
22	X		4.2	.088		9.1					1.3		
23	X		9.5	.092		8.8					0.9		
24	X		8.9	.092		8.6					0.9		
25	X		9.6	.089		8.5					0.7		
26	X		8.5	.083		8.5					0.9		
27	X		11.6	.106		8.8					1.1		
28	X		7.3	.052		8.8					1.0		
29	X		13.4	.092		9.1							
30	X		8.5	.089									
31													
Total				2.559									
Average				.085									
Maximum				.126									

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



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

FILE COPY 640

See page 4 for instructions.

I. General Information for the Month/Year of:

10/06

A. Public Water System (PWS) Information

PWS Name: UTILITIES INC OF MILES GRANT PWS Identification Number: 9

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

Number of Service Connections at End of Month: 1277 Total Population Served at End of Month: 392

PWS Owner: UTILITIES INC OF FLORIDA Contact Person's Title: REGIONAL DIRECTOR

Contact Person: PATRICK FLYNN City: ALTAMONTE SPRINGS State: FL Zip: 32719

Contact Person's Mailing Address: 200 WEATHERWOOD AVE Contact Person's Fax Number: 407 869 6961

Contact Person's Telephone Number: 800 222 1919

Contact Person's E-Mail Address: P.FLYNN@CUIWATER.COM

B. Water Treatment Plant Information

Plant Name: UTILITIES INC OF MILES GRANT Plant Telephone Number: 772 261 2227

Plant Address: 5418 SE MILES GRANT RD City: SUWART State: FL Zip: 32767

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: .300 MGD

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

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	MIKE ELLIS	B	4683	3011 - 7 HR
Other Operators:	FRANK BREW	C	3928	FRI

II. Certification by Lead/Chief Operator:

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

Signature and Date: *[Signature]* 11/07/06 Printed or Typed Name: JOAN LOBLE License Number: C 5972

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER

PWS Identification Number: 443 09171 Plant Name: UTILITIES 100 ST MILES A. PARK

III. Daily Data for the Month of 10/06
 Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

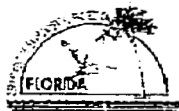
Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*						Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable		
1	10.1	112	2.6						1.6	
2	10.4	103	3.3						1.3	
3	11.4	114	2.2						1.6	
4	11.5	876	1.4						1.1	
5	13.9	107	1.4						1.4	
6	10.2	87	2.5						1.0	
7	10.8	117	2.1						1.6	
8	8.5	287	2.8						2.0	
9	11.7	119	2.1						1.3	
10	9.7	100	1.3						2.8	
11	11.9	113	1.3						0.9	
12	11.9	113	1.7						1.3	
13	13.8	127	1.7						0.9	
14	10.2	114	1.7						1.6	
15	10.7	106	4.0						2.4	
16	12.5	136	3.2						2.0	
17	12.1	127	3.7						2.2	
18	13.1	118	2.2						1.0	
19	13.6	117	2.2						2.0	
20	13.8	116	2.4						1.6	
21	11.6	120	2.1						1.1	
22	8.5	101	2.3						1.3	
23	13.5	139	2.1						1.4	
24	11.2	113	1.3						1.0	
25	10.7	112	1.3						1.6	
26	13.1	140	1.7						1.6	
27	13.6	127	2.0						2.0	
28	11.1	107	2.2						1.6	
29	10.3	117	2.0						1.4	
30	10.0	131	1.8						1.2	
31	11.7	142	1.5							
	10.8	242	1.4							
Total		3,513								
Average		113								
Maximum		140								

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

6417

FILE COPY



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

See page 4 for instructions.

I. General Information for the Month/Year of: 11/06

A. Public Water System (PWS) Information

PWS Name: UTILITIES INC OF MILES GRANT PWS Identification Number: 443 8917
PWS Type: [X] Community [] Non-Transient Non-Community [] Transient Non-Community [] Consecutive
Number of Service Connections at End of Month: 1277 Total Population Served at End of Month: 3192
PWS Owner: UTILITIES INC OF FLORIDA
Contact Person: PATRICK EYMAN Contact Person's Title: REGIONAL DIRECTOR
Contact Person's Mailing Address: 262 WEATHERSFIELD AVE City: ALTAMONTE SPRINGS State: FL Zip Code: 32714
Contact Person's Telephone Number: 800 277 1919 Contact Person's Fax Number: 407 869 6961
Contact Person's E-Mail Address: PCEYMAN@UTWATER.COM

B. Water Treatment Plant Information

Plant Name: UTILITIES INC OF MILES GRANT Plant Telephone Number: 772 286 7287
Plant Address: 548 SE MILES GRANT RD City: STUART State: FL Zip Code: 34997
Type of Water Treated by Plant: [X] Raw Ground Water [] Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300
Plant Category (per subsection 62-699.310(4), F.A.C.): III Plant Class (per subsection 62-699.310(4), F.A.C.): C
Licensed Operators Table:
Lead/Chief Operator:
Other Operators: FRANK ESKROW (C, 5928, SUN-THUR), MIKE WOODSIDE (B, 12938, FRI, SAT), JOHN USLE (C, 5972, FRI)

II. Certification by Lead/Chief Operator

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

Signature and Date: [Handwritten Signature] 12/06/06

Printed or Typed Name: JOHN USLE

License Number: C 5972

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

PWS Identification Number: 443 0811 Plant Name: UTILITIES INC OF ALICE QUART

II. Daily Data for the Month/Year of: 11/06

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			Peak Flow Rate, gpd	CT Calculations					UV Dose					
				Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	13.9	.104	4.0					9.75					1.6	
2	4.6	.105	3.0					10.01					1.8	
3	8.3	.105	3.3					9.78					3.4	
4	13.7	.089	3.6					9.76					2.4	
5	13.7	.101	2.8					9.76					1.6	
6	12.3	.149	2.8					9.1					2.0	
7	11.9	.133	2.4					8.90					1.6	
8	13.6	.120	2.8					9.20					1.5	
9	14.8	.107	3.9					8.60					2.1	
10	16.6	.124	3.9					8.84					1.7	
11	12.7	.116	4.0					9.89					1.4	
12	12.7	.131	4.0					8.60					3.2	
13	12.8	.135	3.6					8.90					3.0	
14	11.6	.124	3.6					8.70					1.5	
15	15.7	.125	2.0					9.20					2.9	
16	12.7	.125	2.0					9.78					1.0	
17	9.4	.177	3.3					8.69					1.2	
18	4.3	.097	2.9					9.77					1.8	
19	7.4	.050	2.6					11.50					1.2	
20	7.3	.081	1.4					9.10					1.3	
21	11.2	.158	1.8					9.10					1.5	
22	18.9	.119	2.1					9.50					2.0	
23	14.7	.123	1.6					9.10					2.7	
24	10.3	.088	3.9					9.72					2.3	
25	14.7	.094	3.8					9.96					3.6	
26	9.0	.161	3.8					10.50					3.3	
27	11.7	.084	3.0					9.70					1.9	
28	10.8	.120	2.7					8.80					1.8	
29	14.6	.098	1.9					9.60					1.5	
30	13.2	.087	2.0					9.80					1.8	
31														
Total		3,318												
Average		111												
Maximum		158												

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



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

FILE 6.1

See page 4 for instructions.

DEC 86

A. Public Water System (PWS) Information

PWS Name: UTILITIES INC OF MILES GRANT PWS Identification Number: 4153 0917

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

Number of Service Connections at End of Month: 1277 Total Population Served at End of Month: 3192

PWS Owner: UTILITIES INC OF FLORIDA Contact Person's Title: Regional Director

Contact Person: PATRICK PERDUE City: ALTAIR State: FL Zip Code: 32214

Contact Person's Mailing Address: 200 WEATHERS AVE Contact Person's Fax Number: 407 869 6411

Contact Person's Telephone Number: 1 800 272 1919

Contact Person's E-Mail Address: PC PERDUE@UTILITIES.COM

B. Water Treatment Plant Information

Plant Name: UTILITIES INC OF MILES GRANT City: GRANT State: FL Zip Code: 32207

Plant Address: 5415 SE MILES GRANT RD

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,800 MGD

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

Plant Name	Category	Plant Class	Plant Address
<u>MILES GRANT</u>	<u>C</u>	<u>4153</u>	<u>SUN - THUR</u>
<u>MIAMI LAKESIDE</u>	<u>C</u>	<u>5972</u>	<u>FRI - SAT</u>
<u>MIAMI LAKESIDE</u>			<u>FRI</u>

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

11/08/07
Signature and Date

JOHN USKE
Printed or Typed Name

05972
License Number

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

PWS Identification Number: 445 8917 Plant Name: UTILITIES 100 OF PILES GRANT

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

Ultraviolet Radiation Other (Describe):

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

Sample Date	Sample Location	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)
4/1	103	1.14			3.26
13.0	104	1.04			3.26
10.6	112	1.33			3.45
11.8	114	1.30			3.21
12.9	114	1.40			3.50
13.1	114	1.32			3.80
14.9	108	3.6			10.2
12.3	112	3.9			4.16
12.10	137	3.6			4.89
13.7	107B	3.9			4.93
14.4	118	3.6			4.63
14.5	113	4.0			4.50
13.10	101	3.9			10.01
14.6	114	3.9			8.90
11.6	101	3.0			4.11
11.5	123	3.5			4.30
12.3	123	3.1			4.6
11.9	124	3.5			4.10
11.1	116	4.0			4.10
10.4	114	3.4			4.10
13.3	112	1.6			8.70
14.1	116	3.0			9.60
14.4	114	3.9			9.92
13.3	112	4.0			9.87
14.1	100	4.0			9.50
11.1	102	4.0			9.12
11.5	112	4.2			8.60
11.10	115	3.8			8.80
13.4	115	3.6			9.60
14.1	112	3.0			9.40
13.9	103	3.2			9.40
13.10	120	3.1			8.57
13.10	155	2.2			8.62
14.2	140	2.2			
	3.733				
	1.23				
	1.18				

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

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

PWS Identification Number: 443 167C Plant Name: LOWLITTS LDC IN WASHINGTON STATE

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? No Yes, and the polymer dose and the acrylamide level in the polymer are as follows: 1706

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

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

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

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

Type of Sequestrant (polyphosphate or sodium silicate): _____

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

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

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.
¹ Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416-5425

PERMITTEE NAME: Miles Grant Water and Sewer Company
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA013842
LIMIT: Final
CLASS SIZE: N/A
GMS ID NO.: 5143P02100
MONITORING GROUP NUMBER: R-001
PLANT SIZE/TREATMENT TYPE: IIC
NO DISCHARGE FROM SITE:

REPORT: Monthly
GROUP: Domestic
GMS TEST SITE NO.:

FACILITY: Miles Grant WWTF
LOCATION: 3481 SE Miles Grant Road
Stuart, FL 34997

COUNTY: Martin

MONITORING PERIOD

From: December 1st To: December 31st, 2006

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.089	.093	mgd				-	7 Days Per Week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-1	Permit Requirement	0.3 (3-Mo. Avg.)	Report (Mo. Avg.)	mgd					5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.03		mg/l	-	Every Two Weeks	8-hour FPC
PARM Code 80082 Mon. Site No. EFF-1	Permit Requirement				20.0 (An. Avg.)		mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.26	2.51	mg/L	-	Every Two Weeks	8-hour FPC
PARM Code 80082 Mon. Site No. EFF-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)	mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				1.6		mg/L	-	4 Days Per Week	Grab
PARM Code 00530 Mon. Site No. EFB-1	Permit Requirement				5.0 (Max.)		mg/l		4 Days/Week	Grab
pH	Sample Measurement				6.59	8.17	S.U.	-	7 Days Per Week	Grab
PARM Code 00460 Mon. Site No. EFF-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Nicholas P Casalina	NPPCal	407 948 9844	07/01/11

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

Plant in Diversion due to CL₂ on 12/4, 12/7, 12/13, 12/14, 12/15, 12/18, 12/19, 12/20, 12/21, 12/25, 12/27, 12/29

NTU on 12/15, 12/27

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Miles Grant WWTF PERMIT NUMBER: FLA013842 MONITORING GROUP NUMBER: R-001

Parameter	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal			100%	Ø	100ml	-	4 Days Per Week	Grab
	Sample Measurement		Non Detectable (75 Percentile)	25 (Max.)	#/100ml		4 Days/Week	Grab
PARM Code 74055 1 Mon. Site No. EFF-1	Permit Requirement		0.5		mg/L	-	Continuous	Analyzer
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.0 (Min.)		mg/l		Continuous	Analyzer
PARM Code 30060 1 Mon. Site No. EFF-1	Permit Requirement					-	5 Days Per Week	Flow meters
Flow	Sample Measurement	.094					5 Days/Week	Flow meters and totalizers
PARM Code 50050 G Mon. Site No. INF-1	Permit Requirement	0.3 (An. Avg.)				-	5 Days Per Week	Flow meters
Flow	Sample Measurement	.096					5 Days/Week	Flow meters and totalizers
PARM Code 50050 G Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)				-	Every two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement		259.58		mg/L		Every Two Weeks	8-hour FPC
PARM Code 90082 G Mon. Site No. INF-1	Permit Requirement		Report (Mo. Avg.)			-	Every two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement		194.5		mg/l		Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement					-	Continuous	Meter
Turbidity	Sample Measurement			8.4	NTU		Continuous	Meter
				3.0 (max)				
PARM Code 82078 1 Mon. Site No. EFB-1	Permit Requirement					-	Once every 5 years	Grab
Giardia*	Sample Measurement						Once every 5 years	Grab
PARM Code GIARD 1 Mon. Site No. EFF-1	Permit Requirement					-	Once every 5 years	Grab
Cryptosporidium*	Sample Measurement						Once every 5 years	Grab
PARM Code CRYPT 1 Mon. Site No. EFF-1	Permit Requirement							

*Use DEP form 62-610.300(4)(a)4 to report test results.

DAILY SAMPLE RESULTS

Three-month Average Daily Flow:
(TMADF/Permitted Capacity)x100:

Permit Number:
Monitoring Period

FLA013842
From: December 1st

To: December 31st 2007

Code	Flow (mgd)	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (a.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity (ntus)
Mon. Site	EFF-1	INF-1	EFF-1	INF-1	EFF-1	INF-1	EFF-1	EFF-1	EFF-1	EFF-1
1	.085	.089					6.59		1.3	0.8
2	.107	.110					7.12		2.8	0.7
3	.084	.091					7.02		3.0	0.6
4	.076	.093			1U		6.92	1U	0.6	0.7
5	.090	.097			1.4		8.17	1U	4.0	1.3
6	.090	.095			1U		7.52	1U	5.0	1.0
7	.095	.090			1U		7.15	1U	0.8	1.0
8	.078	.087					6.97		3.6	1.0
9	.091	.101					7.87		1.2	0.7
10	.092	.098					6.90		1.4	1.0
11	.096	.098			1		6.70	1U	1.2	1.0
12	.090	.094			1U		6.67	1U	1.8	0.6
13	.071	.091	2.00U	231.34	1.0	211	6.62	1U	0.5	1.0
14	.092	.094			1.4		7.53	1U	0.8	0.6
15	.042	.087					6.85		0.5	4.4
16	.170	.108					6.65		2.5	2.8
17	.140	.098					6.60		1.0	2.8
18	.136	.099			1		6.71	1U	0.2	2.6
19	.080	.086			1		6.77	1U	0.6	1.8
20	.065	.088			1		7.64	1U	0.6	1.0
21	.038	.095			1.6		7.64	1U	0.6	2.6
22	.091	.093					6.97		3.2	1.4
23	.091	.107					7.43		1.2	0.5
24	.085	.088					7.22		1.2	0.5
25	.107	.102					7.09		0.7	0.6
26	.099	.090			1U		6.97	1U	2.1	1.0
27	.079	.087	2.51	287.81	1.2	178	7.24	1U	0.6	8.4
28	.095	.096			1U		7.01	1U	5.00	0.8
29	.108	.114			1U		7.21	1U	0.9	1.0
30	.109	.111					6.82		1.2	0.7
31	.102	.101					7.01		2.5	1.8

PLANT STAFFING:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

Class: B Certificate No: 9463
Class: C Certificate No: 7371
Class: C Certificate No: 3640
Class: _____ Certificate No: _____

Name: Nick Casalina
Name: John Lisle
Name: Frank Eskew
Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse:

Golf Course Irrigation

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

Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

6746

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416-5425

PERMITTEE NAME: Miles Grant Water and Sewer Company
 MAILING ADDRESS: 200 Weatherfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA013842
 LIMIT: Final
 CLASS SIZE: N/A
 GMS ID NO.: 5143P02100
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:

FILE COPY
 REPORT GROUP: Monthly Domestic
 GMS TEST SITE NO.:

FACILITY: Miles Grant WWTF
 LOCATION: 5481 SE Miles Grant Road
 Stuart, FL 34997

COUNTY: Martin

MONITORING PERIOD

From November 1st To: November 30th 2006

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	082	094	Mgd				-	7 Days Per Week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-1	Permit Requirement	0.3 (3-Mo. Avg.)	Report (Mo. Avg.)	mgd					5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0		Mg/L	-	Every two Weeks	8-hour FPC
PARM Code 80082 Mon. Site No. EFF-1	Permit Requirement				20.0 (An. Avg.)		mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	Mg/L	-	Every two Weeks	8-hour FPC
PARM Code 80082 Mon. Site No. EFF-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)	mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				1.05		Mg/L	-	4 Days Per Week	Grab
PARM Code 00530 Mon. Site No. EFB-1	Permit Requirement				5.0 (Max.)		mg/l		4 Days/Week	Grab
pH	Sample Measurement				6.65	8.28	S.U.	-	7 Days Per Week	Grab
PARM Code 00400 Mon. Site No. EFF-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Nicholas P Casalino	<i>Nick P Casalino</i>	407 9489844	06/12/13

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

Plant in Diversion due to CL₂ 11/3, 11/7, 11/8, 11/11, 11/13, 11/14, 11/16, 11/17, 11/19, 11/20, 11/23, 11/30

NTU 11/7, 11/22

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Miles Grant WWTF PERMIT NUMBER: FLA013842 MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			100%	∅		100ML	-	4 days Per Week	Grab
PARM Code 74055 Mon. Site No. EFF-1	Permit Requirement			Non Detectable (75 Percentile)	25 (Max.)		#/100ml		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.0			mg/L	-	Continuous	Analyzer
PARM Code 50060 Mon. Site No. EFF-1	Permit Requirement			1.0 (Min.)			mg/l		Continuous	Analyzer
Flow	Sample Measurement	.095	Mgd					-	5 Days Per Week	Flow Meter
PARM Code 50050 Mon. Site No. INF-1	Permit Requirement	0.3 (An. Avg.)	mgd						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	.092	Mgd					-	5 Days Per Week	Flow Meter
PARM Code 50050 Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)	mgd						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			234.55			mg/L	-	Every Two Weeks	8-hour FPC
PARM Code 80082 Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			219.7			mg/L	-	Every Two Weeks	8-hour FPC
PARM Code 00530 Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			mg/l		Every Two Weeks	8-hour FPC
Turbidity	Sample Measurement				4.8		NTU	-	Continuous	Meter
PARM Code 82078 Mon. Site No. EFB-1	Permit Requirement				3.0 (max)		NTU		Continuous	Meter
Giardia*	Sample Measurement							-	Once every 5 years	Grab
PARM Code GIARD Mon. Site No. EFF-1	Permit Requirement								Once every 5 years	Grab
Cryptosporidium*	Sample Measurement							-	Once every 5 years	Grab
PARM Code CRYPT Mon. Site No. EFF-1	Permit Requirement								Once every 5 years	Grab

*Use DEP form 62-610.300(4)(a)4 to report test results.

Permit Number:
Monitoring Period

FLA013842
From: November 1st

To: November 30th 2006

Three-month Average Daily Flow:
(TMADF/Permitted Capacity)x100:

Code	Flow (mgd)	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity (ntu)
Mon. Site	EFF-1	INF-1	EFF-1	INF-1	EPB-1	INF-1	EFF-1	EPF-1	EPF-1	EPB-1
1	.090	.092	2.00U	245.28	1U	225	6.82	1.00U	4.6	1.2
2	.087	.088			1U		7.55	1.00U	1.0	0.6
3	.078	.084					6.96		0.2	1.6
4	.093	.102					8.25		4.6	1.0
5	.111	.106					8.22		4.6	0.6
6	.099	.093			1U		8.21	1.00U	4.5	0.8
7	.091	.101			1U		8.07	1.00U	0.6	4.8
8	.124	.084			1.2		7.06	1.00U	0.7	2.2
9	.113	.083			1.6		7.47	1.00U	1.9	1.6
10	.112	.083					6.99		1.3	0.4
11	.112	.083					7.43		0.6	0.4
12	.144	.099					6.85		1.8	0.4
13	.129	.101					6.94	1.00U	0.6	0.2
14	.100	.084			1U		7.18	1.00U	0.1	1.8
15	.076	.090			1U		8.15	1.00U	3.6	0.8
16	.091	.091	2.00U	207.6	1	194	7.53		0.1	0.2
17	.088	.098			1U		7.27		0.4	0.6
18	.079	.081					7.00		1.2	0.0
19	.086	.090					7.11		0.4	0.1
20	.081	.097			1U		7.15	1.00U	0.0	0.4
21	.067	.082			1.2		8.28	1.00U	5.00	1.4
22	.075	.091			1		7.66	1.00U	2.2	3.0
23	.085	.092					8.10		0.5	1.0
24	.076	.092			1U		7.64	1.00U	4.1	2.2
25	.082	.092					6.80		4.4	2.1
26	.093	.101					6.89		4.0	1.2
27	.115	.106					6.92	1.00U	1.6	1.8
28	.088	.092			1U		7.10	1.00U	3.0	0.9
29	.089	.090			1U		6.65	1.00U	1.4	0.8
30	.090	.091	2.00U	250.79	1U	240	6.82	1.00U	0.6	1.0
31	.084	.093			1U					

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 9463 Name: Nick Casaling
 Evening Shift Operator Class: C Certificate No: 7371 Name: John Lisle
 Night Shift Operator Class: C Certificate No: 3640 Name: Frank Eskew
 Lead Operator Class: _____ Certificate No: _____ Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse: Golf Course Irrigation
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet

Attach additional sheets if necessary to list all certified operators.

640

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416-5425

PERMITTEE NAME: Miles Grant Water and Sewer Company
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLAG13842
 LIMIT: Final
 CLASS SIZE: N/A
 GMS ID NO.: S143P02100
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:

REPORT GROUP: Monthly Domestic
 GMS TEST SITE NO.:

FACILITY LOCATION: Miles Grant WWTP
 5481 SE Miles Grant Road
 Stuart, FL 34997

COUNTY: Martin

MONITORING PERIOD From: Oct 1, 2006 To: Oct 31, 2006

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Permit Requirement	Report (Mo. Avg.)		Report (Mo. Avg.)	Permit Requirement				
Flow	Sample Measurement	.073	.079	MGD					7 Days Per Week	Flow Meter
PARM Code 50050 Mon Site No. EFF-1	Permit Requirement	0.3 (3-Mo. Avg.)	Report (Mo. Avg.)	mgd					5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.11				Every Two Weeks	8-hour FPC
PARM Code 80082 Mon Site No. EFF-1	Permit Requirement				20.0 (An. Avg.)				Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.06	2.12			Every Two Weeks	8-hour FPC
PARM Code 80082 Mon Site No. EFF-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)			Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				1.8				4 Days Per Week	Grab
PARM Code 00530 Mon Site No. EFF-1	Permit Requirement				5.0 (Max.)				4 Days Per Week	Grab
pH	Sample Measurement				7.21	8.44			7 Days Per Week	Grab
PARM Code 00400 Mon Site No. EFF-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)			5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OF AUTHORIZED AGENT: Nicholas P Casalino Systems Operator SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OF AUTHORIZED AGENT: Nilda P Cash TELEPHONE NO: 4079430844 DATE: 06/11/08

COMMENT AND EXPLANATION OF ANY VIOLATIONS (reference all attachments here):
Plant in diversion for Cl₂ 10/2, 10/3, 10/26, 10/31
NTU 10/14

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DISCHARGE MONITORING REPORT - PART A. (Continued)

FACILITY NAME: Miles Grant WWTF

PERMIT NUMBER: FLA013242

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			100%	100 ML	-	4 Days Per Week	Grab
PARM Code 74055 Mon. Site No. EPF-1	Permit Requirement			Non Detectable (75 Percentile)	#/100ml		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.2	mg/L	-	Continuous	Analyzer
PARM Code 50060 Mon. Site No. EPF-1	Permit Requirement			1.0 (Min.)	mg/l		Continuous	Analyzer
Flow	Sample Measurement	.098	MGD				5 Days Per Week	Flow Meter
PARM Code 50050 Mon. Site No. INF-1	Permit Requirement	0.3 (An Avg.)	mgd				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	.075	MGD				5 Days Per Week	Flow Meter
PARM Code 50050 Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)	mgd				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			212.58	Mg/L	-	Every Two Weeks	8-hour FPC
PARM Code 80082 Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)	mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			201	Mg/L	-	Every Two Weeks	8-hour FPC
PARM Code 00510 Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)	mg/l		Every Two Weeks	8-hour FPC
Turbidity	Sample Measurement			4.0	NTU	-	Continuous	Meter
PARM Code 82078 Mon. Site No. EPF-1	Permit Requirement			5.0 (max)	NTU		Continuous	Meter
Giardia*	Sample Measurement						Once every 5 years	Grab
PARM Code 04480 Mon. Site No. EPF-1	Permit Requirement						Once every 5 years	Grab
Cryptosporidium*	Sample Measurement						Once every 5 years	Grab
PARM Code CRVPT Mon. Site No. EPF-1	Permit Requirement						Once every 5 years	Grab

* Use DEP form 62-611.300(4)2.4 to report test results.

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HUTCHINSON

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DAILY SAMPLE RESULTS - PART B

Permit Number
Monitoring Period

From Oct 1, 2006

To Oct 31, 2006

Three-month Average Daily Flow:
(TMADF/Permitted Capacity)X100:

Code	Flow (mgd)	Flow (mgd)	C BOD5 (mg/l)	C BOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity (ntu)
50030	50030	50030	80082	80082	00530	00530	00400	74055	50060	82078
Mon Site	EFF-1	INF-1	EFF-1	INF-1	EFF-1	INF-1	EFF-1	EFF-1	EFF-1	EFF-1
1	.084	.098					7.4		1.3	1.2
2	.051	.060			1.0		8.0	1.0	0.3	1.2
3	.070	.075			1.0		7.74	1.0	4.7	1.0
4	.082	.077	2.00	211.69	1.0	2.01	7.57	1.0	4.7	1.2
5	.075	.078			1.8		6.98	1.0	4.7	1.2
6	.071	.076					7.44		4.7	0.8
7	.091	.097					7.73		4.7	0.7
8	.073	.077					7.65		4.7	0.4
9	.093	.074			1.0		7.68	1.0	4.7	1.0
10	.074	.080			1.6		7.44	1.0	4.7	0.9
11	.070	.078			1.0		7.59	1.0	4.7	0.6
12	.075	.077			1.0		7.37	1.0	4.7	1.0
13	.070	.079					7.49		0.2	1.4
14	.069	.084					7.75		4.7	4.0
15	.091	.098					7.68		4.7	1.0
16	.076	.078			1.0		7.21	1.0	4.6	1.6
17	.079	.083			1.0		7.65	1.0	4.6	0.6
18	.079	.079	2.12	213.47	1.0	2.01	8.11	1.0	4.6	0.6
19	.080	.088			1.0		7.97	1.0	4.6	0.4
20	.087	.090					8.01		4.6	0.6
21	.069	.072					8.25		4.6	0.8
22	.100	.102					8.03		4.6	0.9
23	.073	.080			1.0		8.06	1.0	4.6	1.3
24	.075	.084			1		7.56	1.0	4.6	1.0
25	.090	.081			1.2		8.44	1.0	4.6	1.9
26	.089	.090			1.2		7.94	1.0	0.4	1.1
27	.082	.083					7.52		4.6	1.1
28	.091	.091					7.62		4.6	1.2
29	.098	.103					7.50		4.6	1.1
30	.085	.089			1.0		7.36	1.0	2.0	0.9
31	.085	.089			1.4		7.21	1.0	0.2	1.0

PLANT STAFFING

Day Shift Operator	Class	B	Certificate No.	9463	Name:	Nick Casalinga
Day Shift Operator	Class	C	Certificate No.	5923	Name:	Mike Ellis
Day Shift Operator	Class	C	Certificate No.	3640	Name:	Frank Eskew
Day Shift Operator	Class	C	Certificate No.	7371	Name:	John Lisle

Use of Effluent Disposal or Reclaimed Water Reuse: Golf Course Irrigation

Applied to another Discharge Point: No Yes

Not Applicable: If yes, cumulative days of wet weather discharge: _____

Attach a log and tests if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416-5425

PERMITTEE NAME: Miles Grant Water and Sewer Company
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA013842
 LIMIT: Final
 CLASS SIZE: N/A
 GMS ID NO.: S143P02100
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: HC
 NO DISCHARGE FROM SITE:

FILE COPY
 REPORT GROUP: Monthly Domestic
 GMS TEST SITE NO.:

FACILITY: Miles Grant WWTF
 LOCATION: 5481 SE Miles Grant Road
 Stuart, FL 34997

COUNTY: Martin

MONITORING PERIOD From: Sept 1, 2006 To: Sept 30, 2006

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.071	.072	MGD					7 Days Per Week	Flow Meter
PARM Code 50050 Mon Site No. EFF-1	Permit Requirement	0.3 (3-Mo. Avg.)	Report (Mo. Avg.)	mgd					5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0		mg/L		Every Two Weeks	8-hour FPC
PARM Code 80082 Mon Site No. EFF-1	Permit Requirement				20.0 (An. Avg.)		mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0	mg/L		Every Two Weeks	8-hour FPC
PARM Code 80082 Mon Site No. EFF-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)	mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				1.4		mg/L		4 Days Per Week	Grab
PARM Code 00530 Mon Site No. EFB-1	Permit Requirement				5.0 (Max.)		mg/l		4 Days/Week	Grab
pH	Sample Measurement				6.21	8.35	S.U.		7 Days Per Week	Grab
PARM Code 00400 Mon Site No. EFF-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Nicholas P Casalina Systems Operator	<i>Nicholas P Casalina</i>	407 948 9844	06/10/18

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

Plant in diversion $CL_2 < 1.0$ mg/L 9/4, 9/5, 9/6, 9/14, 9/15, 9/21, 9/22, 9/25, 9/28

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Miles Grant WWTP

PERMIT NUMBER: FLA013842

MONITORING GROUP NUMBER: R-901

09/01/06 - 09/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliforms, Fecal	Sample Measurement			100% < 1	100ML	-	4 Days Per Week	Grab
PARM Code 74055 Mon. Site No. EFF-1	Permit Requirement			Non Detectable (75 Percentile) 25 (Max.)	#/100ml		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.6	mg/L	-	Continuous	Analyzer
PARM Code 50060 Mon. Site No. EFF-1	Permit Requirement			1.0 (Min.)	mg/l		Continuous	Analyzer
Flow	Sample Measurement	.099	Mgd			-	5 Days Per Week	Flow Meter
PARM Code 50050 Mon. Site No. INF-1	Permit Requirement	0.3 (An. Avg.)	mgd				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	.072	Mgd			-	5 Days Per Week	Flow Meter
PARM Code 50050 Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)	mgd				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			12.57	mg/L	-	Every two Weeks	8-hour FPC
PARM Code 80082 Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)	mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			145	mg/L	-	Every Two Weeks	8-hour FPC
PARM Code 00530 Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)	mg/l		Every Two Weeks	8-hour FPC
Turbidity	Sample Measurement			2.4	NTU	-	Continuous	Meter
PARM Code 82078 Mon. Site No. EFF-1	Permit Requirement			3.0 (max)	NTU		Continuous	Meter
Giardia*	Sample Measurement					-	Once every 5 years	Grab
PARM Code GIARD Mon. Site No. EFF-1	Permit Requirement						Once every 5 years	Grab
Cryptosporidium*	Sample Measurement					-	Once every 5 years	Grab
PARM Code CRYPT Mon. Site No. EFF-1	Permit Requirement						Once every 5 years	Grab

*Use DEP form 62-610.300(4)(e)4 to report test results.

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 DEPT. OF ENVIRONMENTAL PROTECTION
 DIVISION OF WATER QUALITY CONTROL
 TALLAHASSEE, FLORIDA

DAILY SAMPLE RESULTS - PART B

Three-month Average Daily Flow:
(TMADF/Permitted Capacity)*100:

Permit Number: FLA013847 To: 09/30/06
Monitoring Period: From 09/16/06

Code	Flow (mgd)	Flow (mgd)	CODS (mg/l)	CODS (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity (ntu)
80030	80030		80082	80082	00530	00530	00400	74055	50060	82078
EFF-1	INF-1		EFF-1	INF-1	EFF-1	INF-1	EFF-1	EFF-1	EFF-1	EFF-1
1	.066	.061					7.02		2.9	1.0
2	.078	.070					6.44		3.2	0.8
3	.079	.075					6.60		2.0	1.0
4	.069	.082					6.67		1.0	2.4
5	.061	.067			1.4		6.92	1.00U	0.6	1.2
6	.075	.069	2.00U	204.58	1.00U	143	6.83	1.00U	0.7	1.8
7	.077	.073			1.00U		7.14	1.00U	5.0	1.6
8	.067	.062			1.00U		6.96	1.00U	0.9	2.0
9	.065	.071					6.86		1.1	1.4
10	.096	.085					6.40		5.0	0.6
11	.098	.072			1.00U		6.86	1.00U	5.0	1.0
12	.088	.076			1.00U		7.69	1.00U	5.0	0.5
13	.074	.072			1.00U		7.56	1.00U	5.0	1.2
14	.060	.061			1		7.42	1.00U	0.6	2.2
15	.058	.073					7.93		0.6	2.2
16	.059	.074					8.35		1.1	1.8
17	.074	.075					7.80		5.0	1.0
18	.081	.068			1		7.63	1.00U	5.0	1.6
19	.072	.066			1.00U		7.76	1.00U	1.7	0.8
20	.072	.072	2.00U	180.56	1.00U	147	7.64	1.00U	5.0	1.0
21	.069	.066			1.00U		6.77	1.00U	0.8	1.2
22	.070	.074					6.71		0.6	1.8
23	.067	.071					6.21		5.0	1.2
24	.089	.075					7.11		4.8	2.0
25	.053	.078			1.4		6.98	1.00U	0.6	2.0
26	.070	.066			1.00U		7.92	1.00U	5.0	2.0
27	.073	.069			1.00U		7.48	1.00U	5.0	1.2
28	.065	.078			1.00U		7.32	1.00U	0.6	1.0
29	.061	.071					8.10		2.1	1.0
30	.074	.078					8.06		1.2	1.2

PLANT STAFFING: Avg. 01

Day Shift Operator	Class: B	Certificate No: 9463	Name: Nick Casalino
Day Shift Operator	Class: C	Certificate No: 5323	Name: Mike Ellis
Day Shift Operator	Class: C	Certificate No: 3640	Name: Frank Eskew
Operator	Class: C	Certificate No: 7371	Name: John Lutz

Type of Effluent Disposal or Recycled Water Reuse: Golf Course Irrigation
 Limited Wet Weather Discharge Activated: Yes No Not Applicable: If yes, cumulative days of wet weather discharge: _____

Attach additional sheets if necessary to list all certified operators.

GROUNDWATER MONITORING REPORT - PART D

Permit Number:
 Monitoring Period:
 Date Sample Obtained:
 Was the well pumped before sampling?

FLA013842
 From: July 2006 To: Sept. 2006
~~2/12/06~~ 8-17-06
 Yes No

Monitoring Location Site Number: MWB-1
 Well Type: Background
 Ground Water Class: G-II

Parameter	PARAM Code	Sampling Methods	Samples Filtered(Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level Relative to MSL	82545	GRAB	NO	NO	3.72 FT.		
Nitrogen, Nitrate, Total (as N)	00620	GRAB	NO	NO	EPA300.0	0.050 mg/L	0.050 mg/L
Solids, Total Dissolved(TDS)	70295	GRAB	NO	NO	EPA160.1	180 mg/L	2.50 mg/L
Arsenic, Total Recoverable	00978	GRAB	NO	HNO3	EPA6020	0.0014 mg/L	0.0010 mg/L
Chloride (as Cl)	00940	GRAB	NO	NO	EPA300.0	36.1 mg/L	2.00 mg/L
Cadmium, Total Recoverable	01113	GRAB	NO	HNO3	EPA6020	0.00100 mg/L	0.00100 mg/L
Chromium, Total Recoverable	01116	GRAB	NO	HNO3	EPA6020	0.00460 mg/L	0.0010 mg/L
Lead, Total Recoverable	01114	GRAB	NO	HNO3	EPA6020	0.00100 mg/L	0.0010 mg/L
Coliform, Fecal	74055	GRAB	NO	Na2S2O3	SM9220	1.0 CFU/100ml	1.0 CFU/100ml
pH	00400	GRAB	NO	NO		5.8	
Sulfate, Total	00945	GRAB	NO	NO	EPA300.0	29.1 mg/L	1.00 mg/L

Comments and Explanation:

GROUNDWATER MONITORING REPORT

PAGE 06/12
 F-400
 T-177
 HUTCHINSON
 7723982815
 FROM - D.E.P.

Permit Number: FLA013842
 Monitoring Period: From: July 2006 To: Sept. 2006
 Date Sample Obtained: 8-17-06
 Was the well pumped before sampling? Yes No

Monitoring Location Site Number: MWC-1
 Well Type: Compliance
 Ground Water Class: G-II

Parameter	PARAM Code	Sampling Methods	Samples Filtered(Y/N)	Preservative Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level Relative to MSL	82543	GRAB	N	NO		7.71	
Nitrogen, Nitrate, Total (as N)	00620			NO	EPA300.0	14.0 mg/L	250 mg/L
Solids, Total Dissolved (TDS)	70295			NO	EPA160.1	736 mg/L	250 mg/L
Arsenic, Total Recoverable	00918			HNO3	EPA6020	0.0725 mg/L	0.0510 mg/L
Chloride (as Cl)	00940			NO	EPA300.0	131 mg/L	2.0 mg/L
Cadmium, Total Recoverable	01113			HNO3	EPA6020	0.0010 U mg/L	0.0010 mg/L
Chromium, Total Recoverable	01118			HNO3	EPA6020	0.00454 mg/L	0.0010 mg/L
Lead, Total Recoverable	01114			HNO3	EPA6020	0.0010 U mg/L	0.0010 mg/L
Coliform, Fecal	74035			No 203	SM9222D	1.000 CFU/100	1.00 CFU/100
pH	00406			NO		6.3	
Sulfate, Total	00945	GRAB	N	NO	EPA300.0	155 mg/L	500 mg/L

Comments and Explanation:

GROUNDWATER MONITORING REPORT - PART D

Permit Number: FLA013842
 Monitoring Period: From July 2006 To Sept. 2006
 Date Sample Obtained: 8-17-06
 Was the well pumped before sampling? Yes No

Monitoring Location Site Number: MWI-1
 Well Type: Intermediate
 Ground Water Class: G-II

Parameter	PARAM Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level Relative to MSL	82545	GRAB	N	NO		12.65	
Nitrogen, Nitrate, Total (as N)	00620			NO	EPA300.0	19.2 mg/L	0.250 mg/L
Solids, Total Dissolved (TDS)	70295			NO	EPA160.1	534 mg/L	2.50 mg/L
Arsenic, Total Recoverable	00978			HNO ₃	EPA6020	0.00100 U	0.00100 U
Chloride (as Cl)	00940			NO	EPA300.0	56.0 mg/L	2.00 mg/L
Cadmium, Total Recoverable	01113			HNO ₃	EPA6020	0.00100 mg/L	0.00100 mg/L
Chromium, Total Recoverable	01118			HNO ₃	EPA6020	0.00100 mg/L	0.00300 mg/L
Lead, Total Recoverable	01114			HNO ₃	EPA6020	0.0091 mg/L	0.0010 mg/L
Coliform, Fecal	74055			NO	5M9222D	1.00 U cfu/100	1.00 cfu/100ml
pH	00400			NO		7.3	
Sulfate, Total	00945	GRAB	N	NO	EPA300.0	387 mg/L	500 mg/L

Comments and Explanation:

HUTCHINSON

10/30/2006 11:04 7722257623

Monitoring Location Site Number: 177
 Well Type: Compliance
 Ground Water Class: G-II

Permit Number: RLA013842
 Monitoring Period: From: July 2006 To: Sept. 2006
 Date Sample Obtained: 8.17.06
 Was the well pumped before sampling? Yes No

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 P008/000 1-400

HUTCHINSON
 7723982815

10/30/2006 11:04 7722257623
 06/14/06 11:29 FROM-D.E.P.

Parameter	PARAM Code	Sampling Methods	Samples Filtered(VAN)	Preservatives Added	Analysis Method	Analysis Results/Units	Detection Limits/Units
Water Level Relative to MSL	82545	GRAB	N	NO			
Nitrogen, Nitrate, Total (as N)	00620			NO	EPA300.0	0.0500 mg/L	0.0500 mg/L
Nitrogen, Nitrite, Total (as N)	00620			NO	EPA160.1	2.22 mg/L	2.50 mg/L
Solids, Total Dissolved (TDS)	70295			HNO3	EPA602.0	0.00126 mg/L	0.00100 mg/L
Arsenic, Total Recoverable	00978			NO	EPA300.0	33.7 mg/L	2.00 mg/L
Chloride (as Cl)	00940			HNO3	EPA602.0	0.00100 mg/L	0.00100 mg/L
Cadmium, Total Recoverable	01113			HNO3	EPA602.0	0.00235 mg/L	0.00100 mg/L
Chromium, Total Recoverable	01118			HNO3	EPA602.0	0.00124 mg/L	0.00100 mg/L
Lead, Total Recoverable	01114			HNO3	EPA602.0	1.00000 mg/L	1.00000 mg/L
Coliform, fecal	74055			Na2S2O3	SM9222.0	7.3	
pH	00400			NO			
Sulfate, Total	00945	GRAB	N	NO	EPA300.0	30.9 mg/L	1.0 mg/L

Comment or Explanation

Version 11/99

640

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416-5425

PERMITTEE NAME: Miles Grant Water and Sewer Company
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA813842
 LIMIT: Final
 CLASS SIZE: N/A
 GMS ID NO.: 5143P02100
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: HC
 NO DISCHARGE FROM SITE: D

REPORT: Monthly
 GROUP: Domestic
 GMS TEST SITE NO.:

FACILITY: Miles Grant WWTF
 LOCATION: 5481 SE Miles Grant Road
 Stuart, FL 34997

COUNTY: Martin

MONITORING PERIOD From: Aug. 1, 2006 To: Aug. 31, 2006

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	072	070	MGD						2 DAYS Per wk	Flow meter
PARM Code 50050 Mon Site No. EFF-1	Permit Requirement	0.3 (3-Mo. Avg.)	Report (Mo. Avg.)	mgd						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0 mg/L			mg/L		EVERY 2 WKS	8 HR. FPC
PARM Code 80082 Mon Site No. EFF-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0 mg/L	2.0 mg/L		mg/L		EVERY 2 WKS	8 HR. FPC
PARM Code 80082 Mon Site No. EFF-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement							mg/L		4 DAYS Per wk	GRAB
PARM Code 00530 Mon Site No. EFF-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	Grab
pH	Sample Measurement				6.7	7.4		S.U.		4 DAYS Per wk	GRAB
PARM Code 00400 Mon Site No. EFF-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)				4 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Michael Ellis	<i>Michael Ellis</i>	407-468-3231	060913

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Plant in Dissection CL2 8/15, 8/16, 8/17, 8/22, 8/23, 8/25, 8/26, 8/27, 8/28, 8/29, 8/30, 8/31
 NTU 8/15, 8/16

DEPT. OF ENVIRONMENTAL PROTECTION
 SEVENTH DISTRICT
 1000 N. W. 10th St.
 Ft. Lauderdale, FL 33304

PAGE 05/11
 HUTCHINSON ISLAND
 17722257623
 09/15/2006 12:45

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Miles Creek WWTP

PERMIT NUMBER: FLA013842

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Diform, Fecal	Sample Measurement			9590	100ml	-	4 DAYS Per wk.	GRAB
PARM Code 74055 1 Mon. Site No. EFF-1	Permit Requirement			Non Detectable (75 Percentile)	#/100ml		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0	mg/L	-	Continuous	Analyzer
PARM Code 50060 1 Mon. Site No. EFF-1	Permit Requirement			1.0 (Min.)	mg/L		Continuous	Analyzer
Flow	Sample Measurement	099	MGD			-	5 DAYS Per wk	Flow meter
PARM Code 50050 0 Mon. Site No. INF-1	Permit Requirement	03 (Ar. Avg.)	mgd				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	070	MGD			-	5 DAYS Per wk	Flow meter
PARM Code 50050 0 Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)	mgd				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			257 mg/L	mg/L	-	EVERY 2 WKS	8 HR FPC
PARM Code 80082 0 Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)	mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			182 mg/L	mg/L	-	EVERY 2 WKS	8 HR FPC
PARM Code 00130 0 Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)	mg/L		Every Two Weeks	8-hour FPC
Turbidity	Sample Measurement			1.0	NTU	-	Continuous	Flow Meter
PARM Code 82078 1 Mon. Site No. EFF-1	Permit Requirement			3.0 (max)	NTU		Continuous	Monitor
Giardia*	Sample Measurement					-	1-5 YRS.	GRAB
PARM Code GIARD 1 Mon. Site No. EFF-1	Permit Requirement						Once every 5 years	Grab
Cryptosporidium*	Sample Measurement					-	1-5 YRS	GRAB
PARM Code CRYPT 1 Mon. Site No. EFF-1	Permit Requirement						Once every 5 years	Grab

*Use DEP form 62-610.306(4)(a)4 to report test results. Plant in Diversion 8-15, 8-16, 8-22, 8-23, 8-25, 8-26, 8-27 8, 21

low CL2
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SEP 23 2006
Dept. of Environ. Protection
Fort St. Louis

DAILY SAMPLE RESULTS - PART B

Permit/Number: FLA013842
 Monitoring Period From: Aug. 1 2006 To: Aug. 31 2006

Three-month Average Daily Flow:
 (TMADF/Permitted Capacity)x100:

Code	Flow (mgd)	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity (ntu)
Mon. Sho	EFF-1	INF-1	EFF-1	INF-1	EPB-1	INF-1	EFF-1	EFF-1	EFF-1	EPB-1
1	.065	.069			1.00		7.1	10	4.7	0.9
2	.054	.065			1.00		7.0	10	4.7	1.2
3	.065	.069			1.00		7.4	1.00	4.7	0.9
4	.065	.068					7.0		4.7	0.8
5	.053	.068					6.8		2.6	0.6
6	.089	.083					6.8		4.5	1.4
7	.098	.070			1.00		6.9	1.00	4.7	1.4
8	.074	.066			1.4		7.2	1.00	4.7	1.2
9	.062	.069	2.00	331	1.00	all	7.1	1.00	4.7	2.6
10	.041	.065			3.0		7.1	1.00	4.7	1.0
11	.035	.066					6.7		1.9	0.2
12	.067	.077					6.7		2.7	0.4
13	.085	.085					6.7		5.0	0.6
14	.098	.067			1.00		7.1	1.00	5.0	1.0
15	.065	.065			1.00		7.2	1.00	0.6	4.0
16	.067	.068			1.00		7.1	1.00	0.0	3.2
17	.078	.071			1.00		7.3	1.00	1.4	1.2
18	.068	.064					7.1	1.00	5.0	2.4
19	.069	.066					7.4		1.7	0.6
20	.082	.080					6.9		2.6	1.0
21	.063	.057			1.00		7.0	1.00	5.0	0.6
22	.075	.074			1.00		6.7	1.00	0.5	0.2
23	.063	.063	2.00	183	1.00	153	7.0	1.00	0.5	1.2
24	.087	.068			1.00		7.0	1.00	1.4	2.4
25	.067	.069					7.0		0.6	0.6
26	.069	.069					7.4		0.7	0.6
27	.060	.081					7.2		0.6	0.8
28	.080	.074			1.00		7.1	1.00	0.5	0.7
29	.083	.073			1.20		7.1	1.00	2.6	0.8
30	.070	.070			1.00		7.0	1.00	5.0	1.8
31	.067	.063			1.00		6.9	1.00	5.0	1.4

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 9960 Name: Nick Casiline
 Evening Shift Operator Class: B Certificate No: 3690 Name: FRANK ESKEN
 Night Shift Operator Class: C Certificate No: 5923 Name: Michael Ellis
 Lead Operator Class: C Certificate No: 5923 Name: Michael Ellis
 Type of Effluent Disposal or Reclaimed Water Reuse: Golf Course Irrigation
 Limited Wet Weather Discharge Activated: Yes: No Not Applicable: If Yes, cumulative days of wet weather discharge:

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

RECEIVED

GROUNDWATER MONITORING REPORT - PART D

PAGE 08/11

HUTCHINSON ISLAND

09/15/2006 12:46 17722257623
M3-14-'06 11:29 FROM-D.E.P.

T-177 P008/008 F-408

7723982815

Permit Number: FLA013842
 Monitoring Period: From: July 2006 To: Sept. 2006
 Date Sample Obtained: 8.17.06
 Was the well pumped before sampling? Yes No

Monitoring Location Site Number: MWC-2
 Well Type: Compliance
 Ground Water Class: G-II

Parameter	PARAM Code	Sampling Methods	Samples Filtered(Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level Relative to MSL	82545	GRAB	N	NO			
Nitrogen, Nitrate, Total (as N)	00620			NO	EPA300.0	0.0500 mg/L	0.050 mg/L
Solids, Total Dissolved (TDS)	70295			NO	EPA160.1	222 mg/L	2.50 mg/L
Arsenic, Total Recoverable	00978			HNO3	EPA602.0	0.00120 mg/L	0.00100 mg/L
Chloride (as Cl)	00940			NO	EPA300.0	33.7 mg/L	2.00 mg/L
Cadmium, Total Recoverable	01113			HNO3	EPA602.0	0.00100 mg/L	0.0010 mg/L
Chromium, Total Recoverable	01118			HNO3	EPA602.0	0.00235 mg/L	0.00100 mg/L
Lead, Total Recoverable	01114			HNO3	EPA602.0	0.00124 mg/L	0.00100 mg/L
Coliform, fecal	74055			Na2S2O3	SM9222.0	1.00 CFU/100	1.0 CFU/100 ml
pH	00400			NO		7.3	
Sulfate, Total	00945	GRAB	N	NO	EPA300.0	30.9 mg/L	1.0 mg/L

Comments and Explanation:

GROUNDWATER MONITORING REPORT - PART D

Permit Number: FLA013842
 Monitoring Period: From: July 2006 To: Sept. 2006
 Date Sample Obtained: 2/12/06 8-17-06
 Was the well pumped before sampling? Yes No

Monitoring Location Site Number: MWB-1
 Well Type: Background
 Ground Water Class: G-II

HUTCHINSON ISLAND

17722257623

09/15/2006 12:46

Parameter	PARAM Code	Sampling Methods	Samples Filtered(Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level Relative to MSL	82545	GRAB	NO	NO	3.72 Ft.		
Nitrogen, Nitrate, Total (as N)	00620	GRAB	NO	NO	EPA300.0	0.050 mg/L	0.050 mg/L
Solids, Total Dissolved(TDS)	70295	GRAB	NO	NO	EPA160.1	180 mg/L	2.50 mg/L
Arsenic, Total Recoverable	00978	GRAB	NO	HNO3	EPA6020	0.0014 mg/L	0.0010 mg/L
Chloride (as Cl)	00940	GRAB	NO	NO	EPA300.0	36.1 mg/L	2.00 mg/L
Cadmium, Total Recoverable	01113	GRAB	NO	HNO3	EPA6020	0.00100 mg/L	0.00100 mg/L
Chromium, Total Recoverable	01118	GRAB	NO	HNO3	EPA6020	0.00160 mg/L	0.0010 mg/L
Lead, Total Recoverable	01114	GRAB	NO	HNO3	EPA6020	0.00100 mg/L	0.0010 mg/L
Coliform, Fecal	74055	GRAB	NO	Na2S2O7	SM9220	1.00 CFU/100mL	1.0 CFU/100mL
pH	00400	GRAB	NO	NO		5.8	
Sulfate, Total	00945	GRAB	NO	NO	EPA300.0	29.1 mg/L	1.00 mg/L

Comments and Explanation:

GROUNDWATER MONITORING REPORT - PART D

PAGE 10/11

HUTCHINSON ISLAND

09/15/2006 12:46
03-14-06 11:29 FROM D.E.P.

T-177 P007/008 F-400

Permit Number: FLA013842
Monitoring Period: From: July 2006 To: Sept. 2006
Date Sample Obtained: 8.17.06
Was the well pumped before sampling? Yes No

Monitoring Location Site Number: MWC-1
Well Type: Compliance
Ground Water Class: G-II

Parameter	PARAM Code	Sampling Methods	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level Relative to MSL	82545	GRAB	N	NO		7.71	
Nitrogen, Nitrate, Total (as N)	00620			NO	EPA300.0	14.0 mg/L	0.250 mg/L
Solids, Total Dissolved (TDS)	30295			NO	EPA160.1	736 mg/L	2.50 mg/L
Arsenic, Total Recoverable	00978			HNO3	EPA6020	0.0725 mg/L	0.0010 mg/L
Chloride (as Cl)	00940			NO	EPA300.0	131 mg/L	2.0 mg/L
Cadmium, Total Recoverable	01113			HNO3	EPA6020	0.0010 mg/L	0.0010 mg/L
Chromium, Total Recoverable	01118			HNO3	EPA6020	0.0045 mg/L	0.0010 mg/L
Lead, Total Recoverable	01114			HNO3	EPA6020	0.0010 mg/L	0.0010 mg/L
Cofiform, Fecal	74055			Na ₂ S ₂ O ₃	SM9222D	1.00 CFU/100	1.00 CFU/100
pH	00400			NO		6.3	
Sulfate, Total	00945	GRAB	N	NO	EPA300.0	155 mg/L	5.00 mg/L

Comments and Explanation:

GROUNDWATER MONITORING REPORT - PART D

Permit Number: FLA013842
 Monitoring Period: From July 2006 To Sept. 2006
 Date Sample Obtained: 8-17-06
 Was the well pumped before sampling? Yes No

Monitoring Location Site Number: MWI-1
 Well Type: Intermediate
 Ground Water Class: G-II

Parameter	PARAM Code	Sampling Methods	Samples Filtered(Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level Relative to MSL	82545	GRAB	N	NO		12.65	
Nitrogen, Nitrate, Total (as N)	00620			NO	EPA300.0	19.2 mg/L	0.250 mg/L
Solids, Total Dissolved (TDS)	70295			NO	EPA160.1	534 mg/L	2.50 mg/L
Arsenic, Total Recoverable	00978			HNO ₃	EPA6020	0.00100 U	0.00100 U
Chloride (as Cl)	00940			NO	EPA300.0	56.6 mg/L	2.00 mg/L
Cadmium, Total Recoverable	01113			HNO ₃	EPA6020	0.00100 mg/L	0.00100 mg/L
Chromium, Total Recoverable	01118			HNO ₃	EPA6020	0.00100 mg/L	0.00300 mg/L
Lead, Total Recoverable	01114			HNO ₃	EPA6020	0.008 mg/L	0.0010 mg/L
Coliform, Fecal	74055			Na ₂ S ₂ O ₃	SM9222D	1.00 CFU/100 ml	1.00 CFU/100 ml
pH	00400	↓	↓	NO		7.3	
Sulfate, Total	00945	GRAB	N	NO	EPA300.0	38.7 mg/L	5.00 mg/L

Comments and Explanation:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

240

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416-5425

PERMITTEE NAME: Miles Grant Water and Sewer Company
 MAILING ADDRESS: 200 Weatherfield Avenue
 Altamonte Springs, FL 32714

FACILITY: Miles Grant WWTF
 LOCATION: 5481 SE Miles Grant Road
 Stuart, FL 34997

COUNTY: Martin

PERMIT NUMBER: FLA013842
 LIMIT: Final
 CLASS SIZE: N/A
 GMS ID NO.: S143P02100
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic
 GMS TEST SITE NO.:

MONITORING PERIOD From: July 1 2006 To: July 31 2006

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Report (Mo. Avg.)	Permit Requirement (3-Mo. Avg.)		Report (Mo. Avg.)	Permit Requirement (Mo. Avg.)				
Flow	Sample Measurement	.079	.072	MGD					7 DAYS PER WK	Flow meters
PARM Code 50050 Mon. Site No. EFF-1	Permit Requirement			mgd					5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0				EVERY 2 WKS	8 HR FPC
PARM Code 80082 Mon. Site No. EFF-1	Permit Requirement				20.0 (An. Avg.)				Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2	2			EVERY 2 WKS	8 HR FPC
PARM Code 80082 Mon. Site No. EFF-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)			Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.2				4 DAYS PER WK	GRAB
PARM Code 00530 Mon. Site No. EPB-1	Permit Requirement				5.0 (Max.)				4 Days/Week	Grab
pH	Sample Measurement				6.82	7.67			7 DAYS PER WK	GRAB
PARM Code 00400 Mon. Site No. EFF-1	Permit Requirement				6.0 (Min.)	8.5 (Min.)			5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Michael Ellis Lead Operator	<i>Michael Ellis</i>	407 468-3271	06/09/09

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

PLANT DIVERTED FOR C₂ - 07/06, 07/14, 07/19, 07/24, 07/26, 07/27, 07/28, 07/29, 07/30, 07/31

Dept. of Environmental Protection
 Southeast District

PAGE 02/08 HUTCHINSON ISLAND 17722257623 08/15/2006 13:31

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Miles Grant WWTF

PERMIT NUMBER: FLA013842

MONITORING GROUP NUMBER: R-001

Miles Grant

Jul 01, 2006 → Jul 31, 2006

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			100%	< 1		100ml	-	4 DAYS PER WK	GRAB
PARM Code 74035 Mon Site No. EFF-1	Permit Requirement			Non Detectable (75 Percentile)	25 (Max)		#/100ml		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			.6			mg/L	-	CONTINUOUS	ANALYZER
PARM Code 50060 Mon Site No. EFF-1	Permit Requirement			1.0 (Min)			mg/L		Continuous	Analyzer
Flow	Sample Measurement	100	MGD						5 DAYS PER WK	Flow meter
PARM Code 50050 Mon Site No. INP-1	Permit Requirement	0.3 (An.Avg)	mgd						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	072	MGD						5 DAYS PER WK	Flow meter
PARM Code 50050 Mon Site No. INP-1	Permit Requirement	Report (Mo.Avg)	mgd						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			183.3			mg/L	-	EVERY 2 WKS	8HR FPC
PARM Code 80082 Mon Site No. INP-1	Permit Requirement			Report (Mo.Avg)			mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			174.0			mg/L	-	EVERY 2 WKS	8HR FPC
PARM Code 00530 Mon Site No. INP-1	Permit Requirement			Report (Mo.Avg)			mg/L		Every Two Weeks	8-hour FPC
Turbidity	Sample Measurement				10.0		NTU	-	CONTINUOUS	Flowmeter
PARM Code 82078 Mon Site No. EPB-1	Permit Requirement				3.0 (max)		NTU		Continuous	Meter
Giardia*	Sample Measurement								1-5 YRS	GRAB
PARM Code GIARD Mon Site No. EFF-1	Permit Requirement								Once every 3 years	Grab
Cryptosporidium*	Sample Measurement								1-5 YRS	GRAB
PARM Code CRYPT Mon Site No. EFF-1	Permit Requirement								Once every 3 years	Grab

*Use DEP form 62-610.300(4)(a)4 to report test results.

RECEIVED

JUL 03 2006
Dept. of Environ. Protection
P.O. Box 100
St. Louis

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA013842**

Three-month Average Daily Flow:

Monitoring Period

From: July 1 2006

To: July 31 2006

(TMADF/Permitted Capacity)x100:

Code	Flow (mgd)	Flow (mgd)	COD5 (mg/l)	COD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For D/Infect.) (mg/l)	Turbidity (ntu)
Mon. Site	EFF-1	INF-1	EFF-1	INF-1	EPB-1	INF-1	EFF-1	EFF-1	EFF-1	EPB-1
1	.087	.068					7.08		5.0	1.1
2	.080	.077					7.11		5.0	1.0
3	.073	.073					6.98	1U	4.6	1.0
4	.083	.083					6.89		1.0	1.0
5	.056	.060			1U		6.99	1U	1.0	0.9
6	.074	.074			1U		7.04	1U	0.6	3.4
7	.069	.069			2.2		6.93	1U	5.00	2.4
8	.069	.067					7.02		4.4	1.6
9	.074	.076					6.99		2.4	0.8
10	.080	.080			1.2		7.01	1U	5.0	1.0
11	.082	.064			2.2		7.54	1U	3.2	3.6
12	.055	.068		181.2	1	156.0	7.50	1U	2.8	1.0
13	.067	.070					7.52	1U	5.0	1.2
14	.061	.068					7.34		0.6	0.6
15	.075	.077					7.17		5.0	0.9
16	.069	.073					7.21		4.7	7.3
17	.083	.074			1U		7.25	1U	4.7	1.0
18	.066	.070			1U		7.38	1U	4.7	0.9
19	.063	.062			1		7.43	1U	0.6	1.2
20	.065	.068			1U		7.49	1U	4.7	3.0
21	.060	.069					7.47		0.6	3.0
22	.076	.082					7.67		1.0	2.1
23	.099	.085					7.61		4.7	1.4
24	.077	.066			1U		7.67	1U	0.6	1.6
25	.067	.066			1U		6.82	1U	3.2	0.6
26	.065	.068		185.4	1U	192.6	7.28	1U	0.6	1.0
27	.074	.070			1U		7.22	1U	4.7	0.9
28	.069	.067					7.12		4.7	1.0
29	.076	.080					7.23		4.6	0.9
30	.080	.085					7.10		4.7	0.9
31	.072	.067			1		6.90	<1	4.7	1.0

PLANT STAFFING:

Day Shift Operator	Class:	Certificate No:	Name:
Evening Shift Operator	Class: <u>B</u>	Certificate No: <u>9463</u>	Name: <u>Nick Casaling</u>
Night Shift Operator	Class: <u>C</u>	Certificate No: <u>3640</u>	Name: <u>Frank Eskew</u>
Lead Operator	Class: <u>C</u>	Certificate No: <u>5983</u>	Name: <u>Mike Ellis</u>
Type of Effluent Disposal or Reclaimed Water Reuse: <u>Grate Course Irrigation</u>			
Imited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge:			

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

RECEIVED

640

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416-5425

PERMITTEE NAME: Miles Grant Water and Sewer Company
MAILING ADDRESS: 200 Weathersfield Avenue Altamonte Springs, FL 32714

PERMIT NUMBER: FLA013842
LIMIT: Final
CLASS SIZE: N/A
GMS ID NO.: 5143P02100
MONITORING GROUP NUMBER: R-001
PLANT SIZE/TREATMENT TYPE: IIC
NO DISCHARGE FROM SITE: 0

REPORT: Monthly
GROUP: Domestic
GMS TEST SITE NO.:

FACILITY: Miles Grant WWTF
LOCATION: 5481 SE Miles Grant Road Stuart, FL 34997

COUNTY: Martin

FILE COPY

MONITORING PERIOD From: JUNE 1, 2002 To: JUNE 30, 2002

Table with columns: Parameter, Quantity or Loading, Units, Quality or Concentration, Units, No. Ex., Frequency of Analysis, Sample Type. Rows include parameters like Flow, BOD, Solids, and pH with their respective measurements and requirements.

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

Table with columns: NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT, SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT, TELEPHONE NO, DATE (YY/MM/DD). Includes signature of Michael Ellis.

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): NTU Diversion 6/1

SL2 Diversion NONE

Dept of Environ...
6/22/02

PAGE 07/15

HUTCHINSON ISLAND

17722257523

14:50

07/17/2006

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Miles Grant WWTF

PERMIT NUMBER: FLA013842

MONITORING GROUP NUMBER: R-001

June 1, 2008 June 30, 2008

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
				Sample Measurement	Permit Requirement	Quality or Concentration				
Coliform, Fecal	Sample Measurement			10097	21		100/ml	-	4 DAYS PER WK	GRAB
PARM Code 74055 1 Mon Site No. EFF-1	Permit Requirement			Non Detectable (75 Percentile)	25 (Max)		#/100ml		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.2			mg/L	-	CONTINUOUS	ANALYZER
PARM Code 50060 1 Mon Site No. EFF-1	Permit Requirement			LO (Min)			mg/L		Continuous	Analyzer
Flow	Sample Measurement	101	MGD					-	5 DAYS PER WK	Flow Meter
PARM Code 50050 G Mon Site No. INF-1	Permit Requirement	0.5 (AN.AVG)	mgd						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	075	MGD					-	5 DAYS PER WK	Flow Meter
PARM Code 50050 G Mon Site No. INF-1	Permit Requirement	Report (Mo.Avg)	mgd						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			215 mg/L			mg/L	-	EVERY 2 WKS	8 HR FPC
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement			Report (Mo.Avg)			mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			213 mg/L			mg/L	-	EVERY 2 WKS	8 HR FPC
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement			Report (Mo.Avg)			mg/L		Every Two Weeks	8-hour FPC
Turbidity	Sample Measurement				9.8		NTU	-	CONTINUOUS	Flow Meter
PARM Code E2078 1 Mon Site No. EFF-1	Permit Requirement				3.0 (max)		NTU		Continuous	Meter
Giardia*	Sample Measurement		<0.009				CYST/L	-	1-5 YRS	GRAB
PARM Code GIARD 1 Mon Site No. EFF-1	Permit Requirement								Once every 5 years	Grab
Cryptosporidium*	Sample Measurement		<0.009				CYST/L	-	1-5 YRS	GRAB
PARM Code CRYPT 1 Mon Site No. EFF-1	Permit Requirement								Once every 5 years	Grab

*Use DEP form 62-610.300(4)(a)4 to report test results.

RECEIVED

JUN 23 2008
Dept. of Environ. Protection
Tallahassee, FL

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013842
Monitoring Period: June 1 2008 To: June 30 2008

Three-month Average Daily Flow:
(TMADF/Permitted Capacity)x100:

Code	Flow (mgd)	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity (ntus)
Mon. Site	EFF-1	INF-1	EFF-1	INF-1	EFB-1	INF-1	EFF-1	EFF-1	EFF-1	EFB-1
1	.037	.072			1.00		6.8	10	1.4	9.8
2	.089	.075			10		7.7	10	5.0	1.4
3	.110	.090					8.2		5.0	1.7
4	.075	.074					7.4		5.0	3.2
5	.078	.070			10		6.8	10	5.0	2.6
6	.086	.082			10		7.4	10	5.0	0.2
7	.084	.068			10		7.5	10	4.4	0.2
8	.079	.073			1.4mg/l		7.4	10	5.0	2.0
9	.066	.070					7.5		1.4	2.8
10	.073	.080					8.2		2.7	2.4
11	.086	.087					8.2		1.4	2.3
12	.081	.073			10		7.3	10	5.0	1.4
13	.084	.077			10		7.3	10	3.0	1.8
14	.081	.071	20	229	10	216	7.6	10	2.0	2.0
15	.082	.071			1.2		6.8	10	2.4	2.0
16	.081	.070					7.2		1.2	1.9
17	.071	.077					7.0		1.9	1.6
18	.093	.091					7.1		5.0	1.2
19	.066	.068			10		7.1	10	3.2	1.8
20	.089	.079			1.2		7.0	10	3.4	2.0
21	.091	.075			1.0		7.0	10	3.2	2.2
22	.069	.068			10		7.0	10	2.0	1.2
23	.077	.072					6.8		2.0	1.0
24	.067	.068					6.8		5.0	1.1
25	.087	.093					7.0		5.0	1.1
26	.074	.070			1.4		6.9	10	5.0	1.8
27	.074	.071			10		7.2	10	5.0	1.4
28	.069	.071	2.00	201	10	210	7.2	10	5.0	1.2
29	.065	.071			1.4		7.1	1.0	1.2	0.8
30	.084	.066					7.0		5.0	1.8
31										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7371 Name: John Little
 Evening Shift Operator Class: D Certificate No: 9467 Name: Nick Caruso
 Night Shift Operator Class: C Certificate No: 7640 Name: FRANK ESKEW
 Lead Operator Class: C Certificate No: 5923 Name: MIKE ELLIOTT
 Type of Effluent Disposal or Reclaimed Water Reuse: Gold Course Irrigation
 Limited Wet Weather Discharge Activated: Yes (No) Not Applicable: If yes, cumulative days of wet weather discharge: _____

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

RECEIVED

640

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416-5425

PERMITTEE NAME: Miles Grant Water and Sewer Company
MAILING ADDRESS: 200 Weatherfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA013842
LIMIT: Final
CLASS SIZE: N/A
GMS ID NO.: S143P02100
MONITORING GROUP NUMBER: R-001
PLANT SIZE/TREATMENT TYPE: IIC
NO DISCHARGE FROM SITE: 0

REPORT: Monthly
GROUP: Domestic
GMS TEST SITE NO.:

FACILITY: Miles Grant W/WTF
LOCATION: 5481 SE Miles Grant Road
Stuart, FL 34997

COUNTY: Martin

COPY

MONITORING PERIOD From: MAY 01, 2006 To: MAY 31, 2006

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	103	087	MGD					7 DAYS Per week	Flow meter
PARM Code 50050 Mon Site No. EFF-1	Permit Requirement	0.3 (3-Mo. Avg.)	Report (Mo. Avg.)	mgd					5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				205		mg/L		EVERY 2 WEEKS	8HR FPC
PARM Code 80082 Mon Site No. EFF-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				224		mg/L		EVERY 2 WEEKS	8HR FPC
PARM Code 80082 Mon Site No. EFF-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)	mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.8		mg/L		4 DAYS Per week	GRAB
PARM Code 00530 Mon Site No. EFF-1	Permit Requirement				3.0 (Max.)		mg/L		4 Days/Week	Grab
pH	Sample Measurement				6.50	7.90	S.U.		7 DAYS Per week	GRAB
PARM Code 00400 Mon Site No. EFF-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	S.U.		7 Days/Week	Grab

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

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

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

Diverted for:
CH₂ - 03/05, 04/05, 05/05, 16/05,
N/A - 09/05, 12/05, 16/05, 18/05
21/05, 25/05

PAGE 05/05

MILES GRANT

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09:31

07/31/2006

640

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Miles Grant WWTF

PERMIT NUMBER: FLA013842

MONITORING GROUP NUMBER: R-001

PAGE 02/05

MILES GRANT

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Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			180	<1	100 ML	-	41 DAYS PER WEEK	GRAB
PARM Code 74055 1 Mon Site No. EFP-1	Permit Requirement			Non Detectable (75 Percentile)	25 (Max.)	#100ml		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.0		mg/L	-	CONTINUOUS	ANALYZER
PARM Code 90060 1 Mon Site No. EFP-1	Permit Requirement			1.0 (Min.)		mg/L		Continuous	Analyzer
Flow	Sample Measurement	102	MGD				-	7 DAYS PER WEEK	Flow meter
PARM Code 50050 G Mon Site No. INF-1	Permit Requirement	0.5 (An.Avg.)	mgd					5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.85	MGD				-	7 DAYS PER WEEK	Flow meter
PARM Code 50050 G Mon Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	mgd					5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			228.7		mg/L	-	EVERY 2 WEEKS	8HR FPC
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			2.0		mg/L	-	EVERY 2 WEEKS	8HR FPC
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/L		Every Two Weeks	8-hour FPC
Turbidity	Sample Measurement				4.8	NTU	-	CONTINUOUS	Flow meter
PARM Code 82078 1 Mon Site No. EFP-1	Permit Requirement				3.0 (max)	NTU		Continuous	Meter
Giardia*	Sample Measurement							1-5 years	GRAB
PARM Code GIARD 1 Mon Site No. EFP-1	Permit Requirement							Once every 3 years	Grab
Cryptosporidium*	Sample Measurement							1-5 years	GRAB
PARM Code CRYPT 1 Mon Site No. EFP-1	Permit Requirement							Continuous	Grab

*Use DEP form 62-610.300(4)(a) to report test results.

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 JUL 31 2006
 Dept. of Environ. Protection
 401 St. Louis

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013842
 Monitoring Period: From: MAY 01 2006 To: MAY 31 2006

Three-month Average Daily Flow:
 (TMADF/Permitted Capacity)x100:

Code	Flow (mgd)	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Focal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity (ntu)
Mon. Site	EFF-1	INF-1	EFF-1	INF-1	EFB-1	INF-1	EFF-1	EFF-1	EFF-1	EFB-1
1	.102	.100			<1		6.9	<1	5.0	1.4
2	.087	.097			<1		6.7	<1	7.0	.90
3	.081	.090	<2	209.0	<1	184	6.7	<1	0.0	1.0
4	.080	.088			<1		6.7	<1	0.0	1.6
5	.089	.094					7.0		0.0	2.4
6	.088	.104					7.1		2.7	1.6
7	.140	.127					7.0		2.0	2.0
8	.104	.088			1.0		7.9	<1	6.2	3.0
9	.083	.081			1.8		6.9	<1	5.0	3.8
10	.084	.094			<1		6.5	<1	1.0	3.0
11	.064	.079			1.2		7.2	<1	1.0	2.2
12	.063	.075					7.7		1.2	3.0
13	.091	.086					7.8		3.0	2.0
14	.092	.094					7.10		2.0	2.1
15	.070	.080			1.2		7.3	<1	5.0	2.6
16	.078	.082			<1		7.5	<1	0	3.4
17	.074	.080	2.48	248.2	2.8	216	7.7	<1	5.0	1.0
18	.071	.071			2.2		7.7	<1	5.0	3.2
19	.079	.079					7.0		1.2	2.6
20	.072	.074					6.6		2.5	2.4
21	.077	.089					6.9		4.0	4.8
22	.104	.078			2.6		6.7	<1	5.0	2.8
23	.096	.069			1.2		6.8	<1	5.0	1.9
24	.099	.078			1.0		6.6	<1	5.0	.6
25	.075	.079			<1		6.7	<1	4.0	0
26	.068	.053					6.5		2.8	1.20
27	.087	.082					6.76		1.0	2.2
28	.101	.085					7.21		3.7	1.2
29	.097	.083					7.26		2.5	1.0
30	.082	.081			1.0		6.77	<1	3.2	1.0
31	.076	.078			<1		6.92	<1	3.1	1.0

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7371 Name: John Lyle
 Evening Shift Operator Class: B Certificate No: 4463 Name: Wesley Catalina
 Night Shift Operator Class: C Certificate No: 3640 Name: FRANKESKEW
 Lead Operator Class: C Certificate No: 5923 Name: MIKE ELIOT
 Type of Effluent Disposal or Reclaimed Water Reuse: City of Cape Coral Wastewater Treatment Plant
 Limited Wet Weather Discharge Activated: Yes: Not Applicable: If yes, cumulative days of wet weather discharge: _____

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

RECEIVED

MAY 31 2006

640

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EAGLE RIDGE

PAGE 01/04

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416-5425

PERMITTEE NAME: Miles Grant Water and Sewer Company
MAILING ADDRESS: 200 Weathersfield Avenue, Aftonwate Springs, FL 32714
FACILITY: Miles Grant WWTF
LOCATION: 5481 SE Miles Grant Road, Stuart, FL 34997
COUNTY: Martin

PERMIT NUMBER: FLA013842
LIMIT: Final
CLASS SIZE: N/A
GMS ID NO: 5143P02100
MONITORING GROUP NUMBER: R-001
PLANT SIZE/TREATMENT TYPE: IIC
NO DISCHARGE FROM SITE: D

REPORT: Monthly
UNITS: Domestic
GMS TEST SITE NO.:

MONITORING PERIOD From: APRIL 1/06 To: AUGUST 30/06

Table with 8 columns: Parameter, Quantity or Loading, Units, Quality or Concentration, Units, No. Ex., Frequency of Analysis, Sample Type. Rows include Flow, BOD, Solids, and pH measurements with permit requirements and sample frequencies.

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

Table with 4 columns: NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT, SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT, TELEPHONE NO, DATE (YY/MM/DD). Entry for Michael Ellis, Lead Operator, 407-468-3271, 06/04/07.

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

PROBLEMS AS A SUPPLY AQUADISK 4/11/06 TSS 12.4 mg/l Plant Diversed

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MAY 04 2007
Dept. of Environ. P.
1

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Miles Grant WWTP

PERMIT NUMBER: FLA013342

MONITORING GROUP NUMBER: R-001

PAGE 06/07

HUTCHINSON ISLAND

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Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration		Units	No. <small>Per Day</small>	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				100%	< 1			4 DAYS	GRAB
PARM Code 74035 Mon Site No. EFP-1	Permit Requirement				Non Detectable (75 Percentile)	25 (Max)	100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.6		mg/L		Continuous	Analyzer
PARM Code 30060 Mon Site No. EFP-1	Permit Requirement				1.0 (Min)		mg/L		Continuous	Analyzer
Flow	Sample Measurement	092		MGD					7 DAYS	Flow Meter
PARM Code 30030 Mon Site No. INF-1	Permit Requirement	0.5 (An. Avg.)		mgd					5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	111		MGD					7 DAY BR	Flow Meter
PARM Code 50850 Mon Site No. INF-1	Permit Requirement	Report (Mo. Avg.)		mgd					5 Days/Week	Flow meters and totalizers
BOD ₅ , Carbonaceous 5 day, 20C	Sample Measurement				194		mg/L		EVERY TWO WEEK	8 HR FPC
PARM Code 80821 Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)		mg/L		Every Two Weeks	8 Hour FPC
Solids, Total Suspended	Sample Measurement				183		mg/L		EVERY TWO WEEK	8 HR FPC
PARM Code 08130 Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)		mg/L		Every Two Weeks	8 Hour FPC
Turbidity	Sample Measurement					3.2	NTU		Continuous	Flow Meter
PARM Code 82078 Mon Site No. EFP-1	Permit Requirement					3.0 (max)	NTU		Continuous	Flow Meter
Giardia*	Sample Measurement								1-5 years	GRAB
PARM Code GRABD Mon Site No. EFP-1	Permit Requirement								Once every 1 year	Grab
Cryptosporidium*	Sample Measurement								1-5 years	GRAB
PARM Code CRYPT Mon Site No. EFP-1	Permit Requirement								Once every 1 year	Grab

*Use DEP form 62-610.300(4)(a)4 to report test results.

AQA DIX
problems 4/30/06
Plant Diverted

RECEIVED

MAY 23 2006
DEPT. OF ENVIRONMENTAL PROTECTION
TERRY LECHE

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA013842**
 Monitoring Period: From: **04/01/06** To: **04/30/06**

Three-month Average Daily Flow:
 (TMADF/Permitted Capacity) 110:

	Flow (mgd)	Flow (mgd)	CODS (mg/l)	CODS (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (a.a.)	Total Coliform Bacteria (M/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity (nu)
Code	50050	50050	80082	80082	00530	00530	00400	74035	50000	82878
Mon. Site	EPF-1	INF-1	EPF-1	INF-1	EPF-1	INF-1	EPF-1	EPF-1	EPF-1	EPF-1
1	.108	.113					7.4		1.7	.60
2	.111	.121					6.8		2.8	1.0
3	.117	.111			<1		6.7	<1	4.3	3.1
4	.120	.126			<1		8.1	<1	5.0	0.9
5	.100	.105	<2	170	<1	142	7.8	<1	5.0	0.6
6	.098	.111			<1		7.7	<1	5.0	0.9
7	.099	.104					7.9		5.0	1.0
8	.110	.116					7.8		2.8	1.0
9	.117	.119					7.7		1.4	.95
10	.113	.121			<1		7.0	<1	1.6	1.0
11	.105	.115			12.4		6.9	<1	1.7	1.0
12	.107	.117			1.60		6.8	<1	1.8	1.8
13	.110	.115			<1		7.7	<1	2.4	1.0
14	.124	.131					7.9		5.0	1.2
15	.091	.098					7.4		1.8	1.2
16	.114	.127					7.1		3.0	1.4
17	.110	.111			<1		7.1	<1	1.6	.80
18	.119	.119			<1		7.6	<1	4.4	1.2
19	.108	.110	<2	218	1.2	223	8.0	<1	5.0	1.8
20	.108	.116			<1		8.0	<1	5.0	3.2
21	.090	.106					7.4		1.8	1.0
22	.111	.112					7.7		1.7	1.0
23	.118	.125					7.5		5.0	1.0
24	.097	.100			<1		7.9	<1	5.0	.90
25	.103	.099			<1		7.6	<1	1.6	1.0
26	.116	.105			<1		6.9	<1	5.0	1.2
27	.098	.096			<1		6.8	<1	5.0	1.6
28	.081	.088					7.0		5.0	1.4
29	.091	.094					6.6		5.0	.80
30	.092	.102					6.7		5.0	1.2
31										

PLANT STAFFING:

Day Shift Operator Class: S Certificate No: 7771 Name: John Bisle
 Evening Shift Operator Class: B Certificate No: 7763 Name: WIKI CAROLLO
 Night Shift Operator Class: C Certificate No: 7648 Name: FRANK GIRON
 Lead Operator Class: C Certificate No: 8928 Name: MICHAEL ELLIOTT

Type of Effluent Disposal or Reclaimed Water Reuse: GOLF COURSE IRRIGATION
 Is used Wet Weather Discharge Activated: Yes Not Applicable If yes, cumulative days of wet weather discharge: _____

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

NTU 4/3/06, 4/20/06, 4/11/06
 APTK BACK WASH ON
 ARVA DISK

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COPY

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416-5425

PERMITTEE NAME: Miles Grant Water and Sewer Company
MAILING ADDRESS: 200 Weatherfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA013842
LIMIT: Final
CLASS SIZE: N/A
GMS ID NO.: 5143P02100
MONITORING GROUP NUMBER: R-001
PLANT SIZE/TREATMENT TYPE: IIC
NO DISCHARGE FROM SITE: 13

REPORT GROUP: Monthly
GMS TEST SITE NO.: Domestic

FACILITY: Miles Grant WWTF
LOCATION: 5481 SE Miles Grant Road
Stuart, FL 34997

COUNTY: Martin

MONITORING PERIOD From: 03/01/06 To: 03/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	110	176	MGD			MGD	-	7 Week	Flow Meter
PARAM Code 50030 Mon. Site No. EFP-1	Permit Requirement	0.3 (3-Mo. Avg.)	Report (Mo. Avg.)	mgd					3 Days/Week	Flow meters and laboratory
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.32		mg/L	-	EVERY 2 weeks	8HR FPC
PARAM Code 80082 Mon. Site No. EFP-1	Permit Requirement				20.0 (An. Avg.)		mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10	10	mg/L		EVERY 2 weeks	8HR FPC
PARAM Code 80082 Mon. Site No. EFP-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)	mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				4.2		mg/L		4 DAYS Per Week	GRAB
PARAM Code 00530 Mon. Site No. EFP-1	Permit Requirement				5.8 (Max.)		mg/l		4 Days/Week	Grab
pH	Sample Measurement				6.4	8.1	S.U.		7 DAYS Per Week	GRAB
PARAM Code 00400 Mon. Site No. EFP-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)			7 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
MICHAEL ELLIS Lead Operator	Michael Ellis	407 468-3271	04/07/06

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

Plant Diverted For cl2 03/03, 03/04, 03/05, 03/06, 03/07, 03/08, 03/09, 03/10
03/11, 03/12, 03/13, 03/14, 03/17, 03/21, 03/22, 03/27
03/28, 03/26
NTU Res 03/01

PAGE 02/04

MILES GRANT

7722836016

05/23/2006 10:09

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Miles Grant WWTF

PERMIT NUMBER: FLA013842

MONITORING GROUP NUMBER: R-001

03/01/06 to 03/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			10090	< 1	100 mc	40 DAYS WK.	GRAB
FARM Code 74055 1 Mon. Site No. EFF-1	Permit Requirement			Non Detectable (75 Percentile)	25 (Max.)	#/100ml	4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0		mg/L	Continuous	ANALYZER
FARM Code 50060 1 Mon. Site No. EFF-1	Permit Requirement			1.0 (Min.)		mg/L	Continuous	Analyzer
Flow	Sample Measurement	125	MGD				7 DAY	Flow Meter
FARM Code 50050 G Mon. Site No. INF-1	Permit Requirement	0.3 (An.Avg.)	mgd				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	127	MGD				7 DAY	Flow Meter
FARM Code 50050 G Mon. Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	mgd				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			219		mg/L	EVERY 2 WEEKS	8 HR FPC
FARM Code 80082 G Mon. Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/l	Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			222		mg/L	EVERY 2 WEEKS	8HR FPC
FARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Report (Mo.Avg.)		mg/L	Every Two Weeks	8-hour FPC
Turbidity	Sample Measurement				10.0	NTU	Continuous	Flow meter
FARM Code E2078 1 Mon. Site No. EPE-1	Permit Requirement				3.0 (max)	NTU	Continuous	meter
Giardia*	Sample Measurement						1 Year	GRAB
FARM Code GIARD 1 Mon. Site No. EFF-1	Permit Requirement						Once every 5 years	Grab
Cryptosporidium*	Sample Measurement						1 Year	GRAB
FARM Code CRYPT 1 Mon. Site No. EFF-1	Permit Requirement						Once every 5 years	Grab

*Use DEP form 62-610.300(4)(a)4 to report test results.

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MAY 23 2006
Dept. of Environ. Protection
P.O. Box 12000
Tallahassee, FL 32310

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DAILY SAMPLE RESULTS - PART B

run Number: FLAD13842
 monitoring Period: 03/01/06

To: 03/31/06

Three-month Average Daily Flow:
 (TMADF/Permitted Capacity)x100:

COPY

Code	Flow (mgd)	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform (N/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity (ntu)
Mon. Site	EFF-1	INF-1	EFF-1	INF-1	EFF-1	INF-1	EFF-1	EFF-1	EFF-1	EFF-1
1	.083	.109			4.2		7.3	<1	1.6	10.0
2	.118	.128			1.4		6.8	<1	5.0	1.6
3	.105	.118					7.9		0.0	1.3
4	.108	.127					8.0		0.0	.60
5	.084	.139					8.1		0.0	2.0
6	.115	.128			1.2		7.7	<1	0.2	1.6
7	.106	.119			<1		6.4	<1	0.0	.50
8	.111	.128	<2	201.13	<1	222	8.0	<1	0.0	1.0
9	.095	.133			<1		7.6	<1	0.0	1.3
10	.110	.126					7.7		0.0	.90
11	.106	.131					8.1		0.0	1.2
12	.125	.139					6.7		0.0	1.0
13	.152	.180			<1		6.7	<1	0.0	2.0
14	.147	.156			<1		7.5	<1	0.0	1.4
15	.164	.170			<1		7.5	<1	2.2	1.4
16	.133	.124			<1		7.7	<1	2.4	2.6
17	.130	.117					7.3		1.1	1.7
18	.123	.118					7.3		1.2	1.6
19	.158	.138					7.3		4.2	2.8
20	.145	.131			<1		7.3	<1	3.0	1.2
21	.101	.106			1.3		7.7	<1	0.6	1.1
22	.115	.127	<2	237.80	<1	221	8.0	<1	0.4	1.0
23	.114	.112			<1		7.7	<1	0.6	1.2
24	.101	.107					7.9		1.2	1.1
25	.109	.120					7.2		0.8	1.1
26	.107	.124					7.6		0.4	1.0
27	.106	.113			<1		7.8	<1	4.6	1.8
28	.109	.118			<1		8.3	<1	5.0	1.0
29	.113	.119			<1		7.8	<1	3.6	1.0
30	.108	.114			<1		7.0	<1	2.1	1.0
31	.108	.113			<1		7.3	<1	4.0	1.0

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7771 Name: John Lisle
 Evening Shift Operator Class: B Certificate No: 9463 Name: Nick Carolina
 Night Shift Operator Class: C Certificate No: 5923 Name: Mike Ellis
 Lead Operator Class: C Certificate No: 5923 Name: Mike Ellis

Type of Effluent Disposal or Reclaimed Water Reuse: GOLF COURSE IRRIGATION
 Limited Wet Weather Discharge Activated: Yes No Not Applicable: If Yes, cumulative days of wet weather discharge: _____

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

COPY

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640
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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15821, West Palm Beach, 33415-9123

PERMITTEE NAME: Mize Great Water and Sewer Company
MAILING ADDRESS: 200 Westfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: PL0013842
LEAK: PMA
CLASS USE: MA
GSD ID NO: 316302108
MONITORING ORIGIN: B-002
PLANT TREATMENT TYPE: IIC
NO DISCHARGE PROMISSE: II

REPORT GROUP: GMS TEST REPORT
Effluent Domestic

FACILITY: Mize Great WWTW
LOCATION: 5411 SE 14th Street
Dunn, FL 34937

COUNTY: Maricopa

MONITORING PERIOD From: 02/01/06 To: 02/28/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analyti	Sample Type
Flow	Sample Measurement	104	116	MGD			MGD		7 WEEK	Flow meter
PARK Code 3070 Mile 5th No. EPC-1	Parent	03	Report	mgd					3 Days/Week	Flow meter and
	Sample Measurement	(1-Mo. Avg)	(1-Mo. Avg)							
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.35		mg/L		2 week	BHA FPC
	Parent				20.0		mg/L		Every Two Weeks	BHA FPC
	Sample Measurement				(1-Mo. Avg)					
PARK Code 3071 Mile 5th No. EPC-1	Parent								EVERY 2 weeks	BHA FPC
BOD, Carbonaceous 5 day, 10C	Sample Measurement				10	10	mg/L		Every Two Weeks	BHA FPC
	Parent				Report	050	mg/L			
	Sample Measurement				(1-Mo. Avg)	(Max)				
Solids, Total Suspended	Sample Measurement				1.3	1.8	mg/L		4 days/wk	GRAB
	Parent				5.0		mg/L		4 Days/Week	Grab
	Sample Measurement				(Max)					
PARK Code 0090 Mile 5th No. EPC-1	Parent								7 DAYS WEEK	GRAB
	Sample Measurement				6.63	7.99	S.U.			
	Parent				6.0					
	Sample Measurement									

GARTH A
EAGLE RIDGE

03/17/2006 13:01
03/17/2006 08:57
8136261030
12395611263

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (Y/M/D)
Michael ELLIS Lead Operator	Michael Ellis	409 9221	03/09/06

14:51 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments):

PLANT DIVERTED FOR [NTU - 02/06 AND 02/28
C12 - 02/05, 02/06, 02/07, 02/08, 02/09, 02/10
02/11, 02/12, 02/13, 02/14, 02/15, 02/16

DISCHARGE MONITORING REPORT - PART A (Continued)

PAGE 03
PAGE 02/08

FACILITY NAME: Mill Creek WWTP

PERMIT NUMBER: PL0013443

MONITORING GROUP NUMBER: R-001

PAGE 02

Parameter	Sample Management	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Free	Sample Management			100%	<1		14 Days/Wk	GRAB
FARM Code 9003 Mon. Site No. 9003	Sample Management			100%	<1		14 Days/Wk	GRAB
Total Suspended Solids (TSS)	Sample Management			0			Continuous	GRAB
FARM Code 9000 Mon. Site No. 9000	Sample Management	119	MGD				7 DAY	Flow meter
Flow	Sample Management	24	MGD				7 DAY	Flow meter
FARM Code 9006 Mon. Site No. 9006	Sample Management						3 Days/Week	Flow meter
BOD ₅ , Carbonaceous 5 day, 20C	Sample Management			256			Every 2 Weeks	BHR FPC
FARM Code 9008 Mon. Site No. 9008	Sample Management			262			Every 2 Weeks	BHR FPC
Total Suspended Solids	Sample Management				4.6		Continuous	Flow meter
FARM Code 9009 Mon. Site No. 9009	Sample Management						1/5/08	GRAB
Chlorophyll a	Sample Management						1/5/08	GRAB

*Use DEP form 62-610.300(4)(a) to report test results.

RECEIVED

MAR 18 2008
Dept. of Environ. Protection
City of Lehigh

GARTH A
EAGLE RIDGE

03/17/2006 13:01
03/17/2006 08:57

772836816

03/16/2006 14:55

DAILY SAMPLE RESULTS - PART B

Facility Number:
Manufacturing Period:

FLA013842
From 03/01/06

To: 03/29/06

Three-month Average Daily Flow
(TMAADDF) (Percent of Capacity) 110%

Code	Flow (mgd)	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (ML)	Total Coliform Bacteria (M/100ml)	TSS (mg/l)	Turbidity (ntu)
Code	00030	00050	00022	00022	00030	00030	00000	00003	00000	00070
Param. Name	EFF-1	INF-1	EFF-1	INF-1	EFF-1	INF-1	EFF-1	EFF-1	EFF-1	EFF-1
1	.117	.132			1		7.00	10	5.0	.51
2	.112	.118			10		6.94	10	3.0	.96
3	.139	.140					6.90		4.0	.60
4	.146	.104					7.08		5.0	.60
5	.056	.123					6.93		0	.60
6	.094	.101			10		6.91	10	1.2	.40
7	.101	.116			10		7.75	10	1.2	.60
8	.126	.143	20	268	10	315	7.99	10	1.1	.60
9	.137	.142			10		7.45	10	1.4	1.9
10	.094	.108			2me		7.57	10	0.8	1.2
11	.122	.122					7.17		0.8	.60
12	.150	.105					6.90		4.2	.60
13	.107	.127			1		6.97	10	0	1.6
14	.106	.120			10		6.63	10	4.4	.90
15	.110	.121			10		6.89	10	6.1	.60
16	.121	.130			1.4		6.78	10	1.2	.74
17	.116	.129					6.90		5.0	1.4
18	.103	.116					7.03		5.0	.70
19	.128	.140					6.73		3.6	1.0
20	.118	.135			1		7.00	10	5.0	.90
21	.101	.111			1.8		7.01	10	5.0	.60
22	.127	.133		245	1.2	209	7.23	10	3.5	.50
23	.104	.114			10		6.70	10	3.8	.50
24	.129	.179					6.73		2.7	1.1
25	.118	.120					7.43		0	.60
26	.137	.137					6.80		0	.60
27	.115	.126			10		6.90	10	5.0	.70
28	.118	.133			10		6.75	10	3.2	4.6
29										
30										
31										

PLANT STAFFING
Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

Chief: C
Chief: C
Chief: C
Chief: C

Operator No: 13842
Operator No: 7571
Operator No: 3923

13842

Name: Jim Allen
Name: John Hinkle
Name: Michael Miller

Type of Effluent Disposal or Recycled Water Usage

Method of Effluent Disposal or Recycled Water Usage

Other: GOLF COURSE IRRIGATION
If yes, describe type of wet weather discharge:

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

Jim Coolbaugh Trainee

RECEIVED

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

640

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416-5425

PERMITTEE NAME: Mills Grant Water and Sewer Company
MAILING ADDRESS: 200 Weatherfield Avenue Altamonte Springs, FL 32714

PERMIT NUMBER: FLA013842
LIMIT: Final
CLASS SIZE: N/A
GMS ID NO.: 5143P02100
MONITORING GROUP NUMBER: R-001
PLANT SIZE/TREATMENT TYPE: IC
NO DISCHARGE FROM SITE: G

FILE COPY

REPORT GROUP: Monthly Domestic
GMS TEST SITE NO.:

FACILITY: Mills Grant WWTF
LOCATION: 5481 SE Mills Grant Road Stuart, FL 34997

COUNTY: Manatee

MONITORING PERIOD From: 01/01/06 To: 01/31/06

Table with 10 columns: Parameter, Quantity or Loading, Units, Quality or Concentration, Units, No. Ex., Frequency of Analysis, Sample Type. Rows include Flow, BOD, Carbonaceous 3 day, 20C, BOD, Carbonaceous 5 day, 20C, Solids, Total Suspended, and pH.

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

Table with 4 columns: NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT, SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT, TELEPHONE NO, DATE (YY/MM/DD). Entry: Michael Ellis, Lead Operator, Signature: Michael D. Ellis, 772 286-7287, 01/14/06

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

Diverted on 01/02, 01/04, 01/05, 01/16, 01/17, 01/18, 01/19 AND 01/20/06 FOR CLR.

Dept. of Environment & Natural Resources

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Miles Grant WWTP

PERMIT NUMBER: FLA013842

MONITORING GROUP NUMBER: R-001

GARTH A

8136261030

02/16/2005 10:58

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				100%	<1		100 u/L	-	4	GRAB
PARM Code 74055 Mon Site No. BFF-1	Permit Requirement				Non Detectable (75 Percentile)	25 (Max.)		#/100ml		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0			MG/L	-	CONTINUOUS	GRAB
PARM Code 50060 Mon Site No. EFP-1	Permit Requirement				1.0 (Min.)			mg/l		CONTINUOUS	Analyzer
Flow	Sample Measurement	103		MGD					-	5 Day	Flow meter
PARM Code 50050 Mon Site No. INF-1	Permit Requirement	0.3 (An. Avg.)		mgd						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	125		MGD						5 Day	Flow meter
PARM Code 50050 Mon Site No. INF-1	Permit Requirement	Report (Mo. Avg.)		mgd						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				250			MG/L	-	2 week	8 HR FPC
PARM Code 80982 Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				373			MG/L	-	2 WEEK	8 HR FPC
PARM Code 00590 Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/l		Every Two Weeks	8-hour FPC
Turbidity	Sample Measurement					55		NTU	-	CONTINUOUS	meter
PARM Code 62078 Mon Site No. BFF-1	Permit Requirement					3.0 (max)		NTU		Continuous	Meter
Giardia*	Sample Measurement									1/5 YRS	GRAB
PARM Code GIARD Mon Site No. BFF-1	Permit Requirement									Once every 5 years	Grab
Cryptosporidium*	Sample Measurement									1/5 YRS	GRAB
PARM Code CRYPT Mon Site No. BFF-1	Permit Requirement									Once every 5 years	Grab

*Use DEP form 62-610.300(4)(a)4 to report test results.

RECEIVED

FEB 15 2005
Dept. of Environ. Protection
Fort St. Louis

DAILY SAMPLE RESULTS - PART B

Permit Number: PLAD13842
Monitoring Period: From: 01/01/06 To: 01/31/06

Three-month Average Daily Flow:
(TMADF/Permitted Capacity)x100:

Code	Flow (mgd)	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (a.u.)	Fecal Coliform Bacteria (#/100ml)	T&C (For Disinfect.) (mg/l)	Turbidity (ntu)
Mon. Size	EFF-1	INF-1	EFF-1	INF-1	EPB-1	INF-1	EFF-1	EFF-1	EFF-1	EPB-1
1	.088	.113					7.01		.5	1.0
2	.10	.118					7.56		4.6	.85
3	.096	.102			10		7.53	10	5.0	.85
4	.068	.113			10		7.51	10	.8	.60
5	.105	.112			10		7.15	10	.9	.90
6	.10	.137			10		7.46	10	1.8	.86
7	.078	.077					7.50		1.1	2.8
8	.028	.155			10		8.10	10	5.0	1.1
9	.092	.114			1		6.90	10	5.0	1.6
10	.071	.121			10		6.74	10	1.0	1.6
11	.116	.131	20	285	10	444	7.20	10	5.0	1.2
12	.102	.115					7.30	1	5.0	.98
13	.156	.164					7.38		5.0	.62
14	.078	.091					7.03		5.0	.45
15	.103	.128					6.97		5.0	.50
16	.099	.102			10		7.31	10	.4	1.8
17	.076	.114			10		6.67	10	1	1.4
18	.104	.119			10		7.31	10	2	1.1
19	.097	.185			10		7.56	10	0	1.0
20	.116	.137					7.26		0	1.0
21	.099	.105					7.20		5.0	.60
22	.092	.126					7.18		5.0	.60
23	.066	.149			10		7.11	10	1.1	.75
24	.127	.146			1.2		7.01	10	2.4	.70
25	.113	.135	20	215	10	301	6.80	10	2.0	.60
26	.109	.137			10		6.95	10	5.0	1.0
27	.126	.134					7.06		5.0	1.0
28	.091	.101					7.10		3.5	.60
29	.127	.137					7.26		5.0	1.20
30	.134	.139			18		7.31	10	3.5	.80
31	.126	.130			1.2		7.20	10	5.0	.76

PLANT STAFFING:
 Day Shift Operator Class: C Certificate No: 13842 Name: JIM ALLEN
 Evening Shift Operator Class: _____ Certificate No: 7371 Name: John Lisle
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: C Certificate No: 5923 Name: MICHAEL LITZ
 Type of Effluent Disposal or Reclaimed Water Reuse: Gulf Course Irrigation
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: _____ If yes, cumulative days of wet _____

Attach additional sheets if necessary to list all certified operators:
Jim Coolbaugh - TRAINER
NICK CASALUA - B - 9463

Version 11/1/99

JANUARY - JUNE, 2007



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

FILE COPY

See page 4 for instructions.

General Information for this Report: 5707

A. Public Water System (PWS) Information

PWS Name: UTILITIES INC OF MIAMI GRADT PWS Identification Number: 443 0917

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

Number of Service Connections at End of Month: 1291 Total Population Served at End of Month: 3172

PWS Owner: UTILITIES INC OF FLORIDA

Contact Person: PATRICK FURMAN Contact Person's Title: REGIONAL MANAGER

Contact Person's Mailing Address: 200 WINDARDS BREEZ AVENUE City: ALPHARETTA SPRINGS State: FL Zip Code: 32714

Contact Person's Telephone Number: 800 272 1919 Contact Person's Fax Number: 407 969 6961

Contact Person's E-Mail Address: PC.FWU@CWATER.COM

B. Water Treatment Plant Information

Plant Name: UTILITIES INC OF MIAMI GRADT Plant Telephone Number: 772 296 7287

Plant Address: 5485 SE MIAMI GRADT RD City: STUART State: FL Zip Code: 34991

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300 MGD

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

Equipment	Category	Serial Number	Manufacturer
RAW WATER PUMP	C	5972	FRZ
POWER GENERATOR	C	4153	3PH-THUR
MIXER OPERATOR	B	12938	VAL + GAT

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-535.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates, and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date: [Signature] 02/07/07 Printed or Typed Name: JOHN USLE License Number: C5972

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

PWS Identification Number: 443 0111 Plant Name: UTILITIES INC OF MILES GRANT

Report Period: 01/07

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

Ultraviolet Radiation Other (Describe):

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

Day of Month	Time of Day	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Temperature (°F)	pH	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Temperature (°F)	pH	Total Chlorine (mg/L)
13	13:3	1.43							4.2								1.6
13	13:0	1.43							4.1								2.0
13	14:5	1.74							4.1								2.0
13	15:1	1.16							4.2								2.0
13	17:5	1.13							4.5								2.1
13	17:3	1.30							4.0								2.3
13	17:6	1.28							4.2								2.3
13	16:5	1.71							4.1								2.2
13	20:5	1.70							4.5								2.0
13	22:1	1.60							4.6								2.9
13	16:4	1.18							4.7								2.1
13	10:16	1.08							4.9								2.4
13	13:6	1.38							4.7								2.2
13	18:2	1.99							4.7								2.3
13	19:7	1.41							4.0								2.0
13	15:0	1.53							4.0								2.0
13	15:6	1.55							4.0								2.9
13	11:2	1.56							4.9								2.9
13	13:1	1.02							4.4								2.9
13	13:6	1.61							4.8								3.0
13	14:6	1.45							4.4								3.0
13	13:4	1.50							4.9								3.0
13	10:5	1.77							4.6								2.4
13	16:6	1.40							4.5								1.8
13	17:5	1.19							4.6								4.8
13	4:7	1.66							4.5								4.6
13	12:3	1.34							4.7								3.0
13	12:4	1.57							4.8								3.0
13	18:2	1.38							4.0								3.2
13	8:6	1.51							4.7								2.0
13	12:1	1.10							4.5								2.0
13	11:53	1.53							4.7								3.0
13	1:34	1.34							4.8								3.0
13	1:09	1.09							4.8								3.0

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



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

646

See page 4 for instructions.

I. General Information for the Month Year: 02/07

A. Public Water System (PWS) information

PWS Name: <u>UTILITIES INC OF MIAMI GRANT</u>		PWS Identification Number: <u>443 0917</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>1277</u>		Total Population Served at End of Month: <u>3192</u>	
PWS Owner: <u>UTILITIES INC OF FLORIDA</u>			
Contact Person: <u>PATRICK FAYN</u>		Contact Person's Title: <u>REGIONAL DIRECTOR</u>	
Contact Person's Mailing Address: <u>200 WOODSIDE DR</u>		City: <u>MIAMI SPRINGS</u> State: <u>FL</u> Zip Code: <u>32714</u>	
Contact Person's Telephone Number: <u>904 272 1919</u>		Contact Person's Fax Number: <u>904 869 6861</u>	
Contact Person's E-Mail Address: <u>P.F. FAYN@UFWATER.COM</u>			

B. Water Treatment Plant Information

Plant Name: <u>UTILITIES INC OF MIAMI GRANT</u>		Plant Telephone Number:	
Plant Address: <u>5418 SE MIAMI GRANT RD</u>		City: <u>GRANT</u>	State: <u>FL</u> Zip Code: <u>34997</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>400,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>III</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	

Operator	Name	License Class	License Number	Days of Shift(s) Worked
Lead/Chief Operator	<u>PAUL ESKEW</u>	<u>C</u>	<u>5928</u>	<u>SUN - THUR</u>
Operator	<u>JOHN USLE</u>	<u>C</u>	<u>5972</u>	<u>FRI</u>
Operator	<u>MIKE WOODSIDE</u>	<u>B</u>	<u>12938</u>	<u>FRI, SAT</u>

II. Certification by Lead Chief Operator

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

Signature and Date

02/07/07

 Printed or Typed Name

JOHN USLE

 License Number

C59072

FILE COPY



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

See page 4 for instructions.

03/01

A. Public Water System (PWS) Information

PWS Name: UTILITIES INC OF MIAMI GRANT PWS Identification Number: 44359107
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 1294 Total Population Served at End of Month: 3498
PWS Owner: UTILITIES INC OF FLORIDA
Contact Person: PATRICK FLYNN Contract Person's Title: REGIONAL DIRECTOR
Contact Person's Mailing Address: 200 WEATHERFIELD AVE City: DEERBARK SPRINGS State: FL Zip Code: 32714
Contact Person's Telephone Number: 300 272 1719 Contact Person's Fax Number: 407 869 6861
Contact Person's E-Mail Address: P.FLYNN@UTILITIES.COM

B. Water Treatment Plant Information

Plant Name: UTILITIES INC OF MIAMI GRANT Plant Telephone Number: 772 286 7287
Plant Address: 5418 SE MIAMI GRANT RD City: STUART State: FL Zip Code: 34997
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,300,000
Plant Category (per subsection 62-699.310(4), F.A.C.): TLL Plant Class (per subsection 62-699.310(4), F.A.C.): C

Operator Name	Operator License	Operator Phone	Operator Schedule
TRACY ESKIN	C	5972	SUN - THUR
JOHN USLE	C	5972	FRI
MIKE WOODRIDGE	B	7938	FRI - SAT

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

[Signature] 03/01/07 Printed or Typed Name: JOHN USLE License Number: 05972

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

PWS Identification Number: 413 9417 Plant Name: CANTON 100 MILES GRANT

III. Date Reporting Month/Year: 9/3/07
 Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe): _____
 Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of Month	Time	Total Chlorine Residual (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chloramines		Type of Disinfectant Residual Maintained in Distribution System	Remarks on Achieving or Maintaining Conditions Referred to in Management Work for Chlorine Treated Water System Components (Go to Operations)
							Monochloramine	Dichloramine		
9/3	180	3.4	0.9						8.9	3.9
9/3	213	4.5	7.3						7.3	7.1
9/3	262	4.0	7.2						7.2	6.5
9/3	311	3.5	3.7						3.7	6.2
9/3	360	7.3	4.2						4.2	7.1
9/3	409	3.7	3.6						3.6	5.8
9/3	458	7.0	3.6						3.6	6.7
9/3	507	7.0	3.6						3.6	6.4
9/3	556	1.4	3.9						3.9	5.2
9/3	605	1.93	3.4						3.4	8.1
9/3	654	1.76	3.5						3.5	7.3
9/3	703	1.73	7.0						7.0	1.7
9/3	752	1.80	9.0						9.0	1.3
9/3	801	4.22	9.0						9.0	1.60
9/3	850	2.1	8.9						8.9	4.3
9/3	899	7.0	8.9						8.9	1.6
9/3	948	7.0	8.4						8.4	3.6
9/3	997	7.84	8.7						8.7	4.8
9/3	1046	2.50	8.6						8.6	7.0
9/3	1095	2.15	8.3						8.3	1.7
9/3	1144	2.70	9.7						9.7	1.6
9/3	1193	4.3	7.4						7.4	1.3
9/3	1242	2.1	8.8						8.8	1.6
9/3	1291	2.9	8.8						8.8	1.4
9/3	1340	2.3	8.6						8.6	1.4
9/3	1389	2.3	8.9						8.9	1.5
9/3	1438	1.6	8.7						8.7	1.4
9/3	1487	2.2	8.5						8.5	1.7
9/3	1536	1.6	8.5						8.5	1.80
9/3	1585	1.5	8.6						8.6	1.4
9/3	1634	1.5	8.7						8.7	1.4
9/3	1683	2.4	8.5						8.5	1.62
9/3	1732	2.3	8.6						8.6	1.4

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

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month: 04/07

A. Public Water System (PWS) Information

PWS Name: <u>LITLITES INC OF MILES GRADT</u>		PWS Identification Number: <u>4583 0917</u>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <u>1294</u>		Total Population Served at End of Month: <u>3192</u>	
PWS Owner: <u>LITLITES INC OF FLORIDA</u>			
Contact Person: <u>MARCK FLYNN</u>		Contact Person's Title: <u>REGIONAL DIRECTOR</u>	
Contact Person's Mailing Address: <u>200 LEATHERHEAD AVE</u>		City: <u>ATLANTON SPRINGS</u>	State: <u>FL</u> Zip Code: <u>32214</u>
Contact Person's Telephone Number: <u>800 772 1919</u>		Contact Person's Fax Number: <u>407 869 6961</u>	
Contact Person's E-Mail Address: <u>P.C.FLYNN@LWELWATER.COM</u>			

B. Water Treatment Plant Information

Plant Name: <u>LITLITES INC OF MILES GRADT</u>		Plant Telephone Number:	
Plant Address: <u>5412 SE MILES GRADT RD</u>		City: <u>STUART</u>	State: <u>FL</u> Zip Code: <u>34997</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>300 MGD</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>TIC</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	

Operator Name	License Class	License Number	Days (or Shifts) Worked
<u>FRANK ESKEL</u>	<u>C</u>	<u>5928</u>	<u>TUES - SAT</u>
<u>JOHN USCE</u>	<u>C</u>	<u>5972</u>	<u>FRI + MON</u>
<u>MIKE WEEDSIDE</u>	<u>B</u>	<u>12938</u>	<u>FRI + SUN</u>

II. Certification by Lead Chief Operator

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

Signature and Date: [Signature] 05/09/07 Printed or Typed Name: JOHN USCE License Number: 05972

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

PWS Identification Number: 443 0917 Plant Name: UTILITIES DEPT OF MILLS GRANT

II. Disinfection for the Month of 04/07
 Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

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

Day	Time	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Other (mg/L)	Notes
12.1	2.51	2.4	8.52			.89
16.6	2.65	2.1	8.44			.76
19.3	2.68	2.0	8.47			1.0
16.0	2.94	1.5	8.58			.76
22.4	2.75	1.6	8.26			.80
23.1	1.67	1.8	8.71			.72
14.8	2.12	1.8	8.66			1.1
16.2	1.73	1.7	8.53			.62
15.8	1.79	1.6	8.95			.77
12.9	1.72	1.6	8.75			1.0
11.3	1.36	1.4	8.54			.66
8.8	1.37	1.2	8.54			.70
7.8	1.40	1.2	8.52			.66
6.8	1.40	2.2	8.53			.70
6.8	1.15	2.2	8.53			.70
5.8	1.07	2.0	8.61			.70
7.8	2.10	1.5	8.24			.70
26.6	1.32	3.1	8.71			.70
25.3	2.61	3.0	8.71			.70
26.4	2.69	2.3	8.20			.70
27.8	2.44	2.7	8.20			.70
31.1	1.76	2.5	8.50			.70
29.7	2.56	1.7	8.20			.70
14.3	2.02	1.1	8.64			.70
11.1	1.38	2.4	8.67			.70
10.0	1.79	2.7	8.88			.70
11.1	1.60	2.0	8.67			.70
15.9	1.10	1.5	8.71			.70
16.1	1.11	1.4	8.71			.70
20.5	1.55	1.8	8.82			.70
	1.074					
	1.203					
	1.464					

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

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

FILE COPY

See page 4 for instructions.

Reporting Period: 05/07

A. Public Water System (PWS) Information

PWS Name: UTILITIES INC OF MILES CRAFT PWS Identification Number: 44309M
PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 1294 Total Population Served at End of Month: 3192
PWS Owner: UTILITIES INC OF FLORIDA
Contact Person: PATRICK FLYNN Contact Person's Title: REGIONAL DIRECTOR
Contact Person's Mailing Address: 200 WEATHERFIELD AVE City: ACTONVILLE SPRINGS State: FL Zip Code: 32714
Contact Person's Telephone Number: 904 772 1919 Contact Person's Fax Number: 407 869 6961
Contact Person's E-Mail Address: P.FLYNN@LFWATER.COM

B. Water Treatment Plant Information

Plant Name: UTILITIES INC OF MILES CRAFT Plant Telephone Number: 772 286 7287
Plant Address: 5418 SE MILES CRAFT RD City: STUART State: FL Zip Code: 34996
Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300 MGD
Plant Category (per subsection 62-699.310(4), F.A.C.): III Plant Class (per subsection 62-699.310(4), F.A.C.): 0

Operator Name	License Class	License Number	Days/Shifts Worked
<u>JOHN USCE</u>	<u>C</u>	<u>5972</u>	<u>MON</u>
<u>FRANK EGLEW</u>	<u>C</u>	<u>5928</u>	<u>TUE - SAT</u>
<u>MIKE WOODSIDE</u>	<u>D</u>	<u>12938</u>	<u>FRI, SUN</u>

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

Signature and Date: [Signature] 06/07/07 Printed or Typed Name: JOHN USCE License Number: 05972

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

PWS Identification Number: _____ Plant Name: _____

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

Date	Time	pH	Temperature (°F)	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Total Chlorine (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Frequency of Analytical Operations Conducted Regularly or Infrequently With the Disinfectant Residual in Distribution System				
														Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine	
12.4	1730			1.8	1.8				4.104					1.2				
12.5	1705			1.5	1.5				3.40					1.3				
14.0	1704			2.7	2.7				4.80					1.4				
12.3	1755			2.5	2.5				4.18					1.7				
12.3	1701			1.5	1.5				3.85					1.0				
11.6	1708			1.5	1.5				3.20					1.1				
10.5	1715			2.05	2.05				3.96					1.5				
12.1	1751			1.66	1.66				3.78					1.5				
12.8	1735			1.30	1.30				3.60					1.10				
15.4	178			2.80	2.80				3.51					1.80				
8.9	1731			1.38	1.38				3.53					1.0				
12.4	1751			1.78	1.78				3.64					1.54				
9.0	1730			1.55	1.55				3.32					1.33				
9.5	1772			1.74	1.74				3.72					1.15				
9.1	1703			1.10	1.10				3.33					1.0				
14.1	1782			1.50	1.50				3.30					.80				
11.1	1737			1.80	1.80				3.30					1.1				
11.2	1740			1.50	1.50				3.40					1.2				
11.8	1710			1.45	1.45				3.37					1.2				
10.4	1760			1.55	1.55				11.29					1.4				
9.1	1730			2.89	2.89				11.87					1.6				
11.0	1771			1.20	1.20				10.64					1.4				
13.0	1704			1.60	1.60				3.95					1.3				
18.3	1700			1.30	1.30				3.40					1.3				
10.0	1717			1.50	1.50				3.35					1.4				
10.9	1744			2.00	2.00				3.51					1.3				
15.0	1732			1.80	1.80				3.80					1.4				
12.5	1773			1.42	1.42				3.55					1.2				
10.5	1774			1.71	1.71				3.74					1.3				
10.8	1704			1.56	1.56				3.61					1.4				
11.0	1744			1.67	1.67				3.78					.80				
	1736																	
	1713																	
	1773																	

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



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

See page 4 for instructions.

7/6/07

A. Public Water System (PWS) Information

PWS Name: UTILITIES INC OF NICES GRANT PWS Identification Number: 4430917

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

Number of Service Connections at End of Month: 1294 Total Population Served at End of Month: 3190

PWS Owner: UTILITIES INC OF FLORIDA

Contact Person: PATRICK FLYNN Contact Person's Title: REGIONAL DIRECTOR

Contact Person's Mailing Address: 200 WINDYBROOK DR City: ALFAMORTE SPRINGS State: FL Zip Code: 32714

Contact Person's Telephone Number: 800 272 1919 Contact Person's Fax Number: 407 969 6761

Contact Person's E-Mail Address: PFLYNN@UTILWATER.COM

B. Water Treatment Plant Information

Plant Name: UTILITIES INC OF NICES GRANT Plant Telephone Number: 712 236 7287

Plant Address: 5814 SEMMES GRANT RD City: SARASOTA State: FL Zip Code: 34417

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

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 300 MGD

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

<u>FRANK ESKEW</u>	<u>A</u>	<u>5928</u>	<u>TUE - SAT</u>	
<u>MIKE WOODSIDE</u>	<u>B</u>	<u>12938</u>	<u>FRI & SUN</u>	
<u>JOHN LUCE</u>	<u>C</u>	<u>5972</u>	<u>MON</u>	

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-545.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date: [Signature] 07/03/07 Printed or Typed Name: JOHN LUCE License Number: C5972

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

PWS Identification Number: 14050914

Plant Name: UTILITIES INC & PLUMBING

III. Daily Data for the Month of 06/07
 Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide
 CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Peak Flow Rate, gpd	CT Calculations			UV Dose			Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L		
1	11.5	102		1.07						1.77	
2	11.4	1031		1.97						1.01	
3	11.9	1077		1.51						1.83	
4	11.5	1083		1.69						1.79	
5	10.9	1090		1.10						1.71	
6	13.8	1187		1.50						1.83	
7	10.2	1060		1.30						1.10	
8	11.1	1079		1.60						1.30	
9	9.3	1061		1.70						1.40	
10	5.9	1077		1.40						1.30	
11	13.6	1091		1.80						1.40	
12	6.0	1065		1.30						1.10	
13	9.9	1072		2.70						1.80	
14	10.0	1089		3.00						2.30	
15	3.1	1072		2.70						2.00	
16	9.4	1092		1.80						2.00	
17	11.1	1077		3.10						1.10	
18	6.4	1074		3.20						2.00	
19	10.1	1079		4.5						2.20	
20	13.9	1260		4.2						2.10	
21	6.3	1045		2.9						2.80	
22	3.4	1072		3.3						2.20	
23	10.2	1190		1.19						1.89	
24	21.2	1062		1.23						1.70	
25	9.9	1086		1.10						1.80	
26	6.6	1079		2.20						2.00	
27	13.6	1070		2.50						1.69	
28	10.3	1118		2.30						1.59	
29	11.2	1079		2.00							
30	7.6	1065									
31											
Total		2,77									
Average		1012									
Maximum		1,190									

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416-3425

PERMITTEE NAME: Miles Grant Water and Sewer Company
 MAILING ADDRESS: 290 Weatherfield Avenue
 Altamonte Springs, FL 32714
 FACILITY: Miles Grant WWTF
 LOCATION: 3461 SE Miles Grant Road
 Stuart, FL 34997
 COUNTY: Martin

PERMIT NUMBER: FLA013842
 LIMIT: Final
 CLASS SIZE: N/A
 GMS ID NO.: 5143P02100
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE: □

REPORT: Monthly
 GROUP: Domestic
 GMS TEST SITE NO.:

MONITORING PERIOD From: 06/01/07 To: 06/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	064	0702	MGD				-	3/week	meter
FARM Code 50050 Mon. Site No. EFF-1	Permit Requirement	0.3 (3-Mo. Avg.)	Report (Mo. Avg.)	mgd					5 Days/Week	Flow station and Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2		MG/L	-	3/week	SHRPL
FARM Code 80082 Mon. Site No. EFF-1	Permit Requirement				20.8 (An. Avg.)		mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2	2.2	MG/L	-	3/week	SHRPL
FARM Code 80082 Mon. Site No. EFF-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)	mg/l		Every Two Weeks	8-hour FPC
Solids Total Suspended	Sample Measurement				3.20		MG/L	-	4/week	GRAB
FARM Code 00530 Mon. Site No. EFF-1	Permit Requirement				5.0 (Max.)		mg/l		4 Days/Week	Grab
pH	Sample Measurement				6.31	7.11	S.U.	-	5/week	GRAB
FARM Code 00400 Mon. Site No. EFF-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)			3 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
John L. Saxe Field Supervisor		770 205 7000	07/07/06

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

FILE COPY

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PLANT IN DIVERSION FOR
 C2 - 06/01, 06/02, 06/03, 06/06,
 06/07, 06/08, 06/09, 06/12,
 06/25, 06/27
 LRU - 06/01, 06/02, 06/03, 06/25, 06/07,
 06/17, 06/27

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FLA613792

MONITORING GROUP NUMBER: R-001

FACILITY NAME: Indian River Plantation

MONITORING PERIOD: From: 12/10/01 To: 12/31/01

Parameter	Sample Measurement	Quantity or Loading		Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Sample Measurement	Permit Requirement	Sample Measurement	Permit Requirement				
Coliform, Fecal	Sample Measurement			1732		#/100ML	-	4/Week	Grab
PARM Code 74055 Mon. Site No. BEA-1 Coliform, Fecal, % less than detection	Permit Requirement			25 (Max.)			-	4/Week	Grab
PARM Code 91605 Mon. Site No. BEA-1 Total Residual Chlorine (For Disinfection)	Sample Measurement	89				mg/L	-	4/Week	Grab
PARM Code 90080 Mon. Site No. BEA-1 Turbidity	Permit Requirement			1.0 (Min.)			-	Cont	Chlorine Analyzer
PARM Code 06070 Mon. Site No. BEB-01 Flow	Sample Measurement	114		45		MGD	-	Cont	Meter
PARM Code 50050 Mon. Site No. INF-01 BOD, Carbonaceous 5 day, 20C	Permit Requirement			Report (Min.)			-	Cont	Meter
PARM Code 80062 Mon. Site No. INF-01 Solids, Total Suspended	Sample Measurement	135		114		mg/L	-	5/Week	Flow meters and analyzers
PARM Code 00530 Mon. Site No. INF-01 Percent Capacity (TMA/D/Permitted Capacity) x 100	Permit Requirement			Report (3-Mo. Avg.)			-	5/Week	Flow meters and analyzers
PARM Code 00180 Mon. Site No. INF-01	Sample Measurement			173		mg/L	-	Every Two Weeks	8-hour EPC
	Permit Requirement			Report (Mo. Avg.)			-	Every Two Weeks	8-hour EPC
	Sample Measurement			138		mg/L	-	Every Two Weeks	8-hour EPC
	Permit Requirement			Report (Mo. Avg.)			-	Every Two Weeks	8-hour EPC
	Sample Measurement			38		ppb	-	Monthly	Calculated
	Permit Requirement			Report (Mo. Total)			-	Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Three-month Average Daily Flow:
(TMADF/Permitted Capacity) x 100:

Permit Number:
Monitoring Period:

FLA013842
From: 12/21/07

To: 12/22/07

Code	Flow (mgd)	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Distriect) (mg/l)	Turbidity (ntu)
Mon. Site	EFF-1	INF-1	EFF-1	INF-1	EFF-1	INF-1	EFF-1	EFF-1	EFF-1	EFF-1
1	1085	111			9.4		7.01	<1	0.2	10.0
2	1016	1016					6.99		0.2	9.8
3	1055	1016					6.73	20	2.8	1.4
4	1063	114			1.40		6.76	<1	3.0	9.4
5	1044	1017			2.00		6.97	<1	0.2	2.1
6	1051	1007			1.00		7.00	<1	0.2	6.2
7	1076	1088					7.01	<1	0.6	8.6
8	1147	146					7.01		0.6	9
9	1138	144					6.98		3.0	1.2
10	1078	1017					6.96	<1	3.2	1.6
11	1078	1017			1.00		6.92	<1	0.6	1.2
12	1059	1067			1.60		6.89	<1	6.2	1.1
13	1063	1040	<2	473.0	1.80	6.86	6.83	<1	4.8	.8
14	1085	1091			1.40		6.92		5.0	1.2
15	1058	1053					7.08		2.5	1.0
16	1060	1061					7.06		1.6	3.4
17	1070	1014					7.09	<1	3.0	1.0
18	1087	1065			<1		6.87	<1	1.8	1.2
19	1064	1083			<1		6.82	<1	4.4	1.6
20	1075	1063			1.60		6.89	<1	1.8	1.2
21	1063	1075					7.11		3.0	1.0
22	1105	1016					7.01		1.8	1.0
23	1049	1061					7.06		1.8	1.2
24	1053	1072					6.31	<1	8	2.2
25	1086	1110			<1		6.53	<1	7.0	1.4
26	1165	1107			<1		6.74	<1	8	3.4
27	1088	1084	<2	152.4	3.20	210	6.50	<1	5.0	1.4
28	1002	1086			<1		6.72		5.0	1.0
29	1046	1086					6.94		5.0	1.0
30	1040	115								
31										

PLANT STAFFING:

Day Shift Operator Class: G
 Night Shift Operator Class: G
 Lead Operator Class: _____

Certificate No: 14316
 Certificate No: 3590
 Certificate No: _____
 Certificate No: _____

Name: FRANK STURUDG
 Name: FRANK STURUDG
 Name: _____
 Name: _____

Type of Effluent Disposal or Recycled Water Reuse: Wet Weather Discharge
 Limited Wet Weather Discharge Activated: Yes (No) Not Applicable: _____ If yes, cumulative days of wet weather discharge: _____

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

RECEIVED

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416-3425

PERMITTEE NAME: **Miles Grant Water and Sewer Company**
 MAILING ADDRESS: **200 Weatherfield Avenue
 Altamonte Springs, FL 32714**

PERMIT NUMBER: **FLA013242**
 LIMIT: **Final**
 CLASS SIZE: **N/A**
 CMS ID NO.: **SLCSPG3100**
 MONITORING GROUP NUMBER: **E-001**
 PLANT SIZE/TREATMENT TYPE: **IIC**
 NO DISCHARGES FROM SITE: **D**

REPORT: **Monthly**
 GROUP: **Documents**
 CMS TEST SITE NO.:

FACILITY: **Miles Grant WWTF**
 LOCATION: **3481 SE Miles Grant Road
 Stuart, FL 34997**

COUNTY: **Manatee**

MONITORING PERIOD From: 05/01/07 To: 05/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. EX.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	097	060	MGD					-	DAILY	MEER
PARM Code 90048 Mon Site No. EFF-1	Permit Requirement	65 (3-Mo. Avg.)	Report (Mo. Avg.)	mgd						5 Days/Week	Flowmeters and Inflow/Infiltration
BOD, Carbonaceous 5 day, 20C	Sample Measurement				22			mg/L	-	2000 2000	MEERPC
PARM Code 80382 Mon Site No. EFF-1	Permit Requirement				200 (An. Avg.)			mg/L		Every Two Weeks	2-Hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				22	22		mg/L	-	2000 2000	MEERPC
PARM Code 80082 Mon Site No. EFF-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max)		mg/L		Every Two Weeks	2-Hour FPC
Solids, Total Suspended	Sample Measurement				3.00			mg/L	-	4000	CRAB
PARM Code 00580 Mon Site No. EFF-1	Permit Requirement				3.0 (Max)			mg/L		4 Days/Week	Grb
pH	Sample Measurement				6.47	7.12		S.U.	-	5 Days/Week	CRAB
PARM Code 00400 Mon Site No. EFF-1	Permit Requirement				6.0 (Min)	8.1 (Max)				1 Day/Week	Grb

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/M/DD)
JOHN USLE Plant Supervisor	<i>John Usle</i>	772 805 7002	07/06/07

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

PLANT IN D.O. VERSION FOR - Cl₂ - 05/07, 05/10, 05/17
05/18

N/A - 05/15, 05/31

RECEIVED
 DEPT. OF ENVIRONMENTAL PROTECTION
 DATE: 05/31/07

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FLA811842

MONITORING GROUP NUMBER: E-011

FACILITY NAME: Miles Grant WWTF

05/01/07 - 05/31/07

Parameter	Sample Measurement / Permit Requirement	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
				Actual	Limit				
Cadmium, Fecal PARM Code 74035 Mon. Site No. EFB-1	Sample Measurement			100	< 1	µg/L	-	4/Week	GLAB
	Permit Requirement			Non Detectable (75 Percentile)	25 (Max)	#/100ml	-	4 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 30960 Mon. Site No. EFB-1	Sample Measurement			4		MG/L	-	CONT	ANALYZER
	Permit Requirement			1.9 (Min)		mg/l	-	Continuous	Analyzer
Flow PARM Code 50030 Mon. Site No. INF-1	Sample Measurement	111	MGD				-	5/Week	METER
	Permit Requirement	0.9 (As Avg)	mgd				-	5 Days/Week	Flow meters and totalizers
Flow PARM Code 50030 Mon. Site No. INF-1	Sample Measurement	100	MGD				-	5/Week	METER
	Permit Requirement	Report (Mo. Avg)	mgd				-	5 Days/Week	Flow meters and totalizers
TOD, Carbonaceous 5 day, 20C PARM Code 60082 Mon. Site No. INF-1	Sample Measurement			275.86		MG/L	-	Every Two Weeks	SURFPC
	Permit Requirement			Report (Mo. Avg)		mg/l	-	Every Two Weeks	2-hour TPC
Solids Total Suspended PARM Code 00530 Mon. Site No. INF-1	Sample Measurement			258		MG/L	-	Every Two Weeks	SURFPC
	Permit Requirement			Report (Mo. Avg)		mg/l	-	Every Two Weeks	2-hour TPC
Turbidity PARM Code 82078 Mon. Site No. EFB-1	Sample Measurement				7.6	NTU	-	CONT	METER
	Permit Requirement				31 (max)	NTU	-	Continuous	Meter
Giardia* PARM Code GIARD Mon. Site No. EFB-1	Sample Measurement						-	1/5 Yrs	GLAB
	Permit Requirement						-	Once every 5 years	Grab
Cryptosporidium* PARM Code CRYPT Mon. Site No. EFB-1	Sample Measurement						-	1/5 Yrs	GLAB
	Permit Requirement						-	Once every 5 years	Grab

*Use DEP form 62-610.300(4)(a) to report test results.

RECEIVED

May 15 2007
Dept. of Environ. Protection
Permit Unit

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period:

FLA013842
From: 05/01/07 To: 05/31/07

Three-month Average Daily Flow:
(TMADR/Permitted Capacity) 1.0R

Code	Flow (mgd)	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity (neph)
Mon. Size	EFF-1	INF-1	EFF-1	INF-1	EFF-1	INF-1	EFF-1	EFF-1	EFF-1	EFF-1
1	0.81	1.19			21		6.98	<1	3.96	1.2
2	0.74	1.78	<2	191.54	<1	142	7.17	<1	2.57	1.6
3	0.75	0.76			1.2		7.09	<1	1.28	1.6
4	0.75	1.62					7.03		1.48	1.0
5	0.78	1.20					7.01		1.48	1.0
6	0.72	1.77					7.07		3.0	1.6
7	0.99	1.11			1.2		6.85	<1	4	1.8
8	1.20	1.10			<1		6.86	<1	3.4	2.0
9	0.88	0.93			1.2		7.01	<1	4.8	1.0
10	1.51	1.50			<1		6.95	<1	1.99	2.0
11	1.19	1.18					7.26		2.36	1.50
12	1.40	1.36					6.88		2.4	1.1
13	1.75	1.26					6.87		5.0	1.4
14	0.85	0.83			<1		6.83	<1	5.0	0.80
15	0.66	0.78			<1		6.89	<1	5.0	3.2
16	0.77	0.83	<2	24.63	1.00	370	6.92	<1	4	1.0
17	0.76	0.87			1.00		6.81	<1	1.5	1.80
18	0.88	0.62					6.70		1.6	1.1
19	0.91	0.75					6.88		2.8	1.8
20	0.76	0.81					7.06		1.59	1.80
21	0.85	1.11			1.2		6.81	<1	3.8	1.8
22	0.84	0.87			1.0		6.79	<1	2.45	1.60
23	0.61	0.72			1.6		6.75	<1	1.07	1.2
24	0.72	0.75			<1		6.61	<1	2.31	1.2
25	0.75	0.75					6.70		5.0	1.0
26	0.68	0.70					6.74		5.0	1.8
27	0.71	0.74					6.87		5.0	1.2
28	0.75	0.81					6.84		5.0	1.80
29	0.70	0.75			<1		6.71	<1	3.91	1.0
30	0.69	0.78	<2	24.42	1.80	262	6.48	<1	3.70	2.2
31	0.77	0.80			3.00		6.67	<1	4.07	2.6

PLANT STAFFING:

Day Shift Operator
Night Shift Operator
Lead Operator

Class: C Certificate No: 14316 Name: FRANK STERLING
 Class: C Certificate No: 3640 Name: FRANK CERREO
 Class: _____ Certificate No: _____ Name: _____
 Class: _____ Certificate No: _____ Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse:
 Limited Wet Weather Discharge Activated: Yes No: Not Applicable If yes, cumulative days of wet

Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A COPY

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416-5425

PERMITTEE NAME: **Miles Grant Water and Sewer Company**
 MAILING ADDRESS: **180 Westensfield Avenue
 Mimsdale Springs, FL 33714**

PERMIT NUMBER: **FLA013442**
 LIMIT: **Final**
 CLASS/SEZ: **N/A**
 GMS ID NO.: **514-IP02100**
 MONITORING GROUP NUMBER: **R-001**
 PLANT SIZE/TREATMENT TYPE: **HC**
 NO DISCHARGE FROM SITE: **0**

REPORT GROUP: **Monthly Domestic**
 GMS TEST SITE NO.:

FACILITY LOCATION: **Miles Grant WWTF
 3481 SE Miles Grant Road
 Stuart, FL 34997**

COUNTY: **Manatee**

MONITORING PERIOD From: 01/01/07 To: 01/30/07

Parameter	Sample Measurement or Permit Requirement	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Load	Report (Max. Avg.)		Load	Report (Max. Avg.)	Concentration				
Flow	Sample Measurement	105	102	MGD					-	5/WEEK	METER
PARM Code 80050 Mon Site No. EEP-1	Permit Requirement	0.3 (3-Mo. Avg.)	Report (Max. Avg.)	mgd						5 Days/Week	Flow meters and 100 Gallons
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0			mg/L		EVERY 10 WEEKS	GRAB
PARM Code 80482 Mon Site No. EEP-1	Permit Requirement				12.0 (Max.)			mg/L		Every Two Weeks	3-hour TPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				42	42		mg/L		EVERY 2100 GALLONS	GRAB
PARM Code 80482 Mon Site No. EEP-1	Permit Requirement				Report (Max. Avg.)	60.0 (Max.)		mg/L		Every Two Weeks	3-hour TPC
Solids, Total Suspended	Sample Measurement				3.4			mg/L		4/WEEK	GRAB
PARM Code 80530 Mon Site No. EEP-1	Permit Requirement				5.0 (Max.)			mg/L		4 Days/Week	GRAB
pH	Sample Measurement				10.60	7.56		S.U.		5/WEEK	GRAB
PARM Code 80100 Mon Site No. EEP-1	Permit Requirement				6.0 (Max.)	8.5 (Max.)				5 Days/Week	GRAB

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
<u>JOHN WISE Field Supervisor</u>		<u>772-225-1600</u>	<u>07/05/04</u>

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

PARM IN DISCREPANCY - Cl₂ - 04/07, 04/08, 04/09,

RECEIVED
 DATE 8/1/07
 DATE OF REVIEW BY
 (SEE ATTACHMENT)

114-04/08.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Miss Dam WWTF

PERMIT NUMBER: FLA013842

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			82	TNTC	#/100ml	4/week	Grab
PARM Code 74033 Mon Site No. EFP-1	Permit Requirement			Non Detectable (73 Percentile)	25 (Max)	#/100ml	4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0		MG/L	CONT	ANALYZER
PARM Code 58160 Mon Site No. EFP-1	Permit Requirement			1.0 (Min)		mg/l	Continuous	Analyzer
Flow	Sample Measurement	111	MGD				5/week	METER
PARM Code 50050 Mon Site No. IHP-1	Permit Requirement	0.3 (An. Avg)	mgd				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	125	MGD				5/week	METER
PARM Code 50010 Mon Site No. IHP-1	Permit Requirement	Report (Mo. Avg)	mgd				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			129.85		MG/L	EVERY 2 WEEKS	SHR. SPC.
PARM Code 39082 Mon Site No. IHP-1	Permit Requirement			Report (Mo. Avg)		mg/l	Every Two Weeks	3 Hour EPC
Solids, Total Suspended	Sample Measurement			188		MG/L	EVERY 2 WEEKS	SHR. SPC.
PARM Code 00530 Mon Site No. EFP-1	Permit Requirement			Report (Mo. Avg)		mg/l	Every Two Weeks	3 Hour EPC
Turbidity	Sample Measurement			8.80		NTU	CONT	METER
PARM Code 81078 Mon Site No. EFP-1	Permit Requirement			10 (max)		NTU	Continuous	Meter
Giardia*	Sample Measurement						1/5 YRS	GRAB
PARM Code GIARD Mon Site No. EFP-1	Permit Requirement						Once every 5 years	Grab
Cryptosporidium*	Sample Measurement						1/5 YRS	GRAB
PARM Code CRYPT Mon Site No. EFP-1	Permit Requirement						Once every 5 years	Grab

*Use DEP form 62-510.300(4)(a)4 to report test results.

RECEIVED

MAY 16 2000

Dept. of Environ. Protection
Tallahassee, Florida

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA013842**
 Monitoring Period: From: **06/21/07** To: **06/30/07**

Three-month Average Daily Flow:
 (TMADP/Permitted Capacity)%100:

Code	Flow (mgd)	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (au.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity (ntu)
Mon. 5 Pts	EFF-1	INP-1	FRP-1	INP-1	EPB-1	DRP-1	BPT-1	EFF-1	EFF-1	EFF-1
1	1.29	1.46					7.29		5.0	1.86
2	1.68	1.51			1.4		7.37	<1	5.0	1.65
3	1.65	1.13			1.2		7.56	<1	5.0	1.52
4	1.40	1.25	<2	1.24	1.1	1.34	7.00	<1	5.0	1.49
5	1.201	1.214			1.1		7.00	<1	5.0	1.48
6	1.53	1.68					7.24		5.0	1.23
7	1.43	1.20					6.89		1.96	1.60
8	1.092	1.244					7.01		1.88	1.80
9	1.08	1.05			3.4		7.06	TUR	0	1.7
10	1.27	1.16			1.1		7.10	<1	2.27	1.10
11	1.086	1.28			1.8		7.24	<1	3.15	1.33
12	1.70	1.49			2.8		7.38	<1	5.0	2.15
13	1.35	1.24					7.02	<1	5.0	1.12
14	1.36	1.37					6.90		2.71	1.97
15	1.39	1.33					6.89		3.42	1.90
16	1.25	1.24			1.4		6.100	<1	4.77	1.10
17	1.01	1.10			1		7.01	<1	4.12	1.21
18	1.095	1.52	<2	1.43	1.1	2.42	7.01	<1	5.0	1.88
19	1.06	1.10			1.6		7.03	<1	3.99	2.77
20	1.090	1.093					6.98		4.07	1.86
21	1.085	1.16					7.01		5.0	1.10
22	1.00	1.09					7.02		3.86	2.07
23	1.090	1.091			1.4		6.70	<1	4.22	1.04
24	1.076	1.084			1.2		6.96	<1	3.07	1.36
25	1.040	1.071			1.1		6.99	<1	4.77	1.99
26	1.065	1.142			1.1		6.90	<1	5.0	1.90
27	1.0	1.077					7.04		5.0	1.89
28	1.058	1.084					7.10		5.0	1.88
29	1.069	1.043					6.75		4.74	1.15
30	1.034	1.087			1.1		7.02	<1	3.91	1.92
31										

PLANT STAFFING:

Day Shift Operator: Class: C Certificate No: 14316 Name: FRANK STERLING
 Evening Shift Operator: Class: C Certificate No: 7021 Name: JOHN WALKER
 Night Shift Operator: Class: C Certificate No: 2040 Name: FRANK PERREW
 Test Operator: Class: C Certificate No: 1021 Name: COLE WOODS

Type of Effluent Disposal or Reclaimed Water Flow: 100% REUSE
 Initial Wet Weather Discharge Activated: Yes: Not Applicable: If yes, cumulative days of wet weather discharge: N/A

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

RECEIVED

06/28/2007

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15428, West Palm Beach, 33416-5425

PERMITTEE NAME: Miles Grant Water and Sewer Company
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA013842
 LIMIT: Final
 CLASS SIZE: N/A
 GMS ID NO.: 5143P02100
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:

FILE COPY

REPORT GROUP: Monthly Domestic
 GMS TEST SITE NO.:

FACILITY: Miles Grant WWTF
 LOCATION: 5481 SE Miles Grant Road
 Stuart, FL 34997

COUNTY: Manatee

MONITORING PERIOD From: 03/01/07 To: 03/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	108	110	MGD					-	5/Week	METER
PARM Code 50058 Mon Site No. EFF-1	Permit Requirement	05 (3-Mo. Avg.)	Report (Mo. Avg.)	mgd						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0			mg/l	-	2/Week	SUBSTR
PARM Code 80082 Mon Site No. EFF-1	Permit Requirement				20.0 (An. Avg.)			mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2	2.2		mg/l	-	1/Week	SUBSTR
PARM Code 80082 Mon Site No. EFF-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max)		mg/l		Every Two Weeks	8-hour FPC
Solids Total Suspended	Sample Measurement				3.0			mg/l	-	4/Week	GRAB
PARM Code 00550 Mon Site No. EFF-1	Permit Requirement				5.0 (Max)			mg/l		4 Days/Week	Grab
pH	Sample Measurement				6.40	7.62		SSI	-	5/Week	GRAB
PARM Code 04460 Mon Site No. EFF-1	Permit Requirement				6.0 (Min)	8.5 (Max)		SSI		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
JOHN LISE FIELD SUPERVISOR		376 225 2622	07/04/07

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

PLANT DIVERTED FOR UTG 03/26, 03/27

RECEIVED
 MAR 29 2007
 Dept. of Environmental Protection
 Southeast District

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: H-4013842

MONITORING GROUP NUMBER: R-001

FACILITY NAME: Mifco Grant WWTF

03/06/07 to 03/30/07

Parameters		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal FARM Code 74035 Mon. Site No. EFB-1	Sample Measurement			100% ¹⁰	<1	MPN	-	1 WEEK	GRAB
	Permit Requirement			Non Detectable (75 Percentile)	35 (Max)	#/100ml		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection) FARM Code 50058 Mon. Site No. EFB-1	Sample Measurement			1.5		MCL	-	CONT	ANALYZER
	Permit Requirement			1.0 (Min)		mg/l		Continuous	Analyze
Flow FARM Code 50050 Mon. Site No. INF-1	Sample Measurement	096	MGD				-	5 WEEK	METER
	Permit Requirement	03 (AL Avg)	mgd					5 Days/Week	Flow meters and totalizers
Flow FARM Code 50050 Mon. Site No. INF-1	Sample Measurement	137	MGD				-	5 WEEK	METER
	Permit Requirement	Report (No Avg)	mgd					5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C FARM Code 80082 Mon. Site No. INF-1	Sample Measurement			2.11		MCL	-	EVERY 2 WEEKS	SLURRY
	Permit Requirement			Report (No Avg)		mg/l		Every Two Weeks	6-hour FPC
Solids, Total Suspended FARM Code 60590 Mon. Site No. INF-1	Sample Measurement			210		MCL	-	EVERY 2 WEEKS	SLURRY
	Permit Requirement			Report (No Avg)		mg/l		Every Two Weeks	6-hour FPC
Turbidity FARM Code 82078 Mon. Site No. EFB-1	Sample Measurement			4.20		NTU	-	CONT	METER
	Permit Requirement			3.0 (max)		NTU		Continuous	Meter
Chlorine* FARM Code CHARD Mon. Site No. EFB-1	Sample Measurement						-	105 YRS	GRAB
	Permit Requirement							Once every 5 years	Grab
Cryptosporidium* FARM Code CRYPT Mon. Site No. EFB-1	Sample Measurement						-	105 YRS	GRAB
	Permit Requirement							Once every 5 years	Grab

*Use DEP form 62-610.300(4)(a)4 to report test results.

RECEIVED

APR 13 2007
Dept. of Environ. Protection
PO Box 1000
Tallahassee, FL 32304

7723582815

T-039 P001/004 F-120

01-18-'06 10:49 FROM-D.E.P.

Three-month Average Daily Flow:
(TMAADF) Limited Capacity: 1100

Permit Number:
Monitoring Period

FLA013842
From: 03/01/07 To: 05/31/07

Code	Flow (mgd)	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (p.p.h.)	Fecal Coliform Bacteria (#/100ml)	Turbidity (ntu)	Turbidity (ntu)
Code	50150	50050	80082	80082	00530	00530	00400	74055	59060	00570
Mon. Site	EFF-1	INF-1	RRF-1	INF-1	EFF-1	INF-1	EFF-1	EFF-1	EFF-1	EFF-1
1	1.32	1.10			1.4		7.29	<1	4.6	1.2
2	1.13	1.20					7.25		5.0	1.2
3	1.089	1.17					7.52		5.0	1.2
4	1.102	1.23			1.4		7.62	<1	5.0	1.0
5	0.93	1.17			2		6.8	<1	4.5	2.0
6	1.21	1.44			1.2	1.2	6.91	<1	2.8	2.0
7	1.40	1.51	<2	180	1.2	1.2	6.58	<1	4.0	0.8
8	1.30	1.31			<1		6.75		5.0	0.9
9	1.46	1.65					6.67		2.9	0.7
10	1.19	1.35					6.85		5.0	0.8
11	1.62	1.88			<1		6.86	<1	2.0	0.6
12	0.88	1.17			1.2		6.74	<1	2.9	1.0
13	0.82	1.08			1.6		6.68	<1	5.0	1.0
14	1.33	1.51			1.2		6.82	<1	5.0	1.0
15	1.19	1.21					6.72		3.0	1.0
16	1.31	1.42					6.72		5.0	0.5
17	1.04	1.36					6.87		3.0	1.2
18	1.17	1.35			1.6		6.40	11	4.0	1.40
19	0.95	1.31			3		6.88	<1	3.8	1.80
20	0.97	1.13			<1	2.48	6.92	<1	5.0	1.2
21	1.17	1.92	<2	241.34	<1	2.48	7.11	<1	5.0	1.00
22	1.04	1.82			<1		7.45		3.6	1.40
23	0.97	1.34					7.21		4.3	2.77
24	0.84	1.24					6.90		5.0	1.0
25	0.68	1.31			<1		7.82	<1	4.5	1.2
26	1.00	1.42			1.0		7.72	<1	5.0	1.0
27	0.50	1.40			1		7.10	<1	5.0	1.6
28	1.13	1.28			1		7.31	<1	4.2	1.40
29	1.32	1.38					7.07		5.0	1.40
30	1.30	1.32					7.30		4.6	1.0
31	1.23	1.31								

PLANT STAFFING:
Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

Class: B
Class: C
Class: E
Class: E

Certificate No: 9463
Certificate No: 11371
Certificate No: 3240
Certificate No: 907

Name: DICK CASACIWA
Name: [Signature]
Name: [Signature]
Name: [Signature]

Type of Effluent Disposal or Reclaimed Water Reuse:
Limited Wet Weather Discharge Activated: Yes No Not Applicable
If yes, cumulative days of wet weather

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT

FILE COPY

(7/1)

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416-5425

PERMITTEE NAME: Miles Grant Water and Sewer Company
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA013842
 LIMIT: Final
 CLASS SIZE: N/A
 GMS ID NO.: 5143P02100
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic
 GMS TEST SITE NO.:

FACILITY: Miles Grant WWTF
 LOCATION: 5481 SE Miles Grant Road
 Stuart, FL 34997

COUNTY: Martin

MONITORING PERIOD

From: February 1st To: February 28th

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.102	.119	mgd				-	7 Days Per Week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-1	Permit Requirement	0.3 (3-Mo. Avg.)	Report (Mo. Avg.)	mgd					5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0		mg/l	-	Every Two Weeks	8-hour FPC
PARM Code 80082 Mon. Site No. EFF-1	Permit Requirement				20.0 (An. Avg.)		mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.00	2.00	mg/l	-	Every Two Weeks	8-hour FPC
PARM Code 80082 Mon. Site No. EFF-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)	mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.4		mg/l	-	4 Days Per Week	Grab
PARM Code 00530 Mon. Site No. EFB-1	Permit Requirement				5.0 (Max.)		mg/l		4 Days/Week	Grab
pH	Sample Measurement				6.64	7.48	S.U.	-	7 Days Per Week	Grab
PARM Code 00400 Mon. Site No. EFF-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Nicholas P Casalina	N. P. Casalina	407 948 9844	07/03/09

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

Plant in Diversion due to CL₂ 2/5, 2/16
 NTU 2/5, 2/19, 2/21

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Miles Grant WWTF

PERMIT NUMBER: FLA013842

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			100%			4 Days Per Week	Grab
PARM Code 74055 I Mon. Site No. EFF-1	Permit Requirement			Non Detectable (75 Percentile)			4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.0			Continuous	Analyzer
PARM Code 50060 I Mon. Site No. EFF-1	Permit Requirement			1.0 (Min.)			Continuous	Analyzer
Flow	Sample Measurement	.092	mgd				5 Days Per Week	Flow Meter
PARM Code 50050 G Mon. Site No. INF-1	Permit Requirement	0.3 (An. Avg.)	mgd				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	.108	mgd				5 Days Per Week	Flow Meter
PARM Code 50050 G Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)	mgd				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			353.5			Every Two Weeks	8-hour FPC
PARM Code #0082 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			432			Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			Every Two Weeks	8-hour FPC
Turbidity	Sample Measurement						Continuous	Meter
PARM Code 82678 I Mon. Site No. EFB-1	Permit Requirement						Continuous	Meter
Giardia*	Sample Measurement						Once every 5 years	Grab
PARM Code GIARD I Mon. Site No. EFF-1	Permit Requirement						Once every 5 years	Grab
Cryptosporidium*	Sample Measurement						Once every 5 years	Grab
PARM Code CRYPT I Mon. Site No. EFF-1	Permit Requirement						Once every 5 years	Grab

*Use DEP form 62-610.300(4)(a)4 to report test results.

DAILY SAMPLE RESULTS - FARM

Permit Number:
Monitoring Period

FLA013842
From: February 1st

To: February 28th

Three-month Average Daily Flow:
(TMADF/Permitted Capacity) x 100:

Code	Flow (mgd)	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity (nms)
Mon. Site	EFF-1	INF-1	EFF-1	INF-1	EFF-1	INF-1	EFF-1	EFF-1	EFF-1	EFF-1
1	.110	.116			2.20		7.12	1.00U	2.0	1.0
2	.103	.116			1.00U		7.25	1.00U	1.0	2.6
3	.115	.118			1.00U		6.64	1.00U	1.6	1.2
4	.111	.125					6.72		2.8	2.4
5	.064	.108			1.00U		7.00	1.00U	0.0	1.0
6	.095	.093			1.00U		7.32	1.00U	2.8	2.3
7	.121	.092	2.00U	366	1.00U	414	7.07	1.00U	2.7	1.0
8	.110	.104			1.00U		6.93	1.00U	5.0	0.6
9	.104	.117					6.71		5.0	0.8
10	.100	.113					7.15		5.0	1.2
11	.113	.123					7.06		5.0	0.5
12	.122	.112					7.10	1.00U	4.8	1.2
13	.132	.111					6.86	1.00U	5.0	0.4
14	.144	.108					7.01	1.00U	5.0	1.6
15	.178	.084					6.93	1.00U	5.0	0.8
16	.144	.083					7.25		0.6	1.8
17	.080	.059					7.08		4.0	0.8
18	.112	.065					7.12		4.6	1.1
19	.065	.124			1.00U		7.48	1.00U	4.2	3.2
20	.137	.090			2.40		6.95	1.00U	5.0	1.8
21	.130	.131	2.00U	341	1.00U	450	7.21	1.00U	5.0	6.4
22	.137	.120			1.201		7.25	1.00U	5.0	1.4
23	.140	.130					6.75		3.1	2.8
24	.126	.108					6.94		5.0	0.8
25	.181	.129					7.02		3.2	1.0
26	.109	.108			1U		7.00	1.00U	4.6	1.4
27	.107	.114			1		6.66	1.00U	5.0	1.2
28	.142	.119			1.8		6.83	1.00U	5.0	1.6
29										
30										
31										

PLANT STAFFING:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

Class: B
Class: C
Class: C
Class: C

Certificate No: 9463
Certificate No: 7371
Certificate No: 2640
Certificate No: _____

Name: Nick Casalino
Name: John Lisle
Name: Frank Eskew
Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse: Golf Course Irrigation
Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet _____

Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT

690
FILE COPY

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416-5425

PERMITTEE NAME: Miles Grant Water and Sewer Company
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA013842
 LIMIT: Fund
 CLASS SIZE: N/A
 GMS ID NO.: 5143P02100
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic
 GMS TEST SITE NO.:

FACILITY: Miles Grant WWTF
 LOCATION: 5481 SE Miles Grant Road
 Stuart, FL 34997

COUNTY: Martin

MONITORING PERIOD From: January 1st To: January 31st

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.094	.094	mgd					—	7 Days Per Week	Flow Meter
PARM Code 50050 Mon Site No. EFF-1	Permit Requirement	03 (3-Mo.Avg.)	Report (Mo.Avg.)	mgd						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0			mg/l	—	Every Two Weeks	8-hour FPC
PARM Code 8082 Mon Site No. EFF-1	Permit Requirement				20.0 (An.Avg.)			mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		mg/l	—	Every Two Weeks	8-hour FPC
PARM Code 8082 Mon Site No. EFF-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.40			mg/l	—	4 Days Per Week	Grab
PARM Code 00530 Mon Site No. EFB-1	Permit Requirement				5.0 (Max.)			mg/l		4 Days/Week	Grab
pH	Sample Measurement				6.40	7.96		S.U.	—	7 Days Per Week	Grab
PARM Code 00400 Mon Site No. EFF-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		S.U.		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Nicholas P Casalina	Nick P Casal	407 948 9844	07/01/15

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 Plant in Diversion due to Cl₂ 1/4, 1/15, 1/16, 1/28, 1/31

NTU 1/1, 1/19, 1/22, 1/25, 1/30, 1/31

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Miles Grant WWTF PERMIT NUMBER: FLA013842 MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			100%				
PARM Code 74055 Mon. Site No. EFF-1	Permit Requirement			Non Detectable (75 Percentile)	25 (Max.)		4 days Per Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.0			4 Days/Week	Grab
PARM Code 50060 Mon. Site No. EFF-1	Permit Requirement			1.0 (Min.)			Continuous	Analyzer
Flow	Sample Measurement	.093	mgd					
PARM Code 50050 Mon. Site No. INF-1	Permit Requirement	03 (An. Avg.)	mgd				5 Days Per Week	Flow meter
Flow	Sample Measurement	.107	mgd				5 Days/Week	Flow meters and totalizers
PARM Code 50050 Mon. Site No. INF-1	Permit Requirement	Report (Mo. Avg.)	mgd				5 Days Per Week	Flow meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			252.5			5 Days/Week	Flow meters and totalizers
PARM Code 80082 Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			223.5			Every Two Weeks	8-hour FPC
PARM Code 00530 Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			Every Two Weeks	8-hour FPC
Turbidity	Sample Measurement							
PARM Code 82078 Mon. Site No. EFB-1	Permit Requirement			10	3.0 (max)		Continuous	Meter
Giardia*	Sample Measurement							
PARM Code GIARD Mon. Site No. EFF-1	Permit Requirement						Once Every 5 years	Grab
Cryptosporidium*	Sample Measurement							
PARM Code CRYPT Mon. Site No. EFF-1	Permit Requirement						Once every 5 years	Grab

*Use DEP form 62-610.300(4)(a)4 to report test results.

65/16/2004 13:15 4078896951

UTILITIES INC OF FL

PAGE 01/01

Permit Number:
Monitoring Period

FLA013842
From: January 1st To: January 31st

Three-month Average Daily Flow:
(TMADF/Permitted Capacity)x100:

Code	Flow (mgd)	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity (ntus)
Mon. Site	EFF-1	INF-1	EFF-1	INF-1	EFB-1	INF-1	EFF-1	EFF-1	EFF-1	EFB-1
1	.059	.112					7.00		1.2	5.8
2	.100	.106			1.00U		6.99	1.00U	5.00	2.9
3	.101	.107			1.00U		6.56	1.00U	5.0	2.0
4	.088	.108			1.00U		6.91	1.00U	0.6	0.8
5	.106	.102			2.40		7.09	1.00U	4.4	1.0
6	.112	.112					6.81		5.0	0.9
7	.114	.116					6.92		5.0	0.9
8	.097	.104			1.00U		7.03	1.00U	4.9	1.2
9	.095	.100			1.001		7.01	1.00U	4.3	1.8
10	.096	.103	2.00U	290	1.001	287	6.40	1.00U	1.7	0.8
11	.108	.113			1.001		7.42	1.00U	1.3	0.8
12	.110	.106					7.11		1.4	0.8
13	.132	.135					7.07		4.8	0.7
14	.122	.127					7.05		5.0	0.8
15	.089	.116			1.00U		7.04	1.00U	0.4	2.4
16	.087	.112			1.00U		6.78	1.00U	0.6	1.8
17	.114	.108			1.801		7.88	1.00U	1.9	1.8
18	.134	.117			1.201		6.83	1.00U	4.8	2.0
19	.074	.111					7.96		4.8	3.6
20	.114	.131					7.45		4.8	1.5
21	.107	.119					7.60		4.8	1.0
22	.081	.109			1.00U		7.65	1.00U	4.8	7.0
23	.104	.110			1.00U		6.95	1.00U	2.5	1.4
24	.083	.109	2.00U	215	1.00U	160	6.78	1.00U	5.0	0.8
25	.096	.081			1.201		6.81	1.00U	2.5	3.8
26	.101	.093					6.70		1.9	1.0
27	.122	.122					6.83		2.0	0.7
28	.105	.090					6.84		0	1.6
29	.026	.061			1.001		6.78	1.00U	1.0	0.8
30	0	.080					7.05		2.6	0.6
31	.048	.086					7.39		0.7	10

PLANT STAFFING:
 Day Shift Operator Class: B Certificate No: 9463 Name: Nick Casalins
 Evening Shift Operator Class: E Certificate No: 7371 Name: John Lisle
 Night Shift Operator Class: C Certificate No: 3640 Name: Frank Eskew
 Lead Operator Class: _____ Certificate No: _____ Name: _____
 Type of Effluent Disposal or Reclaimed Water Reuse: Golf Course Irrigation
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: _____ If yes, cumulative days of wet _____

Attach additional sheets if necessary to list all certified operators.

Miles Grant Water and Sewer Company

Docket No.: 070695-WS

Martin County

**25.30.440 (5)
INSPECTION REPORTS**

Test Year Ended June 30, 2007



Department of Environmental Protection

Jeb Bush
Governor

Port St. Lucie Branch Office
1801 SE Hillmoor Drive, Suite C-204
Port St. Lucie, FL 34952
(772)398-2806
Fax #: (772)398-2815

Colleen M. Castille
Secretary

NOV 22 2006

Patrick C. Flynn, Regional Director
Miles Grant Water and Sewer Company
200 Weathersfield Ave.
Altamonte Springs, FL 32714
p.c.flynn@utilitiesinc-usa.com

Notice of Noncompliance
PW – Martin County
Miles Grant
Public Water System
PWSID #4430917

Ref: Miles Grant Sanitary Survey

Dear Mr. Flynn:

The Department would like to thank Frank Eskew for his assistance in conducting the sanitary survey of the referenced public water system on October 30, 2006. During this inspection and a review of the files, the following deficiencies were found:

1. Staffing is marginal. Mike Ellis, the previous water plant operator, left the utility approximately a week before this inspection. At the time of this inspection, Frank Eskew was operating the water plant 6 hours per day and temporarily operating the wastewater plant 3 hours per days while the wastewater plant operator was on vacation. Because Mr. Eskew had only been with the utility seven months, he was unable to answer some of the DEP inspector's questions. Because Mr. Ellis was covering both plants, he was unable to escort the DEP inspector to inspect the wells.
2. The disinfection byproducts maximum contaminant level (MCL) violation is being addressed by the installation of equipment for the addition of ammonium hydroxide, pursuant to the Consent Order executed March 29, 2006. The building with pumps and two drums of ammonium hydroxide are on site. The connection to the plant has not been made. A chlorine analyzer has also been installed.
3. Please note that this type of inspection is generally scheduled ahead of time with the utility, but several attempts by the Department to reach a utility representative to schedule the inspection were unsuccessful. The inspection was therefore conducted unannounced.

You may wish to consult your agent and/or engineer to address the above referenced deficiencies. Please be aware that this letter does not supersede other Department correspondence, notification of deficiencies in other areas, enforcement action, etc.

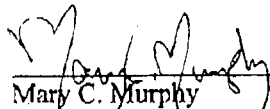
"More Protection, Less Process"

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640 19.1

The Department requests that you respond within fifteen (15) days of receipt of this notice with a plan to correct the deficiencies. If the problems are not resolved in a timely manner, the Department may take enforcement action. If you have any questions, please contact **Jerry Toney** of this office at (772) 398-2806 or via e-mail at Jerry.Toney@dep.state.fl.us.

Sincerely,



Mary C. Murphy Date
Environmental Administrator
Florida Department of Environmental Protection
Southeast District Branch Office

MCM/MO/JT

cc: Todd Brown C.P.M, Environmental Manager, DEP/WPB, Todd.Brown@dep.state.fl.us
Jose L. Calas PE, Drinking Water Program Manager, DEP/WPB, Jose.Calas@dep.state.fl.us

State of Florida
Department of Environmental Protection
Southeast District
SANITARY SURVEY REPORT

Plant Name MILES GRANT County Martin PWS ID # 4430917
Plant Location 5148 SE Miles Grant Rd Stuart 34997 local fax 283.6016 Phone 286.7287
Owner Name Utilities Inc. of Florida Phone
Owner Address 200 Weathersfield Ave. Altamonte Springs, FL 32714 FAX 407.869.6961 Patrick Flynn, Reg. Dir.
Contact Person Title Phone
This Survey Date 10/30/06 Last Survey Date 8/20/03 Last C.I. Date 5/11/04

INSPECTION TYPE

- New System Capacity Assurance Inspection
Sanitary Survey

COMET: SITE ID PROJECT ID

PWS TYPE & CLASS

- Community (IC)
Non-transient Non-community
Transient Non-Community

RAW WATER SOURCE

- GROUND; Number of Wells 6
SURFACE/UDI; Source
PURCHASED from PWS ID #
Emergency Water Source
Emergency Water Capacity

PWS STATUS

- Approved system with approval number & date
Unapproved system

AUXILIARY POWER SOURCE

- Yes None Not Required
Source generator
Capacity of Standby (kW) 125
Switchover: Automatic Manual
Standby Plan: Yes No
Hrs Operated Under Load 1 hr/wk.

SERVICE AREA CHARACTERISTICS

community
Food Service: Yes No N/A

What equipment does it operate?

- Well pumps
High Service Pumps
Treatment Equipment
Satisfy 1/2 max-day demand? Yes No Unk
Comments

OPERATION & MAINTENANCE

Certified Operator: Yes No Not required
Operator(s) & Certification Class-Number
Frank Eskew 4153C operates the water plant 6 hrs/day
and WWTP 3 hrs/day (Mike Ellis left last week.)
O & M Log: Yes No Not required
Operator Visitation Frequency
Hrs/day: Required 6 Actual 6
Days/wk: Required 5+2 weeks Actual 7
Non-consecutive Days? Yes No N/A
MORs submitted regularly? Yes No N/A
Data missing from MORs? No Yes N/A

TREATMENT PROCESSES IN USE

lime treatment, hypochlorination
What additional treatment is needed?
chloramination
For control of what deficiencies?
DPB MCL violation
Treatment chemicals conform to NSF standard 60?
Yes No

Number of Service Connections 1277
Population Served 3192 Basis
Average Day (from MORs) gpd
Max. Day (from MORs) 339,900 gpd
Max-day Design Capacity 432,000 gpd
Comments flow is seasonal

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
Meter Size & Type
Coliform Sampling Plan: Yes No N/A
Comments

PWS ID # 4430917

Date 10/30/06

GROUND WATER SOURCE

Well Number	1&2	3&4	5&6	
Year Drilled	1972	1972/1974	1974	
Depth Drilled	150'	150'	150'	
Drilling Method				
Depth of Grout	?	?/135'	?	
Static Water Level				
Pumping Water Level				
Design Well Yield				
Test Yield				
Actual Yield (if different than rated capacity)				
Strainer				
Length (outside casing)	135'	135'	135'	
Diameter (outside casing)	8"	8"	8"	
Material (outside casing)	steel	steel	steel	
Well Contamination History	recent TNTCs	on well bacteas		
Is inundation of well possible?	no	no	no	
6' X 6' X 4" Concrete Pad				
SET BACKS	Septic Tank	n/a	n/a	n/a
	Reuse Water	no	no	no
	WW Plumbing	no	no	no
	Other Sanitary Hazard			
PUMP	Type	sub	sub	sub
	Manufacturer Name			
	Model Number			
	Rated Capacity (gpm)	160-200	160-200	160-200
	Motor Horsepower	7.5	7.5	7.5
Well casing 12" above grade?	y	y	y	
Well Casing Sanitary Seal	ok	ok	ok	
Raw Water Sampling Tap	y	y	y	
Above Ground Check Valve	y	y	y	
Fence/Housing				
Well Vent Protection	no screen 1 & 2	ok	ok	

COMMENTS WELL ID(s): no gps id on any [information from previous survey because wells were not inspected.]

Due to salt water intrusion, wells 5 & 6 only operates once per month for 1000 gallons each for sampling.

Wells 1, 2, 3 operate 2 days/ week each. #4 is operated only 1 day/ week because of being close to well 5.

PWS ID # 4430917
 Date 10/30/06

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make one is Chem Tech Capacity gpd
 Chlorine Feed Rate
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant Remote
 Remote tap location
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points after lime treatment
 Booster Pump Info
 Comments
switched to hypochlorite in 2004

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl ₂ capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl ₂ residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl ₂ leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

AERATION (Gases Fe. & Mn Removal)

Type n/a Capacity
 Aerator Condition
 Bloodworm Presence
 Visible Algae Growth
 Protective Screen Condition
 Comments

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
 (B) Bladder (C) Clearwell

Tank Type/Number	G	H	C
Capacity (gal)	100K	10K	10K
Material	c	s	
Gravity Drain	Yes	Yes	No
By-pass Piping	No	Yes	No
Pressure Gauge	N/A	Yes	N/A
Sight Glass or Level Indicator	Yes	Yes	
Fittings for Sight Glass			
Protected Openings	Yes		
PRV/ARV			
On/Off Pressure			
Access Padlocked			
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments clearwell is underground

HIGH SERVICE PUMPS

Pump Number	hsps 1&2	tps 1&2
Type		
Make		
Model		
Capacity (gpm)	800	150
Motor HP	40	15
Date Installed		
Maintenance		

Comments

PWS ID # 4430917
 Date 10/30/06

02/01/2008 13:42 7722257623

HUTCHINSON

PAGE 07/10

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS									
CONTAMINANT	PWS Screen	# Samples Required	Sampling Location	C > 3300			C ≤ 3300		
				Frequency	Sample Date	Due Date	Frequency	Sample Date	Due Date
Microbiological (Bacte)	BACT Maint	1	Each well	monthly			monthly		monthly
		based on population	Distribution						
Volatile Organics	VOC	(Note A)	(Note G)	(Notes A, 1)			(Notes A, 2)	3/2002	2006
Pesticides & PCBs	SOC	(Notes B, E)	(Note G)	3 years (Note 1)			3 years (Note 2)	7/2002	2006
Nitrate & Nitrite (as N)	Inorganic	1	POE	annually			annually	12/2005	2006
Inorganics	Inorganic	1	POE	3 years (Note 1)			3 years (Note 2)	2/2002	2006
Asbestos	Inorganic	1 (Note F)	Distribution	9 years (Note 3)			9 years (Note 4)	waiver	
Secondaries	Secondary	1	POE	3 years (Note 1)			3 years (Note 2)	2/2002	2006
Radionuclides	Radiologicals	(Note C)	POE	3 years (Note 1)			3 years (Note 2)	8/2003	2009
Lead and Copper	Lead/Copper	(Note D)	---	---			---	2005	2008
TTHM/HAA5	DBP	1/plant	Distribution	Quarterly			Quarterly	7/2006	4 th qtr 2006

POE = Point of Entry (Samples shall be taken at each entry point to the distribution system that is representative of each source after treatment.)

See Page 5 for description of italicized notes.

PWS ID # 4430917
 Date 10/30/06

NOTES:**# SAMPLES REQUIRED/SAMPLING LOCATION:**

Note A See Rule 62-550.515(1), F.A.C. Each system shall take four consecutive quarterly samples during its assigned year in the system's first compliance period. If no contaminant is detected, the system shall monitor annually during the next three-year compliance period. If still no contaminants are detected, systems shall take one sample during each subsequent three-year compliance period.

If the initial monitoring for contaminants listed in Rule 62-550.310(2)(b), F.A.C., was completed prior to December 31, 1992, then each system shall take one sample annually beginning January 1, 1993.

Note B 4 consecutive quarterly samples. Credit will be given for samples taken before January 1, 1993.

Note C See Rule 62-550.519, F.A.C. Compliance shall be based on the average of analyses of four consecutive quarterly samples. A maximum of two quarterly samples may be composited. Subsequent samples shall be collected once every three years.

Note D Contact the _____ District/County Drinking Water Program at _____ or contact the Florida Rural Water Association.

Note E Contact _____ of _____ at _____ to obtain an application for reduced monitoring.

Note F See Rule 62-550.511(4), F.A.C. A system without asbestos-containing components shall certify to the Department in writing, using DEP Form No. 62-555.910(10), that it is asbestos free. Certification shall satisfy subsections (1), (2), and (3) of the referenced rule, and shall be submitted each nine-year compliance cycle during the specified year the system is required to monitor.

Note G First quarter samples shall be representative of each well. Subsequent samples shall be taken at each entry point to the distribution system that is representative of each source after treatment.

FREQUENCY:

Note 1 First year of each three-year compliance period (calendar years 1993, 1996, 1999, etc.)

Note 2 Second year of each three-year compliance period (calendar years 1994, 1997, 2000, etc.)

Note 3 First year of each nine-year compliance cycle (calendar years 1993, 2002, etc.)

Note 4 Second year of each nine-year compliance cycle (calendar years 1994, 2003, etc.)

PWS ID # 4430917
 Date 10/30/06

MONITORING VIOLATIONS	MCL VIOLATIONS
none noted	TTHM MCL violation

NEW SYSTEMS CAPACITY ASSURANCE

Did the inspector completing this form find anything that will prevent the system from functioning in compliance with 62-550, 62-555, or 62-550, F.A.C.? YES (explain in deficiencies below) NO

DEFICIENCIES:

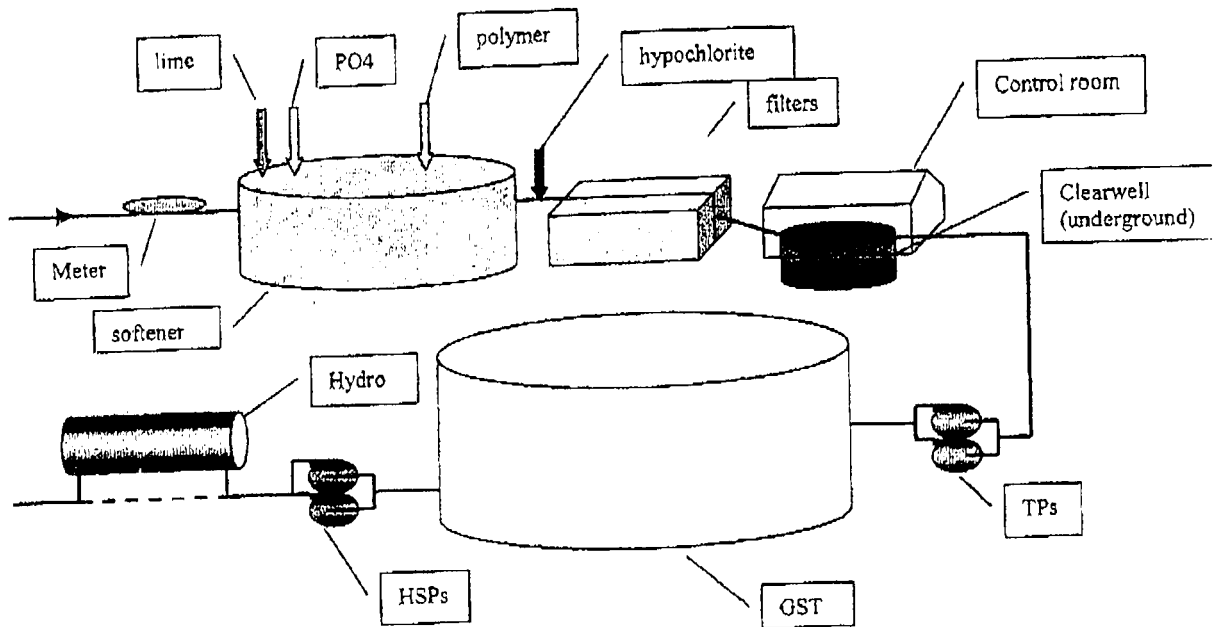
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2. The disinfection byproducts MCL violation is being addressed by the installation of equipment for the addition of ammonium hydroxide, pursuant to the Consent Order executed March 29, 2006. The building with pumps and two drums of ammonium hydroxide are on site. The connection to the plant has not been made. A chlorine analyzer has also been installed.

3. Please note that this type of inspection is generally scheduled ahead of time with the utility, but several attempts by the Department to reach a utility representative to schedule the inspection were unsuccessful. The inspection was therefore conducted unannounced.

Inspector J. Cooney Title Env. Specialist II Date 11/20/06
 Approved by [Signature] Title Env. Manager Date 20 Nov 06

drawing by
J. Toney



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility MILES GRANT WWTF 5481 SE MILES GRANT ROAD STUART	WAFR ID: FLA013842	County MARTIN Phone	Entry Date/Time 1-30-2007 @ 0945 @ Exit Date/Time 1-30-2007
Name(s) of Field Representative(s) NICK CASALINA JOHN LISLE	Title OPERATOR CHIEF OPERATOR	Phone	
Name and Address of Permittee or Designated Representative MR. PATRICK FLYNN MILES GRANT WATER AND SEWER COMPANY 200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS, FL 32714	Title REGIONAL DIRECTOR	Phone	@ Operator Certification #

Inspection Type	<input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> I	Samples Taken(Y/N): Y	@ Sample ID#:	Samples Split (Y/N):
<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Industrial	Were Photos Taken(Y/N): N	@ Log book Volume :	@ Page

FACILITY COMPLIANCE AREAS EVALUATED

IC = In Compliance; NC = Out of Compliance; SC = Significant out of Compliance; NA = Not Applicable; NE or Blank = Not Evaluated
Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "♦"

	PERMITS/ORDERS		SELF-MONITORING PROGRAM		FACILITY OPERATIONS		EFFLUENT/DISPOSAL
IC	1. ♦ Permit	/	3. Laboratory	IC	6. Facility Site Review	IC	9. ♦ Effluent Quality
IC	2. ♦ Compliance Schedules	/	4. Sampling	NC	7. Flow Measurement	NC	10. ♦ Effluent Disposal
/		IC	5. ♦ Records & Reports	NC	8. ♦ Operation & Maintenance	/	11. Residuals/Sludge
/	13. Other:					/	12. Groundwater

Facility and/or Order Compliance Status: In-Compliance Out-Of-Compliance Significant-Out-Of-Compliance

Recommended Actions:

Name(s) and Signature(s) of Inspector(s) JEFF CHRISTIAN	District Office/Phone Number SEDB/772-398-2806	Date 1-30-2007
WILLIAM THIEL, CHING GARVEY, LYUDMILA SOKOLOVA		
@ Signature of Reviewer <i>[Signature]</i>	District Office/Phone Number SEDB/772-398-2806	Date 2/27/07

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI, RI)

Transaction Code	NPDES Number	YR/MO/DA	Insp Type	Inspector	Fac Type
N 5			1	2	3

ADDITIONAL NPDES COMMENTS

Inspection Type (Field 1) A=PAI, B=CBI, C=CEI, S=CSI, X=XSI, R=RI
 Inspection Code (Field 2): S=State, J=Joint EPA/State-EPA Lead, T=Joint State/EPA-State Lead, L=Local Program
 Facility Type (Field 3): 1=Municipal (Publicly Owned), 2=Industrial and Privately Owned Domestic, 3= Agricultural, 4=Federal
 Every other field is self explanatory

Miles Grant WWTF

Inspection Notes

January 30, 2007, @ 9:45 a.m.

Jeff Christian, William Thiel, Ching Garvey and Lyudmila Sokolova

On January 30, 2007, a Compliance Evaluation Inspection was conducted at the referenced facility. The contents of the clarifier and aeration basins were being drawn down and being conveyed to the upset storage tank to repair a leaking air header.

The following items were noted:

- No abnormal odors were noted.
- The main on site lift station was equipped with two functional pumps.
- The bar screen is equipped with a cover to minimize odor. The bar screen appeared to be in satisfactory condition. Some debris was present on the bar screen.
- The facility was equipped with four functional blowers.
- The clarifier was equipped with a functional skimmer.
- The facility was equipped with an Aquadisc filter and four backup pressure filters. The Aquadisc filter appeared to be functioning properly. The Department is currently processing an application for permit revision for the replacement of the pressure filters with a second disc filter.
- Liquid chlorine is introduced at the head of the baffled chlorine contact chamber. The chlorine dosing pump appeared to be functioning properly and the tubing was in satisfactory condition. The facility was equipped with a redundant chlorination system that appeared to be in satisfactory condition. There was an adequate supply of chlorine on site.
- The effluent appeared clear and no solids were present. The bottom of the chlorine contact chamber was clean.
- The facility was equipped with a Hach CL17 Chlorine Analyzer.
- The facility was equipped with a Microtol Scientific, Inc. turbidimeter. The turbidity sampling point is located after filtration and prior to chlorination.
- The facility was equipped with a Cole/Parmer pH meter.
- The facility was equipped with an American Sigma flowmeter and ultrasonic flow sensor.

- The digester level was low. On site sludge stabilization was occurring at the time of the inspection.
- The upset effluent holding tank was approximately 3/4 full. — why
- The water level in the reuse pond was satisfactory. The reuse pond is being vegetatively maintained.
- The potable water supply line was equipped with a backflow prevention device.
- The facility was equipped with a functional generator that is exercised weekly under load.
- The fence around the facility site appeared to be in satisfactory condition.
- The facility wastewater operating permit is current and will expire on October 16, 2011.
- The updated Operating Protocol and the Cross Connection Control Plan have been submitted to the Department for review and approval.
- Monthly Discharge Monitoring Reports are being received by the Department.

The following deficiencies were noted:

1. Due to the chlorine meter detecting insufficient chlorine, the facility for the past several months has repeatedly been forced to reject the effluent to the upset storage tank as reported on the monthly Discharge Monitoring Reports. why
2. The flow measurement devices were not calibrated within the past year. why
3. The public access reuse irrigation area did not have sufficient notification signs and did not contain the required verbage.



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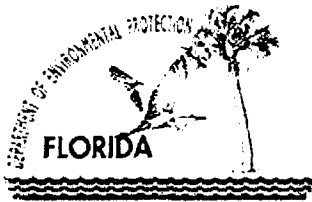
Miles Grant Water and Sewer Company

Docket No.: 070695-WS

Martin County

**25.30.440 (6)
PERMITS**

Test Year Ended June 30, 2007



Department of Environmental Protection

Jeb Bush
Governor

Southeast District
400 N Congress Avenue, Suite 200
West Palm Beach, Florida 33401

Colleen M. Castille
Secretary

October 17, 2006 ELECTRONIC CORRESPONDENCE

In the Matter of an
Application for Permit by:

Miles Grant Water and Sewer Company
Mr. Patrick Flynn
Regional Director
200 Weathersfield Avenue
Altamonte Springs, FL 32714
Email: p.c.flynn@utilitiesinc-usa.com

PA File No. FLA013842-005/006-DW2P
Martin County
Miles Grant WWTF

NOTICE OF PERMIT ISSUANCE

Enclosed is Permit Number FLA013842 to operate an existing 0.3 mgd annual average daily flow (AADF) permitted capacity domestic wastewater treatment plant, issued under section(s) 403.087 of the Florida Statutes.

Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any.

The Department's proposed agency action shall become final unless a timely petition for an administrative hearing is filed under Sections 120.569 and 120.57, Florida Statutes, within fourteen days of receipt of notice. The procedures for petitioning for a hearing are set forth below.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative proceeding (hearing) under Sections 120.569 and 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received by the clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Under Rule 62-110.106(4), Florida Administrative Code, a person may request enlargement of the time for filing a petition for an administrative hearing. The request must be filed (received by the clerk) in the Office of General Counsel before the end of the time period for filing a petition for an administrative hearing.

Petitions by the applicant or any of the persons listed below must be filed within fourteen days of receipt of this written notice. Petitions filed by any persons other than those entitled to written notice under Section 120.60(3), Florida Statutes, must be filed within fourteen days of publication of the notice or within fourteen days of receipt of the written notice, whichever occurs first. Under Section 120.60(3), Florida Statutes, however, any person who has asked the Department for notice of agency action may file a petition within fourteen days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition or request for enlargement of time within fourteen days of receipt of notice shall constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57, Florida Statutes. Any subsequent intervention (in a proceeding initiated by another

party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205, Florida Administrative Code.

A petition that disputes the material facts on which the Department's action is based must contain the following information:

- (a) The name, address, and telephone number of each petitioner; the name, address, and telephone number of the petitioner's representative, if any; the Department permit identification number and the county in which the subject matter or activity is located;
- (b) A statement of how and when each petitioner received notice of the Department action;
- (c) A statement of how each petitioner's substantial interests are affected by the Department action;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A statement of facts that the petitioner contends warrant reversal or modification of the Department action;
- (f) A concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle the petitioner to relief; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wants the Department to take.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the Department have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

In addition to requesting an administrative hearing, any petitioner may elect to pursue mediation. The election may be accomplished by filing with the Department a mediation agreement with all parties to the proceeding (i.e., the applicant, the Department, and any person who has filed a timely and sufficient petition for a hearing). The agreement must contain all the information required by Rule 28-106.404, Florida Administrative Code. The agreement must be received by the clerk in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, within ten days after the deadline for filing a petition, as set forth above. Choosing mediation will not adversely affect the right to a hearing if mediation does not result in a settlement.

As provided in Section 120.573, Florida Statutes, the timely agreement of all parties to mediate will toll the time limitations imposed by Sections 120.569 and 120.57, Florida Statutes, for holding an administrative hearing and issuing a final order. Unless otherwise agreed by the parties, the mediation must be concluded within sixty days of the execution of the agreement. If mediation results in settlement of the administrative dispute, the Department must enter a final order incorporating the agreement of the parties. Persons seeking to protect their substantial interests that would be affected by such a modified final decision must file their petitions within fourteen days of receipt of this notice, or they shall be deemed to have waived their right to a proceeding under Sections 120.569 and 120.57, Florida Statutes. If mediation terminates without settlement of the dispute, the Department shall notify all parties in writing that the administrative hearing processes under Sections 120.569 and 120.57, Florida Statutes, remain available for disposition of the dispute, and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.

This permit is final and effective on the date filed with the clerk of the Department unless a petition (or request for enlargement of time) is filed in accordance with the above. Upon the timely filing of a petition (or request for enlargement of time) this permit will not be effective until further order of the Department.

Any party to this permit has the right to seek judicial review under Section 120.68, Florida Statutes, by the filing of a notice of appeal under Rules 9.110 and 9.190, Florida Rules of Appellate Procedure with the clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000; and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when this permit is filed with the clerk of the Department.

Miles Grant Water and Sewer Company
Page 3

Executed in West Palm Beach, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Linda Home
Water Facilities Administrator
Southeast District

LAH:TP/cg/FLA013842-005/006-DW2P/NR

FILING AND ACKNOWLEDGMENT

FILED, on this date, under Section 120.52, Florida Statutes, with the designated deputy clerk, receipt of which is hereby acknowledged.

_____ 10/17/06 _____
[Clerk] [Date]

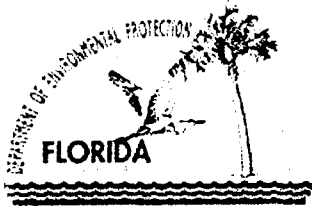
CERTIFICATE OF SERVICE

The undersigned hereby certifies that this NOTICE OF PERMIT ISSUANCE and all copies were mailed or emailed before the close of business on October 17, 2006 to the listed persons.

_____ 10/17/06 _____
Name Date

Certified copies furnished to:

George J. McDonald, P.E., Mc Donald Group International, Inc., gmcdonald@mcdonaldgroup.com
Bill Thiele, Compliance/Enforcement, DEP/PSL, william.thiele@dep.state.fl.us
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Jeb Bush
Governor

Department of Environmental Protection

Southeast District
400 N Congress Avenue, Suite 200
West Palm Beach, Florida 33401

Colleen M. Castille
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Miles Grant Water and Sewer Company

PERMIT NUMBER:

FLA013842

PA FILE NUMBER:

FLA013842-005/006-DW2P

ISSUANCE DATE:

October 17, 2006

EXPIRATION DATE:

October 16, 2011

RESPONSIBLE AUTHORITY:

Mr. Patrick Flynn
Regional Director
200 Weathersfield Avenue
Altamonte Springs, FL 32714

(407) 869-1919

FACILITY:

Miles Grant WWTF
5481 S.E. Miles Grant Road
Stuart, FL 34997
Martin County
Latitude: 27° 9' 2.7" N Longitude: 80° 10' 28" W

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

TREATMENT FACILITIES:

An existing 0.3 mgd annual average daily flow (AADF) permitted capacity contact stabilization secondary domestic wastewater treatment plant consisting of a manually cleaned influent bar screen, a 52,000 gallon aeration tank, a 46,750 gallon secondary clarifier, a densator (pass-thru only), a rapid rate pressure filtration system (used as backup), an Aqua Disk filtration system, a 7,890 gallon chlorine contact tank, and a 900,000 gallon upset holding tank. Residuals are digested in a 63,950 gallon digester and held in a 20 by 20 foot sludge holding tank. The treated effluent is discharged by gravity to the golf course irrigation pond prior to land application at the Miles Grant Golf Course.

REUSE:

Land Application: An existing 0.3 MGD annual average daily flow (AADF) permitted capacity slow-rate public access (R-001) consisting of 56 acres onsite golf course irrigation.

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IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 28 of this permit.

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I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.9:

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow	MGD	Maximum	0.3	-	-	-	5 Days/Week	Recording flow meters and totalizers	EFF-1	See Cond.I.A.3, 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	EFF-1	
Solids, Total Suspended	MG/L	Maximum	-	-	-	5.0	4 Days/Week	Grab	EFB-1	
pH	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFF-1	
Coliform, Fecal	#/100ML	Maximum	See Permit Condition I.A.5.				4 Days/Week	Grab	EFF-1	
Total Residual Chlorine (For Disinfection)	MG/L	Minimum	-	-	-	1.0	Continuous	Grab	EFF-1	See Cond.I.A.6
Turbidity	NTU	Maximum	See Permit Condition I.A.7.				Continuous	Meter	EFB-1	
Total Giardia	CYSTS/100 L	Maximum	-	-	-	Report	Every Five Years	Grab	EFF-1	
Total Cryptosporidium	OOCYSTS/100 L	Maximum	-	-	-	Report	Every Five Years	Grab	EFF-1	

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

Monitoring Location Site Number	Description of Monitoring Location
EFB-1	Located at the head of chlorine contact tank and after filtration
EFF-1	Located at the end of the chlorine contact tank

3. The annual average daily flow to land application system R-001 shall not exceed 0.3 MGD.
4. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. *[62-601.200(17) and .500(6)]*
5. Over a 30-day period, at least 75 percent of the fecal coliform values shall be below the detection limits. No sample shall exceed 25 fecal coliforms per 100 mL. No sample shall exceed 5.0 mg/L of total suspended solids (TSS) at a point before the application of the disinfectant. Note: To report the "% less than detection," count the number of fecal coliform observations that were less than detection, divide by the total number of fecal coliform observations in the month, and multiply by 100% (round to the nearest integer). *[62-600.440(5)(f)]*
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); 62-610.460(2); and 62-610.463(2)]*
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)]*

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B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.9:

Parameter	Units	Max/Min	Limitations				Monitoring Requirements				Notes
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number		
Flow	MGD	Maximum	0.3	-	-	-	5 Days/Week	Recording flow meters and totalizers	INF-1	See Cond.I.B.3, 4	
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	-	Report	-	-	Every Two Weeks	8-hour flow proportioned composite	INF-1	See Cond.I.B.3	
Solids, Total Suspended	MG/L	Maximum	-	Report	-	-	Every Two Weeks	8-hour flow proportioned composite	INF-1	See Cond.I.B.3	
Percent Capacity, (TMADF/Permitted Capacity) x 100	PERCE: NT	Maximum	-	Report	-	-	Monthly	Calculated	-		

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

Monitoring Location Site Number	Description of Monitoring Location
INF-1	Located at the influent bar screens

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)]
4. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
5. The treatment facilities shall be operated in accordance with all approved operating protocols. Only reclaimed water that meets the criteria established in the approved operating protocol(s) may be released to system storage or to the reuse system. Reclaimed water that fails to meet the criteria in the approved operating protocol(s) shall be directed to reject storage for subsequent additional treatment or disinfection. The operating protocol(s) 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 for review and approval 30 days after this permit issuance. Afterwards the operating protocol shall be updated and submitted to the Department for review and upon revision of the operating protocol(s) and with each permit application. The initial maximum limit shall be 2.5NTU. The update of the operating protocol after 30 days of this permit issuance may include an adjustment. The Department shall approve the adjustment in writing. [62-610.320(6) and 62-610.463(2)] [62-610.463(2)], [62-4.070 (1) & (3)]
6. Instruments for continuous on-line monitoring of total residual chlorine and turbidity shall be equipped with an automated data logging or recording device. [62-610.463(2) & .865(8)(d)]
7. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]
8. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

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

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR

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form(s) to the Department by the twenty-eighth (28th) of the month following the month of operation at the address specified below:

Florida Department of Environmental Protection
Port St. Lucie Office
1801 SE Hillmoor Drive, Suite C-204
Port St. Lucie, FL 34952

Phone Number - (772) 398-2806
FAX Number - (772) 398-2815 (All FAX copies shall be followed by original copies.)

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

9. During the period of operation authorized by this permit, reclaimed water or effluent shall be monitored annually for the primary and secondary drinking water standards contained in Chapter 62-550, F.A.C., (except for turbidity, total coliforms, color, and corrosivity). Twenty-four hour composite samples shall be used to analyze reclaimed water or effluent for the primary and secondary drinking water standards. These monitoring results shall be reported to the Department annually on the Reclaimed Water or Effluent Analysis Report, Form 62-620.910(15), or in another format if requested by the permittee and if approved by the Department as being compatible with data entry into the Department's computer system. During years when a permit is not renewed, a certification stating that no new non-domestic wastewater dischargers have been added to the collection system since the last reclaimed water or effluent analysis was conducted may be submitted in lieu of the report. The annual reclaimed water or effluent analysis report or the certification shall be completed and submitted in a timely manner so as to be received by the Department by January 1 of each year. *[62-601.300(4)][62-601.500(3)]*
10. The permittee shall submit an Annual Reuse Report using DEP Form 62-610.300(4)(a)2. on or before January 1 of each year. *[62-610.870(3)]*
11. The permittee shall maintain an inventory of storage systems. The inventory shall be submitted to the Department at least 30 days before reclaimed water will be introduced into any new storage system. The inventory of storage systems shall be attached to the annual submittal of the Annual Reuse Report. *[62-610.464(5)]*
12. Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's Southeast District Office at the address specified below:

Florida Department of Environmental Protection
Port St. Lucie Office
1801 SE Hillmoor Drive, Suite C-204
Port St. Lucie, FL 34952

Phone Number - (772) 398-2806
FAX Number - (772) 398-2815 (All FAX copies shall be followed by original copies.)

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

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II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this facility is land application or disposal in a Class I or II solid waste landfill.
2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. *[62-640.300(5)]*
3. The permittee will not be held responsible for violations resulting from land application of residuals if the permittee can demonstrate that it has delivered residuals that meet the parameter concentrations and appropriate treatment requirements of this rule and the applier (e.g. hauler, contractor, site manager, or site owner) has legally agreed in writing to accept responsibility for proper land application of the residuals. Such an agreement shall state that the applier agrees, upon delivery of residuals that have been treated as required by Chapter 62-640, F.A.C., that he will accept responsibility for proper land application of the residuals as required by Chapter 62-640, F.A.C., and that the applier agrees that he is aware of and will comply with requirements for proper land application as described in the facility's permit.
[62-640.300(5)]
4. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. *[62-640.100(6)(k)3 & 4]*
5. Land application of residuals shall be in accordance with the conditions of this permit, the approved Agricultural Use Plan(s), and the requirements of Chapter 62-640, F.A.C. *[62-640]*
6. The domestic wastewater residuals for this facility are classified as Class B.
7. The permittee shall achieve Class B pathogen reduction by meeting the pathogen reduction requirements in section 503.32(b)(3) (Use of PSRP - Lime Stabilization) of Title 40 CFR Part 503, revised as of October 25, 1995. *[62-640.600(1)(b)]*
8. The permittee shall achieve vector attraction reduction by meeting the vector attraction reduction requirements in section 503.33(b)(6) (Add alkaline materials to raise the pH under specified conditions) of Title 40 CFR Part 503, revised as of October 25, 1995. *[62-640.600(2)(a)]*
9. Treatment of liquid residuals or septage for the purpose of meeting the pathogen reduction or vector attraction reduction requirements set forth in Rule 62-640.600, F.A.C., shall not be conducted in the tank of a hauling vehicle. Treatment of residuals or septage for the purpose of meeting pathogen reduction or vector attraction reduction requirements shall take place at the permitted facility. *[62-640.400(8)]*
10. The permittee shall sample and analyze the Class A or Class B residuals to monitor for pathogen and vector attraction reduction requirements of Rule 62-640.600, F.A.C., and the parameters listed in the table below at least once every twelve (12) months. All samples shall be representative of the residuals used or land applied and shall be taken after final treatment of the residuals but before use or land application.

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Parameter	Ceiling Concentrations (Single Sample)	Cumulative Application Limits
Total Nitrogen	(Report only) % dry weight	Not applicable
Total Phosphorus	(Report only) % dry weight	Not applicable
Total Potassium	(Report only) % dry weight	Not applicable
Arsenic	75 mg/kg dry weight	36.6 pounds/acre
Cadmium	85 mg/kg dry weight	34.8 pounds /acre
Copper	4300 mg/kg dry weight	1340 pounds/acre
Lead	840 mg/kg dry weight	268 pounds/acre
Mercury	57 mg/kg dry weight	15.2 pounds/acre
Molybdenum	75 mg/kg dry weight	Not applicable
Nickel	420 mg/kg dry weight	375 pounds/acre
Selenium	100 mg/kg dry weight	89.3 pounds/acre
Zinc	7500 mg/kg dry weight	2500 pounds/acre
pH	(Report only) standard units	Not applicable
Total Solids	(Report only) %	Not applicable

[62-640.650(1), 62-640.700(1), 62-640.700(3)(b), and 62-640.850(3)]

11. Sampling and analysis shall be conducted in accordance with Title 40 CFR Part 503, section 503.8 and the U.S. Environmental Protection Agency publication - POTW Sludge Sampling and Analysis Guidance Document, 1989. In cases where disagreements exist between Title 40 CFR Part 503, section 503.8 and the POTW Sludge Sampling and Analysis Guidance Document, the requirements in Title 40 CFR Part 503, section 503.8 will apply. *[62-640.650(1), 62-640.700(1), 62-640.700(3)(b), and 62-640.850(3)]*
12. Grab samples shall be used for pathogens and determinations of percent volatile solids. Composite samples shall be used for metals. *[62-640.650(1)(e)]*
13. Residuals shall not be land applied if a single sample result for any parameter exceeds the ceiling concentrations given in this permit. Monthly averages of parameter concentrations shall be determined by taking the arithmetic mean of all sample results for the month. *[62-640.650(1)(f)]*
14. The permittee shall submit the results of all residuals monitoring with the permittee's Discharge Monitoring Report under Chapter 62-601, F.A.C. The analytical results from each sampling event shall be submitted with the report for the month in which the sampling event occurs. *[62-640.650(3)(a)&(e)]*

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15. Class B residuals shall not be used on unrestricted public access areas. Use of Class B residuals is limited to restricted public access areas such as agricultural sites, forests, and roadway shoulders and medians. [62-640.600(3)(b)]
16. Plant nursery use of Class B residuals is limited to plants which will not be sold to the public for 12 months after the last application of residuals. [62-640.600(3)(b)1.]
17. Use of Class B residuals on roadway shoulders and medians is limited to restricted public access roads. [62-640.600(3)(b)2.]
18. Food crops, feed crops, and fiber crops shall not be harvested for 30 days following the last application of Class B residuals. [62-640.600(3)(b)6.]
19. Food crops with harvested parts that touch the residuals/soil mixture and are totally above the land surface shall not be harvested for 14 months after the last application of Class B residuals. [62-640.600(3)(b)3.]
20. Food crops with harvested parts below the surface of the land shall not be harvested for 20 months after application of Class B residuals when the residuals remain on the land surface for four months or longer before incorporation into the soil. [62-640.600(3)(b)4.]
21. Food crops with harvested parts below the surface of the land shall not be harvested for 38 months after application of Class B residuals when the residuals remain on the land surface for less than four months before incorporation into the soil. [62-640.600(3)(b)5.]
22. Animals shall not be grazed on the land for 30 days after the last application of Class B residuals. [62-640.600(3)(b)7.]
23. Sod which will be distributed or sold to the public or used on unrestricted public access areas shall not be harvested for 12 months after the last application of Class B residuals. [62-640.600(3)(b)8.]
24. The public shall be restricted from application zones for 12 months after the last application of Class B residuals. [62-640.600(3)(b)]
25. Residuals that do not meet the requirements of Chapter 62-640, F.A.C., for Class AA designation shall not be used for the cultivation of tobacco or leafy vegetables. [62-640.400(7)]
26. Current Agricultural Use Plan(s) identify residuals land spreading on the following sites:

Site Name	Site Type	Application Area (acres)	Site Location						
			County	Latitude			Longitude		
				DD	MM	SS	DD	MM	SS
Clay Whaley (FLA318728)	AG	2962.86	Osceola	28	10	07	81	5	14

The wastewater treatment facility permittee shall apply for a minor permit revision on DEP Form 62-620.910(9) for new, modified, or expanded residuals land application sites. The facility's permit shall be revised to include the new or revised Agricultural Use Plan(s) prior to application of residuals to the new, modified, or expanded sites, unless, under unusual circumstances, all of the following conditions are met:

- a) The permittee notifies the Department within 24 hours that the site is being used;

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- b) The site meets the site use restrictions of Rule 62-640.600(3), F.A.C. and the criteria for land application of residuals in Rule 62-640.700, F.A.C.;
- c) The permittee submits a new or revised Agricultural Use Plan for the site with a permit application in accordance with Rule 62-640.300(2), F.A.C., within 30 days of beginning use of the site;
- d) The permittee does not have another approved land application site, another approved disposal method (e.g. landfilling or incineration), or approved storage facilities available for use; and,
- e) The permittee demonstrates during permit application that application of additional residuals to an existing approved application site would have resulted in violation of Department rules, or was not possible due to circumstances beyond the permittee's control.

[62-640.300(2)&(3)]

- 27. Residuals application rates are limited to agronomic rates based on the site vegetation as identified in the Agricultural Use Plan. *[62-640.750(2)]*
- 28. Residuals shall be applied with appropriate techniques and equipment to assure uniform application over the application zone. *[62-640.700(2)(c)]*
- 29. The spraying of liquid domestic wastewater residuals shall be conducted so that the formation of aerosols is minimized. *[62-640.700(2)(d)]*
- 30. Residuals storage facilities at land application sites shall be subject to applicable setback requirements for residuals application sites. Residuals stored at land application sites shall be stored in a manner that will not cause runoff or seepage from the residuals, objectionable odors, or vector attraction. Storage areas must be fenced or otherwise provided with appropriate features to discourage the entry of animals and unauthorized persons. At the time of application, the stored residuals must meet the parameter concentrations, pathogen and vector attraction reduction requirements, and cumulative application limits of this permit. Residuals storage facilities at land application sites may be used only for temporary storage of stabilized residuals for no more than 30 days during periods of inclement weather or to accommodate agricultural operations, or up to the period (not to exceed two years) specified in the Agricultural Use Plan. *[62-640.700(2)(e)]*
- 31. Residuals application sites shall be posted with appropriate advisory signs identifying the nature of the project area. *[62-640.700(2)(f)]*
- 32. The pH of the residuals soil mixture shall be 5.0 or greater at the time residuals are applied. At a minimum, soil pH testing shall be done annually. *[62-640.700(5)(d)]*
- 33. The permittee shall maintain records of application zones and application rates and shall make these records available for inspection within seven days of request by the Department, or delegated Local Program. The permittee shall maintain record items a. through e. below in perpetuity, and maintain record items f. through k. for five years:
 - a. Date of application of the residuals;
 - b. Location of the residuals application site as specified in the Agricultural Use Plan;
 - c. Identification of each application zone used by the permittee at the application site and the acreage of each zone;
 - d. Amount of residuals applied or delivered to each application zone;
 - e. Cumulative loading of each application zone;
 - f. The names of all other wastewater facilities using each of the application zones identified in item c.;
 - g. Method of incorporation (if any);

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- h. Measured pH of the residuals soil mixture at the time the residuals are applied (tested at least annually);
- i. Unsaturated depth of soil above the water table level at the time of application;
- j. Concentration of parameters in the residuals as required by this permit, and the date of last analysis; and
- k. The results of any soil testing that is done under Rule 62-640.500(4)(a), F.A.C.

[62-640.650(2)]

- 34. The permittee shall submit an annual summary of residuals application activity to the Southeast District Office on Department Form 62-640.210(2)(b) for all residuals applied during the period of January 1 through December 31. The summary for each year shall be submitted by February 19 of the following year. If more than one facility applies residuals to the same application zones, the summary must include a subtotal of each facility's contribution of residuals to the application zones. *[62-640.650(3)(b)]*
- 35. If residuals that are subject to the cumulative loading limitations of Rule 62-640.700(3), F.A.C., have been applied to an application zone, and the cumulative loading amount of one or more of the pollutants is not known, no further applications of residuals may be made to that application zone. *[62-640.700(3)(f)]*
- 36. A minimum unsaturated soil depth of two feet above the water table level is required at the time the residuals are applied to the soil. *[62-640.700(6)(a)]*
- 37. Residuals shall not be applied during rains that cause runoff from the site or when surface soils are saturated. *[62-640.700(7)(a)]*
- 38. Land application of "other solids" as defined in Chapter 62-640, F.A.C., is only allowed if specifically addressed in the Agricultural Use Plan(s) approved for this facility. Land application of "other solids" is subject to Chapter 62-640, F.A.C., and the permit conditions that apply to land applied residuals. *[62-640.860]*
- 39. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. *[62-640.880(2)(d)]*
- 40. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department. *[62-640.300(4)]*

III. GROUND WATER REQUIREMENTS

Construction Requirements

Section Construction Requirements is not applicable to this facility.

Operational Requirements

- 1. For the Part III Public Access system, all ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. For major users of reclaimed water (i.e., using 0.1 MGD or more), the zone of discharge shall extend horizontally 100 feet from the application site or to user's site property line, whichever is less, and vertically to the base of the shallow water table aquifer. For other users, the zone of discharge shall extend horizontally to the boundary of the general service area identified in the attached map and vertically to the base of the surficial aquifer. *[62-520.200(23)] [62-522.400 and 62-522.410]*

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2. The ground water minimum criteria specified in Rule 62-520.400 F.A.C., shall be met within the zone of discharge. [62-520.400 and 62-520.420(4)]
3. During the period of operation authorized by this permit, the permittee shall sample ground water in accordance with this permit and the approved ground water monitoring plan prepared in accordance with Rule 62-522.600, F.A.C. [62-522.600][62-610.463.]
4. The following monitoring wells shall be sampled in accordance with the monitoring frequencies specified in Permit Condition III.5. for Reuse System R-001. Quarterly sampling must be reasonably spaced to be representative of potentially changing conditions.

Monitoring Well ID	Alternate Well Name and/or Description of Monitoring Location	Depth (Feet)	Aquifer Monitored	New or Existing
MWB-1	Located approximately 200 feet North of Southeast Cove Road.	15	Surficial	existing
MWI-1	Located West of the treatment facility on the golf course.	15	Surficial	existing
MWC-1	Located in the Northeast corner of the subdivision.	15	Surficial	existing
MWC-2	Production well number 6 located on the golf course.	143	Surficial	existing

MWB = Background; MWI = Intermediate; MWC = Compliance

[62-522.600][62-610.463]

5. The following parameters shall be analyzed for each of the monitoring well(s) identified in Permit Condition(s) III. 4:

Parameter	Compliance Well Limit	Units	Sample Type	Monitoring Frequency
Water Level Relative to MSL	Report	FEET	Meter	Quarterly
Nitrogen, Nitrate, Total (as N)	10	MG/L	Grab	Quarterly
Arsenic, Total Recoverable	0.01	MG/L	Grab	Quarterly
Cadmium, Total Recoverable	0.005	MG/L	Grab	Quarterly
Chromium, Total Recoverable	0.1	MG/L	Grab	Quarterly
Lead, Total Recoverable	0.015	MG/L	Grab	Quarterly
Coliform, Fecal	Report	#/100ML	Grab	Quarterly
pH	6.5 - 8.5	SU	Grab	Quarterly
Sulfate, Total	250	MG/L	Grab	Quarterly
Chloride (as Cl)	250	MG/L	Grab	Quarterly
Solids, Total Dissolved (TDS)	500	MG/L	Grab	Quarterly

[62-522.600(11)(b)] [62-601.300(3), 62-601.700, and Figure 3 of 62-601][62-601.300(6)] [62-520.300(9)]

6. If the concentration for any constituent listed in Permit Condition III. 5. in the natural background quality of the ground water is greater than the stated maximum, or in the case of pH is also less than the minimum, the representative natural background quality shall be the prevailing standard. [62-520.420(2)]

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7. In accordance with Part D of Form 62-620.910(10), water levels shall be recorded before evacuating wells for sample collection. Elevation references shall include the top of the well casing and land surface at each well site (NGVD allowable) at a precision of plus or minus 0.1 foot. [62-610.463(3)(a).]
8. Ground water monitoring wells shall be purged prior to sampling to obtain representative samples. [62-601.700(5)]
9. Analyses shall be conducted on unfiltered samples, unless filtered samples have been approved by the Department's Southeast District Office as being more representative of ground water conditions. [62-520.300(9)]
10. Ground water monitoring parameters shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18)]
11. Ground water monitoring test results shall be submitted on Part D of Form 62-620.910(10). For reuse or land application projects, results shall be submitted with the DMR for each month listed in the following schedule. The submitted results shall be for each year during the period of operation allowed by this permit in accordance with Permit Condition I.B.8. [62-522.600(10) and (11)(b)] [62-601.300(3), 62.601.700, and Figure 3 of 62-601] [62-620.610(18)]

SAMPLE PERIOD	REPORT DUE DATE
January	February 28
April	May 28
July	August 28
October	November 28

12. If any monitoring well becomes damaged or cannot be sampled for some reason, the permittee shall notify the Department's Southeast District Office immediately and a written report shall follow within seven days detailing the circumstances and remedial measures taken or proposed. Repair or replacement of monitoring wells shall be approved in advance by the Department's Southeast District Office. [62-522.600][62-4.070(3)]
13. All piezometers and monitoring wells not part of the approved ground water monitoring plan are to be plugged and abandoned in accordance with Rule 62-532.500(4), F.A.C., unless there is intent for their future use. [62-532.500(4)]

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part III Public Access System(s) (R-001)

1. This reuse system includes the following major users (i.e., using 0.1 MGD or more of reclaimed water):

User Name	User Type	Capacity (MGD)	Acreage
Miles Grant Golf Course	Golf Courses	0.300	56

[62-610.800(5)][62-620.630(10)(b)]

2. Cross-connections to the potable water system are prohibited. [62-610.469(7)]

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3. 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)]
4. The permittee shall conduct inspections within the reclaimed water service area to verify proper connections, to minimize illegal cross-connections, and to verify the proper use of reclaimed water. Inspections are required when a customer first connects to the reuse distribution system. Subsequent inspections are required as specified in the cross-connection control and inspection program. [62-610.469(7)(h)]
5. If a cross-connection between the potable and reclaimed water systems is discovered, the permittee shall:
 - a. Immediately discontinue potable water and/or reclaimed water service to the affected area.
 - b. If the potable water system is contaminated, clear the potable water lines.
 - c. Eliminate the cross-connection.
 - d. Test the affected area for other possible cross-connections.
 - e. Within 24 hours, notify the Southeast District Office's domestic wastewater and drinking water programs.
 - f. Within 5 days of discovery of a cross-connection, submit a written report to the Department detailing: a description of the cross-connection, how the cross-connection was discovered, the exact date and time of discovery, approximate time that the cross-connection existed, the location, the cause, steps taken to eliminate the cross-connection, whether reclaimed water was consumed, and reports of possible illness, whether the drinking water system was contaminated and the steps taken to clear the drinking water system, when the cross-connection was eliminated, plan of action for testing for other possible cross-connections in the area, and an evaluation of the cross-connection control and inspection program to ensure that future cross-connections do not occur. [62-555.350(3) and 62-555.360][62-620.610(20)]
6. 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)]
7. 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)]
8. 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)]
9. Reclaimed water shall not be used to fill swimming pools, hot tubs, or wading pools. [62-610.469(4)]

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10. 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)]
11. 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)]
12. 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)]
13. All new advisory signs and labels on vaults, service boxes, or compartments that house hose bibbs along with all labels on hose bibbs, valves, and outlets shall bear the words "do not drink" and "no beber" along with the equivalent standard international symbol. In addition to the words "do not drink" and "no beber," advisory signs posted at storage ponds and decorative water features shall also bear the words "do not swim" and "no nadar" along with the equivalent standard international symbols. Existing advisory signs and labels shall be retrofitted, modified, or replaced in order to comply with the revised wording requirements. For existing advisory signs and labels this retrofit, modification, or replacement shall occur within 365 days after the date of this permit. For labels on existing vaults, service boxes, or compartments housing hose bibbs this retrofit, modification, or replacement shall occur within 730 days after the date of this permit. [62-610.468 & 62-610.469]
14. The permittee shall ensure that users of reclaimed water are informed about the origin, nature, and characteristics of reclaimed water; the manner in which reclaimed water can be safely used; and limitations on the use of reclaimed water. Notification is required at the time of initial connection to the reclaimed water distribution system and annually after the reuse system is placed into operation. A description of on-going public notification activities shall be included in the Annual Reuse Report. [62-610.468(6)]
15. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.414 & 62-610.464]
16. Overflows from emergency discharge facilities on storage ponds shall be reported as an abnormal event to the Department's Southeast District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. [62-610.800(9)]

V. OPERATION AND MAINTENANCE REQUIREMENTS

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category 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 a C, or higher.

[62-620.630(3)] [62-699.310] [62-610.462]
2. The lead operator shall be employed at the plant full time. "Full time" shall mean at least 4 days per week, working a minimum of 35 hours per week, including leave time. A certified operator shall be on-site and in charge of each required shift and for periods of required staffing time when the lead operator is not on-site. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. [62-699.311(10), (15) and (1)]

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3. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. [62-699.311(1)]
4. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5)]
5. The 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)]
6. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
 - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
 - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
 - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
 - e. A copy of the current permit;
 - f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
 - g. A copy of the facility record drawings;
 - h. Copies of the licenses of the current certified operators; and
 - i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350]

VI. SCHEDULE

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

Implementation Step	Completion Date
1. Submit an Updated Operating Protocols to the	November 12, 2006

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Implementation Step		Completion Date
	Department for review and approval.	
2.	Cross Connection Control Plan	November 12, 2006

[62-620.400]

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

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

VIII. OTHER SPECIFIC CONDITIONS

1. The permittee shall apply for renewal of this permit at least 180 days before the expiration date of the permit using the appropriate forms listed in Rule 62-620.910, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C. The existing permit shall not expire until the Department has taken final action on the application renewal in accordance with the provisions of 62-620.335(3) and (4), F.A.C. [62-620.335(1)-(4)]
2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-620.320(9) and 62-302.500(2)(e)][62-610.850(1)(a) and (2)(a)][62-640.700(2)(b)]
3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8) and 62-640.400(6)]
4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. [62-604.130(3)]
5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550] [62-620.610(20)]
6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or

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- d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or
- e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health or safety problems.

[62-604.130(5)]

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

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

[62-620.625(2)]

IX. GENERAL CONDITIONS

- 1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. *[62-620.610(1)]*
- 2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. *[62-620.610(2)]*
- 3. As provided in subsection 403.087(7), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization

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that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3)]

4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4)]
5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5)]
6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6)]
7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8)]
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
 - b. Have access to and copy any records that shall be kept under the conditions of this permit;
 - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
 - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.[62-620.610(9)]
10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative

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Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. [62-620.610(10)]

11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. [62-620.610(11)]
12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. [62-620.610(12)]
13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. [62-620.610(13)]
14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. [62-620.610(14)]
15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. [62-620.610(15)]
16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300 and the Department of Environmental Protection Guide to Wastewater Permitting at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2) for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. [62-620.610(16)]
17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
 - a. A description of the anticipated noncompliance;
 - b. The period of the anticipated noncompliance, including dates and times; and
 - c. Steps being taken to prevent future occurrence of the noncompliance.[62-620.610(17)]
18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.

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- a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10), or as specified elsewhere in the permit.
- b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
- c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
- d. Except as specifically provided in Rule 62-160.300, F.A.C., any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health Environmental Laboratory Certification Program (DOH ELCP). Such certification shall be for the matrix, test method and analyte(s) being measured to comply with this permit. For domestic wastewater facilities, testing for parameters listed in Rule 62-160.300(4), F.A.C., shall be conducted under the direction of a certified operator.
- e. Field activities including on-site tests and sample collection shall follow the applicable standard operating procedures described in DEP-SOP-001/01 adopted by reference in Chapter 62-160, F.A.C.
- f. Alternate field procedures and laboratory methods may be used where they have been approved in accordance with Rules 62-160.220 and 62-160.330, F.A.C.

[62-620.610(18)]

19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. *[62-620.610(19)]*
20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.
 - a. The following shall be included as information which must be reported within 24 hours under this condition:
 1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 4. Any unauthorized discharge to surface or ground waters.
 - b. Oral reports as required by this subsection shall be provided as follows:

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1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:
 - a) Name, address, and telephone number of person reporting;
 - b) Name, address, and telephone number of permittee or responsible person for the discharge;
 - c) Date and time of the discharge and status of discharge (ongoing or ceased);
 - d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
 - e) Estimated amount of the discharge;
 - f) Location or address of the discharge;
 - g) Source and cause of the discharge;
 - h) Whether the discharge was contained on-site, and cleanup actions taken to date;
 - i) Description of area affected by the discharge, including name of water body affected, if any; and
 - j) Other persons or agencies contacted.
 2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.
 - c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20)]
21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 17., 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. *[62-620.610(21)]*
22. Bypass Provisions.
- a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 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

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installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and

3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.
- b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.
- c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.
- d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

[62-620.610(22)]

23. Upset Provisions

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

[62-620.610(23)]

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Executed in West Palm Beach, Florida.

STATE OF FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION

Linda Horne
Water Facilities Administrator

DATE: _October 17, 2006_

**STATEMENT OF BASIS
FOR
STATE OF FLORIDA
DOMESTIC WASTEWATER FACILITY PERMIT**

PERMIT NUMBER: FLA013842
 FACILITY NAME: Miles Grant WWTF
 FACILITY LOCATION: Stuart
 Martin County
 NAME OF PERMITTEE: Miles Grant Water and Sewer Company
 PERMIT WRITER: Lennon Anderson / Ching Garvey

1. BASIS FOR EFFLUENT AND RECLAIMED WATER LIMITS AND MONITORING REQUIREMENTS (INCLUDING EFFLUENT MONITORING REQUIREMENTS)

The following table provides the basis for Part I. A. provisions.

Land Application System R-001 (slow-rate public access):

Parameter	Limit	Basis	Rationale
Flow (MGD)	0.3	Annual Average	62-600.400(3)(b) FAC
BOD, Carbonaceous 5 day, 20C (MG/L)	20.0	Annual Average	62-610.460 & 62-600.740(1)(b)1.a. FAC
	30.0	Monthly Average	62-600.740(1)(b)1.b. FAC
	45.0	Weekly Average	62-600.740(1)(b)1.c. FAC
	60.0	Single Sample Max.	62-600.740(1)(b)1.d. FAC
Solids, Total Suspended (MG/L)	5.0	Single Sample Max.	62-610.460(1) & 62-600.440(5)(f)3. FAC
pH (SU)	6.0 to 8.5	Minimum and Maximum	62-600.445 FAC
Total Residual Chlorine (For Disinfection) (MG/L)	1.0	Minimum	62-600.440(5)(b), 62-610.460(2), & 62-610.463(2) FAC
Total Giardia (CYSTS/100 L)	Report	Single Sample Max.	62-610.463(4)(b) FAC
Total Cryptosporidium (OOCYSTS/100 L)	Report	Single Sample Max.	62-610.463(4)(b) FAC

The following table provides the basis for Part I. B. provisions.

Other Limitations and Monitoring Requirements:

Parameter	Limit	Basis	Rationale
Flow (MGD)	0.3	Annual Average	62-600.400(3)(b)FAC
BOD, Carbonaceous 5 day, 20C (MG/L)	Report	Monthly Average	62-601.300(1)FAC
Solids, Total Suspended (MG/L)	Report	Monthly Average	62-601.300(1)FAC
Percent Capacity, (TMADF/Permitted Capacity) x 100 (PERCENT)	Report	Monthly Average	62-600.405(4) FAC
Monitoring Frequency and Sample Type	-	All Parameters	62-601 FAC & 62-699 FAC and/or BPJ of permit writer
Sampling Location	-	All Parameters	62-601, 62-610.412, 62-610.463(1), 62- 610.568, 62-610.613 FAC and/or BPJ of permit writer

2. RESIDUALS MANAGEMENT

The method of residuals use or disposal by this facility is land application, or disposal in a Class I or II solid waste landfill.

See the table below for the rationale for the Class B residuals limits and monitoring requirements.

Parameter		Basis for Limit/Monitoring Requirement
Total Nitrogen, % dry weight	Report	62-640.650(1)(b) FAC
Total Phosphorus, % dry weight	Report	62-640.650(1)(b) FAC
Total Potassium, % dry weight	Report	62-640.650(1)(b) FAC
Arsenic, mg/kg dry weight	Maximum	62-640.650(1)(b) & 700(1), FAC
Cadmium, mg/kg dry weight	Maximum	62-640.650(1)(b) & 700(1) FAC
Copper, mg/kg dry weight	Maximum	62-640.650(1)(b) & 700(1) FAC
Lead, mg/kg dry weight	Maximum	62-640.650(1)(b) & 700(1) FAC
Mercury, mg/kg dry weight	Maximum	62-640.650(1)(b) & 700(1) FAC
Molybdenum, mg/kg dry weight	Maximum	62-640.650(1)(b) & 700(1) FAC
Nickel, mg/kg dry weight	Maximum	62-640.650(1)(b) & 700(1) FAC
Selenium, mg/kg dry weight	Maximum	62-640.650(1)(b) & 700(1) FAC
Zinc, mg/kg dry weight	Maximum	62-640.650(1)(b) & 700(1) FAC
pH, std. units	Report	62-640.650(1)(b) FAC
Total Solids, %	Report	62-640.650(1)(b) FAC
Nitrogen, lb/ac/yr	Maximum	62-640.750(2)(b) FAC
Arsenic, lb/ac	Cumulative Maximum	62-640.700(3)(b)
Cadmium, lb/ac	Cumulative Maximum	62-640.700(3)(b) FAC
Copper, lb/ac	Cumulative Maximum	62-640.700(3)(b) FAC
Lead, lb/ac	Cumulative Maximum	62-640.700(3)(b) FAC
Mercury, lb/ac	Cumulative Maximum	62-640.700(3)(b) FAC
Nickel, lb/ac	Cumulative Maximum	62-640.700(3)(b) FAC

Parameter		Basis for Limit/Monitoring Requirement
Selenium, lb/ac	Cumulative Maximum	62-640.700(3)(b) FAC
Zinc, lb/ac	Cumulative Maximum	62-640.700(3)(b)
Monitoring Frequency	All Parameters	62-640.650 & 650(1)(c) FAC
Pathogen and vector attraction reduction monitoring	All Parameters	62-640.600 & 650(1)(a) FAC
Additional parameters as determined necessary	All Parameters	62-640.650(1)(b)

3. GROUND WATER MONITORING REQUIREMENTS

Ground water monitoring requirements have been established in accordance with Rules 62-601 and 62-522, F.A.C.

4. SCHEDULES FOR IMPROVEMENT ACTIONS, CONSTRUCTION, AND ENGINEERING STUDIES

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

Implementation Step		Completion Date
1	Submit an Updated Operating Protocols to the Department for review and approval.	November 12, 2006
2.	Cross Connection Control Plan	November 12, 2006

[62-620.400]

5. INDUSTRIAL PRETREATMENT REQUIREMENTS

At this time, the facility is not required to develop an approved industrial pretreatment program. However, the Department reserves the right to require an approved program if future conditions warrant.

6. ADMINISTRATIVE ORDERS (AO) AND CONSENT ORDERS (CO)

This permit is not accompanied by an AO, and there are no unresolved compliance issues for this facility.

7. EFFECTS OF SURFACE WATER DISCHARGE ON THREATENED OR ENDANGERED SPECIES

This section is not applicable to this facility.

8. APPLICABLE RULES

The following were used as the basis of the permit limitations/conditions:

- | | |
|----|---|
| a. | FAC refers to various portions of the Florida Administrative Code.
The effective dates of FAC Rule Chapters cited in the table are as follows:

<u>Chapter</u>
62-4
62-160
62-302
62-520 |
|----|---|

62-522
62-550
62-600
62-601
62-602
62-610
62-620
62-625
62-640
62-650
62-699

- b. FS refers to various portions of the Florida Statutes
- c. CFR refers to various portions of the Code of Federal Regulations, Title 40
- d. BPJ refers to Best Professional Judgment

9. PROPOSED SCHEDULE FOR PERMIT ISSUANCE

Notice of Agency Action :	October 13, 2006
Proposed Issuance Date of Permit :	October 13, 2006

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Miles Grant Water and Sewer Company
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA013842

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Miles Grant WWTF
 LOCATION: 5481 S.E. Miles Grant Road
 Stuart, FL 34997

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Effluent, including Influent

COUNTY: Martin

NO DISCHARGE FROM SITE:
 MONITORING PERIOD

From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement									
PARM Code 50050 1 Mon.Site No. EFF-1	Permit Requirement	0.3 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD					5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 Y Mon.Site No. EFF-1	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 1 Mon.Site No. EFF-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 B Mon.Site No. FFB-1	Permit Requirement					5.0 (Max.)	MG/L		4 Days/Week	Grab
pH	Sample Measurement									
PARM Code 00400 1 Mon.Site No. EFF-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement									
PARM Code 74055 1 Mon.Site No. EFF-1	Permit Requirement					25 (Max.)	#/100ML		4 Days/Week	Grab

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Miles Grant WWTF

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

PERMIT NUMBER: FLA013842

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement										
PARM Code 50060 I Mon.Site No. EFF-1	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Grab
Turbidity	Sample Measurement										
PARM Code 00070 B Mon.Site No. EFF-1	Permit Requirement							NTU		Continuous	Meter
Flow	Sample Measurement										
PARM Code 50050 Y Mon.Site No. INF-1	Permit Requirement	0.3 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement										
PARM Code 50050 G Mon.Site No. INF-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement					Report (Mo.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
Percent Capacity, (TMADE Permitted Capacity) x 100	Sample Measurement										
PARM Code 00180 Mon.Site No.	Permit Requirement				Report			PER-CENT		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013842
 Monitoring Period From: _____ To: _____

Facility: Miles Grant WWTF

	TSS (MG/L)	Turbidity (NTU)	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Flow (MGD)	pH (SU)	TRC (For Disinfect.) (MG/L)	CBOD5 (MG/L)	Flow (MGD)	TSS (MG/L)
Code	00530	00070	80082	74055	50050	00400	50060	80082	50050	00530
Mon. Site	EFB-1	EFB-1	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1	INF-1	INF-1	INF-1
1										
2										
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25										
26										
27										
28										
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

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

GROUND WATER MONITORING WELL REPORT - PART D

County: Martin
 Facility Name: Miles Grant WWTF
 Permit Number: FLA013842

Monitoring Well ID: MWB-1
 Well Type: Background
 Description: Located approximately 200 feet North

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Was the well purged before sampling? Yes No

Time Sample Obtained: _____

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to MSL	82545		Report	FEET	Meter	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		Report	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		Report	MG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		Report	MG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		Report	MG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		Report	SU	Grab	Quarterly				
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (yy/mm/dd)

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUND WATER MONITORING WELL REPORT - PART D

County: Martin
 Facility Name: Miles Grant WWTF
 Permit Number: FLA013842

Monitoring Well ID: MWI-1
 Well Type: Intermediate
 Description: Located West of the treatment facility

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Was the well purged before sampling? Yes No

Time Sample Obtained: _____

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to MSL	82545		Report	FEET	Meter	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		Report	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		Report	MG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		Report	MG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		Report	MG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		Report	SU	Grab	Quarterly				
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUND WATER MONITORING WELL REPORT - PART D

County: Martin
 Facility Name: Miles Grant WWTF
 Permit Number: FLA013842

Monitoring Well ID: MWC-1
 Well Type: Compliance
 Description: Located in the Northeast corner of

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Was the well purged before sampling? Yes No

Time Sample Obtained: _____

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to MSL	82545		Report	FEET	Meter	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		0.01	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		0.005	MG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		0.1	MG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		0.015	MG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		6.5 - 8.5	SU	Grab	Quarterly				
Sulfate, Total	00945		250	MG/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUND WATER MONITORING WELL REPORT - PART D

County: Martin
 Facility Name: Miles Grant WWTF
 Permit Number: FLA013842

Monitoring Well ID: MWC-2
 Well Type: Compliance
 Description: Production well number 6 located on

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Was the well purged before sampling? Yes No

Time Sample Obtained: _____

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to MSL	82545		Report	FEET	Meter	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		0.01	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		0.005	MG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		0.1	MG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		0.015	MG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		6.5 - 8.5	SU	Grab	Quarterly				
Sulfate, Total	00945		250	MG/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

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

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

When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.
DRY	Dry Well
FLD	Flood disaster.
IFS	Insufficient flow for sampling.
LS	Lost sample.
MNR	Monitoring not required this period.

CODE	DESCRIPTION/INSTRUCTIONS
NOD	No discharge from/to site.
OPS	Operations were shutdown so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEF	Sampling equipment failure.

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used:

1. Results greater than or equal to the PQL shall be reported as the measured quantity.
2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
3. Results less than the MDL shall be reported by entering a less than sign (" $<$ ") followed by the laboratory's MDL value, e.g. < 0.001 . A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

PART A -DISCHARGE MONITORING REPORT (DMR)

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or authorized representative:

No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units.

No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

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

Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

PART B - DAILY SAMPLE RESULTS

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
J	Estimated value, value not accurate.
Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

Add the results to get the Total and divide by the number of days in the month to get the Monthly Average.

Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

Time Sample Obtained: Enter the time the sample was taken.

Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that.

Detection Limits: Record the detection limits of the analytical methods used.

Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

Sampling Equipment Used: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

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

Comments and Explanation: Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

Flow (Limited Wet Weather Discharge): Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

Flow (Upstream): Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

Actual Stream Dilution Ratio: To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

No. of Days the SDF > Stream Dilution Ratio: For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.

CBOD: Enter the average CBOD, of the reclaimed water discharged during the period shown in duration of discharge.

TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

Actual Rainfall: Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

Rainfall During Average Rainfall Year: On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

No. of Days LWWD Activated During Calendar Year: Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.

Reason for Discharge: Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Miles Grant Water and Sewer Company
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA013842

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Annually
 GROUP: Domestic

FACILITY: Miles Grant WWTF
 LOCATION: 5481 S.E. Miles Grant Road

MONITORING GROUP NUMBER: RMP-B
 MONITORING GROUP DESC: Class B Residuals

Stuart, FL 34997

COUNTY: Martin

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Sludge, Tot, Dry Wt (as N)	Sample Measurement							
PARM Code 78470 + Mon.Site No. RMP-B	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Phosphorus, Sludge, Tot, Dry Wt (as P)	Sample Measurement							
PARM Code 78478 + Mon.Site No. RMP-B	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Potassium, Sludge, Tot, Dry Wt (as K)	Sample Measurement							
PARM Code 78472 + Mon.Site No. RMP-B	Permit Requirement	Report (Max.)	PER-CENT				Annually	Grab
Arsenic Total, Dry Weight, Sludge	Sample Measurement							
PARM Code 49565 + Mon.Site No. RMP-B	Permit Requirement			75.0 (Max.)	MG/KG		Annually	Composite
Cadmium, Sludge, Tot Dry Weight (as Cd)	Sample Measurement							
PARM Code 78476 + Mon.Site No. RMP-B	Permit Requirement			85.0 (Max.)	MG/KG		Annually	Composite
Copper, Sludge, Tot, Dry Wt. (as Cu)	Sample Measurement							
PARM Code 78475 + Mon.Site No. RMP-B	Permit Requirement			4300.0 (Max.)	MG/KG		Annually	Composite

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

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

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Miles Grant WWTF

MONITORING GROUP RMP-B
 NUMBER:
 MONITORING PERIOD From: _____ To _____

PERMIT NUMBER: FLA013842

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Lead, Dry Weight, Sludge	Sample Measurement									
PARM Code 78468 + Mon.Site No. RMP-B	Permit Requirement			840.0 (Max.)			MG/KG		Annually	Composite
Mercury, Dry Weight, Sludge	Sample Measurement									
PARM Code 78471 + Mon.Site No. RMP-B	Permit Requirement			57.0 (Max.)			MG/KG		Annually	Composite
Molybdenum, Dry Weight, Sludge	Sample Measurement									
PARM Code 78465 + Mon.Site No. RMP-B	Permit Requirement			75.0 (Max.)			MG/KG		Annually	Composite
Nickel, Dry Weight, Sludge	Sample Measurement									
PARM Code 78469 + Mon.Site No. RMP-B	Permit Requirement			420.0 (Max.)			MG/KG		Annually	Composite
Selenium Sludge Solid	Sample Measurement									
PARM Code 61518 + Mon.Site No. RMP-B	Permit Requirement			100.0 (Max.)			MG/KG		Annually	Composite
Zinc, Dry Weight, Sludge	Sample Measurement									
PARM Code 78467 + Mon.Site No. RMP-B	Permit Requirement			7500.0 (Max.)			MG/KG		Annually	Composite
pH	Sample Measurement									
PARM Code 00400 + Mon.Site No. RMP-B	Permit Requirement			Report (Max.)			SU		Annually	Grab
Solids, Total, Sludge, Percent	Sample Measurement									
PARM Code 61553 + Mon.Site No. RMP-B	Permit Requirement			Report (Max.)			PER-CENT		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

Miles Grant Water and Sewer Company

Docket No.: 070695-WS

Martin County

**25.30.440 (7)
NOTICES**

Test Year Ended June 30, 2007



Florida Department of Environmental Protection

Southeast District
400 N. Congress Avenue, Suite 200
West Palm Beach, Florida 33401

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

February 16, 2007 ELECTRONIC CORRESPONDENCE

NOTICE OF PERMIT REVISION

Mr. Patrick Flynn, Regional Director
Miles Grant Water and Sewer Co.
200 Weathersfield Ave
Alamonte Springs, FL 32714
Email: p.c.flynn@utilitiesinc-usa.com

Martin County
Miles Grant WWTP
Permit Number: FLA013842
DEP Application Number: **FLA013842-007-**
DW2/MR

Dear Mr. Flynn:

RE: Replacement of the existing filter system with a Kruger disc filter unit

The Department has reviewed your application, received on January 30, 2007 to revise Permit Number FLA013842 for the referenced facility modifications. The request for permit revision is hereby approved in accordance with Section 403.087, Florida Statutes, subject to the following conditions.

Permit Number FLA013842 is modified as given below:

- **Authorize construction of the following facility:**
 - In addition to the existing disc filter, a new Kruger/Hydrotech Discfilter with 66 square feet area will be installed and will be used for primary filtration.
 - The existing densator, surge tank, and sand media pressure filter vessels will be removed
 - The new filter is designed to handle the peak design flow of 0.5 mgd.
- **Replace Permit Condition to Section I. A. 7. with the following:**
 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. Prior to completion of the new disc filter, the Permittee shall submit an updated operating protocol to address the new filter system. The new protocol should include protocol for when the facility uses the disc filter and when the existing filters are used. The set point for diversion shall be evaluated after the disc filter is in operation. An additional update operating protocol should be submitted to develop the appropriate set point for the various filter arrangements. The Permittee shall use an initial set point for the disc filter of 3.0 NTU until the Department approved a TSS vs. turbidity correlation with a new set point. [62-610.463]

Mr. Patrick Flynn, Regional Director
Miles Grant Water and Sewer Co.
Page 2 of 4

- **Add the following Permit Conditions to Section VIII:**

11. Upon completion of construction of the above referenced facility modifications, and before placing the facilities into operation for any purpose other than testing for leaks or testing equipment operation, the permittee shall submit to the Department's Southeast District Office Form 62-620.910(12), Notification of Completion of Construction for Wastewater Facilities or Activities. This form is available at the Department's Internet site at: <http://www.dep.state.fl.us/water/wastewater/forms.htm>.
12. The effluent filter shall not be placed in to service for any purpose without written approval from the Department. Application for approval shall be made to the Department on DEP Form 62-610.300(4)(a) 3, Application for Permission to Place a Public Access Reuse System in Operation. The application shall include a copy of the updated operating protocol that will include separately evaluated set points (for when the new discfilter is used and when the existing disc filter is used) for diversion of the effluent that does not comply with minimum requirements for Part III Reuse. [62-610.800(7)]
13. 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)]

All other applicable conditions included in the original permit and all previous issued revisions remain unchanged. This Notice of Permit Revision shall become a part of the permit and shall be attached to the original permit.

The Department's proposed agency action shall become final unless a timely petition for an administrative hearing is filed under Sections 120.569 and 120.57, Florida Statutes, within fourteen days of receipt of notice. The procedures for petitioning for a hearing are set forth below.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative proceeding (hearing) under Sections 120.569 and 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received by the clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Under Rule 62-110.106(4), Florida Administrative Code, a person may request enlargement of the time for filing a petition for an administrative hearing. The request must be filed (received by the clerk) in the Office of General Counsel before the end of the time period for filing a petition for an administrative hearing.

Petitions by the applicant or any of the persons listed below must be filed within fourteen days of receipt of this written notice. Petitions filed by any persons other than those entitled to written notice under Section 120.60(3), Florida Statutes, must be filed within fourteen days of publication of the notice or within fourteen days of receipt of the written notice, whichever occurs first. Under Section 120.60(3), Florida Statutes, however, any person who has asked the Department for notice of agency action may file a petition within fourteen days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition or request for enlargement of time within fourteen days of receipt of notice shall constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57, Florida Statutes. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205, Florida Administrative Code.

A petition that disputes the material facts on which the Department's action is based must contain the following information:

Mr. Patrick Flynn, Regional Director
Miles Grant Water and Sewer Co.
Page 3 of 4

- (a) The name, address, and telephone number of each petitioner; the name, address, and telephone number of the petitioner's representative, if any; the Department permit identification number and the county in which the subject matter or activity is located;
- (b) A statement of how and when each petitioner received notice of the Department action;
- (c) A statement of how each petitioner's substantial interests are affected by the Department action;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A statement of facts that the petitioner contends warrant reversal or modification of the Department action;
- (f) A concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle the petitioner to relief; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wants the Department to take.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the Department have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

In addition to requesting an administrative hearing, any petitioner may elect to pursue mediation. The election may be accomplished by filing with the Department a mediation agreement with all parties to the proceeding (i.e., the applicant, the Department, and any person who has filed a timely and sufficient petition for a hearing). The agreement must contain all the information required by Rule 28-106.404, Florida Administrative Code. The agreement must be received by the clerk in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, within ten days after the deadline for filing a petition, as set forth above. Choosing mediation will not adversely affect the right to a hearing if mediation does not result in a settlement.

As provided in Section 120.573, Florida Statutes, the timely agreement of all parties to mediate will toll the time limitations imposed by Sections 120.569 and 120.57, Florida Statutes, for holding an administrative hearing and issuing a final order. Unless otherwise agreed by the parties, the mediation must be concluded within sixty days of the execution of the agreement. If mediation results in settlement of the administrative dispute, the Department must enter a final order incorporating the agreement of the parties. Persons seeking to protect their substantial interests that would be affected by such a modified final decision must file their petitions within fourteen days of receipt of this notice, or they shall be deemed to have waived their right to a proceeding under Sections 120.569 and 120.57, Florida Statutes. If mediation terminates without settlement of the dispute, the Department shall notify all parties in writing that the administrative hearing processes under Sections 120.569 and 120.57, Florida Statutes, remain available for disposition of the dispute, and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.

This permit is final and effective on the date filed with the clerk of the Department unless a petition (or request for enlargement of time) is filed in accordance with the above. Upon the timely filing of a petition (or request for enlargement of time) this permit will not be effective until further order of the Department.

Any party to this permit has the right to seek judicial review under Section 120.68, Florida Statutes, by the filing of a notice of appeal under Rules 9.110 and 9.190, Florida Rules of Appellate Procedure with the clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000; and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when this permit is filed with the clerk of the Department.

Mr. Patrick Flynn, Regional Director
Miles Grant Water and Sewer Co.
Page 4 of 4

Executed in West Palm Beach, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Linda A. Brien, P.G. 2/16/07
Water Facilities Administrator Date
Southeast District

LAB/TP/Is: FLA013842-007-DW2/MR

cc:

Bill Thiel, DEP/PSL, william.thiel@dep.state.fl.us
Todd Brown, DEP/WPB, todd.brown@dep.state.fl.us
John E. Potts, Kimley-Horn & Associates, Inc., john.potts@kimley-horn.com

CERTIFICATE OF SERVICE

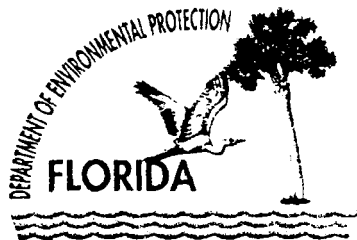
The undersigned duly designated deputy clerk hereby certifies that this NOTICE OF PERMIT REVISION and all copies were mailed by electronic mail before the close of business on February 16, 2007 to the listed persons.
(Date)

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.

Clerk

Date



Florida Department of Environmental Protection

Southeast District
400 N. Congress Avenue, Suite 200
West Palm Beach, Florida 33401

July 24, 2006

Mr. Robert Washam
FAC Governor

Michael W. Sole
Secretary - Designate

PERMIT MODIFICATION

January 8, 2007 Electronic Correspondence

PERMITTEE

Miles Grant Water and Sewer Company
C/o: Mr. Patrick Flynn, Regional Director
200 Weathersfield Avenue
Altamonte Springs, Florida 32714
Email: p.c.flynn@utilitiesinc-usa.com

PWS ID NUMBER: 4430917

PERMIT NUMBER: 0081001-005-WC

DATE OF ISSUE: July 24, 2006

EXPIRATION DATE: July 23, 2011

COUNTY: Martin

PROJECT: Miles Grant WTP Chloramine
Conversion

This permit modification authorizes the changes in the approved permit and plans for the project to include the followings:

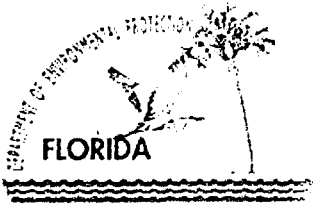
1. The 6'x8'x7'-6" FRP" walk-in shed to be changed by a 3'x6'x6' vertical vinyl shed. The new shed with double door opens entirely on the front of the structure.
2. The two 100-gallon tanks to be changed by Two (2) 55-gallon drums, as shown on the as-built record drawings, dated November 22, 2006.
3. The "back-up" ammonia injection point to be changed from the discharge of the hydrotank to the outlet line from the ground storage tank, as shown on the as-built record drawings, dated November 22, 2006.
4. The two Stenner peristaltic injection pumps Model 45 MHP10 with adjustable rate at maximum 10 gpd capacity to be changed by two (2) Stenner peristaltic injection pumps Model 85 M2 with adjustable rate at maximum 17 gpd capacity.

This letter must be attached to the original permit, and becomes part of that permit. This modification does not alter the expiration date, General Conditions, or other requirements pursuant to the original permit.

Jose L. Calas, P.E.
Drinking Water Program Manager
FDEP/SED

JLC/bmz

Cc: Scott R. Spooner, P.E. – McKim & Creed, PA – sspooner@mckimcreed.com
Martin County Health Department – Robert_Washam@doh.state.fl.us
FDEP/PSL – Victor.Faconti@dep.state.fl.us
FDEP – Michela.Owens@dep.state.fl.us; Meghna.Pandya@dep.state.fl.us



Department of Environmental Protection

Jeb Bush
Governor

Southeast District
400 N. Congress Avenue, Suite 200
West Palm Beach, Florida 33401

Colleen M. Castille
Secretary

July 24, 2006 ELECTRONIC CORRESPONDENCE

In the Matter of an Application for Permit by:
Miles Grant Water and Sewer Company
c/o Mr. Patrick Flynn, Regional Director
200 Weathersfield Avenue
Altamonte Springs, Florida 32714
Email: p.c.flynn@utilitiesinc.usa.com

DEP File No. 0081001-005-WC
Martin County
Miles Grant Utility System
Chloramine Disinfection Conversion

NOTICE OF PERMIT ISSUANCE

Enclosed is Permit Number 0081001-005-WC to modify the Miles Grant Water Treatment Plant, consisting of the addition of aqua ammonia feed system to be used in conjunction with the existing liquid sodium hypochlorite disinfection system in Martin County, Florida. This permit is issued under Section(s) 403.087 of the Florida Statutes.

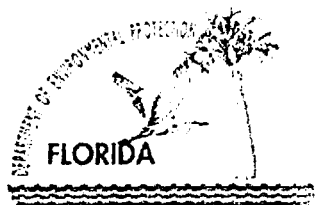
A person whose substantial interests are affected by the proposed permitting decision of the Department may petition for an administrative hearing in accordance with Sections 120.569 and 120.57 of the Florida Statutes.

The petition must contain the information set forth below and must be filed (received) in the Department of Environmental Protection, Office of General Counsel, Mail Station 35, 3900 Commonwealth Boulevard, Tallahassee, Florida, 32399-3000. Petitions filed by the permit applicant or any of the parties listed below must be filed within fourteen days of receipt of this notice of intent. Petitions filed by any other person must be filed within fourteen days of publication of the public notice or within fourteen days of receipt of this notice of intent, whichever occurs first. A petitioner must mail a copy of the petition to the applicant at the address indicated above, at the time of filing. The failure of any person to file a petition within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57 of the Florida Statutes, or to intervene in this proceeding and participate as a party to it. Any subsequent intervention will be only at the discretion of the presiding officer upon the filing of a motion in compliance with rule 28-5.207 of the Florida Administrative Code.

A petition must contain the following information:

- (a) The name, address, and telephone number of each petitioner; the Department permit identification number and the county in which the subject matter or activity is located;
- (b) A statement of how and when each petitioner received notice of the Department action;
- (c) A statement of how each petitioner's substantial interests are affected by the Department action;
- (d) A statement of the material facts disputed by the petitioner, if any;
- (e) A statement of facts that the petitioner contends warrant reversal or modification of the Department action;
- (f) A statement of which rules or statutes the petitioner contends require reversal or modification of the Department action; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wants the Department to take.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the final action of the Department may be different from the position taken by it in this notice of intent. Persons whose substantial interests will be affected by any such final decision of the Department on the application have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.



Department of Environmental Protection

Jeb Bush
Governor

Southeast District
400 N. Congress Avenue, Suite 200
West Palm Beach, Florida 33401

Colleen M. Castille
Secretary

July 24, 2006 ELECTRONIC CORRESPONDENCE

PERMITTEE:

Miles Grant Water and Sewer Company
c/o Mr. Patrick Flynn, Regional Director
200 Weathersfield Avenue
Altamonte Springs, Florida 32714
Email: p.c.flynn@utilitiesinc-usa.com

PWS ID NUMBER: 4430917

PERMIT NUMBER: 0081001-005-WC

DATE OF ISSUE: July 24, 2006

EXPIRATION DATE: July 23, 2011

COUNTY: Martin

PROJECT: Chloramine Disinfection Conversion

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and Florida Administrative Code (F.A.C.) Chapters 62-4, 62-550, 62-555 and 62-560. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawings, plans, and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TO CONSTRUCT: Modification of the existing community public water supply system consisting of the addition of aqua ammonia feed system to be used in conjunction with the existing liquid sodium hypochlorite disinfection system to reduce the amount of TTHMs in the finished water.

PROPOSED CONSTRUCTION INCLUDES:

- A 6'-0"W x 8'-0"D x 7'-6" pre-engineered fiberglass building (shed) equipped with one (1) shutter-mounted 585 CFM 10-inch diameter exhaust fan with gravity shutter; one (1) 10" x 10" heavy-duty intake louver with gravity shutter; one (1) 1500 watt line powered wall heater with thermostat; one (1) 100 watt vapor-tight wall mount incandescent light; and a 125 amp main lug circuit breaker panel. The building will be housed for aqua ammonia storage tanks and ammonia feed system equipment.
- Two- (2) 100-gallon double walled high-density polyethylene aqua ammonia tanks in containment tubs. Each tank is thirty-five (35) inches in diameter and thirty-nine (39) inches tall and has a 1-inch vent and a 16-inch manway (access). The tanks are manufactured by Chem-Tainer Industries Inc.
- Two- (2) Stenner peristaltic injection pumps, to be Model 45 MHP10, with adjustable rate of 10-gpd capacity. A pump monitor setup equal to NP1 Model ALM-1 will be installed in the aqua ammonia system. This device will monitor the aqua ammonia pump operation.
Using chlorine to ammonia ratio of 4:1 and the chlorine dosage of 27.5 gallons per day (gpd), the aqua ammonia dosage will be 7.0 gpd. The 200 gallons of aqua ammonia-18% will be truck-delivered by The Dumont Company, Inc.

IN ACCORDANCE WITH: The construction permit application, and preliminary design report and technical specifications prepared by Scott R. Spooner, P.E., received by DEP on February 17, 2006. Additional technical information and specifications in respond to RFI No. 1 prepared by Scott R. Spooner, P.E., received by DEP on May 26, 2006.

LOCATED AT: Miles Grant Water Treatment Plant, in Martin County, Florida

TO SERVE: The existing Miles Grant Water Treatment Plant.

SUBJECT TO: General Conditions 1-15 and Specific Conditions 1-9.

PERMITTEE:

Miles Grant Water and Sewer Company
c/o Mr. Patrick Flynn

DEP File No. 0081001-005-WC
Martin County

GENERAL CONDITIONS:

The following General Conditions are referenced in Florida Administrative Code Rule 62-4.160.

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit, are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.727, or 403.859 through 403.861, F.S. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.
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 Department.
3. As provided in subsections 403.087(6) and 403.722(5), 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 any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in this permit.
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.
5. This permit does not relieve the permittee from liability 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, or from penalties therefore; 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.
6. The permittee shall 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, are required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times, access to the premises where the permitted activity is located or conducted to:
 - a. Have access to and copy any records that must be kept under conditions of the permit;
 - b. Inspect the facility, equipment, practices, or operations regulated or required under this permit; and
 - c. Sample or monitor any substances or parameters at any location reasonable necessary to assure compliance with this permit or Department rules. Reasonable time may depend on the nature of the concern being investigated.
8. 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 provide the Department with the following information:
 - a. A description of and cause of noncompliance; and
 - b. The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance. The permittee shall be responsible for any and all damages, which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.

PERMITTEE:
Miles Grant Water and Sewer Company
c/o Mr. Patrick Flynn

DEP File No. 0081001-005-WC
Martin County

9. 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 where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.
10. The permittee 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, shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard.
11. This permit is transferable only upon Department approval in accordance with Rule 62-4.120 and 62-730.300 F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.
12. This permit or a copy thereof shall be kept at the work site of the permitted activity.
13. This permit also constitutes:
 - a. Determination of Best Available Control Technology (BACT)
 - b. Determination of Prevention of Significant Deterioration (PSD)
 - c. Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)
 - d. Compliance with New Source Performance Standards
14. The permittee shall comply with the following:
 - a. Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
 - b. The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
 - c. Records of monitoring information shall include:
 1. the date, exact place, and time of sampling or measurements;
 2. the person responsible for performing the sampling or measurements;
 3. the dates analyses were performed;
 4. the person responsible for performing the analyses;
 5. the analytical techniques or methods used;
 6. the results of such analyses.
15. When requested by the Department, 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 the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

PERMITTEE:
Miles Grant Water and Sewer Company
c/o Mr. Patrick Flynn

DEP File No. 0081001-005-WC
Martin County

SPECIFIC CONDITIONS:

1. The Permittee shall retain a Florida-licensed professional engineer in accordance with subsection **62-555.530(3), F.A.C.**, to take responsible charge of inspecting construction of the project for the purpose of determining in general if the construction proceeds in compliance with the permit, including the approved preliminary design report or drawings and specifications for the project.
2. The Permittee shall have complete record drawings produced for the project in accordance with subsection **62-555.530(4), F.A.C.**
3. The Permittee shall provide an operation and maintenance manual for all new or altered facilities to fulfill the requirements under subsection **62-555.350(13), F.A.C.**
4. The Permittee shall submit a certification of construction completion to the Department and obtain approval or clearance, from the Department per **Rule 62-555.345, F.A.C.**, before placing any public water system components constructed or altered under this permit in operation for any purpose other than disinfection, testing for leaks, or testing equipment operation. This does not prohibit the Permittee from cutting into existing water mains, and returning the water mains to operation in accordance with subsection **62-555.340(5), F.A.C.**, without the Department's approval.
5. Chemicals that are contained in coatings that are applied to a surface in contact with drinking water, or are otherwise on equipment surfaces that come into contact with the water, and additives and chemicals used to treat water shall conform with American National Standards Institute (ANSI)/NSF International Standard 60-1988. Water system components whose surfaces come into contact with drinking water shall conform to ANSI/NSF Standard 61-1991. The authorized representative of the public water system shall certify in writing that each item conforms to the appropriate standard prior to release for operation. *[Ref. 62-555.320(3)(a), 62-555.320(3)(b) and 62-555.320(3)(d)]*
6. The installation or repair of any public water system, or any plumbing in a residential or nonresidential facility providing water for human consumption, which is connected to a public water system, shall be lead free. *[Ref. 62-555.322(1)]*
7. Prior to release for operation, the suppliers of water shall notify the Department and affected water consumers by no later than the previous business day before initiating any planned permanent or temporary conversion from free chlorine to chloramine for disinfection. *[Ref. 62-555.350(10)(c)]*
8. All supplier of water shall maintain a minimum free chlorine residual of 0.2 milligram per liter, or a minimum combined chlorine residual of 0.6 milligram per liter or an equivalent chlorine dioxide residual, throughout their drinking water distribution system at all times. *[Ref. 62-555.320(12)(d), 62-555.350(6)]*
9. Aqua ammonia facilities should be complied with all pertinent requirements outlined in **Section 5.4.5.2 of RSWW 2003 Edition.**

Issued this 24th day of July 2006.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

July 24, 2006

Linda A. Horne, P.G.
Water Facilities Administrator
Southeast District

Date

LAH/JLC/bmz

cc: Scott R. Spooner, P.E. - McKim & Creed, PA - sspooner@mckimcreed.com
Martin County Health Department - Robert_Washam@doh.state.fl.us
FDEP SED - Jerry_Toney@dep.state.fl.us



Department of Environmental Protection

Jeb Bush
Governor

Southeast District
400 N. Congress Avenue, Suite 200
West Palm Beach, Florida 33401

Colleen M. Castille
Secretary

OCT 13 2005

**CERTIFIED MAIL #7005 1160 0000 9017 6151
RETURN RECEIPT REQUESTED**

WARNING LETTER
#WL05-0217PW43 SED
PW – Martin County
Miles Grant Public Water System
PWS #4430917

Patrick Flynn, Regional Director
Utilities, Inc of Florida
200 Weathersfield Ave
Altamonte Springs, FL 32714

Re: Exceeding the Maximum Contaminant Level (MCL) for Total Trihalomethanes (TTHMs)

Dear Mr. Flynn:

The purpose of this letter is to advise you of violations of law for which you may be responsible, and to seek your cooperation in resolving the matter. A review of Department files indicates that the average of results for samples collected from the referenced public water system on 07/29/04, 12/7/04, 3/31/05, and 6/16/05, have exceeded the MCL for TTHMs.

Rule 62-550.310 (3), Florida Administrative Code (F.A.C.), states that the MCL for TTHMs is 80 ug/L. The Running Annual Average (RAA) for TTHMs for the referenced system is 129 ug/L.

Furthermore, Chapters 373 and 403, Florida Statutes (Fla. Stat.), provide that it is a violation to fail to obtain any permit or to violate or fail to comply with any rule, regulation, order, permit, or certification adopted or issued by the Department pursuant to its lawful authority. Any activities at your facility that may be contributing to violations of the above-described statutes or rules should be ceased.

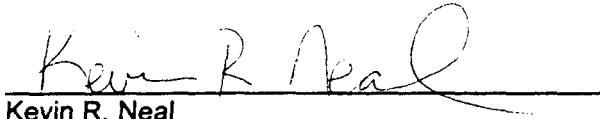
Violations of Florida Statutes or administrative rules may result in liability for damages and restoration, and the judicial imposition of civil penalties up to \$5,000.00 per violation per day, pursuant to Sections 403.121, 403.161 and 403.860, Florida Statutes.

You are requested to contact **Mr. Charles LeGros at (772) 398-2806** within 15 days of receipt of this Warning Letter to arrange a meeting to discuss this matter. The Department is interested in receiving any facts you may have that will assist in determining whether any violations have occurred. You may bring anyone with you to the meeting that you feel could help resolve this matter.

Mr. Patrick Flynn
WL #05-0217PW43 SED
Page 2

Please be advised that this Warning Letter is part of an agency investigation, preliminary to agency action in accordance with Section 120.57(5), Florida Statutes. We look forward to your cooperation in completing the investigation and resolution of this matter.

Sincerely,



Kevin R. Neal
District Director
Southeast District


KRN/LAH/TRB/CRL

cc: Charles LeGros – Drinking Water Compliance Section, DEP/PSL
Richard Retz, Assistant Operations Manager - Utilities, Inc of Florida

MILES GRANT WATER AND SEWER COMPANY

AN AFFILIATE OF UTILITIES, INC
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

10/23/05
RWR

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

October 24, 2005

Mr. Kevin R. Neal
District Director
Department of Environmental Protection
Southeast District
400 N. Congress Avenue, Suite 200
West Palm Beach, Florida 33401

Re: Warning Letter
#WL05-0217PW43 SED
Miles Grant Public Water System
PWS #4430917

Dear Mr. Neal:

I have received your warning letter dated October 10, 2005 regarding exceeding the Maximum Contaminant Level (MCL) for Total Trihalomethanes (TTHMs) at the Miles Grant Public Water System. Engineering is presently being performed to convert the disinfection systems to chloramines. This method of disinfection will solve the TTHM issue. The design is expected to be completed by the end of 2005 and a permit application submitted for approval. Conversion of the system will commence after the permit is approved.

We are requesting that this response letter substitute a meeting with your department. If you have any question, please contact me at the letterhead address, call 407-468-3268 or e-mail me at r.retz@utilitiesinc-usa.com.

Sincerely,
MILES GRANT WATER AND SEWER COMPANY, INC.

Richard W. Retz
Assistant Operations Manager

cc: Charles LeGros, Drinking Water Compliance Section, DEP, PSL
cc: Michael Dunn, P.E.
Regional Manager, Utilities Inc.



Department of Environmental Protection

ORIG: FF w/perm -
CC RR w/o encl

Jeb Bush
Governor

Southeast District
400 N. Congress Avenue, Suite 200
West Palm Beach, Florida 33401

Colleen M. Castille
Secretary

MAR 29 2006

CERTIFIED MAIL #7005 2570 0001 9601 9321
RETURN RECEIPT REQUESTED

Patrick C. Flynn, Regional Director
Miles Grant Water and Sewer Company
200 Weathersfield Avenue
Altamonte Springs, FL 37214-4027

Re: DEP vs. Miles Grant Water and Sewer Company
OGC File No. 05-2873

Dear Mr. Flynn:

Enclosed for your implementation is the fully executed and filed Consent Order in the above-styled case. Please familiarize yourself with the compliance dates and terms of the Consent Order so that the complete and timely performance of those obligations is accomplished.

Thank you for your cooperation in this matter. If you have any questions concerning the Consent Order, please contact **Michele Owens** of this office at **561/681-6700**.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Colleen M. Castille 3-20-06
Colleen M. Castille Date
Secretary

CMC/KRN/LAH/TRB/mo

Enclosure (all)

cc: Charles LeGros - DEP/PSL
Lea Crandall - OGC, MS-35, DEP/Tallahassee

UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

Fax Transmittal

Attn: Lisa Crossett **Date:** 3/31/2006 16:28 PM

Company: Northbrook **Fax #:** 847-498-6498

From: Patrick Flynn **Pages:** 12 including this cover page.

Subject:

URGENT For Your Review For your Information Please Reply Original: will not be sent
 As Requested Please Comment



Messages:

Handwritten signature or initials

The information contained in this facsimile may be privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this facsimile is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us by phoning the number listed above. Thank you.

UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

Fax Transmittal

Attn: Steve Dihel **Date:** 3/31/2006 16:29 PM

Company: Northbrook **Fax #:** 847-498-2066

From: Patrick Flynn **Pages:** 12 including this cover page.

Subject:

URGENT For Your Review For your Information Please Reply Original: will not be sent
 As Requested Please Comment



Messages:

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(TTHMs) as 0.080 milligrams per liter (mg/L). The average result for samples collected from the System on July 29, 2004, December 7, 2004, March 31, 2005, and June 16, 2005, and analyzed for TTHMs is 0.129 mg/L.

Having reached a resolution of the matter the Department and the Respondent mutually agree and it is

ORDERED:

5. Respondent shall comply with the following corrective actions within the stated time periods:

a. Within 60 days of the effective date of this Consent Order, Respondent shall retain the services of a Florida-registered professional engineer to evaluate the System and submit an application, along with any required application fees, to the Department for a permit to construct any modifications needed to address the MCL violation.

b. The Department shall review the application submitted pursuant to paragraph 5.a. above. In the event additional information, modifications or specifications are necessary to process the application, the Department shall issue a written request for information ("RFI") to Respondent for such information. Respondent shall accordingly submit the requested information in writing to the Department within 15 days of receipt of the request. Respondent shall provide all information requested in any additional RFIs issued by the Department within 15 days of receipt of each request. Within 60 days of the date the Department receives the application pursuant to paragraph 5.a. above, Respondent shall provide all information necessary to complete the application.

c. Within 180 days of issuance of any required permit(s), Respondent shall complete the modifications approved pursuant to the permit(s) issued in accordance with paragraphs 5.a. and 5.b. above, and submit to the Department the engineer's certification of completion of construction, along with all required supporting documentation. Respondent shall receive written Department clearance prior to placing the System modifications into service.

d. Respondent shall continue to sample quarterly for TTHMs. Results shall be submitted to the Department within ten (10) days of Respondent's receipt of the results.

e. In the event that the modifications approved by the Department pursuant to paragraphs 5.a. and b. are determined to be inadequate to resolve the MCL violation, the Department will notify the Respondent in writing. Within 30 days of receipt of written notification from the Department that the results of the quarterly sampling indicate that the System modifications have not resolved the violation, Respondent shall submit another proposal to address the MCL violation. Respondent shall provide all information requested in any RFIs issued by the Department within 15 days of receipt of each request. Within 60 days of the date the Department receives the application pursuant to this paragraph, Respondent shall provide all information necessary to complete the application.

f. Within two years of the effective date of this Consent Order, Respondent shall complete all corrective actions needed to resolve the MCL violation and submit written certification of completion to the Department for all modifications.

g. Within 90 days of the effective date of this Consent Order, Respondent shall initiate submittal of quarterly status reports to the Department. Respondent shall continue to submit quarterly status reports until the Department determines that the System is in compliance with all MCLs.

h. Respondent shall continue to issue public notice regarding the MCL violation every 90 days in accordance with Rule 62-560.410(1), Fla. Admin. Code, until the Department determines that System is in compliance with all MCLs. Respondent shall submit certification of delivery of public notice, using DEP Form 62-555.900(22), to the Department within ten days of issuing each public notice.

6. Within 30 days of the effective date of this Consent Order, Respondent shall pay the Department \$500.00 in settlement of the matters addressed in this Consent Order. This amount includes \$500.00 for costs and expenses incurred by the Department during the investigation of this matter and the preparation and tracking of this Consent Order. Payment

shall be made by cashier's check or money order. The instrument shall be made payable to the "Department of Environmental Protection" and shall include thereon the OGC number assigned to this Consent Order and the notation "Ecosystem Management and Restoration Trust Fund."

7. Respondent agrees to pay the Department stipulated penalties in the amount of \$100.00 per day for each and every day Respondent fails to timely comply with any of the requirements of paragraphs 5 and 6 of this Consent Order. A separate stipulated penalty shall be assessed for each violation of this Consent Order. Within 30 days of written demand from the Department, Respondent shall make payment of the appropriate stipulated penalties to "The Department of Environmental Protection" by cashier's check or money order and shall include the OGC number assigned to this Consent Order and the notation "Ecosystem Management and Restoration Trust Fund". Payment shall be sent to the Department of Environmental Protection, 400 North Congress Avenue, Suite 200, West Palm Beach, FL 33401. The Department may make demands for payment at any time after violations occur. Nothing in this paragraph shall prevent the Department from filing suit to specifically enforce any of the terms of this Consent Order. Any penalties assessed under this paragraph shall be in addition to the settlement sum agreed to in paragraph 6 of this Consent Order.

8. If any event, including administrative or judicial challenges by third parties unrelated to the Respondent, occurs which causes delay or the reasonable likelihood of delay, in complying with the requirements of this Consent Order, Respondent shall have the burden of proving the delay was or will be caused by circumstances beyond the reasonable control of the Respondent and could not have been or cannot be overcome by Respondent's due diligence. Economic circumstances shall not be considered circumstances beyond the control of Respondent, nor shall the failure of a contractor, subcontractor, materialman or other agent (collectively referred to as "contractor") to whom responsibility for performance is delegated to meet contractually imposed deadlines be a cause beyond the control of Respondent, unless the cause of the contractor's late performance was also beyond the contractor's control. Upon occurrence of an event causing delay, or upon becoming aware of a potential for delay,

Respondent shall notify the Department's Southeast District Office in West Palm Beach orally within 24 hours or by the next working day and shall, within seven calendar days of oral notification to the Department, notify the Department in writing of the anticipated length and cause of the delay, the measures taken or to be taken to prevent or minimize the delay and the timetable by which Respondent intends to implement these measures. If the parties can agree that the delay or anticipated delay has been or will be caused by circumstances beyond the reasonable control of Respondent, the time for performance of one or more of the requirements hereunder shall be extended for a period equal to the agreed delay resulting from such circumstances. Such agreement shall adopt all reasonable measures necessary to avoid or minimize delay. Failure of Respondent to comply with the notice requirements of this Paragraph in a timely manner shall constitute a waiver of Respondent's right to request an extension of time for compliance with the requirements of this Consent Order.

9. Persons who are not parties to this Consent Order, but whose substantial interests are affected by this Consent Order, have a right, pursuant to Sections 120.569 and 120.57, Florida Statutes, to petition for an administrative hearing on it. The Petition must contain the information set forth below and must be filed (received) at the Department's Office of General Counsel, 3900 Commonwealth Boulevard, MS# 35, Tallahassee, Florida 32399-3000 within 21 days of receipt of this notice. A copy of the Petition must also be mailed at the time of filing to the District Office named above at the address indicated. Failure to file a petition within the 21 days constitutes a waiver of any right such person has to an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes.

10. The petition shall contain the following information:

- a. The name, address, and telephone number of each petitioner; the Department's Consent Order identification number and the county in which the subject matter or activity is located;
- b. A statement of how and when each petitioner received notice of the Consent Order;

c. A statement of how each petitioner's substantial interests are affected by the Consent Order;

d. A statement of the material facts disputed by petitioner, if any;

e. A statement of facts which petitioner contends warrant reversal or modification of the Consent Order;

f. A statement of which rules or statutes petitioner contends require reversal or modification of the Consent Order;

g. A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Consent Order.

11. If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any decision of the Department with regard to the subject Consent Order have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 21 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Sections 120.569 and 120.57, Florida Statutes, and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-106.205, Florida Administrative Code.

12. A person whose substantial interests are affected by the Consent Order may file a timely petition for an administrative hearing under Sections 120.569 and 120.57, Florida Statutes, or may choose to pursue mediation as an alternative remedy under Section 120.573, Florida Statutes, before the deadline for filing a petition. Choosing mediation will not adversely affect the right to a hearing if mediation does not result in a settlement. The procedures for pursuing mediation are set forth below.

13. Mediation may only take place if the Department and all the parties to the proceeding agree that mediation is appropriate. A person may pursue mediation by reaching a mediation agreement with all parties to the proceeding (which include the Respondent, the Department, and any person who has filed a timely and sufficient petition for a hearing) and by showing how the substantial interests of each mediating party are affected by the Consent Order. The agreement must be filed in (received by) the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, MS #35, Tallahassee, Florida 32399-3000, within 10 days after the deadline as set forth above for the filing of a petition.

14. The agreement to mediate must include the following:

- a. The names, addresses, and telephone numbers of any persons who may attend the mediation;
- b. The name, address, and telephone number of the mediator selected by the parties, or a provision for selecting a mediator within a specified time;
- c. The agreed allocation of the costs and fees associated with the mediation;
- d. The agreement of the parties on the confidentiality of discussions and documents introduced during mediation;
- e. The date, time, and place of the first mediation session, or a deadline for holding the first session, if no mediator has yet been chosen;
- f. The name of each party's representative who shall have authority to settle or recommend settlement;
- g. Either an explanation of how the substantial interests of each mediating party will be affected by the action or proposed action addressed in this notice of intent or a statement clearly identifying the petition for hearing that each party has already filed, and incorporating it by reference; and
- h. The signatures of all parties or their authorized representatives. As provided in Section 120.573, Florida Statutes, the timely agreement of all parties to mediate will toll the time limitations imposed by Sections 120.569 and 120.57, Florida Statutes, for requesting

and holding an administrative hearing. Unless otherwise agreed by the parties, the mediation must be concluded within sixty days of the execution of the agreement. If mediation results in settlement of the administrative dispute, the Department must enter a final order incorporating the agreement of the parties. Persons whose substantial interests will be affected by such a modified final decision of the Department have a right to petition for a hearing only in accordance with the requirements for such petitions set forth above, and must therefore file their petitions within 21 days of receipt of this notice. If mediation terminates without settlement of the dispute, the Department shall notify all parties in writing that the administrative hearing processes under Sections 120.569 and 120.57, Florida Statutes, remain available for disposition of the dispute, and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.

15. Respondent shall allow all authorized representatives of the Department access to the facility at reasonable times for the purpose of determining compliance with the terms of this Consent Order and the rules and statutes of the Department.

16. All submittals and payments required by this Consent Order to be submitted to the Department shall be sent to the Florida Department of Environmental Protection, Southeast District Water Facilities Program, 400 North Congress Avenue, Suite 200, West Palm Beach, Florida, 33401.

17. This Consent Order is a settlement of the Department's civil and administrative authority arising under Florida law to resolve the matters addressed herein. This Consent Order is not a settlement of any criminal liabilities, which may arise under Florida law, nor is it a settlement of any violation which may be prosecuted criminally or civilly under federal law and which Respondent may defend.

18. The Department hereby expressly reserves the right to initiate appropriate legal action to prevent or prohibit any violations arising after the date of this Consent Order of applicable statutes, or the rules promulgated thereunder that are not specifically addressed by the terms of this Consent Order.

19. The terms and conditions set forth in this Consent Order may be enforced in a court of competent jurisdiction pursuant to Sections 120.69 and 403.121, Florida Statutes. Failure to comply with the terms of this Consent Order shall constitute a violation of Section 403.859, Florida Statutes.

20. The Department, for and in consideration of the complete and timely performance by Respondent of the obligations agreed to in this Consent Order, hereby waives its right to seek judicial imposition of damages or civil penalties for alleged violations.

21. Respondent is fully aware that a violation of the terms of this Consent Order may subject Respondent to judicial imposition of damages, civil penalties up to \$5,000.00 per day per violation, and criminal penalties, except as limited by the provisions of this Consent Order.

22. Entry of this Consent Order does not relieve Respondent of the need to comply with applicable federal, state or local laws, regulations or ordinances.

23. No modifications of the terms of this Consent Order shall be effective until reduced to writing and executed by both Respondent and the Department.

24. Respondent acknowledges and waives its right to an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes, on the terms of this Consent Order. Respondent acknowledges its right to appeal the terms of this Consent Order pursuant to Section 120.68, Florida Statutes, and waives that right upon signing this Consent Order.

25. This Consent Order is a final order of the Department pursuant to Section 120.52(7), Florida Statutes, and it is final and effective on the date filed with the Clerk of the Department unless a Petition for Administrative Hearing is filed in accordance with Chapter 120, Florida Statutes. Upon the timely filing of a petition this Consent Order will not be effective until further order of the Department.

FOR THE RESPONDENT:

Patrick C. Flynn 2/23/06
Patrick C. Flynn, Regional Director Date
Miles Grant Water and Sewer Company
200 Weathersfield Avenue
Altamonte Springs, FL 37214-4027

DONE AND ORDERED this 20 day of March, 2006, in West Palm Beach, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

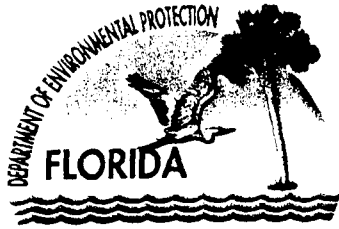
Kevin R. Neal Secretary
Kevin R. Neal
District Director
Southeast District

FILED, on this date, pursuant to §120.52 Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Linda Iskappat
Clerk

3-29-06
Date

Copies furnished to:
Larry Morgan, OGC/Tlh
Charles LeGros, FDEP/PSL



Florida Department of Environmental Protection

Southeast District
400 N. Congress Avenue, Suite 200
West Palm Beach, Florida 33401

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

00125107

Scotty L. Haws, Regional Compliance Manager
Miles Grant Water and Sewer Company
200 Weathersfield Avenue
Altamonte Springs, Florida 32714

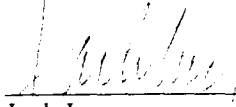
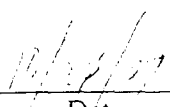
Re: Deactivation of OGC Case No. 05-2873
Miles Grant Water System/PWS 4430917

Dear Mr. Haws:

As of August 16, 2007, four consecutive quarterly samples with satisfactory results for disinfection byproducts (DBPs) have been obtained from the referenced public water system. At this time, all requirements of the referenced Consent Order have been satisfactorily addressed, and the system is approved to reduce the frequency of monitoring for DBPs from quarterly to annual, with the next samples due to be collected in the third quarter of 2008. The Department is therefore deactivating the case. Please be aware that future violations of the DBP maximum contaminant levels may result in the initiation of enforcement action.

The Department would like to thank you for the amicable resolution of this matter. If you have any questions concerning the Consent Order or monitoring requirements, please contact **Michele Owens** of this office at **(561) 681-6700**.

Sincerely,

Date

Jack Long
District Director
Southeast District

JL/LAB/TRB/mo

cc: Victor Faconti – DEP/PSL
Jose Calas, P.E. – DEP/WPB

MILES GRANT WATER AND SEWER COMPANY

AN AFFILIATE OF UTILITIES, INC
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

Mr. Kevin R. Neal
District Director
FDEP - Southeast Florida District
400 North Congress Avenue, Suite 200
West Palm Beach, FL 33401

RE: OGC File Number 06-0302

Dear Mr. Neal:

Attached, please find Check No. #583028 in the amount of \$600.00 as settlement to the above referenced Consent Order.

The signed settlement agreement had been forwarded to your office on May 9, 2006.

If you should have any questions or require further information, please do not hesitate to call me at (407) 869-8588, ext. 234.

Sincerely,

MILES GRANT WATER AND SEWER COMPANY


Scotty L. Haws
Regional Compliance Manager

EC: Patrick C. Flynn, Regional Director

Printed
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Folio 7602-0302 = 5889 2347 5346 6/6/06

WATER SERVICE CORP.

DISBURSING ACCOUNT OF
UTILITIES INCORPORATED
2335 SANDERS ROAD
NORTHBROOK, IL 60062

BANK ONE COLUMBUS, NA
Circleville and Williamsport, Ohio Offices

NET 30 DAYS
AFTER DATE

NO 583028

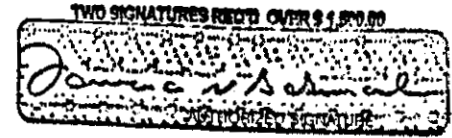
060 FILE # 06-0202
For Other Payments And INFORMATION TALK FIRST

DATE 05/17/06 NET AMOUNT \$667.10

PAY ***** SIX HUNDRED AND 00/100 ***** DOLLARS

18083

FLORIDA DEPT OF ENVIRONMENTAL
PROTECTION - SOUTHEAST DISTRICT
400 N. CONGRESS AVE
SUITE 200
WEST PALM BEACH FL 33401



TO
THE
ORDER
OF

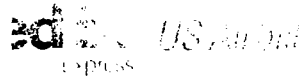
REDACTED

18083

FLORIDA DEPT OF ENVIRONMENTAL

CHECK NO. 583028

COMPANY NAME	REFERENCE NUMBER	INVOICE DATE	INVOICE NUMBER	NET AMOUNT
MILES GRANT WATER SEWER CO., I	17461	05/17/06	PENLTY/STLMNT/06	



8559 2394 5346

0215

om
 de 616106
 Sender's FedEx Account Number
 Name Scotty Haws
 Phone (977) 846-1111
 Company
 Address
 City
 State
 ZIP 33414

our Internal Billing Reference

Recipient's Name Mr. Kevin R. Neal
 Phone
 Company FDEP - Southeast Fl. District
 Recipient's Address 400 N. Congress Ave.
 Suite 200
 Address West Palm Beach State Fl. ZIP 33401



Schedule a pickup at fedex.com
Simplify your shipping. Manage your account. Access all the tools you need.

4a Express Package Service
 FedEx Priority Overnight
 FedEx 2Day
 Packages up to 150 lbs

4b Express Freight Service
 FedEx 1Day Freight
 FedEx 2Day Freight
 Packages over 150 lbs

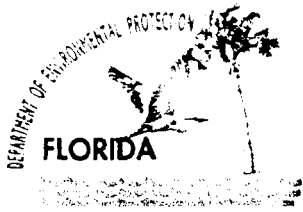
5 Packaging
 FedEx Envelope
 FedEx Box
 FedEx Tube

6 Special Handling
 SATURDAY Delivery
 HOLD Weekday
 HOLD Saturday
 Does this shipment contain dangerous goods?

7 Payment Bill to:
 Sender
 Receiver

Total Packages	Total Weight	Total Declared Value
1		

8 Residential Delivery Signature Options
 No Signature Required
 Direct Signature
 Indirect Signature
 519



Department of Environmental Protection

58028

Jeb Bush
Governor

Southeast District
400 N. Congress Ave. Suite 200
West Palm Beach, Florida 33401

Colleen M. Castille
Secretary

June 23, 2006

RECEIVED

JUL 19 2006

UTILITIES INC.

Remittance: 684114
DDN/PNR:

WATER SERVICE CORP
2335 SANDERS ROAD
NORTHBROOK IL 60062

RE: Receipt Number 547909 - 060302 - Settlement

Dear Sir/Madam:

Your remittance, check number 583028 for \$600.00, was received by the Department of Environmental Protection on June 22, 2006.

Sincerely,

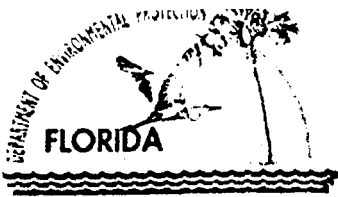
Angela Vigliotto
Department of Environmental Protection

Transmitted: 38079

Deposit:

RCF Case R

Printed on recycled paper



Department of Environmental Protection

Jeb Bush
Governor

Southeast District
400 N. Congress Avenue, Suite 200
West Palm Beach, Florida 33401

Colleen M. Castille
Secretary

COPY

JUN 12 2006

CERTIFIED MAIL #7005 2570 0001 9601 9697
RETURN RECEIPT REQUESTED

Miles Grant Water and Sewer Company
c/o Mr. Patrick Flynn, Regional Director
200 Weathersfield Avenue
Altamonte Springs, FL 32714

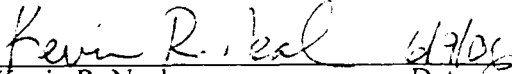
Re: DEP vs. Miles Grant Water and Sewer Company
OGC File No. 06-0302

Dear Mr. Flynn:

Enclosed for your records is the fully executed and filed Consent Order in the above-styled case. The Department acknowledges receipt of payment in the amount of \$600.00, thus completing all corrective actions required by the Consent Order.

Thank you for your cooperation in this matter. If you have any questions concerning the Consent Order, please contact **Michele Owens** of this office at **561/681-6700**.

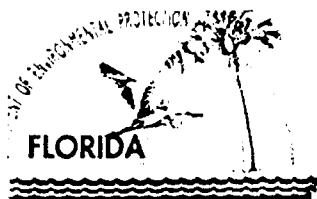
Sincerely,


Kevin R. Neal Date
District Director
Southeast District

KRN/LAH/TRB/mo

Enclosure (all)

cc: Lea Crandall – MS 35, DEP/Tallahassee
Drinking Water Compliance Section – DEP.PSL



Department of Environmental Protection (W) Response 1
CC SH, RE, SA
5-20-06

Jeb Bush
Governor

Southeast District
400 N. Congress Avenue, Suite 200
West Palm Beach, Florida 33401

Colleen M. Castille
Secretary

APR 13 2006

CERTIFIED MAIL #7005 2570 0001 9601 9369
RETURN RECEIPT REQUESTED

Mr. Patrick Flynn, Regional Director
Miles Grant Water and Sewer Company
200 Weathersfield Avenue
Altamonte Springs, FL 32714

Re: Proposed Settlement of DEP vs. Miles Grant Water and Sewer Company
OGC File Number 06-0302

Dear Mr. Flynn:

The purpose of this letter is to complete the resolution of the failure to monitor for haloacetic acids for the referenced public water system in the fourth calendar quarter of 2005. The Department finds that you are in violation of Rule 62-550.514, Florida Administration Code and 40 CFR 141.132(b), subpart L, which states that a system must perform increased quarterly monitoring following a monitoring period in which the system exceeds 0.060 milligrams per liter for haloacetic acids. In order to resolve this matter, you are assessed civil penalties in the amount of \$500.00, along with \$100.00 to reimburse the Department costs, for a total of \$600.00.

The Department acknowledges that the payment of these civil penalties by you does not constitute an admission of liability. This payment must be made payable to the Department of Environmental Protection by cashier's check or money order and shall include the OGC File Number assigned above and the notation "Ecosystems Management and Restoration Trust Fund". Payment shall be sent to the Department of Environmental Protection, Southeast Florida District, 400 North Congress Avenue, Suite 200, West Palm Beach, Florida 33401, within 30 days of your signing this letter.

Your signing this letter constitutes your acceptance of the Department's offer to resolve this matter on these terms. If you elect to sign this letter, please return it to the Department at the address indicated above. The Department will then countersign the letter and file it with the Clerk of the Department. When the signed letter is filed with the Clerk, the letter shall constitute final agency action of the Department which shall be enforceable pursuant to Sections 120.69 and 403.121, Florida Statutes.

If you do not sign and return this letter to the Department at the above referenced address within 30 days of receipt, the Department will assume that you are not interested in settling this matter on the above described terms, and will proceed accordingly. None of your rights or substantial interests are determined by this letter unless you sign it and it is filed with the Department Clerk.

Sincerely,

Kevin R. Neal 4/13/06
Kevin R. Neal Date
District Director
Southeast District Office
KRN/LAH/TRB/mo

RECEIVED

cc: Charles LeGros - DEP:PSL

FOR THE RESPONDENT:

I, Patrick Flynn, on behalf of Miles Grant Water and Sewer Company, HEREBY ACCEPT THE TERMS OF THE SETTLEMENT OFFER IDENTIFIED ABOVE.

FOR THE RESPONDENT:

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

By: Patrick Flynn 5/21/06
Patrick Flynn Date

Kevin R. Neal 5/22/06
Kevin R. Neal Date
District Director
Southeast District

DONE AND ENTERED this 12th day of June, 2006, in West Palm Beach, Florida.

FILED, on this date, pursuant to §120.52, Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Linda Ischappat
Clerk

6-12-06
Date

NOTICE OF RIGHTS

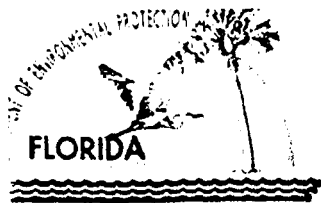
Persons who are not parties to this Consent Order but whose substantial interests are affected by this Consent Order have a right, pursuant to Sections 120.569 and 120.57, Florida Statutes, to petition for an administrative hearing on it. The Petition must contain the information set forth below and must be filed (received) at the Department's Office of General Counsel, 3900 Commonwealth Boulevard, MS-35, Tallahassee, Florida 32399-3000, within 21 days of receipt of this notice. A copy of the Petition must also be mailed at the time of filing to the District Office named above at the address indicated. Failure to file a petition within the 21 days constitutes a waiver of any right such person has to an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes.

The petition shall contain the following information:

(a) The name, address, and telephone number of each petitioner; the Department's Consent Order identification number and the county in which the subject matter or activity is located; (b) A statement of how and when each petitioner received notice of the Consent Order; (c) A statement of how each petitioner's substantial interests are affected by the Consent Order; (d) A statement of the material facts disputed by petitioner, if any; (e) A statement of facts which petitioner contends warrant reversal or modification of the Consent Order; (f) A statement of which rules or statutes petitioner contends require reversal or modification of the Consent Order; (g) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Consent Order.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any decision of the Department with regard to the subject Consent Order have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 21 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Sections 120.569 and 120.57, Florida Statutes, and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-106.205, Florida Administrative Code.

Mediation under Section 120.573, Florida Statutes, is not available in this proceeding.



Department of Environmental Protection *cc SH, RL, SA*
Response D
FILE COPY *5-20-06*

Jeb Bush
Governor

Southeast District
400 N. Congress Avenue, Suite 200
West Palm Beach, Florida 33401

Colleen M. Castille
Secretary

APR 18 2006

CERTIFIED MAIL #7005 2570 0001 9601 9369
RETURN RECEIPT REQUESTED

Mr. Patrick Flynn, Regional Director
Miles Grant Water and Sewer Company
200 Weathersfield Avenue
Altamonte Springs, FL 32714

Re: Proposed Settlement of DEP vs. Miles Grant Water and Sewer Company
OGC File Number 06-0302

Dear Mr. Flynn:

The purpose of this letter is to complete the resolution of the failure to monitor for haloacetic acids for the referenced public water system in the fourth calendar quarter of 2005. The Department finds that you are in violation of Rule 62-550.514, Florida Administration Code and 40 CFR 141.132(b), subpart L, which states that a system must perform increased quarterly monitoring following a monitoring period in which the system exceeds 0.060 milligrams per liter for haloacetic acids. In order to resolve this matter, you are assessed civil penalties in the amount of \$500.00, along with \$100.00 to reimburse the Department costs, for a total of \$600.00.

The Department acknowledges that the payment of these civil penalties by you does not constitute an admission of liability. This payment must be made payable to the Department of Environmental Protection by cashier's check or money order and shall include the OGC File Number assigned above and the notation "Ecosystems Management and Restoration Trust Fund". Payment shall be sent to the Department of Environmental Protection, Southeast Florida District, 400 North Congress Avenue, Suite 200, West Palm Beach, Florida 33401, within 30 days of your signing this letter.

Your signing this letter constitutes your acceptance of the Department's offer to resolve this matter on these terms. If you elect to sign this letter, please return it to the Department at the address indicated above. The Department will then countersign the letter and file it with the Clerk of the Department. When the signed letter is filed with the Clerk, the letter shall constitute final agency action of the Department which shall be enforceable pursuant to Sections 120.69 and 403.121, Florida Statutes.

If you do not sign and return this letter to the Department at the above referenced address within 30 days of receipt, the Department will assume that you are not interested in settling this matter on the above described terms, and will proceed accordingly. None of your rights or substantial interests are determined by this letter unless you sign it and it is filed with the Department Clerk.

Sincerely,

Kevin R. Neal *4/18/06*

Kevin R. Neal Date

District Director
Southeast District Office

KRN/LAH/TRB/mo

cc: Charles LeGros - DEP/PSL

FOR THE RESPONDENT:

I, Patrick Flynn, on behalf of Miles Grant Water and Sewer Company, **HEREBY ACCEPT THE TERMS OF THE SETTLEMENT OFFER IDENTIFIED ABOVE.**

FOR THE RESPONDENT: ·

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

By: 
Patrick Flynn Date 5/2/06

Kevin R. Neal Date
District Director
Southeast District

DONE AND ENTERED this _____ day of _____, 200__, in West Palm Beach, Florida.

FILED, on this date, pursuant to §120.52, Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Clerk

Date

NOTICE OF RIGHTS

Persons who are not parties to this Consent Order but whose substantial interests are affected by this Consent Order have a right, pursuant to Sections 120.569 and 120.57, Florida Statutes, to petition for an administrative hearing on it. The Petition must contain the information set forth below and must be filed (received) at the Department's Office of General Counsel, 3900 Commonwealth Boulevard, MS-35, Tallahassee, Florida 32399-3000, within 21 days of receipt of this notice. A copy of the Petition must also be mailed at the time of filing to the District Office named above at the address indicated. Failure to file a petition within the 21 days constitutes a waiver of any right such person has to an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes.

The petition shall contain the following information:

(a) The name, address, and telephone number of each petitioner; the Department's Consent Order identification number and the county in which the subject matter or activity is located; (b) A statement of how and when each petitioner received notice of the Consent Order; (c) A statement of how each petitioner's substantial interests are affected by the Consent Order; (d) A statement of the material facts disputed by petitioner, if any; (e) A statement of facts which petitioner contends warrant reversal or modification of the Consent Order; (f) A statement of which rules or statutes petitioner contends require reversal or modification of the Consent Order; (g) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Consent Order.

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Mediation under Section 120.573, Florida Statutes, is not available in this proceeding.



Department of Environmental Protection ^{cc JH, RL, SH} ^{(w) Response &} 5-20-06

Jeb Bush
Governor

Southeast District
400 N. Congress Avenue, Suite 200
West Palm Beach, Florida 33401

Colleen M. Castille
Secretary

APR 18 2006

CERTIFIED MAIL #7005 2570 0001 9601 9369
RETURN RECEIPT REQUESTED

Mr. Patrick Flynn, Regional Director
Miles Grant Water and Sewer Company
200 Weathersfield Avenue
Altamonte Springs, FL 32714

Re: Proposed Settlement of DEP vs. Miles Grant Water and Sewer Company
OGC File Number 06-0302

Dear Mr. Flynn:

The purpose of this letter is to complete the resolution of the failure to monitor for haloacetic acids for the referenced public water system in the fourth calendar quarter of 2005. The Department finds that you are in violation of Rule 62-550.514, Florida Administration Code and 40 CFR 141.132(b), subpart L, which states that a system must perform increased quarterly monitoring following a monitoring period in which the system exceeds 0.060 milligrams per liter for haloacetic acids. In order to resolve this matter, you are assessed civil penalties in the amount of \$500.00, along with \$100.00 to reimburse the Department costs, for a total of \$600.00.

The Department acknowledges that the payment of these civil penalties by you does not constitute an admission of liability. This payment must be made payable to the Department of Environmental Protection by cashier's check or money order and shall include the OGC File Number assigned above and the notation "Ecosystems Management and Restoration Trust Fund". Payment shall be sent to the Department of Environmental Protection, Southeast Florida District, 400 North Congress Avenue, Suite 200, West Palm Beach, Florida 33401, within 30 days of your signing this letter.

Your signing this letter constitutes your acceptance of the Department's offer to resolve this matter on these terms. If you elect to sign this letter, please return it to the Department at the address indicated above. The Department will then countersign the letter and file it with the Clerk of the Department. When the signed letter is filed with the Clerk, the letter shall constitute final agency action of the Department which shall be enforceable pursuant to Sections 120.69 and 403.121, Florida Statutes.

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Sincerely,

Kevin R. Neal 4/18/06
Kevin R. Neal Date
District Director
Southeast District Office
KRN/LAH/TRB/mo

cc: Charles LeGros - DEP:PSL


DEP vs. Miles Grant Water and Sewer Company
File No. OGC 06-0302
Page 2 of 3

FOR THE RESPONDENT:

I, Patrick Flynn, on behalf of Miles Grant Water and Sewer Company, **HEREBY ACCEPT THE TERMS OF THE SETTLEMENT OFFER IDENTIFIED ABOVE.**

FOR THE RESPONDENT:

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

By: 
Patrick Flynn Date 5/2/06

Kevin R. Neal Date
District Director
Southeast District

DONE AND ENTERED this _____ day of _____, 200__, in West Palm Beach, Florida.

FILED, on this date, pursuant to §120.52, Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Clerk

Date

MILES GRANT WATER AND SEWER COMPANY

AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

Mr. Kevin R. Neal
District Director
FDEP - Southeast Florida District
400 North Congress Avenue, Suite 200
West Palm Beach, FL 33401

RE: OGC File Number 06-1249

Dear Mr. Neal:

Attached, please find Check No. #587695 in the amount of \$350.00 as settlement to the above referenced Consent Order.

The signed settlement agreement had been forwarded to your office on June 28, 2006.

If you should have any questions or require further information, please do not hesitate to call me at (407) 869-8588, ext. 234.

Sincerely,

MILES GRANT WATER AND SEWER COMPANY


Scotty L. Haws
Regional Compliance Manager

EC: Patrick C. Flynn, Regional Director

WATER SERVICE CORP.

DISBURSING ACCOUNT OF
UTILITIES INCORPORATED
2335 SANDERS ROAD
NORTHBROOK, IL 60062

BANK ONE COLUMBUS, NA
Circleville and Williamsport, Ohio Offices

2005 AFTER 90 DAYS

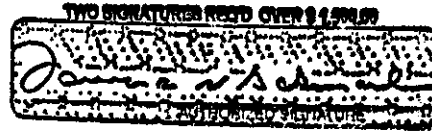
NO. 587695

DATE 07/07/06 NET AMOUNT *****350.00

PAY ***** THREE HUNDRED FIFTY AND 00/100 ***** DOLLARS

18083

FLORIDA DEPT OF ENVIRONMENTAL
PROTECTION - SOUTHEAST DISTRICT
400 N. CONGRESS AVE
SUITE 200
WEST PALM BEACH FL 33401



AUTHORIZED SIGNATURE

TO
THE
ORDER
OF

REDACTED

18083 FLORIDA DEPT OF ENVIRONMENTAL

CHECK NO. 587695

COMPANY NAME	REFERENCE NUMBER	INVOICE DATE	INVOICE NUMBER	NET AMOUNT
ILES GRANT WATER SEWER CO., I	21058	07/01/06	640/DGC06-1249	350.00
TOTAL				350.00



Department of
Environmental Protection

Jeb Bush
Governor

Southeast District
400 N. Congress Avenue, Suite 200
West Palm Beach, Florida 33401

Colleen M. Castille
Secretary

CERTIFIED MAIL #7001 2510 0006 1575 3173
RETURN RECEIPT REQUESTED

Mr. Patrick C. Flynn
Regional Director
Miles Grant Water and Sewer Company
200 Weathersfield Avenue
Altamonte Springs, FL

Re: DEP vs. Miles Grant Water and Sewer Company
OGC File No.: 06-1249

Dear Mr. George:

Enclosed for your implementation is the fully executed and filed Consent Order in the above-styled case. Please familiarize yourself with the compliance dates and terms of the Consent Order so the complete and timely performance of those obligations is accomplished.

Thank you for your cooperation in this matter. If you have any questions concerning the Consent Order, please contact **Robyn S. James** of this office at **561/681-6737**.

Sincerely,

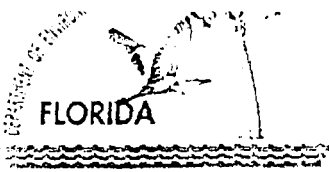
Kevin R. Neal 7/14/06
Date

Kevin R. Neal
District Director
Southeast District

KRN/LAH/TRB/RSJ

Enclosure (all)

cc: Larry Morgan - OGC, MS-35, DEP/Tallahassee
Jose Calas
Scotty Haws - Regional Compliance, Utilities, Inc. of Florida: 200 Weathersfield Avenue
Altamonte Springs, FL 32714



Department of Environmental Protection

Jeb Bush
Governor

Southeast District
400 N. Congress Avenue, Suite 200
West Palm Beach, Florida 33401

Colleen M. Castille
Secretary

**CERTIFIED MAIL #7001 2510 0006 1575 3203
RETURN RECEIPT REQUESTED**

Mr. Richard W. Retz
Utilities of Florida
C/O Miles Grant Water and Sewer
200 Weathersfield Avenue
Altamonte Springs, FL 32714

Re: Proposed Settlement DEP vs. Miles Grant Water and Sewer
OGC No.: 06-1249

The purpose of this letter is to complete the resolution of the matter previously identified by the Department in the Warning Letter dated April 18, 2006, a copy of which is attached. The corrective actions required to bring your facility into compliance have been performed. The Department finds that you are in violation of the rules and statutes cited in the attached Warning Letter. In order to resolve the matters identified in the attached Warning Letter, you are assessed civil penalties in the amount of \$250.00, along with \$100.00 to reimburse the Department costs, for a total of \$350.00.

The Department acknowledges that the payment of these civil penalties by you does not constitute an admission of liability. This payment must be made payable to the Department of Environmental Protection by cashier's check or money order and shall include the OGC File Number assigned above and the notation "Ecosystems Management and Restoration Trust Fund". Payment shall be sent to the Department of Environmental Protection, Southeast Florida District, 400 North Congress Avenue, Suite 200, West Palm Beach, Florida 33401, within 30 days of your signing this letter.

Your signing this letter constitutes your acceptance of the Department's offer to resolve this matter on these terms. If you elect to sign this letter, please return it to the Department at the address indicated above. The Department will then countersign the letter and file it with the Clerk of the Department. When the signed letter is filed with the Clerk, the letter shall constitute final agency action of the Department, which shall be enforceable pursuant to Sections 120.69 and 403.121, Florida Statutes.

NOTICE OF RIGHTS

Persons who are not parties to this Consent Order but whose substantial interests are affected by this Consent Order have a right, pursuant to Sections 120.569 and 120.57, Florida Statutes, to petition for an administrative hearing on it. The Petition must contain the information set forth below and must be filed (received) at the Department's Office of General Counsel, 3900 Commonwealth Boulevard, MS-35, Tallahassee, Florida 32399-3000, within 21 days of receipt of this notice. A copy of the Petition must also be mailed at the time of filing to the District Office named above at the address indicated. Failure to file a petition within the 21 days constitutes a waiver of any right such person has to an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes.

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Mediation under Section 120.573, Florida Statutes, is not available in this proceeding.

FOR THE RESPONDENT:

I, Richard W. Retz, HEREBY ACCEPT THE TERMS OF THE SETTLEMENT OFFER IDENTIFIED ABOVE.

FOR THE RESPONDENT:

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

By: *Patrick C. Flynn* *6/28/06*
Mr. Richard W. Retz Date
Regional Manager
PATRICK C. FLYNN
REGIONAL DIRECTOR

Kevin R. Neal *7/17/06*
Kevin R. Neal Date
District Director
Southeast District Office

DONE AND ENTERED this *17th* day of *July*, 200*6*, in *Titusville*, Florida.

FILED, on this date, pursuant to §120.52, Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Linda Schappal
Clerk

7-17-06
Date



DEPARTMENT OF ENVIRONMENTAL PROTECTION

Jeb Bush
Governor

Southeast District
400 N. Congress Avenue, Suite 200
West Palm Beach, Florida 33401

Colleen M. Castide
Secretary

APR 18 2006

WEST PALM BEACH, FL
WEST PALM BEACH, FL

CERTIFIED MAIL # 7001 2510 0006 1575 3302
RETURN RECEIPT REQUESTED

Miles Grant Water and Sewer Company
Patrick Flynn, Regional Director
200 Weathersfield Ave.
Altamonte Springs, FL 32714

WARNING LETTER
#WL 06-0069PW43SED
PW - Martin County
Miles Grant Public Water System
PWS #4430917

RE: Failure to Timely Submit Lead and Copper Sample Results

Dear Mr. Flynn:

The purpose of this letter is to advise you of violations of law for which you may be responsible, and to seek your cooperation in resolving the matter. Department records indicate the following deficiencies for the referenced Public Water System:

40 CFR 141.90 (a) requires that water systems report lead and copper monitoring results to the Department within the first 10 days following the end of the applicable monitoring period. The lead and copper sampling results for 2005 were due to be submitted to the Department by January 10, 2006; the Department did not receive the required results until March 27, 2006.

Furthermore, Chapters 373 and 403, Florida Statutes (Fla. Stat.), provide that it is a violation to fail to obtain any permit or to violate or fail to comply with any rule, regulation, order, permit, or certification adopted or issued by the Department pursuant to its lawful authority. Any activities at your facility that may be contributing to violations of the above-described statutes or rules should be ceased.

Violations of Florida Statutes or administrative rules may result in liability for damages and restoration, and the judicial imposition of civil penalties up to \$5,000.00 per violation per day, pursuant to Sections 403.121, 403.161 and 403.360, Florida Statutes.

You are requested to contact Ms. Robyn James at (561) 681-6737 within 15 days of receipt of this Warning Letter to arrange a meeting to discuss this matter. The Department is interested in receiving any facts you may have that will assist in determining whether any violations have occurred. You may bring anyone with you to the meeting that you feel could help resolve this matter.

Please be advised that this Warning Letter is part of an agency investigation, preliminary to agency action in accordance with Section 120.57(5), Florida Statutes. We look forward to your cooperation in completing the investigation and resolution of this matter.

Sincerely,

Kevin R. Neal 4/12/06
Kevin R. Neal Date

District Director
Southeast District

① ABG
KRN/LAH/TRB/RJ/crl

cc: Charles LeGros, Drinking Water Compliance Section, DEP.PSL

CORPORATE OFFICES:
 2335 Sanders Road
 Northbrook, Illinois 60062
 Telephone: 847-498-6440

Telephone: 407-869-1919
 Florida: 800-272-1919
 Fax: 407-869-6961
 florida@utilitiesinc-usa.com

LETTER OF TRANSMITTAL

TO FL Dept. of Environmental Protection
 Southeast District
 400 N. Congress Ave., Suite 200
 West Palm Beach, Florida 33401

DATE: 6/5/06	JOB#:
ATTN: Mr. Kevin R. Neal, District Director	
RE	

WE ARE SENDING YOU Attached Under Separate Cover
 via:
 Shop Drawings Prints Plans Permits

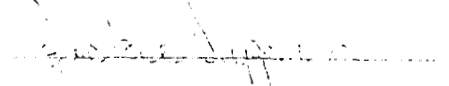
COPIES	DATE	DESCRIPTION
1	6/28/06	Settlement Acceptance Letter

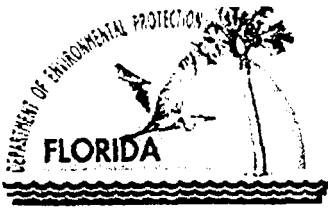
THESE ARE TRANSMITTED as checked below:

Signed and/or Accepted Approved as Submitted Resubmit __ copies for approval
 As requested For your information Submit __ copies for distribution
 For review and comment Returned for corrections Return — corrected prints

Remarks: _____

CC:
 [C:\Operations\5-5 TRANSMITTAL TEMPLATE.doc]

Signed: 



Department of
Environmental Protection

RECEIVED

JUL 09 2004

UTILITIES, INC

Jeb Bush
Governor

Southeast District
400 N. Congress Avenue, Suite 200
West Palm Beach, Florida 33401

Colleen M. Castille
Secretary

JUL - 9 2004

3216 File
cc PF, MD

CERTIFIED MAIL 7001 2510 0006 1575 7287
RETURN RECEIPT REQUESTED

Mr. Patrick Flynn, Regional Director
Miles Grant Water and Sewer
200 Weathersfield Avenue
Altamonte Springs, Florida 32714

Re: Consent Order in OGC Case Number 04-0892

Dear Mr. Flynn:

Enclosed for your records is a copy of the fully executed and filed Short Form Consent Order (SFCO) in the above-referenced case. The Department acknowledges receipt of payment in the amount of \$600.00, thus completing all corrective actions referenced in the SFCO.

Thank you for your cooperation in this matter. If you have any questions concerning the SFCO, please contact **Debora House** of this office at 561/681-6701.

Sincerely,

Kevin R. Neal
District Director
Southeast District

¹⁰ ¹³
KRN/LAH/TRB/dah

Enclosure

cc: Larry Morgan, Office of General Counsel, DEP/TAL
Kathy Carter, Agency Clerk, MS #35, DEP/TAL
David O'Brien, Enforcement Coordinator, Water Facilities, DEP/TAL
Maurice Barker, DEP/TAL
Bill Thiel, DEP/PSL

1270-3-75

FOR THE RESPONDENT:

I, Patrick Flynn, on behalf of Miles Grant Water and Sewer, **HEREBY ACCEPT THE TERMS OF THE SETTLEMENT OFFER IDENTIFIED ABOVE.**

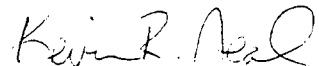
By: 
Patrick Flynn

Date: 6/18/04

.....
FOR DEPARTMENT USE ONLY

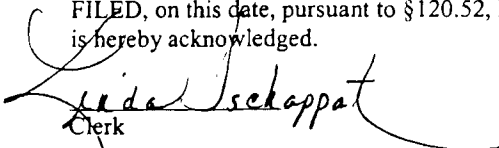
DONE AND ENTERED this 9th day of July, 2004, in West Palm Beach, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION


Kevin R. Neal
District Director
Southeast District Office

FILING AND ACKNOWLEDGMENT

FILED, on this date, pursuant to §120.52, Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.


Clerk

7-9-04
Date


KRN/LAH/TRB/dah

Copies furnished to: Larry Morgan, Office of General Counsel, DEP/TAL
Kathy Carter, Agency Clerk, MS #35, DEP/TAL
David O'Brien, Enforcement Coordinator, Water Facilities, DEP/TAL

MILES GRANT WATER AND SEWER COMPANY

AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

LETTER OF TRANSMITTAL

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

TO FDEP - Southeast District Office
400 N. Congress Avenue, Ste. 200
West Palm Beach, FL 33401

DATE: 6/21/04	JOB#:
ATTN: Kevin R. Neal, District Director	
RE: Proposed Settlement of DEP vs Miles Grant Water & Sewer, OGC File #04-0892	

WE ARE SENDING YOU Attached Under Separate Cover
via:
 Shop Drawings Prints Plans Permits

COPIES	DATE	DESCRIPTION
1	6/18/04	Signed Settlement Letter
1	6/18/04	Cashier's check #3571683 in the amount of \$600.00

THESE ARE TRANSMITTED as checked below:

- Signed and/or Accepted Approved as Submitted Resubmit ___ copies for approval
 As requested For your information Submit ___ copies for distribution
 For review and comment Returned for corrections Return ___ corrected prints

Remarks: If you have any questions or need anything further, please do not hesitate to contact our office.

CC: Lisa Crossett
{ Document5 }

Signed: _____
Patrick C. Flynn, Regional Director

[Handwritten notes and signatures at the bottom of the page, including a signature that appears to be Patrick C. Flynn.]

REDACTED

Bank of America. 

Cashier's Check

No. 3571683

VOID AFTER 90 DAYS
VOID AFTER 90 DAYS 304114 (INT 8)

Banking Center LONGWOOD WEST

⑆109033 0002⑆ 3571683

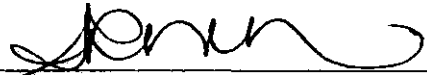
UTILITIES INC. OF FLORIDA

09-14-3725B 6-2001

Pay ⑆SIX HUNDRED DOLLARS AND 00 CENTS⑆

\$**600.00**

To
The
Order
Of ⑆FLORIDA DEPT. OF ENV. PROTECTION⑆
⑆⑆⑆⑆



Authorized Signature

Bank of America, N.A.
San Antonio, Texas



Department of Environmental Protection

PK
CC: MLD

Jeb Bush
Governor

Southeast District
400 N. Congress Avenue, Suite 200
West Palm Beach, Florida 33401

Colleen M. Castille
Secretary

RECEIVED

JUN 11 2004

CERTIFIED MAIL # 7001 2510 0006 1575 1889
RETURN RECEIPT REQUESTED

JUN 11 2004
UTILITIES, INC.

Mr. Patrick Flynn, Regional Director
Miles Grant Water and Sewer
200 Weathersfield Avenue
Altamonte Springs, Florida 32714

SUBJECT: Proposed Settlement of DEP vs. Miles Grant Water and Sewer.
OGC File No.: 04-0892

Dear Mr. Flynn:

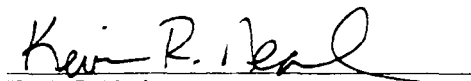
The purpose of this letter is to complete the resolution of the matter previously identified by the Department in the Warning Letter dated April 28, 2004, a copy of which is attached. The corrective actions required to bring your facility into compliance have been performed. The Department finds that you are in violation of the rules and statutes cited in the attached Warning Letter. In order to resolve the matters identified in the attached Warning Letter, you are assessed civil penalties in the amount of \$500.00, along with \$100.00 to reimburse the Department costs, for a total of \$600.00.

The Department acknowledges that the payment of these civil penalties by you does not constitute an admission of liability. This payment must be made payable to the Department of Environmental Protection by cashier's check or money order and shall include the OGC File Number assigned above and the notation "Ecosystems Management and Restoration Trust Fund". Payment shall be sent to the Department of Environmental Protection, Southeast Florida District, 400 North Congress Avenue, Suite 200, West Palm Beach, Florida 33401, within 30 days of your signing this letter.

Your signing this letter constitutes your acceptance of the Department's offer to resolve this matter on these terms. If you elect to sign this letter, please return it to the Department at the address indicated above. The Department will then countersign the letter and file it with the Clerk of the Department. When the signed letter is filed with the Clerk, the letter shall constitute final agency action of the Department, which shall be enforceable pursuant to Sections 120.69 and 403.121, Florida Statutes.

If you do not sign and return this letter to the Department at the above referenced address within 30 days of receipt, the Department will assume that you are not interested in settling this matter on the above described terms, and will proceed accordingly. None of your rights or substantial interests are determined by this letter unless you sign it and it is filed with the Department Clerk.

Sincerely,


Kevin R. Neal
District Director
Southeast District Office

FOR THE RESPONDENT:

I, Patrick Flynn, on behalf of Miles Grant Water and Sewer, **HEREBY ACCEPT THE TERMS OF THE SETTLEMENT OFFER IDENTIFIED ABOVE.**

By: 
Patrick Flynn

Date: 6/18/04

.....
FOR DEPARTMENT USE ONLY

DONE AND ENTERED this _____ day of _____, 200__, in West Palm Beach, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Kevin R. Neal
District Director
Southeast District Office

FILING AND ACKNOWLEDGMENT

FILED, on this date, pursuant to §120.52, Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Clerk

Date


KRN/LAH/TRB/dah

Copies furnished to: Larry Morgan, Office of General Counsel, DEP/TAL
Kathy Carter, Agency Clerk, MS #35, DEP/TAL
David O'Brien, Enforcement Coordinator, Water Facilities, DEP/TAL

NOTICE OF RIGHTS

Persons who are not parties to this Consent Order but whose substantial interests are affected by this Consent Order have a right, pursuant to Sections 120.569 and 120.57, Florida Statutes, to petition for an administrative hearing on it. The Petition must contain the information set forth below and must be filed (received) at the Department's Office of General Counsel, 3900 Commonwealth Boulevard, MS-35, Tallahassee, Florida 32399-3000, within 21 days of receipt of this notice. A copy of the Petition must also be mailed at the time of filing to the District Office named above at the address indicated. Failure to file a petition within the 21 days constitutes a waiver of any right such person has to an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes.

The petition shall contain the following information:

(a) The name, address, and telephone number of each petitioner; the Department's Consent Order identification number and the county in which the subject matter or activity is located; (b) A statement of how and when each petitioner received notice of the Consent Order; (c) A statement of how each petitioner's substantial interests are affected by the Consent Order; (d) A statement of the material facts disputed by petitioner, if any; (e) A statement of facts which petitioner contends warrant reversal or modification of the Consent Order; (f) A statement of which rules or statutes petitioner contends require reversal or modification of the Consent Order; (g) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Consent Order.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any decision of the Department with regard to the subject Consent Order have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 21 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Sections 120.569 and 120.57, Florida Statutes, and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-106.205, Florida Administrative Code.

Mediation under Section 120.573, Florida Statutes, is not available in this proceeding.



Department of Environmental Protection

RECEIVED

STATUTES, INC.

Jeb Bush
Governor

Southeast District
400 N. Congress Avenue, Suite 200
West Palm Beach, Florida 33401

Colleen M. Castille
Secretary

ORIG. PF
ccmo, GA (W)

APR 28 2004

CERTIFIED MAIL # 7001 2510 0006 1575 1926
RETURN RECEIPT REQUESTED

WARNING LETTER
WL 04-0086 DW43SED

Mr. Patrick Flynn, Regional Director
Miles Grant Water and Sewer
200 Weathersfield Avenue
Altamonte Springs, Florida 32714

Miles Grant WWTF
Martin County
Permit No: FLA013842

SUBJECT: Residuals Annual Summary, 2003

Dear Mr. Flynn:

The purpose of this letter is to advise you of possible violations of law for which you may be responsible, and to seek your cooperation in resolving the matter. A review of Department files for the above referenced facility has revealed the Residuals Annual Summary for the year 2003 was not received in a timely manner as required, indicating that a violation of Florida Statutes and Rules may exist at the above described facility.

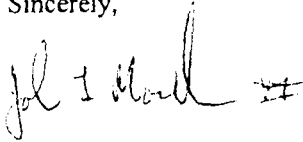
As specified in Rule 62-640.650(3)(b), Florida Administrative Code (F.A.C.), domestic wastewater permittees utilizing land application sites to dispose of their residuals are required to submit to the Department a Residuals Annual Summary no later than February 19 of each year. In particular, this report is required to summarize a permittee's land application activities for the prior calendar year.

You are requested to contact **Debora House at (561) 681-6782** within fifteen (15) days of receipt of this Warning Letter to arrange a meeting to discuss this matter. The Department is interested in reviewing any facts you may have that will assist in determining whether any violations have occurred. You may bring anyone with you to the meeting that you feel could help resolve this matter.

Miles Grant WWTF
Warning Letter # WL 04-0086 DW43SED
Page 2 of 2

Please be advised that this Warning Letter is part of an agency investigation, preliminary to agency action in accordance with Section 120.57(5), Florida Statutes. We look forward to your cooperation in completing the investigation and resolution of this matter.

Sincerely,



John F. Moulton, III
Assistant Director of District Management
Southeast District


JFM/LAH/TRB/dah

cc: Maurice Barker, DEP/TAL
Brad Akers, Permitting/WPB
Bill Thiel, DEP/PSL

Miles Grant Water and Sewer Company

Docket No.: 070695-WS

Martin County

**25.30.440 (8)
FIELD EMPLOYEES**

Test Year Ended June 30, 2007

Employees involved in Miles Grant Water & Sewer Company operations for Test Year ending June, 2007

Patrick Flynn, Regional Director: Oversees all operations and employees in Florida.

Mike Wilson, Regional Manager: Manages operations and employees for all West Coast, North and South Florida operations. Mike Wilson oversees the day-to-day operations within the North and South Florida areas.

Tony Wierzbicki, Project Manager: Manages all capital projects, inspects and monitors any developer activities or line extensions within the system.

Bill Coates, Area Manager: Supervises the day-to-day operations of Miles Grant.

Field Employees

Frank Eskew, Operator: Frank holds Class C water treatment and Class C wastewater treatment licenses and is responsible for operation and maintenance of the water plant, completion of daily service orders, maintenance activities throughout the system, customer service response and after-hours emergency response.

Ronald Cooler, Operator: Ron holds a Class C wastewater treatment license, a Class B water distribution license, and a Class C collection system license. Ron is responsible for the operation and maintenance of the water plant, completion of daily service orders, maintenance activities throughout the system, customer service response and after-hours emergency response.

Barry Stefano, Field Technician: Barry holds no licensure and assists in completion of daily service orders, customer service response and after-hours emergency response. He also reads water meters and performs all meter maintenance activities.

Facilities

The minimum staffing requirement at the wastewater plant is 6 hours per day, 7 days per week, by a minimum Class C wastewater operator. The water plant must be staffed daily for 6 hours per day Monday through Friday and once each weekend by a minimum Class C water operator.

Duties and Responsibilities

- a) Responsible for performing treatment plant, collection system and transmission system operation and maintenance. Duties are to be completed in a reasonable and professional manner consistent with standard operating practices in order to comply with state and local regulatory rules and requirements. Must perform duties consistent with the protection of the public health and the environment.
- b) Perform responsible, efficient, and effective on-site management and supervision of all system functions.
- c) Submit complete, accurate and timely periodic plant operating reports.

- d) Report to the Permittee and the Department of Environmental Protection any serious plant or system breakdown or condition causing or likely to cause serious, inefficient or unsafe treatment or discharge of water or wastewater in a manner not authorized by the current permit.
- e) Submit accurate reports relative to treatment plant, collection system, and transmission system operation, including sampling and laboratory analysis.
- f) Maintain an operation and maintenance log for each plant, current to the last operation and maintenance task performed.
- g) Perform required preventative maintenance in conformance with equipment manufacturer recommendations. Repair or replace equipment or distribution and collection system components as needed to keep the facilities operating as permitted.
- h) Perform various service order functions including but not limited to the following: customer complaints; reading and checking meters; cross-connection inspections; installing or repairing the distribution, collection and disposal systems; installation of water meters.
- i) Maintain the visual aesthetics of the facilities in compliance with company standards, including grounds maintenance, fence repairs, site security, lighting fixtures, and general building upkeep.

**THE FLORIDA STATE BOARD
OF
PROFESSIONAL ENGINEERS**

*By This
CERTIFICATE
Bears Witness That*

ANTHONY WIERZBICKI

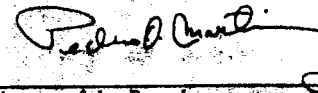
has satisfactorily demonstrated qualifications in engineering fundamentals, technical subjects, mathematics and basic sciences and is hereby recognized as an

ENGINEER INTERN

After completing a sufficient amount of engineering experience of a nature satisfactory to the Board, may take the final examination for registration as a Professional Engineer.

No. 1094ET537

In Testimony Whereof, Witness the signature of the Chairman under the Seal of the Board this 15th day of December, 1996.



Chairman of the Board



State of Florida

Department of Environmental Protection

OPERATOR CERTIFICATION PROGRAM

2600 BLAIR STONE ROAD, M.S. 3506

TALLAHASSEE, FLORIDA 32399-2400

(850)245-7500

WILLIAM H COATES

1601 SE BURGUNDY LANE
PORT ST. LUCIE, FL 34952

State of Florida

Department of Environmental Protection

LICENSE NO: 0008333 DATE ISSUED: 11/6/2007

CLASS B DRINKING WATER TREATMENT PLANT OPERATOR

WILLIAM H COATES

IS LICENSED UNDER PROVISIONS OF CHAPTER 403, FLORIDA STATUTES

VALID UNTIL: 4/30/2009

State of Florida

Department of Environmental Protection

ISSUED: 11/6/2007

LICENSE NO: 0008333

THE CLASS B DRINKING WATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 4/30/2009

WILLIAM H COATES

CHARLIE CRIST

MICHAEL W. SOLE

DISPLAY IS REQUIRED BY LAW

State of Florida

Department of Environmental Protection

OPERATOR CERTIFICATION PROGRAM
2600 BLAIR STONE ROAD, M.S. 3506
TALLAHASSEE, FLORIDA 32399-2400
(850)245-7500

WILLIAM H COATES

**1601 SE BURGUNDY LANE
PORT ST. LUCIE, FL 34952**

State of Florida

Department of Environmental Protection

LICENSE NO.: 0007279 DATE ISSUED: 7/24/2006

CLASS B WASTEWATER TREATMENT PLANT OPERATOR

WILLIAM H COATES

IS LICENSED UNDER PROVISIONS OF CHAPTER 403, FLORIDA STATUTES

VALID UNTIL: 4/30/2009

State of Florida

Department of Environmental Protection

ISSUED: 7/24/2006

LICENSE NO.: 0007279

THE CLASS B WASTEWATER TREATMENT PLANT OPERATOR NAMED BELOW IS
LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 4/30/2009

WILLIAM H COATES

JEB BUSH

COLLEEN M. CASTILLE

GOVERNOR

DISPLAY IS REQUIRED BY LAW

SECRETARY

State of Florida
Department of Environmental Protection

ISSUED: 04/30/2007 LICENSE NO.: 0004153

THE CLASS C DRINKING WATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 04/30/2009

JAMES F. ESKEW

CHARLIE CRIST MICHAEL W. SOLE
GOVERNOR SECRETARY

DISPLAY IS REQUIRED BY LAW

State of Florida
Department of Environmental Protection

ISSUED: 04/30/2007 LICENSE NO.: 0003640

THE CLASS C WASTEWATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 04/30/2009

JAMES F. ESKEW

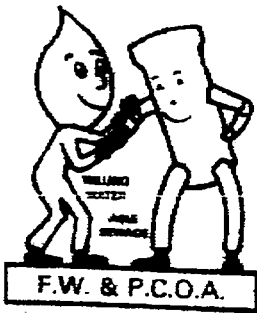
CHARLIE CRIST MICHAEL W. SOLE
GOVERNOR SECRETARY

DISPLAY IS REQUIRED BY LAW

Florida Water & Pollution Control Operators Association
Voluntary Certification Program
I hereby certify
that _____
has met the requirements for
certification

B
B

Water Distribution Technician



Certificate Number 497

Date Issued August 25, 1994

Joseph Haberman
President F.W. & P.C.O.A.

John Haller
Chairman, Voluntary Certification Board



State of Florida

Department of Environmental Protection
OPERATOR CERTIFICATION PROGRAM
2600 BLAIR STONE ROAD, M.S. 3506
TALLAHASSEE, FLORIDA 32399-2400
(850)245-7500

RONALD WAYNE COOLER

1025 SW ALL AMERICAN BLVD
PALM CITY, FL 34990

State of Florida

Department of Environmental Protection

LICENSE NO.: 0009224 DATE ISSUED: 12/13/2007

CLASS C WASTEWATER TREATMENT PLANT OPERATOR

RONALD WAYNE COOLER

IS LICENSED UNDER PROVISIONS OF CHAPTER 403, FLORIDA STATUTES

VALID UNTIL: 4/30/2009

State of Florida

Department of Environmental Protection

ISSUED: 12/13/2007

LICENSE NO.: 0009224

THE CLASS C WASTEWATER TREATMENT PLANT OPERATOR NAMED BELOW IS
LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 4/30/2009

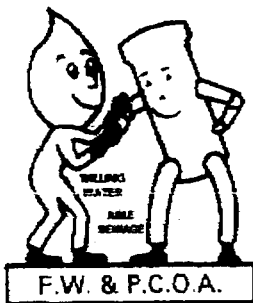
RONALD WAYNE COOLER

CHARLIE CRIST

MICHAEL W. SOLE

Florida Water & Pollution Control Operators Association
Voluntary Certification Program
hereby certifies that
Ronald W. Cooler
has met the requirements for
certification as
Class C

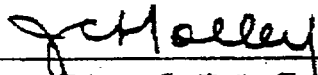
Wastewater Collection Technician



Certificate Number 1597


President F.W. & P.C.O.A.

Date Issued 10/24/92


Chairman, Voluntary Certification Board

Miles Grant Water and Sewer Company

Docket No.: 070695-WS

Martin County

**25.30.440 (9)
VEHICLES**

Test Year Ended June 30, 2007

VEH #	YEAR	MODEL	SERIAL NUMBER	DRIVER	POSITION	ORIGINAL COST	ALLOCATION METHOD
0302	2003	CHEVY C1500	IGCEC14X33Z115217	Strling, Frank A	Operator	18,519.00	ERCs
0303	2003	CHEVY C1500	IGCEC14XX3Z113294	Lisle, Jr, John D	Lead Operator	18,519.00	ERCs
0311	2003	CHEVY C1500	IGCEC14X23Z114639	Eskew, James F	Operator	18,519.00	ERCs
0453	2004	CHEVY C1500	2GCEC19T341374628	Wierzbicki, Anthony	Project Manager	22,987.16	ERCs
0454	2004	CHEVY C1500	IGCEC14X94Z335737	Coutes, Bill	Project Manager	18,179.00	ERCs
0510	2005	CHEVY C1500	IGCEC14T95Z174322	Stefano, Barry L	Field Technician	21,297.31	ERCs
0512	2005	CHEVY TAHOE	IGNEC13585R199267	Flynn, Patrick C	Regional Director	37,478.51	ERCs
0649	2006	CHEVY TRAILBLZ	IGNDT135X62176280	Sudduth, Donald E	Business Development Director	29,748.89	ERCs
0651	2006	CHEVY TAHOE	IGNEK13Z06R130226	Derham, Rick J	Regional Vice President	41,395.09	ERCs
0688	2006	TOYOTA HIGHLAND	JTEEW21A060032524	Schioppa, Mircea	Mailroom Clerk	35,567.16	ERCs
0701	2007	CHEVY TAHOE	IGNFK130071125498	Yount, Darrin W	Operations Director	39,156.49	ERCs
0728	2007	CHEVY TRAILBLZ	IGNDS135672194103	Wilson, Michael A	Regional Manager	28,711.49	ERCs
0729	2007	CHEVY TRAILBLZ	IGNDS135572109957	Haws, Scotty L	Regional Compliance & Safety Manager	29,355.64	ERCs

A	B	C	D	E	F	G	H	I	J
1	LAKE UTILITY SERVICES, INC.								
2	WEDGEFIELD UTILITIES, INC.								wp 1/2x
3	MILES GRANT WATER AND SEWER COMPANY								
4	HISTORICAL DATA ENDING JUNE 30, 1997								
5	VEHICLE ALLOCATION ADJUSTMENT								
6	VEHICLE DETAIL								
7									
8									
9									
10	Employee	Position	Vehicle #	Purchase Date (1)	Vehicle Gross Value (1)	Vehicle A.D. adjusted for 6 yr life	Vehicle Net Value	Vehicle Depreciation Expense	Vehicle Transportation Expense
11									
12	Schlopp, Mircea	Mailroom Clerk	0683	03/22/06	\$15,567	(5,410)	\$10,157	\$5,933	\$3,250
13	Saddick, Donald E	Business Development Director	0649	01/20/06	29,749	(7,024)	22,725	4,918	3,250
14	Yount, Darrin W	Operations Director	0701	03/22/06	39,156	(8,158)	30,999	6,526	3,250
15	Alday, Christopher T	Motor Reader	0612	08/16/05	15,472	(5,262)	11,210	2,743	3,250
16	Winton, Jr, Arthur C	Field Technician	0514	02/07/05	19,024	(7,663)	11,362	3,171	3,250
17	Johnson, Christopher	Field Technician	0111	05/23/01	15,966	(15,966)		2,439	3,250
18	Besique, Ralph A	Field Technician	0169	05/26/02	29,638	(16,641)	14,017	3,443	3,250
19	Carroll, James E	Operator (PT)	0033	05/24/00	20,427	(20,427)			3,250
20	Carver, Nathaniel Q	Project Manager	0659	07/15/06	26,690	(4,434)	22,172	4,434	3,250
21	Courts, Bill	Area Manager	0434	06/19/04	19,561	(9,681)	9,681	3,327	3,250
22	Griff, Jr, John E	Operator	0708	09/06/06	17,394	(2,416)	14,978	2,416	3,250
23	Cosgro, Robert K	Chief Construction Specialist	0307	08/13/07					
24	Durham, Rick J	Regional Vice President	0631	10/06/99	37,369	(4,126)	31,433	4,126	3,250
25	Eakew, James F	Operator	0311	04/26/02	19,053	(3,343)	15,710	3,176	3,250
26	Flynn, Patrick C	Regional Director	0312	07/09/05	53,358	(11,491)	41,867	8,993	3,250
27	Galarza, Richard	Field Technician	0412	07/09/07					
28	Gonzalez, Scott	Project Manager	0639	01/06/06	35,852	(6,166)	29,748	4,399	3,250
29	Grembecki, Dominick V	Area Manager	0472	03/23/04	22,125	(11,072)	10,448	2,657	3,250
30	Goway, Bryan K	Regional Manager	0425	03/23/04	27,119	(14,308)	12,802	4,518	3,250
31	Hawa, Scotty L	Regional Compliance & Safety Manager	0729	12/21/06	29,356	(2,446)	26,909	2,446	3,250
32	Hoffner, Rimmie H	Field Technician	0310	07/09/07					
33	Holmapple, Roger E	Local Operator	0419	01/23/04	18,223	(9,621)	8,602	3,039	3,250
34	Johnson, Robert D	Operator	0731	05/09/07	18,222	(4,411)	13,771	451	3,250
35	Learned, Scott C	Field Technician	0308	05/26/02	19,953	(15,348)	4,605	3,176	3,250
36	Ledwell, Leonard E	Field Technician	0453	06/18/04	19,336	(9,693)	9,693	3,231	3,250
37	Lisle, Jr, John D	Local Operator	0303	04/26/02	19,033	(15,348)	3,705	3,176	3,250
38	Martorelli, John A	Area Manager	0499	07/07/05	22,472	(10,943)	11,529	4,913	3,250
39	Overton, Michael A	Field Technician	0635	01/17/06	23,721	(4,283)	19,438	3,955	3,250
40	Powish, Raymond A	Operator	0702	09/06/06	17,540	(2,436)	15,104	2,436	3,250
41	Pennington, Jonathan	Field Technician	0813	07/25/07					
42	Ploetz, Steve L	Local Operator	0704	09/06/06	17,540	(2,436)	15,104	2,436	3,250
43	Phillips, Christopher R	Motor Reader	0503	12/19/04	17,359	(3,347)	14,012	2,895	3,250
44	Powell, Trevor	Operator	0914	01/17/09	15,362	(13,363)			3,250
45	Schwartz, Charles G	Area Manager	0344	07/12/96	28,201	(4,376)	23,825	4,034	3,250
46	Shaw, Mackey A	Field Technician	0312	08/26/02	19,933	(15,348)	4,585	3,176	3,250
47	Silfino, Kathy A	Area Manager	0925	01/21/99	17,133	(17,133)			3,250
48	Smith, Donald D	Field Technician	0513	12/07/04	22,344	(5,350)	16,758	3,724	3,250
49	Stefano, Barry L	Field Technician	0519	12/07/04	21,924	(5,451)	16,443	3,634	3,250
50	Stewart, Malcolm S	Area Manager	0609	08/16/03	22,545	(8,599)	13,946	3,756	3,250
51	Stirling, Frank A	Operator	0302	08/26/02	19,933	(15,348)	4,585	3,176	3,250
52	Spare truck	Spare truck	0212	02/25/02	16,895	(14,938)	1,867	1,867	3,250
53	Taylor, Donald E	Field Supervisor	0431	03/23/04	22,740	(13,321)	9,419	4,207	3,250
54	Taylor, Kenneth L	Field Technician	0653	07/14/06	18,544	(3,863)	14,680	3,091	3,250
55	Spare truck	Spare truck	0223	01/28/02	16,492	(13,972)	2,520	2,749	3,250
56	White, Ronald D	Field Supervisor	0811	07/09/07					
57	Wierzbicki, Anthony	Project Manager	0453	06/18/04	23,438	(11,379)	12,059	3,860	3,250
58	Wilson, Michael A	Regional Manager	0728	12/27/06	28,711	(3,393)	25,318	2,393	3,250
59	Wright, Thomas L	Field Technician	0731	12/27/06	18,387	(1,332)	17,055	1,532	3,250
60	Open Position-Wedgetfield	Operator	0425	03/23/04	18,233	(9,476)		3,019	3,250
61	Spare truck	Spare truck	0626	10/01/07					
62	Cedric Watkins	Field Technician	0829	10/01/07					
63	Stefanski, John	Operator	0827	10/01/07					
64					\$999,611	(\$412,233)		\$587,378	\$143,012
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(1) Vehicle purchase dates and asset value were taken from SE 1 w p for auto depreciation

Miles Grant Water and Sewer Company Vehicle Allocation	A	B	C	D	E	F	G	H	I	J
191	Employee	Position	ERC Percentage	Vehicle Gross Value	Vehicle AD (adjusted for 6 yr life)	Vehicle Net Value	Vehicle Depreciation Expense	Vehicle Transportation Expense		
192	Schump, Mircea	Mailroom Clerk	0.24%	5764	(555)		544	524		
194	Siddik, Donald E	Business Development Director	0.74%	221	(52)		37	34		
195	Yount, Darin W	Operations Director	0.74%	291	(51)		48	24		
196	Alday, Christopher T	Mixer Reader	0.00%							
197	Ansini, Jr, Arthur C	Field Technician	0.00%							
198	Blasco, Christopher F	Field Technician	0.00%							
199	Bozup, Ralph A	Field Technician	0.00%							
200	Carroll, James E	Operator (PT)	0.00%							
201	Carver, Nathanael Q	Project Manager	0.00%							
202	Coates, Bill	Area Manager	63.01%	16,463	(8,232)		3,744	2,764		
203	Coffee, Jr, John E	Operator	0.00%							
204	Conner, Robert K	Class Connection Specialist	0.00%							
205	Darbans, Rick J	Regional Vice President	2.00%	721	(80)		56	67		
206	Eskew, James F	Operator	100.00%	19,053	(15,348)		3,176	3,750		
207	Flynn, Patrick C	Regional Director	2.57%	1,372	(553)		229	84		
208	Galarza, Richard	Field Technician	0.00%							
209	Gosnell, Scott	Project Manager	0.00%							
210	Grimshaw, Dianne V	Area Manager	0.00%							
211	Gouger, Bryan K	Regional Manager	0.00%							
212	Haws, Scott L	Regional Compliance & Safety Manager	2.06%	604	(58)		50	67		
213	Hollister, Jimmie H	Field Technician	0.00%							
214	Hollapple, Roger E	Lead Operator	0.00%							
215	Johnson, Robert D	Operator	0.00%							
216	Leason, Scott C	Field Technician	0.00%							
217	Leiswell, Leonard E	Field Technician	0.00%							
218	Lisle, Jr, John D	Lead Operator	80.00%	15,242	(12,278)		2,540	2,690		
219	Mannelli, John A	Area Manager	0.00%							
220	Overton, Michael A	Field Technician	0.00%							
221	Parrish, Raymond A	Operator	0.00%							
222	Penningson, Jonathan	Field Technician	0.00%							
223	Ploofs, Steve L	Lead Operator	0.00%							
224	Phillips, Christopher R	Mixer Reader	0.00%							
225	Powell, Trevor	Operator	0.00%							
226	Schwades, Charles G	Area Manager	0.00%							
227	Shir, Mickey A	Field Technician	0.00%							
228	Silline, Kathy A	Area Manager	0.00%							
229	Smith, Donald D	Field Technician	0.00%							
230	Stefano, Barry L	Field Technician	80.00%	17,740	(4,335)		2,923	2,600		
231	Stewart, Makolm S	Area Manager	17.71%	3,993	(1,270)		665	376		
232	Stiffing, Frank A	Operator	193.00%	19,053	(15,348)		3,176	3,750		
233	Stofanski, John	Operator	0.00%							
234	Taylor, Donald E	Field Supervisor	0.00%							
235	Taylor, Kenneth L	Field Technician	0.00%							
236	*REF*	*REF*	0.00%	*REF*	*REF*		*REF*	*REF*		
237	Spare truck	Spare truck	0.00%							
238	White, Rosalind D	Field Supervisor	0.00%							
239	Wierzbicki, Anthony	Project Manager	6.19%	1,433	(716)		239	201		
240	Wilson, Michael A	Regional Manager	6.19%	1,772	(1,482)		148	201		
241	Wright, Thomas L	Field Technician	0.00%							
242	Open Position-Wedgerfield	Operator	0.00%							
243	Boom truck	Boom truck	0.00%							
244	Coburn, Watkins	Field Technician	0.00%							
245	*REF*	*REF*	0.00%							
246	*REF*	*REF*	0.00%	*REF*	*REF*		*REF*	*REF*		

VEH #	TAG #	YEAR	MODEL	SERIAL NUMBER	DRIVER	
19	I996CD	2000	CHEVY S-10	1GCCS14W9YK196208	Spare at LG	
212	C318DP	2002	CHEVY C1500	1GCEC14W42Z236327	Spare->AUCTION	
455	X43WUY	2004	CHEVY C1500	1GCEC14X94Z320851	R. Callahan, Field Tech	
513	Q871NB	2005	CHEVY C1500	1GCEC14T55Z161146	D. Smith, Field Tech-LS's	
514	P163JW	2005	CHEVY C1500	1GCEC14X35Z230130	C. Austin, Field Tech	
655	U321PY	2006	CHEVY C1500	3GCEC14V96G214224	K. Taylor, Field Tech	
702	V290VI	2007	CHEVY COLORADO	1GCCS14E778114253	R. Parrish, Operator	
704	W110UK	2007	CHEVY COLORADO	1GCCS14E878113645	S. Pfouts, Operator	
731	H972QV	2007	CHEVY COLORADO	1GCCS19E078137723	T. Wright, Field Tech	
751	107HJV	2007	CHEVY COLORADO	1GCCS14E878229766	C. Raines, Operator	
823	162JDF	2008	CHEVY COLORADO	1GCCS14E888160921	T. Powell, Operator	
826	924IZU	2008	CHEVY C2500HD	1GCHC24KX8E100395	Boom Truck	
827	161JDF	2008	CHEVY COLORADO	1GCCS14E188161375	J. Szafranski, Operator	
829	158JDF	2008	CHEVY C1500	1GCEC14C282181486	C. Watkins, Field Tech	
830	157JDF	2008	CHEVY C1500	1GCEC14C982177967	C. Blasco, Field Tech	
33	V554FP	2000	DODGE DAKOTA		1B7GG22X7Y5753556	Auctioned
212	C318DP	2002	CHEVY C1500		1GCEC14W42Z236327	Auctioned
222	I002CC	2002	CHEVY C1500		1GCEC14W12Z314210	Auctioned
309	I014CC	2003	CHEVY C1500		1GCEC14X13Z115703	Auctioned
314	I006CC	2003	CHEVY C1500		1GCEC14X43Z114271	Auctioned

Managers at various levels who spend time in LUSI:

422	X69NGK	2004	CHEVY C1500	1GCEC19VX4Z270758	D. Gentilucci, AM-Plants
512	P162JW	2005	CHEVY TAHOE	1GNEC13585R199267	P. Flynn, RD
544	V983FN	2005	CHEVY C1500	1GCEK19V65Z314355	C. Schwades, AM-Coll/Dist
639	U726EM	2006	CHEVY C1500	1GCEK19Z26Z225726	S. Gosnell, PM
729	H971QV	2007	CHEVY TRAILBLZ	1GNDS13S572108957	S. Haws, Comp & Safety
818	V689VR	2008	TOYOTA HIGHLANDER	JTDS41A482011962	B. Gongre, RM

For Miles Grant, the vehicles are:

VEH #	TAG #	YEAR	MODEL	SERIAL NUMBER	DRIVER
302	I013CC	2003	CHEVY C1500	1GCEC14X33Z115217	R. Cooler, Operator
311	I008CC	2003	CHEVY C1500	1GCEC14X23Z114639	F. Eskew, Operator
510	Q872NB	2005	CHEVY C1500	1GCEC14T95Z174322	B. Stefano, Field Tech

Managers in Miles Grant:

453	X45WUY	2004	CHEVY C1500	2GCEC19T341374628	T. Wierzbicki, PM
454	X44WUY	2004	CHEVY C1500	1GCEC14X94Z335737	B. Coates, AM
512	P162JW	2005	CHEVY TAHOE	1GNEC13585R199267	P. Flynn, RD
728	H970QV	2007	CHEVY TRAILBLZ	1GNDS13S672194103	M. Wilson, RM
729	H971QV	2007	CHEVY TRAILBLZ	1GNDS13S572108957	S. Haws, Comp & Safety

For Wedgefield, the vehicles are:

VEH #	TAG #	YEAR	MODEL	SERIAL NUMBER	DRIVER
425	X84NGK	2004	CHEVY C1500	1GCEC14X24Z275249	Vacant operator position
430	X79NGK	2004	CHEVY C1500	1GCEC14X04Z271605	R. Holsapple, Operator
703	V291VI	2007	CHEVY COLORADO	1GCCS14E578115658	J. Coffee, Operator
503	Q735NB	2005	CHEVY COLORADO	1GCCS146658179178	C. Phillips, Meter reader
612	S998JY	2006	CHEVY COLORADO	1GCCS146768129150	C. Alday, Meter reader

Managers in Wedgefield:

428	X67NGK	2004	CHEVY TRAILBLZ	1GNDS13S442340667	K. Sillitoe, AM-Plants
509	P164JW	2005	CHEVY C1500	1GCEK19T35E230984	J. Marinelli, AM-Coll/Dist
512	P162JW	2005	CHEVY TAHOE	1GNEC13585R199267	P. Flynn, RD
659	V505VN	2006	CHEVY TRAILBLZ	1GNDS13S462302634	N. Carver, PM
729	H971QV	2007	CHEVY TRAILBLZ	1GNDS13S572108957	S. Haws, Comp & Safety
818	V689VR	2008	TOYOTA HIGHLANDER	JTDS41A482011962	B. Gongre, RM
9925	J45KLR	1999	CHEVY LUMINA	2G1WL52M1X917742	K. Sillitoe->AUCTION

Miles Grant Water and Sewer Company

Docket No.: 070695-WS

Martin County

**25.30.440 (10)
CUSTOMER COMPLAINTS**

Test Year Ended June 30, 2007

Subdivision : 00640 Route : 640 Service Order # : 174564
Account # : 006400201375 Customer Name : CUSANELLI , ANTHONY J
Address : 5841 SE RIVERBOAT #417 Phone # : (772) 223-8295
Entry Date : 05/21/07 Serv Ord Type : 32 Operator :
Comments : CUSTOMER STATES THAT WATER TASTES AND SMELLS OF A ROTTEN ODOR.
 : PAGED TO FRANK (S)
 : PLEASE RESOLVE- SEE CUSTOMER.

Due Date : 05/21/07 Cust/Comp Resp: COMP
Resolution Dte : 05/21/07
Resolution : FLUSHED HYDRANT.

JL/IC

=====
Subdivision : 00640 Route : 641 Service Order # : 174852
Account # : 006400303191 Customer Name : HANSONS LANDING ,
Address : POOL HOUSE Phone # : (407) 288-1477
Entry Date : 05/22/07 Serv Ord Type : 28 Operator :
Comments : LESTER WITH HANSONS LANDING ASSC CALLED TO REPORT THAT THE WATER PRESS.
 : HERE AT THE POOL HOUSE IS VERY LOW.
 : HE CAN BE CONTACTED AT:
 : 772-220-5865
 : PAGED TO : FRANK E

Due Date : 05/22/07 Cust/Comp Resp: COMP
Resolution Dte : 05/22/07
Resolution : METER WAS BAD AND REPLACED

FE/IC

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Subdivision : 00640 Route : 640 Service Order # : 174873
Account # : 006400200334 Customer Name : CURCHY , CHRISTOPHE
Address : 5688 SE RIVERBOAT DR #133 Phone # : (772) 283-2054
Entry Date : 05/22/07 Serv Ord Type : 29 Operator : MGWS
Comments : MS. CALLED DUE TO A WHITE FILM IN HER WATER. SHE WANTS IT CHECKED. SHE
 SAID THAT SHE WEARS CONTACTS AND AFTER WASHING HER HANDS H=THE RESIDUE
 CAUSES HER EYES TO BURN. SHE IS ALSO AFRAID TO BRUSH HER TEETH.
 PLEASE CHECK HER WATER & TAG THE DOOR WITH YOUR FINDINGS
 PAGED TO FRANK ESKEW

Due Date : 05/23/07 Cust/Comp Resp: COMP
Resolution Dte : 05/23/07
Resolution : SPOKE TO CUSTOMER AND EVERYTHING IS OK NOW.

FE/IC

=====
Subdivision : 00640 Route : 640 Service Order # : 174906
Account # : 006400200193 Customer Name : PISCITELLO , MARYANN
Address : 5644 SE RIVERBOAT DR #119 Phone # : (772) 781-1014
Entry Date : 05/22/07 Serv Ord Type : 29 Operator :
Comments : CUSTOMER WANTS TO KNOW WHY IS HER WATER CONSTANTLY RUSTY LOOKING ALL THE
 TIME IN HER BATHROOM TOILETS. PLEASE CALL CUSTOMER.

Due Date : 05/23/07 Cust/Comp Resp: COMP
Resolution Dte : 05/23/07
Resolution : FAXED TO MILES GRANT 3 TIMES FOR RESOLUTION.
 5-23-07 5-24-07 5-30-07

/IC

6-1-07 CALLED OWNER AND INFORMED HER THAT WE WOULD BE INCREASING THE
AMOUNT OF FLUSHING IN HER AREA AND TO CALL ME BACK FOR AN UPDATE.

JL/IC

(536) UBRSCORESP1 Report
Page 4

Utilities Inc, Billing System

Service Order Detail Report

Subdivision : 00640 Route : 640 Service Order # : 175268
Account # : 006400100074 Customer Name : BRASWELL , DONALD T
Address : 5473 SE MILES GR RD A204 Phone # : (561) 745-0202
Entry Date : 05/22/07 Serv Ord Type : 29 Operator :
Comments : CUSTOMER CALLED ANSWERING SERVICE ON 5-21-07 AND REPORTED DIRTY AND
 CLOUDY WATER COMING THRU PIPES. PLEASE RESOLVE

Due Date : 05/23/07 Cust/Comp Resp: COMP
Resolution Dte : 05/23/07
Resolution : FLUSHED THE HYDRANTS ON 5-22-07

FE/IC

=====
Subdivision : 00640 Route : 641 Service Order # : 175351
Account # : 006400304052 Customer Name : HASELTINE , BENJAMIN
Address : 6081 SE LANDING WAY #5 Phone # : (772) 286-4562
Entry Date : 05/23/07 Serv Ord Type : 29 Operator :
Comments : CUSTOMER COMPLAINING OF WHITE PARTICLES IN THE WATER. NOT DRINKABLE.
 PAGED JOHN L

Due Date : 05/23/07 Cust/Comp Resp: COMP
Resolution Dte : 05/23/07
Resolution : EXPLAINED TO CUSTOMER THE PROBLEM WE HAD, BUT IS OK NOW.

FE/IC

(536) UBRSORESPl Report
Page 5

Utilities Inc, Billing System

Service Order Detail Report

Subdivision : 00640 Route : 642 Service Order # : 176075
Account # : 006400401440 Customer Name : PINEAU , JOHN
Address : 5438 SE RUNNING OAK CIR Phone # : (561) 575-1260
Entry Date : 05/24/07 Serv Ord Type : 32 Operator :
Comments : CUSTOMER CALLED ANSWERING SERVICE ON 5-23-07 AND REPORTED WATER NOT
 DRINKABLE. PLEASE RESOLVE

Due Date : 05/25/07 Cust/Comp Resp: COMP
Resolution Dte : 05/25/07
Resolution : SPOKE W/CUSTOMER. THE PROBLEM WAS THE TASTE AND I FLUSHED THE AREA.

FE/IC

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Subdivision : 00640 Route : 640 Service Order # : 177063
Account # : 006400103022 Customer Name : DEGNAN , JEANNE
Address : 5333 SE MILES GR RD I202 Phone # : (508) 545-1719
Entry Date : 05/29/07 Serv Ord Type : 29 Operator : MGWS
Comments : CUSTOMER CALLED ABOUT SEDIMENT IN THE BATH WATER CLOSETS THAT LOOKS
 LIKE SAND. PLEASE CHECK AND CONTACT CUSTOMER AT 772-287-2347

Due Date : 05/30/07 Cust/Comp Resp: COMP
Resolution Dte : 05/30/07
Resolution : FLUSHED BOTH UP AND DOWN STREAM OF THIS BUILDING AND SPOKE TO THE
 CUSTOMER. IT IS NOW OK.

FE/IC

Service Order Detail Report

Subdivision : 00640 Route : 640 Service Order # : 184413
Account # : 006400200513 Customer Name : BOOTH , SALLY
Address : 5734 SE RIVERBOAT DR #215 Phone # : (407) 288-0273
Entry Date : 06/18/07 Serv Ord Type : 29 Operator :
Comments : CUSTOMER SAYS WATER IN KITCHEN SINK IS "BUBBLY" PLEASE CHECK AND Call
 Customer. WORK# 772-219-1081

Due Date : 06/19/07 Cust/Comp Resp: COMP
Resolution Dte : 06/19/07
Resolution : READING 63310

FE/IC

=====
Subdivision : 00640 Route : 640 Service Order # : 188386
Account # : 006400106011 Customer Name : MILES GRANT CLU ,
Address : 5101 SE MILES GRANT RD Phone # : (772) 286-2220
Entry Date : 06/27/07 Serv Ord Type : 30 Operator :
Comments : PLEASE CONTACT CLUBHOUSE 772-286-2220 X 101
 BILLY FROM THE CLUB HOUSE IS CONCERNED ABOUT THE WATER QUILITY IN MILES
 GR. THERE IS A BEIGE SEDIMENT IN THE TAP WATER.
 DISPACTHED CALL TO PLANT OPERATOR _____

Due Date : 06/27/07 Cust/Comp Resp: COMP
Resolution Dte : 06/27/07
Resolution : SPOKE TO CUSTOMER THEN FLUSHED THE NEAREST FIRE HYDRANT.

FE/IC

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(536) UBRSORESPl Report
Page 8

Utilities Inc, Billing System

Service Order Detail Report

Subdivision : 00640 Route : 642 Service Order # : 188928
Account # : 006400401460 Customer Name : PHIPPS , JEANNINE A
Address : 5454 SE RUNNING OAK CIR Phone # : (561) 781-9936
Entry Date : 06/28/07 Serv Ord Type : 30 Operator :
Comments : CUSTOMER SAYS THAT THE WATER HAS A BEIGE SEDIMENT IN IT AND IS NOT
 CONSUMABLE. DISPATCHED TO JOHN L

Due Date : 06/28/07 Cust/Comp Resp: COMP
Resolution Dte : 06/28/07
Resolution : I TALKED TO THE CUSTOMER AND TOLD HER THIS WAS DUE TO FLUSHING THE
 SYSTEM.

FE/IC

=====
Subdivision : 00640 Route : 640 Service Order # : 191894
Account # : 006400200579 Customer Name : ORLOSKI , WALT L
Address : 5748 SE RIVERBOAT DR #217 Phone # : (772) 260-4290
Entry Date : 07/09/07 Serv Ord Type : 32 Operator :
Comments : CUSTOMER CALLED DUE TO ODOR IN WATER - SMELLS LIKE WELL WATER.

PAGED TO JOHN L

Due Date : 07/10/07 Cust/Comp Resp: COMP
Resolution Dte : 07/10/07
Resolution : READ 154110
 FE/JS
 07/10/07

(536) UBRSORESP1 Report
Page 9

Utilities Inc, Billing System

Service Order Detail Report

Subdivision : 00640 Route : 640 Service Order # : 194726
Account # : 006400205001 Customer Name : RIVERPINES HOME ,
Address : POOL #1 Phone # : (727) 708-3536
Entry Date : 07/16/07 Serv Ord Type : 39 Operator :
Comments : PER SHERYL- WITH RIVERPINES ESTATES HOA
 : THE LIFT STATION ALARM IS GOING OFF.
 : DISPATCHED CALL TO FRANK S.

Due Date : 07/16/07 Cust/Comp Resp: COMP
Resolution Dte : 07/16/07
Resolution : TURNED OFF ALARM
 : FS/LYN

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Utilities Inc, Billing System

Service Order Detail Report

Subdivision : 00640 Route : 640 Service Order # : 198187
Account # : 006400206082 Customer Name : PAULIN , HERMINE
Address : 4899 SE HANSON CIR Phone # : (772) 220-1789
Entry Date : 07/25/07 Serv Ord Type : 32 Operator :
Comments : PER CUST REQ. STATED THAT THE WTER HAS A HIGH CHLORINE SWIMMING POOL
 : ODER, PLEASE TAG W/FINDINGS

Due Date : 07/25/07 Cust/Comp Resp: COMP
Resolution Dte : 07/25/07
Resolution : READING 338590
 : FLUSHED HYDRANT AND TAGGED DOOR. EVERYTHING OK NOW

FE/IC

=====
Subdivision : 00640 Route : 640 Service Order # : 203477
Account # : 006400101452 Customer Name : NELSON , EVELYN
Address : 5393 SE MILES GR RD A103 Phone # : (772) 287-7691
Entry Date : 08/08/07 Serv Ord Type : 43 Operator :
Comments : NO WATER-AND FPL TRUCKS IN AREA AND SOMEONE DUG UP HER YARD
 PAGED TO FRANK E; 11:44AM

Due Date : 08/08/07 Cust/Comp Resp: COMP
Resolution Dte : 08/08/07
Resolution : NEW METER# 34022791
 READING 930
 WATER WAS OFF DUE TO A METER REPLACEMENT.

FE/IC

Subdivision : 00640 Route : 640 Service Order # : 206408
Account # : 006400108010 Customer Name : BREWER , GORDON A
Address : 5762 HULL ST Phone # : (772) 286-5384
Entry Date : 08/16/07 Serv Ord Type : 28 Operator :
Comments : CUSTOMER HAS ZERO WATER PRESSURE IN HOME.
 DISPATCHED CALL TO:

Due Date : 08/16/07 Cust/Comp Resp: COMP
Resolution Dte : 08/16/07
Resolution : READING 1387730
 CUSTOMER IS GOING TO CALL SOMEONE OUT CHECK THE HOUSE VALVE. PRESSURE
 GOES FROM 51 PSI TO 20 PSI.

FE/IC

=====
Subdivision : 00640 Route : 640 Service Order # : 206688
Account # : 006400200639 Customer Name : THEODORES , GEORGE
Address : 5754 SE RIVERBOAT DR #223 Phone # : (561) 219-8408
Entry Date : 08/16/07 Serv Ord Type : 28 Operator :
Comments : CUST CALLED IN STATING PRESURE VERY LOW IN HOME.
 PAGED TO JOHN L

Due Date : 08/16/07 Cust/Comp Resp: COMP
Resolution Dte : 08/16/07
Resolution : READING 198620
 FLUSHED THE METER. OK NOW.

FE/IC

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Utilities Inc, Billing System

Service Order Detail Report

Subdivision : 00640 Route : 641 Service Order # : 208195
Account # : 006400304103 Customer Name : FARQUHAR , JOHN
Address : 6081 SE LANDING WAY #10 Phone # : (772) 631-8685
Entry Date : 08/21/07 Serv Ord Type : 28 Operator :
Comments : CUSTOMER CALLED STATING THIS UNIT HAS VERY LITTLE PRESSURE. PAGED FRANK
 E.

Due Date : 08/21/07 Cust/Comp Resp: COMP
Resolution Dte : 08/21/07
Resolution : NEW METER INSTALLED. METER# 34022779
 READING 0
 OLD METER# 42680790
 READING 439660
 FE/IC

=====
Subdivision : 00640 Route : 640 Service Order # : 209196
Account # : 006400201867 Customer Name : FIRST , OLGA
Address : 5964 SE RIVERBOAT DR #526 Phone # : (772) 287-4146
Entry Date : 08/23/07 Serv Ord Type : 36 Operator :
Comments : CUSTOMER SAYS THAT SEWER IS BLOCKED AND BACKING UP INTO UNIT.
 DISPATCHED CALL TO FRANK S
 CUSTOMER TELEPHONE 772-285-5174

Due Date : 08/23/07 Cust/Comp Resp: COMP
Resolution Dte : 08/23/07
Resolution : THIS IS ON THE CUSTOMER'S SIDE.

FE/IC

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Utilities Inc, Billing System
Service Order Detail Report

Subdivision : 00640 Route : 640 Service Order # : 209993
Account # : 006400100923 Customer Name : LEE , ELMER R
Address : 5413 SE MILES GR RD G104 Phone # : (407) 223-9529
Entry Date : 08/24/07 Serv Ord Type : 39 Operator :
Comments : CUSTOMER SAYS THAT L/S ALARM IN FRONT OF PLANT IS GOING OFF.
 DISPATCHED TO JOHN LISLE.

Due Date : 08/24/07 Cust/Comp Resp: COMP
Resolution Dte : 08/24/07
Resolution : IT WAS A WATER PLANT ALARM PROBLEM TAKEN CARE OF WITHIN AN HOUR.

FE/IC

=====
Subdivision : 00640 Route : 640 Service Order # : 211267
Account # : 006400201875 Customer Name : DELANEY , NANCY
Address : 5966 SE RIVERBOAT DR #527 Phone # : (407) 221-9288
Entry Date : 08/28/07 Serv Ord Type : 36 Operator :
Comments : CUSTOMER CALLED ANSWERING SERVICE ON 8-27-07 AND REPORTED A BACKUP IN
 SEWER MAIN LINE. PLEASE RESOLVE

Due Date : 08/29/07 Cust/Comp Resp: COMP
Resolution Dte : 08/29/07
Resolution : THIS IS THE CUSTOMER'S RESPONSIBILITY.

FE/IC

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Utilities Inc, Billing System

Service Order Detail Report

Subdivision : 00640 Route : 640 Service Order # : 213409
Account # : 006400107101 Customer Name : BERARD , CATHERINE
Address : 5934 SE HORSESHOE POINT RD Phone # : (772) 286-4843
Entry Date : 09/05/07 Serv Ord Type : 28 Operator :
Comments : LOW PRESSURE-TAG WITH FINDINGS

Due Date : 09/06/07 Cust/Comp Resp: COMP
Resolution Dte : 09/06/07
Resolution : CHECK PRESSURE AND PRESSURE IS VERY GOOD.

FE/IC

=====
Subdivision : 00640 Route : 640 Service Order # : 214854
Account # : 006400206082 Customer Name : PAULIN , HERMINE
Address : 4899 SE HANSON CIR Phone # : (772) 220-1789
Entry Date : 09/10/07 Serv Ord Type : 32 Operator :
Comments : CUSTOMER CALLED ANSWERING SERVICE ON 9-7-07 AND REPORTED VERY POOR AND
 BAD WATER. PLEASE RESOLVE

Due Date : 09/11/07 Cust/Comp Resp: COMP
Resolution Dte : 09/11/07
Resolution : FLUSHED HYDRANTS AND SPOKE TO CUSTOMER.

FE/IC

Subdivision : 00640 Route : 640 Service Order # : 216648
Account # : 006400103492 Customer Name : GORDON , HOWARD
Address : 5303 SE MILES GR RD L101 Phone # : (201) 835-9356
Entry Date : 09/13/07 Serv Ord Type : 36 Operator :
Comments : MAINTAINCE MAN _ROBERT STATES THAT THERE IS A SEWER BACK UP AT THIS
 RESIDENCE.
 DISPATCHED CALL TO FRANK E

Due Date : 09/13/07 Cust/Comp Resp: COMP
Resolution Dte : 09/13/07
Resolution : LINE UNCLOGGED
 READING 948090

FE/IC

=====
Subdivision : 00640 Route : 640 Service Order # : 220462
Account # : 006400206272 Customer Name : DAVIS , CHARLES L
Address : 5130 SE HANSON CIR Phone # : (407) 287-1615
Entry Date : 09/24/07 Serv Ord Type : 43 Operator :
Comments : CUSTOMER CALLED ANSWERING SERVICE ON 9-23-07 AND REPORTED NO WATER.
 PLEASE RESOLVE

Due Date : 09/25/07 Cust/Comp Resp: COMP
Resolution Dte : 09/25/07
Resolution : READING 120350
 CUSTOMER'S HOUSE VALVE WAS CLOSED. THEY FIXED PROBLEM.

 FE/IC

=====
Subdivision : 00640 Route : 640 Service Order # : 229591
Account # : 006400105121 Customer Name : CASEY , LAWRENCE C
Address : 5570 SE MILES GR RD Phone # : (772) 781-2692
Entry Date : 10/17/07 Serv Ord Type : 40 Operator :
Comments : CUSTOMER SAID THAT IN INSTALLING NEW HYDRANT WE HAD BROKEN HIS IRRG LINE
 THEREFORE MAKING IT IMPOSSIBLE FOR HIM TO IRRIGATE LAWN.
 PAGED SCOTT S

Due Date : 10/17/07 Cust/Comp Resp: COMP
Resolution Dte : 10/17/07
Resolution : SPOKE W/CUSTOMER AND FOUND THE BREAK. ADVISED IT WILL BE REPAIRED
 ASAP.

 FE/IC

=====
Subdivision : 00640 Route : 640 Service Order # : 233402
Account # : 006400105131 Customer Name : NELSON , SUSAN H
Address : 5590 SE MILES GR RD Phone # : (772) 220-1755
Entry Date : 10/29/07 Serv Ord Type : 40 Operator :
Comments : CUSTOMER SAYS THAT WHEN INSTALLING/REPAIRING OUR HYDRANT WE DUG UP
 AND BROKE HIS DOGS "INVISIBLE"FENCE AND IT NEEDS TO BE REPAIRED AND THE
 YARD CLEANED UP. PLEASE RESOLVE. TAG DOOR IF RESIDENT IS NOT HOME PLEASE

Due Date : 10/29/07 Cust/Comp Resp: COMP
Resolution Dte : 10/29/07
Resolution : READING 4961260
 SPOKE W/CUSTOMER. HE WILL HAVE COMPANY FOR FENCE TO REPAIR ON 11-5-07
 AND SUBMIT FOR REINBURSEMENT TO UI. DAMAGED BY CONTRACTOR WHEN
 REPLACING HYDRANT.

BC/IC

Subdivision : 00640 Route : 640 Service Order # : 235389
Account # : 006400108110 Customer Name : TERRY , SULLIVAN C
Address : 4151 SE PETERSON LN Phone # : (561) 286-2169
Entry Date : 11/02/07 Serv Ord Type : 32 Operator :
Comments : CUSTOMER CALLED IN A BAD SMELL IN THE WATER. PLEASE CHECK. PAGED FRANK
 E.

Due Date : 11/02/07 Cust/Comp Resp: COMP
Resolution Dte : 11/02/07
Resolution : PROBLEM WAS SMALL AND FIXED ASAP. FLUSHED THE LINE.

FE/IC

=====
Subdivision : 00640 Route : 642 Service Order # : 237943
Account # : 006400401661 Customer Name : PETRIC , CHRISTIAN
Address : 5016 SE BENTWOOD DR Phone # : (772) 220-6701
Entry Date : 11/09/07 Serv Ord Type : 32 Operator : MGWS
Comments : MR. CALLED DUE TO TASTE OF HIS WATER.
 HE SAID IT TASTES LIKE DEAD FISH.
 PLEASE CHECK IT OUT AND TALK WITH CUSTOMER OR TAG DOOR.

Due Date : 11/09/07 Cust/Comp Resp: COMP
Resolution Dte : 11/09/07
Resolution : READING 946150
 FLUSHED HYDRANT FOR 45 MINUTES.

FE/IC

=====
Subdivision : 00640 Route : 640 Service Order # : 238864
Account # : 006400206501 Customer Name : ASHER , WILLIAM C
Address : 4880 SE HANSON CIR Phone # : (772) 283-5631
Entry Date : 11/12/07 Serv Ord Type : 28 Operator : MGWS
Comments : MR. CALLED THE ANSWERING SERVICE ON SUNDAY 11/11/07 DUE TO LOW PRESSURE
 HE IS NOW CALLING FOR YOUR FINDINGS.

PLEASE PROVIDE RESOLUTION. MR. WILL BE CALLING US BACK...

Due Date : 11/12/07 Cust/Comp Resp: COMP
Resolution Dte : 11/12/07
Resolution : READING 771280
 METER BROKEN AND CAP. NEEDS REPLACEMENT.

FE/IC

Account # : 006400206293 Customer Name : WILSON , JOHN R
Address : 5040 SE HANSON CIR Phone # : (772) 287-7071
Entry Date : 11/19/07 Serv Ord Type : 28 Operator :
Comments : PLEASE OBTAIN READING CUSTOMER HAS LOW PRESSURE PLEASE CHECK
PRESSURE AND INFORM CUSTOMER OF FINDINGS.

CUSTOMER CALLED IN PER FIELD REQUEST

Due Date : 11/20/07 Cust/Comp Resp: COMP
Resolution Dte : 11/20/07
Resolution : NEW METER# 34626318
READING 0

FE/IC

=====
Subdivision : 00640 Route : 640 Service Order # : 242573
Account # : 006400104133 Customer Name : WEED , ELIZABETH
Address : 5163 SE MILES GR TER Phone # : (718) 634-9078
Entry Date : 11/26/07 Serv Ord Type : 28 Operator :
Comments : CUST CALLED WITH LOW WATER PRESSURE COMPLAINT
PAGED TO JOHN L

Due Date : 11/26/07 Cust/Comp Resp: COMP
Resolution Dte : 11/26/07
Resolution : 11/26/07 VERIFIED PSI AT HOME. OWNER KNOWS PROBLEM IS WITH HIS SHOWER
HEAD NOT OURS SUPPLY. READ 716560.
JS/TEMP

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Subdivision : 00640 Route : 640 Service Order # : 248338
Account # : 006400200183 Customer Name : GREGER , TOM
Address : 5646 SE RIVERBOAT DR #118 Phone # : (772) 283-8609
Entry Date : 12/11/07 Serv Ord Type : 28 Operator :
Comments : CUSTOMER IS HAVING OFF AND ON LOW PRESSURE. PAGED FRANK E.

Due Date : 12/11/07 Cust/Comp Resp: COMP
Resolution Dte : 12/11/07
Resolution : FLUSHED METER. READING 32670
 PRESSURE OK NOW.

FE/IC

=====
Subdivision : 00640 Route : 640 Service Order # : 248534
Account # : 006400101136 Customer Name : SELVIN , GRANT K
Address : 5403 SE MILES GR RD H202 Phone # : (772) 286-3939
Entry Date : 12/11/07 Serv Ord Type : 28 Operator :
Comments : CUSTOMER CALLED ANSWERING SERVICE ON 12-8-07 AND REPORTED LOW PRESSURE.
 PLEASE RESOLVE

Due Date : 12/13/07 Cust/Comp Resp: COMP
Resolution Dte : 12/13/07
Resolution : HIGH SERVICE PUMP FAILURE CAUSED LOW PSI IN DIST. SYSTEM.

JL/IC

Subdivision : 00640 Route : 640 Service Order # : 248536
Account # : 006400103611 Customer Name : WALSH , WILLIAM F
Address : 5201 SE SEA ISLAND WAY Phone # : (407) 286-1023
Entry Date : 12/11/07 Serv Ord Type : 43 Operator :
Comments : CUSTOMER CALLED ANSWERING SERVICE ON 12-8-07 AND REPORTED NO WATER.
 PLEASE RESOLVE

Due Date : 12/13/07 Cust/Comp Resp: COMP
Resolution Dte : 12/13/07
Resolution : HIGH SERVICE PUMP PROBLEM CAUSED LOW SYSTEM PSI PROBLEMS.

JL/IC

=====
Subdivision : 00640 Route : 640 Service Order # : 127164
Account # : 006400202966 Customer Name : RASK , PAMELA
Address : 6037 SE RIVERBOAT DR #816 Phone # : (212) 381-7035
Entry Date : 01/02/07 Serv Ord Type : 35 Operator :
Comments : CUSTOMER IS CALLING DUE TO BROKEN SEWER LINE (COLLAPSED) ON PROPERTY
 PLEASE CHECK TO SEE IF THE ASSOCIATION IS RESPONSIBLE OR UTILITIES
 FOR REPAIR OF PIPING.
 INFORM CUSTOMER OF FINDINGS AND ADVISE ACCORDINGLY.
 PAGED TO NICK - PROBLEM IS 7 TO 8FT BEYOND CLEANOUT.

Due Date : 01/02/07 Cust/Comp Resp: COMP
Resolution Dte : 01/02/07
Resolution : I SPOKE W/CUSTOMER AND HE STATED THAT HIS SEWER BACKED UP. HE CALLED A
 PLUMBER WHO REMOVED BLOCKAGE FROM SEWER. PLUMBER ALSO FOUND A COLLAPSED
 SEWER PIPE. PER SCOTT STEWART, KRK WILL RESPOND TO CAMERA THE LINE AND
 GIVE AN ESTIMATE TO REPAIR PIPE.

NICK/IC

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Subdivision : 00640 Route : 641 Service Order # : 127339
Account # : 006400303073 Customer Name : SANDORA , JOHN
Address : 6041 SE LANDING WAY #7 Phone # : () -
Entry Date : 01/02/07 Serv Ord Type : 43 Operator :
Comments : CUSTOMER CALLED ANSWERING SERVICE ON 1-1-07 AND REPORTED NO WATER.
 PLEASE RESOLVE

Due Date : 01/03/07 Cust/Comp Resp: COMP
Resolution Dte : 01/03/07
Resolution : THE WRONG VALVE WAS TURNED OFF FOR 10 MINUTES.

FE/IC

=====
Subdivision : 00640 Route : 640 Service Order # : 128996
Account # : 006400102744 Customer Name : MAHONY , WILLIAM
Address : 5335 SE MILES GR RD H209 Phone # : (978) 469-9499
Entry Date : 01/08/07 Serv Ord Type : 29 Operator :
Comments : PER CUST SAID WTR IS CLOUDY AND HAS NOT CLEARED FOR THE PAST FEW HOURS
 PLEASE CHECK TO SEE WHAT IS GOING ON AND TAG DOOR W/FINDINGS

Due Date : 01/08/07 Cust/Comp Resp: COMP
Resolution Dte : 01/08/07
Resolution : WE ARE FLUSHING THE SYSTEM AND WILL BE DOING SO FOR ABOUT 2 WEEKS.

FE/IC

Subdivision : 00640 Route : 640 Service Order # : 129161
Account # : 006400103843 Customer Name : FELGAR , RONALD J
Address : 5255 SE SEA ISLAND WAY Phone # : (772) 781-4466
Entry Date : 01/08/07 Serv Ord Type : 29 Operator :
Comments : PER CUST REQUESTED TO HAVE A FIELD TECH CALL HER HAS A RECURRING
 PROBLEM SAID HER WATER IS CLOUDY FROM TIME TO TIME AND IS CLOUDY TODAY
 WANTS TO KNOW IF WATER IS SAFE FOR DRINKING ALSO PLEASE CALL CUST AND
 IS HOME

Due Date : 01/08/07 Cust/Comp Resp: COMP
Resolution Dte : 01/08/07
Resolution : CALLED THE CUSTOMER AND TOLD HER THAT WE WOULD BE FLUSHING THE HYDRANTS
 AND WILL BE DOING SO FOR THE NEXT WEEK TO TWO WEEKS.

FE/IC

=====
Subdivision : 00640 Route : 640 Service Order # : 129547
Account # : 006400206243 Customer Name : BOND , JOYCE
Address : 4840 SE HANSON CIR Phone # : (772) 219-9192
Entry Date : 01/09/07 Serv Ord Type : 29 Operator :
Comments : CUSTOMER SAYS WATER IS VERY CLOUDY. PLEASE CHECK. PAGED FRANK

Due Date : 01/09/07 Cust/Comp Resp: COMP
Resolution Dte : 01/09/07
Resolution : HYDRANTS WILL BE FLUSHED FOR THE NEXT 2 WEEKS. IT SHOULD DIMINISH WITHIN
 A FEW DAYS.

FE/IC

Subdivision : 00640 Route : 640 Service Order # : 129705
Account # : 006400206432 Customer Name : WEBSTER , MARIE
Address : 5010 SE HANSON CIR Phone # : (561) 286-7727
Entry Date : 01/09/07 Serv Ord Type : 29 Operator :
Comments : CUSTOMER CALLED DUE TO DARK WATER IN TOILET THEN IT BECAME CLOUDY
 IN TOILET AND KITCHEN SINK. *SENT TO FIELD 1/9/07

PAGED TO FRANK ESKEW.

Due Date : 01/09/07 Cust/Comp Resp: COMP
Resolution Dte : 01/09/07
Resolution : WE ARE FLUSHING THE WATER SYSTEM AND WILL BE FOR ABOUT 2 WEEKS.

FE/IC

=====
Subdivision : 00640 Route : 640 Service Order # : 132518
Account # : 006400107150 Customer Name : GRIEN , PETER
Address : 4201 SE PETERSON LN Phone # : (772) 283-0826
Entry Date : 01/17/07 Serv Ord Type : 26 Operator :
Comments : BREAK AT METER, READ AND DO NECESSARY REPAIRS
 PAGED TO FRANK E;12:48PM

Due Date : 01/17/07 Cust/Comp Resp: COMP
Resolution Dte : 01/17/07
Resolution : RESOLVED 1*23-07
 NO METER AT THIS SITE. CURB STOP WAS BROKEN AND REPAIRED.

JL/IC

(Subdivision : 00640 Route : 641 Service Order # : 133306
Account # : 006400304062 Customer Name : CARROLL , RICHARD
Address : 6081 SE LANDING WAY #6 Phone # : (561) 216-9203
Entry Date : 01/19/07 Serv Ord Type : 43 Operator :
Comments : CUSTOMER CALLED ANSWERING SERVICE ON 1-17-07 AND STATED WATER WAS NOT
 TURNED ON. PLEASE RESOLVE

Due Date : 01/22/07 Cust/Comp Resp: COMP
Resolution Dte : 01/22/07
Resolution : READING 408180
 TURNED ON

FE/IC

=====
Subdivision : 00640 Route : 640 Service Order # : 136957
Account # : 006400203307 Customer Name : SMITH , GEANNEL
Address : 6146 SE RIVERBOAT DR #918 Phone # : (800) 432-4083
Entry Date : 01/30/07 Serv Ord Type : 43 Operator :
Comments : NEIGHBOR CALLED WHO IS DOING HOUSEWORK IN THIS HOME FOR CUSTOMER USING
 WATER STATED THAT THE WATER SUDDENLY CUT OFF.
 PAGED TO NICK C.

Due Date : 01/30/07 Cust/Comp Resp: COMP
Resolution Dte : 01/30/07
Resolution : THE WATER WAS TURNED OFF 1-26-07. HOMEOWNER NEEDS TO CALL THE OFFICE,
 NOT NEIGHBOR.

FE/IC

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Subdivision : 00640 Route : 640 Service Order # : 138783
Account # : 006400104353 Customer Name : ANIUNAS , CASIMIR
Address : 5132 SE MILES GR TER Phone # : (772) 287-2179
Entry Date : 02/05/07 Serv Ord Type : 36 Operator : MGWS
Comments : CUSTOMER CALLED THE ANSWERING SERVICE ON 2/4/07 TO REPORT SEWER
 BACK UP IN BOTH TOILETS.

PLEASE PROVIDE RESOLUTION

Due Date : 02/05/07 Cust/Comp Resp: COMP
Resolution Dte : 02/05/07
Resolution : REC'D FROM FIELD 2-12-07
 FOUND LINE TO BE BLOCKED. CALLED KRK TO UNCLOG THE LINE. SCOTT STEWART
 IN CHARGE OF REPAIR.

FE/IC

Subdivision : 00640 Route : 640 Service Order # : 145635
Account # : 006400106092 Customer Name : MILES GRANT GOL ,
Address : 5300 SE MILES GR RD Phone # : () -
Entry Date : 02/26/07 Serv Ord Type : 43 Operator :
Comments : CUSTOMER CALLED DUE TO NO WATER @ MAINT SHOP - CUSTOMER ALSO CALLED
 OVER WEEKEND.
 FRANK WILL ARRIVE TODAY WITHIN 15 MIN. TIME 10:50AM 2/26/07.KIM

Due Date : 02/26/07 Cust/Comp Resp: COMP
Resolution Dte : 02/26/07
Resolution : HOUSE VALVE WAS CLOSED

FE/IC

=====
Subdivision : 00640 Route : 640 Service Order # : 147480
Account # : 006400104145 Customer Name : COBB , EWELL
Address : 5153 SE MILES GR TER Phone # : (772) 272-9153
Entry Date : 03/02/07 Serv Ord Type : 28 Operator : MGWS
Comments : MR. CALLED DUE TO LOW PRESSURE.
 CHECK PRESSURE AND TAG DOOR WITH YOUR FINDINGS.

Due Date : 03/05/07 Cust/Comp Resp: COMP
Resolution Dte : 03/05/07
Resolution : MR=1545273
 LOW PRESSURE DUE TO WORK ON WATER PLANT 3/7/07
 SHORT PROBLEM NEVER BELOW 30psi.
 JL/LYN

=====
Subdivision : 00640 Route : 640 Service Order # : 148607
Account # : 006400200682 Customer Name : FLORENCE , J PAUL
Address : 5762 SE RIVERBOAT DR #228 Phone # : (772) 288-0087
Entry Date : 03/06/07 Serv Ord Type : 29 Operator :
Comments : CUSTOMER CALLED DUE TO YELLOW AND CLOUDY WATER
 PAGED TO FRANK E

Due Date : 03/06/07 Cust/Comp Resp: COMP
Resolution Dte : 03/06/07
Resolution : READING 42240
 COLOR IS DUE TO NEW TREATMENT AT THE WATER PLANT.

 FE/IC

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Subdivision : 00640 Route : 640 Service Order # : 148945
Account # : 006400201646 Customer Name : BROWN *, DEAN
Address : 5908 SE RIVERBOAT DR #504 Phone # : (772) 221-1608
Entry Date : 03/07/07 Serv Ord Type : 43 Operator :
Comments : NO WATER-PAGED TO JOHN L; 12:14PM

Due Date : 03/07/07 Cust/Comp Resp: COMP
Resolution Dte : 03/07/07
Resolution : CUSTOMER HAD LOW PRESSURE. IT IS OK NOW.

FE/IC

=====
Subdivision : 00640 Route : 640 Service Order # : 149699
Account # : 006400108130 Customer Name : GRATON , WALDO
Address : 4131 SE PETERSON LN Phone # : (772) 834-6554
Entry Date : 03/09/07 Serv Ord Type : 43 Operator :
Comments : CUST CALLED SAID SHE LOST WTR PRESSURE HAS NO WTR ABOUT 10 MINUTES AGO
 PAGED TO (BS). PLEASE RESOLVE

Due Date : 03/09/07 Cust/Comp Resp: COMP
Resolution Dte : 03/09/07
Resolution : HER PLUMBER TURNED WATER OFF TO HOUSE.
 JL/LYN

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Service Order Detail Report

Subdivision : 00640 Route : 640 Service Order # : 150700
Account # : 006400107101 Customer Name : BERARD , CATHERINE
Address : 5934 SE HORSESHOE POINT RD Phone # : (772) 286-4843
Entry Date : 03/13/07 Serv Ord Type : 28 Operator :
Comments : PLEASE CK CUST'S WTR PRESSURE CUST IS EXPERIENCING LOW WTR PRESSURE
 FROM TIME TO TIME. ALSO TAG DOOR WITH FINDINGS AND WTR PRESSURE INFO.
 THANKS

Due Date : 03/14/07 Cust/Comp Resp: COMP
Resolution Dte : 03/14/07
Resolution : CUSTOMER MADE THE SAME COMPLAINT ABOUT 3 MOS. AGO. THEY NEED TO CALL AND
 SET UP A TIME WE CAN TEST. THIS IS A LOCKED PROPERTY.

FE/IC

=====
Subdivision : 00640 Route : 640 Service Order # : 156970
Account # : 006400200334 Customer Name : CURCHY , CHRISTOPHE
Address : 5688 SE RIVERBOAT DR #133 Phone # : (772) 283-2054
Entry Date : 03/30/07 Serv Ord Type : 29 Operator :
Comments : CUSTOMER CALLED DUE TO YELLOWISH WATER. PLEASE CHECK AND FLUSH AREA
 IF NEEDED.
 PLEASE TAG OR INFORM CUSTOMER THAT WE HAVE BEEN OUT TODAY.

Due Date : 03/30/07 Cust/Comp Resp: COMP
Resolution Dte : 03/30/07
Resolution : FLUSHED THE AREA AND TAGGED THE DOOR.

FE/IC