

LAKE COUNTY

**Holiday Haven WTF
Holiday Haven WWTF
Imperial Terrace**

Docket No. 080121-WS

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

Florida

**Volume 5
Book 2
Set 5 of 16
Part 3 of 8**

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

DOCUMENT NUMBER - DATE
04310 MAY 22 08
FPSC - COMMISSION CLERK

Aqua Utilities Florida, Inc.



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: January, 2007	
Consecutive System Name: Holiday Haven	PWS Identification Number: 3354886
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 127	Total Population Served at End of Month: 381
Consecutive System Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquaaamerica.com	

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: January, 2007	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	3.0		17		
2			18	2.8	
3	2.6		19		
4			20		
5	2.8		21		
6			22	2.8	
7			23		
8	3.0		24		
9			25	3.0	
10			26		
11	2.6		27		
12			28		
13			29	3.2	
14			30		
15	2.8		31	2.8	
16					

III. Certification by Authorized Representative

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

Signature and Date: 2/7/07

Paul Thompson
Printed or Typed Name

A7251
License Number or Title

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080
 4155 St. Johns Parkway Suite 1300 Sanford, FL 32771 FDOH # E83509
 307 Coolidge Ave. Lehigh Acres, FL 33936 FDOH # E85370
 16331 Cortez Blvd. Brooksville, FL 3460 FDOH # E84418

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

HBEL Report Number: 212 7607 Sub-Contract Lab ID: _____

Lab Receipt Date and Time: 1/3/07 1220

Analysis Method Requested:
 ColiAlert Membrane Filtration PWS I.D. 3354886

Received for Laboratory By: Paul

System Name: Holiday Haven #6411

Analysis Date and Time: 1/3/07 1638

System Address: Pearl St

Sample Acceptance Criteria:

Sample Preservation On Ice Not On Ice 69°C
 Disinfectant Check Not Detected >0.1 mg/l

City: Astor System or Owner's Phone #: 386-329-1127 Fax #: 386-329-9977

Collector: David Haring Collector's Phone #: SAME

Relinquished By: David Haring Received By: [Signature] Relinquished By: [Signature]

Date/Time: 31 JAN 07 / 1000 Date/Time: 1/3/07 Date/Time: 1/3/07 12:20

Type of Supply: (check only one)
 Community Water System Noncommunity Water System Nontransient-Noncommunity Water System Limited Use System
 Private Well Swimming Pool Bottled Water Other consecutive

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

Sample Collection Date(s): 31 JAN 07

LABORATORY CERTIFICATE OF ANALYSIS

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

Fecal (MF) SM9221E E. coli (MF) EC+MUG (ColiAlert) SM9223B

Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd mg/L	pH
<u>104</u>	<u>55646 Lee St</u>	<u>0705</u>	<u>D</u>	<u>2.8</u>	<u>/</u>
<u>105</u>	<u>55647 Keith St</u>	<u>0714</u>	<u>D</u>	<u>2.6</u>	<u>/</u>

Non Coliform	Total Coliform	Fecal or E. Coll	Data Qual. ²	Lab Sample Number
	<u>A</u>			<u>2127607001</u>
	<u>A</u>			<u>2127607002</u>

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 2.7

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

Disinfectant Residual Analysis Method: DPD Colorimetric Other
 Person performing analysis is: C14091
 A certified operator (# C14091) Employed by a certified lab
 Supervised by a certified operator (# _____) Employed by DEP or DOH

Report authorized by: [Signature] Technical Director or Designee

Date: 1/5/07 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

Name and Mailing Address of Person/Firm to Receive Report
AQUA Utilities
930 SOUTH SR 19 SUITE 3
PALATKA FL 32177



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



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: February, 2007	
Consecutive System Name: Holiday Haven	PWS Identification Number: 3354886
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 127	Total Population Served at End of Month: 381
Consecutive System Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquaaamerica.com	

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: February, 2007	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.8		17		
2			18		
3			19	3.0	
4			20		
5	3.2		21		
6			22	3.0	
7			23		
8	3.4		24		
9			25		
10			26		
11			27	3.0	
12	3.5		28		
13			29		
14			30		
15	3.4		31		
16					

III. Certification by Authorized Representative

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

 Signature and Date	3/7/07 Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

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

Lab Receipt Date and Time: 2/7/07 1230
 Received for Laboratory By: [Signature]
 Analysis Date and Time: 2/7/07 1650
 Sample Acceptance Criteria:
 Sample Preservation On Ice Not On Ice 3.8°C
 Disinfectant Check Not Detected >0.1 mg/l

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080
 4155 St. Johns Parkway Suite 1300 Sanford, FL 32771 FDOH # E83509
 307 Coolidge Ave. Lehigh Acres, FL 33936 FDOH # E85370
 16331 Cortez Blvd. Brooksville, FL 3460 FDOH # E84418

HBEL Report Number: 2127864 Sub-Contract Lab ID: _____

Analysis Method Requested:
 Coli-ert Membrane Filtration PWS I.D. 3354886

System Name: Holiday Haven #6411
 System Address: Pearl St

City: Astor System or Owner's Phone #: 386-329-1122 Fax #: 386-329-9977
 Collector: David Haring Collector's Phone #: SAME

Relinquished By: David Haring Received By: [Signature] Relinquished By: [Signature]
 Date/Time: 7 Feb 07 1000 Date/Time: 2/7/07 Date/Time: 2/7/07 1230

Type of Supply: (check only one)
 Community Water System Noncommunity Water System Nontransient-Noncommunity Water System Limited Use System
 Private Well Swimming Pool Bottled Water Other corsecutive

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

Sample Collection Date(s): 6 Feb 07

LABORATORY CERTIFICATE OF ANALYSIS

Total Coliform Analysis Method: (MF) SM9222B (Coli-ert) SM9223B
 Fecal (MF) SM9221E E. coli (MF) EC+MUG (Coli-ert) SM9223B

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. ²	Lab Sample Number
	A			2127864 001
	A			2127864 002

TO BE COMPLETED BY COLLECTOR OF SAMPLE

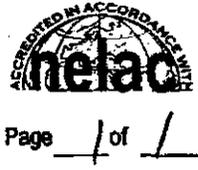
Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd mg/L	pH
103	55745 Carl St	1400	D	3.4	/
104	55734 Sam St	1415	D	3.4	/

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 3.4

Disinfectant Residual Analysis Method: DPD Colorimetric Other
 Person performing analysis is:
 A certified operator (# 214091) Employed by a certified lab
 Supervised by a certified operator (# _____) Employed by DEP or DOH

Key: P - Present A - Absent C - Confluent Growth
 TNTC - Too Numerous to Count TA - Turbid
 L.C.A. - Absence of gas or acid
 Report authorized by: [Signature] Analyst: Rue
 Date: 2/6/07 Technical Director or Designee
 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

Name and Mailing Address of Person/Firm to Receive Report
AQUA UTILITIES
930 SOUTH SR19 SUITE 3
PALATKA FL 32177



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

¹ DEP Sample Types: D-Distribution (Routine Compliance); C-Repeat or Check; R-Raw; N-Entry to Distribution; P-Plant Tap; S-Special (clearance, etc.) ² Defined in Florida Administrative Code Rule 62-160
 Top Form - ORIGINAL FORM # 1975 - PRINTING BY HEARN Middle Form - LABORATORY Pink Form - CLIENT

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080
 4155 St. Johns Parkway Suite 1300 Sanford, FL 32771 FDOH # E83509
 307 Coolidge Ave. Lehigh Acres, FL 33936 FDOH # E85370
 16331 Cortez Blvd. Brooksville, FL 3460 FDOH # E84418

HBEL Report Number: 2128152 Sub-Contract Lab ID: _____

Analysis Method Requested:

Coli-ert Membrane Filtration PWS I.D. 3354886

System Name: Holiday Haven #6411

System Address: Pearl St

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

Collector: David Haring Collector's Phone #: 386-937-1091

Relinquished By: David Haring Received By: [Signature] Relinquished By: [Signature]

Date/Time: 14 Mar 07/1000 Date/Time: 3/14/07 Date/Time: 3/14/07 11:30

Type of Supply: (check only one)
 Community Water System Noncommunity Water System Nontransient-Noncommunity Water System Limited Use System
 Private Well Swimming Pool Bottled Water Other CONSTRUCTION

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

Sample Collection Date(s): 13/14/07

LABORATORY CERTIFICATE OF ANALYSIS

Total Coliform Analysis Method: (MF) SM9222B (Coli-ert) SM9223B

Fecal (MF) SM9221E E. coli (MF) EC+MUG (Coli-ert) SM9223B

TO BE COMPLETED BY COLLECTOR OF SAMPLE					
Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd mg/L	pH
110	55646 Lee St	1600	D	3.5	/
111	55647 Keith St	1610	D	3.5	/

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. ²	Lab Sample Number
	A			2128156001
	A			2128156002

RECEIVED
APR 13 2007
DEP Central Dist.

This bacteriological report was received at DEP on APR 13 2007. Florida Administrative Code requires that all reports be reported by the 10th of the month following the date of sampling. Please always send results to DEP as soon as possible after analysis to prevent computer generated violations and possible enforcement action.

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 3.5

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

Disinfectant Residual Analysis Method: DPD Colorimetric Other
Person performing analysis is:
 A certified operator (# C14091) Employed by a certified lab
 Supervised by a certified operator (# _____) Employed by DEP or DOH

Report authorized by: [Signature] Technical Director or Designee
Date: 3/16/07 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

Name and Mailing Address of Person/Firm to Receive Report
Aqua Utilities
930 South SR 19 Suite 3
PALATKA FL 32177



Page 1 of 1

Satisfactory Rec'd late Repeat Samples Required
 Incomplete Collection Information Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: [Signature]

¹ DEP Sample Types: D=Distribution (Routine Compliance); C=Repeat or Check; R=Raw; N=Entry to Distribution; P=Plant Tap; S=Special (clearance, etc.) ² Defined in Florida Administrative Code Rule 62-160



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: March, 2007	
Consecutive System Name: Holiday Haven	PWS Identification Number: 3354886
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 127	Total Population Served at End of Month: 381
Consecutive System Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquaamerica.com	

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: March, 2007	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	3.2		17		
2			18		
3			19	3.5	
4			20		
5	3.2		21		
6			22	3.5	
7			23		
8	3.2		24		
9			25		
10			26	3.5	
11			27		
12	3.0		28		
13			29	3.0	
14			30		
15	3.5		31	3.4	
16					

III. Certification by Authorized Representative

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

Signature and Date: **4/5/07**

Paul Thompson
Printed or Typed Name

A7251
License Number or Title

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080
 4155 St. Johns Parkway Suite 1300 Sanford, FL 32771 FDOH # E83509
 307 Coolidge Ave. Lehigh Acres, FL 33936 FDOH # E85370
 16331 Cortez Blvd. Brooksville, FL 3460 FDOH # E84418

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

HBEL Report Number: 2128156 Sub-Contract Lab ID: _____

Lab Receipt Date and Time: 3/14/07 1130

Analysis Method Requested:
 Coli-ert Membrane Filtration PWS I.D. 3354886

Received for Laboratory By: PAJ

Analysis Date and Time: 3/14/07 1620

System Name: Holiday Haven #6411

Sample Acceptance Criteria:

System Address: Pearl St

Sample Preservation On Ice Not On Ice 4.7c

Disinfectant Check Not Detected >0.1 mg/l

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

Collector: David Haring Collector's Phone #: 386-937-1091

Relinquished By: David Haring Received By: [Signature] Relinquished By: [Signature]

Date/Time: 14 Mar 07/1000 Date/Time: 3/14/07 Date/Time: 3/14/07 11:30

Type of Supply: (check only one)
 Community Water System Noncommunity Water System Nontransient-Noncommunity Water System Limited Use System
 Private Well Swimming Pool Bottled Water Other CONNECTION

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

Sample Collection Date(s): 13/14/07

LABORATORY CERTIFICATE OF ANALYSIS

Total Coliform Analysis Method: (MF) SM9222B (Coli-ert) SM9223B

Fecal (MF) SM9221E E. coli (MF) EC+MUG (Coli-ert) SM9223B

TO BE COMPLETED BY COLLECTOR OF SAMPLE					
Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd mg/L	pH
110	55646 Lee St	1600	D	3.5	/
111	55647 Keith St	1610	D	3.5	/

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. ²	Lab Sample Number
	A			2128156001
	A			2128156002

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 3.5

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

Disinfectant Residual Analysis Method: DPD Colorimetric Other
 Person performing analysis is:
 A certified operator (# C14091) Employed by a certified lab
 Supervised by a certified operator (# _____) Employed by DEP or DOH

Report authorized by: [Signature] Technical Director or Designee

Date: 3/16/07 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

Name and Mailing Address of Person/Firm to Receive Report
Aqua Utilities
930 South SR 19 Suite 3
PALATKA FL 32177



Page 1 of 1

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

¹ DEP Sample Types: D-Distribution (Routine Compliance); C-Repeat or Check; R-Raw; N-Entry to Distribution; P-Plant Tap; S-Special (clearance, etc.) ² Defined in Florida Administrative Code Rule 62-160
 Top Form - ORIGINAL FORM # 1975 - PRINTING BY HEARN Middle Form - LABORATORY Pink Form - CLIENT



AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822, Ext. 30
Laboratory No. E83265

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS

Press Hard. (4) copies (Page 1 of 1)

FOR LAB USE ONLY	
RECEIVED BY: <u>[Signature]</u>	TIME RECEIVED / DATE RECEIVED AND ANALYZED APR 3 07 PM 3:24
SAMPLE PRESERVATION: <input type="checkbox"/> ON ICE <input type="checkbox"/> NOT ON ICE <u>2</u> °C	
DISINFECTANT CHECK: <input checked="" type="checkbox"/> NOT DETECTED <input type="checkbox"/> _____ mg/L	
<input type="checkbox"/> THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):	
DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: _____	
PERSON NOTIFIED: _____ NOTIFIED BY: _____	
DATE STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS: _____	
<input type="checkbox"/> PAID <input type="checkbox"/> CHECK OR RECEIPT # _____	

SYSTEM NAME: Holiday Haven #6411 PWS ID: 3354886 SYSTEM PHONE: 386-329-1122
 SYSTEM ADDRESS: Pearl St, Astor COUNTY: Lake
 COLLECTOR: David Haring COLLECTOR PHONE: 386-937-1091
 TYPE OF SUPPLY (Check Box): Community Water System Noncommunity Water System Nontransient Noncommunity Water System
 Limited Use System Other: CONSECUTIVE
 REASON FOR SAMPLING (Check Box): Routine Compliance Repeat Replacement Main Clearance Well Survey
 Other: _____
 SAMPLE COLLECTION DATE(S): 3 Apr 07 REMARKS: (DEP)

TO BE COMPLETED BY SAMPLE COLLECTOR					TO BE COMPLETED BY LAB Total coliform & E. coli analysis method: SM9223B			
Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Resid (mg/L)	Lab Sample Number	Total coliform	E. coli	Data Qualifier ²
110	55749 Carl St	1412	D	3.5	11075588	A		
111	55734 Sam St	1420	D	3.5	11075589	A		
Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)					3.5	Time(s) Analyzed: <u>4:00pm</u>		
Disinfectant Residual Analysis Method: <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____								
Person performing analysis is: <input checked="" type="checkbox"/> A certified operator (# <u>214091</u>) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Supervised by a cert operator (# _____) <input type="checkbox"/> Employed by DEP or DOH					<u>Michael Morse</u> <u>4-5-07</u> TECHNICAL DIRECTOR DATE			

All tests are performed in accordance with NELAC standards. Results: A = coliforms are absent; P = coliforms are present
¹DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
²Defined in Florida Administrative Code Rule 62-160, Table 1
 If you have any questions regarding this report, please call Lisa Saupp at (352) 625-2822.

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT
Aqua Utilities
930 South SR 19 Suite 3
Palatka FL 32177

DEP/DOH USE ONLY	
<input type="checkbox"/> Satisfactory	
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: April, 2007	
Consecutive System Name: Holiday Haven	PWS Identification Number: 3354886
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 127	Total Population Served at End of Month: 381
Consecutive System Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquaaamerica.com	

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: April, 2007	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	3.4		18		
3	3.5		19	3.4	
4			20		
5	3.2		21		
6			22		
7			23	3.2	
8			24		
9	2.6		25		
10			26	3.0	
11			27		
12	3.2		28		
13			29		
14			30		
15			31		
16	3.2				

III. Certification by Authorized Representative

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

Signature and Date: 5/3/07 Printed or Typed Name: Paul Thompson License Number or Title: A7251

PLANT NAME:

Holiday Haven

PLANT NO:

575 ~~575~~ 6411

REPORTING MONTH:

January, 1900 April 2007

DAY	INTERCONNECT MASTER METER				TOTAL FLOW	CL2 RT	DISTRIBUTION BACTS		TIME	OPERATOR INITIALS
	4" READING	(00) GALS.	5/8" READING	(0) GALS.			NUMBER TAKEN	LOWEST CL2 RES(LAB)		
1										
2	42940	30500	21558	50900	81400	3.4			1455	AW
3						3.5	2		1425	AW
4										
5	43152	4200	25036	34880	55920	3.2			1205	AW
6										
7										
8										
9	3389	2370	29789	47530	71,230	2.6			9:05	AW
10										
11										
12	43520	13100	23767 37767	39780	52880	3.2			1040	AW
13										
14										
15										
16	43756	23600	38725	49580	72180	3.2			1035	AW
17										
18										
19	43979	22300	42785	40600	62900	3.4			1630	AW
20										
21										
22										
23	44291	31200	47806	50210	81410	3.2			1530	AW
24										
25										
26	44599	30800	51577	37690	68490	3.0			1445	AW
27										
28										
29										
30										
31	45026	42700	57387	58100	100900	3.2	2		1200	AW
TOTAL										
AVERAGE										

total flow - 239050, 307,570, total - 628,130
 number - 7427, 1775, total - 20,2102

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080
 4155 St. Johns Parkway Suite 1300 Sanford, FL 32771 FDOH # E83509
 307 Coolidge Ave. Lehigh Acres, FL 33936 FDOH # E85370
 16331 Cortez Blvd. Brooksville, FL 34660 FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

HBEL Report Number: 2128152 Sub-Contract Lab ID: _____

Analysis Method Requested:

Coliform Membrane Filtration PWS I.D. 3354886

System Name: Holiday Haven #6411

System Address: Pearl St

City: Astor

Collector: David Haring

Relinquished By: David Haring

Date/Time: 14 Mar 07/1000

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

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

Sample Collection Date(s): 13/14/07

Lab Receipt Date and Time: 3/14/07 1130

Received for Laboratory By: PAJ

Analysis Date and Time: 3/14/07 1620

Sample Acceptance Criteria:

Sample Preservation On Ice Not On Ice 4.2C
 Disinfectant Check Not Detected >0.1 mg/l

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

Collector's Phone #: 386-937-1091

Received By: [Signature] Relinquished By: [Signature]

Date/Time: 3/14/07 1130

LABORATORY CERTIFICATE OF ANALYSIS

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

Fecal (MF) SM9221E E. coli (MF) EC+MUG (Coliform) SM9223B

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. ²	Lab Sample Number
	A			2128156001
	A			2128156002

TO BE COMPLETED BY COLLECTOR OF SAMPLE

Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd mg/L	pH
110	55646 Lee St	1600	D	3.5	/
111	55647 Keith St	1610	D	3.5	/

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 3.5

Disinfectant Residual Analysis Method: DPD Colorimetric Other _____
 Person performing analysis is:
 A certified operator (# C14091) Employed by a certified lab
 Supervised by a certified operator (# _____) Employed by DEP or DOH

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

Report authorized by: [Signature] Technical Director or Designee

Date: 3/14/07 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

Name and Mailing Address of Person/Firm to Receive Report
Aqua Utilities
930 South SR 19 Suite 3
Palatka FL 32177



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

1 DEP Sample Types: D=Distribution (Routine Compliance); C=Repeat or Check; R=Raw; N=Entry to Distribution; P=Plant Tap; S=Special (clearance, etc.)
 2 Defined in Florida Administrative Code Rule 62-160
 Top Form - ORIGINAL FORM # 1975 - PRINTING BY HEARN Middle Form - LABORATORY Pink Form - CLIENT



AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822, Ext. 30
Laboratory No. E83265

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS

Press Hard. (4) copies (Page 1 of 1)

FOR LAB USE ONLY	
RECEIVED BY: <u>MB</u>	TIME RECEIVED/ DATE RECEIVED AND ANALYZED APR 3 07 8:24
SAMPLE PRESERVATION: <input checked="" type="checkbox"/> ON ICE <input type="checkbox"/> NOT ON ICE	<u>2</u> °C
DISINFECTANT CHECK: <input checked="" type="checkbox"/> NOT DETECTED <input type="checkbox"/> _____ mg/L	
<input type="checkbox"/> THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):	
DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: _____	
PERSON NOTIFIED: _____	NOTIFIED BY: _____
DATE STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS: _____	
<input type="checkbox"/> PAID CHECK OR RECEIPT #: _____	

SYSTEM NAME: Holiday Haven #1411 PWS ID: 3354886 SYSTEM PHONE: 386-329-1122

SYSTEM ADDRESS: Pearl St, Astor COUNTY: Lake

COLLECTOR: David Haring COLLECTOR PHONE: 386-937-1091

TYPE OF SUPPLY (Check Box): Community Water System Noncommunity Water System Nontransient Noncommunity Water System
 Limited Use System Other: CONSECUTIVE

REASON FOR SAMPLING (Check Box): Routine Compliance Repeat Replacement Main Clearance Well Survey
 Other: _____

SAMPLE COLLECTION DATE(S): 3 Apr 07 REMARKS: (DEP)

TO BE COMPLETED BY SAMPLE COLLECTOR				
Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)
110	55745 Carl St	1412	D	3.5
111	55734 Sam St	1420	D	3.5
Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)				3.5
Disinfectant Residual Analysis Method: <input checked="" type="checkbox"/> DPD Colorimetric <input type="checkbox"/> Other: _____				
Person performing analysis is: <input checked="" type="checkbox"/> A certified operator (# <u>214091</u>) <input type="checkbox"/> Employed by a certified lab <input type="checkbox"/> Supervised by a cert operator (# _____) <input type="checkbox"/> Employed by DEP or DOH				

TO BE COMPLETED BY LAB			
Total coliform & E. coli analysis method: SM9223B			
Lab Sample Number	Total coliform	E. coli	Data Qualifier ²
11075588	A		
11075589	A		
Time(s) Analyzed:		4:00pm	

All tests are performed in accordance with NELAC standards.
Results: A = coliforms are absent; P = coliforms are present
*DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
*Defined in Florida Administrative Code Rule 62-160, Table 1

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Aqua Utilities
930 South SR 19 Suite 3
Palatka FL 32177

<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required Date Reviewed by DEP/DOH: _____ DEP/DOH Reviewing Official: _____	DEP/DOH USE ONLY _____ DATE: <u>4-5-07</u>
--	---



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: May, 2007	
Consecutive System Name: Holiday Haven	PWS Identification Number: 3354886
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 127	Total Population Served at End of Month: 381
Consecutive System Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquaaamerica.com	

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: May, 2007	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	3.2		17	3.4	
2			18		
3			19		
4	3.4		20		
5			21	1.8	
6			22		
7	3.5		23		
8			24	1.8	
9			25		
10	3.2		26		
11			27		
12			28	2.0	
13			29		
14	3.2		30		
15			31	2.2	
16					

III. Certification by Authorized Representative

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

Signature and Date: 6/5/07

Paul Thompson
Printed or Typed Name

A7251
License Number or Title

PLANT NAME:

Holiday Haven

PLANT NO:

593

6911

REPORTING MONTH:

JANUARY 1900-

MAY 2007

002

DAY	INTERCONNECT MASTER METER					CL2 RT	DISTRIBUTION BACT'S		TIME	OPERATOR INITIALS
	4" READING	(00)	5/8" READING	(0)	TOTAL FLOW		NUMBER TAKEN	LOWEST CL2 RES(LAB)		
PREV	44599	GALS.	51577	GALS.						
1	45026	42700	57387	58100	100980	3.2	2		1200	DA
2										
3										
4	45320	29400	61215	38280	67680	3.4			1255	DA
5										
6										
7	45524	21400	64854	36390	57790	3.5			1510	DA
8										
9										
10	45754	22000	68518	36640	59040	3.2			1055	DA
11										
12										
13										
14	46026	27200	73364	48460	8660	3.2			0915	DA
15										
16										
17	46198	17200	77232	39780	55980	3.4			1040	DA
18										
19										
20										
21	46511	31300	82490	52580	83980	1.8			1525	DA
22										
23										
24	46741	23000	86094	36040	59040	1.8			1115	DA
25										
26										
27										
28	47157	41200	91008	49140	90340	2.0			1030	DA
29										
30	47438	28500	94711	37030	65530	2.2			1025	DA
31	47438	28500	94711	37030	65530	2.2			1025	DA
TOTAL	47520	18200	96144	14380	32580	1.8			1305	DA
AVERAGE										

11/04/2016 20:04 FAX

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

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

307 Coolidge Ave.
Lehigh Acres, FL 33936
FDOH # E85370

18331 Cortez Blvd.
Brooksville, FL 34660
FDOH # E84418

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

HBEL Report Number: 2128550 Sub-Contract Lab ID: _____

Analysis Method Requested:
 Colilert Membrane Filtration PWS I.D. 7354996

System Name: Holiday Haven #6411
 System Address: Pearl St

Lab Receipt Date and Time: 5/2/07 12:15

Received for Laboratory By: [Signature]

Analysis Date and Time: 5/2/07 16:15

Sample Acceptance Criteria:
 Sample Preservation On Ice Not On Ice 4°C
 Disinfectant Check Not Detected >0.1 mg/l

City: Astoria System or Owner's Phone #: 386-329-1122 Fax #: 386-329-9971

Collector: David Haring Collector's Phone #: 386-937-1091

Relinquished By: [Signature] Received By: [Signature] Relinquished By: [Signature]
 Date/Time: 2 May 07 10:00 Date/Time: 5/2/07 10:00 Date/Time: 5/2/07 12:15

Type of Supply: (check only one)
 Community Water System Noncommunity Water System Nontransient-Noncommunity Water System Limited Use System
 Private Well Swimming Pool Bottled Water Other consecutive

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

Sample Collection Date(s): 1 MAY 07

LABORATORY CERTIFICATE OF ANALYSIS

Total Coliform Analysis Method: (MF) SM9222B (Colilert) SM9223B
 Fecal (MF) SM9221E E. coli (MF) EC+MUG (Colilert) SM9223B

TO BE COMPLETED BY COLLECTOR OF SAMPLE					
Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd mg/L	pH
101	55646 Lee St	1207	D	3.2	/
102	55647 Keith St	1200	D	3.2	/

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. ²	Lab Sample Number
	A			2128530 001
	A			2128530 002

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 3.2

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

Disinfectant Residual Analysis Method: DPD Colorimetric Other
 Person performing analysis is:
 A certified operator (# C14091) Employed by a certified lab
 Supervised by a certified operator (# _____) Employed by DEP or DOH

Report authorized by: [Signature] Technical Director or Designee
 Date: 5/4/07 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

Name and Mailing Address of Person/Firm to Receive Report
Aqua Utilities
930 South SR 19 Suite 3
Palatka FL 32177



Page 1 of 1

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



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		June, 2007	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 127		Total Population Served at End of Month: 381	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		June, 2007	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.8		17		
2			18	0.8	
3			19		
4	2.0		20		
5			21	1.5	
6			22		
7	1.8		23		
8			24		
9			25	1.5	
10			26		
11	2.0		27		
12			28	1.5	
13			29		
14	1.8		30		
15			31		
16					

III. Certification by Authorized Representative

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

Signature and Date: 7/6/07

Paul Thompson
Printed or Typed Name

A7251
License Number or Title

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080
 4155 St. Johns Parkway Suite 1300 Sanford, FL 32771 FDOH # E83509
 307 Coolidge Ave. Lehigh Acres, FL 33936 FDOH # E85370
 16331 Cortez Blvd. Brooksville, FL 3460 FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

HBEL Report Number: 2128801 Sub-Contract Lab ID: _____

Analysis Method Requested:
 Coliert Membrane Filtration PWS I.D. 3354886

System Name: Holiday Haven #6411
 System Address: Pent St

City: Astor System or Owner's Phone #: 386-39-1122 Fax #: 386-329-9977

Collector: David Haring Collector's Phone #: STATE

Relinquished By: David Haring Received By: [Signature] Relinquished By: [Signature]
 Date/Time: 6/24/07/1000 Date/Time: 6/6/07 1000 Date/Time: 6/6/07 1130

Type of Supply: (check only one)
 Community Water System Noncommunity Water System Nontransient-Noncommunity Water System Limited Use System
 Private Well Swimming Pool Bottled Water Other consecutive

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

Sample Collection Date(s): 6 JUN 07

LABORATORY CERTIFICATE OF ANALYSIS

Total Coliform Analysis Method: (MF) SM9222B (Coli-ert) SM9223B

Fecal (MF) SM9221E E. coli (MF) EC-MUG (Coli-ert) SM9223B

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. ²	Lab Sample Number
	A			2128801 001
	A			2128801 002

TO BE COMPLETED BY COLLECTOR OF SAMPLE					
Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd mg/L	pH
113	55745 Carl St	0710	D	1.7	✓
114	55734 Sam St	0717	D	1.7	✓

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.7

Disinfectant Residual Analysis Method: DPD Colorimetric Other _____
 Person performing analysis is:
 A certified operator (# C14091) Employed by a certified lab
 Supervised by a certified operator (# _____) Employed by DEP or DOH

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

Report authorized by: [Signature] Technical Director or Designee
 Date: 6/12/07 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

Name and Mailing Address of Person/Firm to Receive Report
Aqua Utilities
930 South SR 19 Suite 3
PALATKA FL 32177



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

¹ DEP Sample Types: D=Distribution (Routine Compliance); C=Repeat or Check; R=Raw; N=Entry to Distribution; P=Plant Tap; S=Special (clearance, etc.) ² Defined in Florida Administrative Code Rule 62-160



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

General Water System Information for the Month/Year of:		July, 2007	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 127		Total Population Served at End of Month: 381	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

Daily Distribution System Disinfectant Residual Data for the Month/Year of:		July, 2007	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine	<input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	1.8		18		
3			19	1.1	
4			20		
5	2.0		21		
6			22		
7			23	1.4	
8			24		
9	1.5		25		
10			26	1.4	
11			27		
12	1.6		28		
13	1.8		29		
14			30	1.2	
15			31		
16	1.5				

III. Certification by Authorized Representative

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

8/8/07

Paul Thompson
 Printed or Typed Name

A7251
 License Number or Title

PLANT NAME:

Holiday Haven

PLANT NO:

572

6411

REPORTING MONTH:

January, 1900

July 2007

Page 1 of 1

DAY	INTERCONNECT MASTER METER				TOTAL FLOW	CL2 RT	DISTRIBUTION BACTS		TIME	OPERATOR INITIALS
	4" READING	(00)	5/8" READING	(0)			NUMBER TAKEN	LOWEST CL2 RES(LAB)		
PREV	GALS.		GALS.							
1										
2	49462	25300	135617	54810	80110	1.8			1750	DA
3										
4										
5	49592	13000	139110	34920 34920	47930	2.0	2		1345	DA
6										
7										
8										
9	49823	23100	144354	52440	75540	1.5			1615	DA
10										
11										
12	49979	15600	149150	38960	53560	1.6			1500	DA
13	50001	22000	149170	10200	32200	1.8			8-15	DA
14										
15										
16	50234	23300	153389	92190	64490	1.5			1425	DA
17										
18										
19	50378	14400	157163	37710	52440	1.1			0835	DA
20										
21										
22										
23	50626	24800	162410	52470	71270	1.4			1615	DA
24										
25										
26	50758	13200	166046	36360	49560	1.4			1700	DA
27										
28										
29										
30	51129	37100	170616	45700	82800	1.2			1110	DA
Aug	31188	5900	173117	24950	30950	1.4			1505	DA
TOTAL										
AVERAGE										

181,317
5,819

385,711
12,442

507,027
18,291



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

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

Consecutive System Name: Holiday Haven PWS Identification Number: 3354886

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

Number of Service Connections at End of Month: 127 Total Population Served at End of Month: 381

Consecutive System Owner: Aqua Utilities Florida

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

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

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

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

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

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.4		17	2.0	
2	1.4		18		
3	1.5		19		
4			20	1.8	
5			21	1.6	
6	1.0		22		
7			23	1.5	
8	1.1		24	1.5	
9	1.4		25		
10	1.4		26		
11			27	1.7	
12			28		
13	1.5		29	1.4	
14	1.8		30		
15	2.4		31	1.2	
16	2.2				

III. Certification by Authorized Representative

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

Signature and Date:  9/6/07

Printed or Typed Name: Paul Thompson

License Number or Title: A7251

PLANT NAME:

Holiday Haven

PLANT NO:

373 6411

REPORTING MONTH:

January, 1980 August 2007

DAY	INTERCONNECT MASTER METER					CL2 RT	DISTRIBUTION BACTS		TIME	OPERATOR INITIALS
	4" READING	(00)	5/8" READING	(0)	TOTAL FLOW		NUMBER TAKEN	LOWEST CL2 RES(LAB)		
PREV	51129	GALS.	170616	GALS.						
1	51188	5900	173111	24950	30850	1.4		1505	ASH	
2	51208	2000	174111	10000	12000	1.4		1600	ASH	
3	51241	3300	175387	12760	16060	1.5		1720	ASH	
4										
5										
6	51398	15700	178985	35880	51580	1.0		9:45	ASH	
7	51523	12500	181446	24710	3700	1.1		10:20	ASH	
8										
9	51576	5300	182806	13600	18900	1.4		1340	ASH	
10	51619	4300	183996	11900	16200	1.4		1325	ASH	
11										
12										
13	51874	25500	187556	35600	61100	1.5		1500	ASH	
14	51892	1800	188426	8700	10500	1.8	2	0810	ASH	
15	51952	6000	189931	15050	21050	2.4		1320	ASH	
16	51982	3000	190869	9370	12370	2.2		0830	ASH	
17	52032	5000	192403	15350	20350	2.0		1455	ASH	
18										
19										
20	52255	22300	195914	35110	57410	1.8		12:45	ASH	
21	52322	6700	197277	13630	20330	1.6		1525	ASH	
22										
23	52467	14500	199793	25160	39660	1.5				
24	52539	7200	201047	12540	19740	1.5		1455	ASH	
25										
26										
27	52799	26000	204817	37700	63700	1.7		1300	ASH	
28										
29	52970	17100	207487	26700	43800	1.4		1510	ASH	
30										
31	53107	13700	209547	20600	34700	1.2		0600	ASH	
TOTAL	53327	22000	216671	412400	63290	1.5		1145	ASH	
AVERAGE										

364

#7.2

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORT



FLDOH Lab Certification #E83018

481 Newburyport Ave., Altamonte Springs, FL 32701 407-339-5984
 P.O. Box 15097, Altamonte Springs, FL 32715-0597 407-260-6110 fax

Analysis Requested:

- Present / Absent Standard Coliform Test
- HPC

System Name Holiday Haven

System Address Pearl St

City Asta

System or Owner's Phone # 386-329-1122

Collector David Haring

Type of Supply (check only one)

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

Sample Collection Date: 8-14-07 P = Coliforms Are Present A = Coliforms Are Absent TNTC = Too Numerous To Count

Lab Receipt Date & Time: 8/14/07 1500

Analysis Date & Time: 8/15/07 15145

Sample Acceptance Criteria:
 Sample Preservation On Ice Not On Ice °C
 Disinfectant Check Not Detected mg/L

PWS I.D.# 3354886

Fax # 386-329-9977

Collector's Phone # 386-937-1091

PICK UP

To be completed by collector of sample						To be completed by lab				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH	Total Coliform: <input type="checkbox"/> SM 9228-MF or <input checked="" type="checkbox"/> COLITAG				
						Confirmation: E. coli by COLITAG				
						Lab Sample Number	Non Coliform	Total Coliform	E. coli	O ²
108	55745 Carl St	0800	P	1.8	/	40542		A		
109	55734 Sam St	0810	D	1.8	/	40543		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.)

1.8 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 C14091
 certified operator (# C14091) 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
Aqua Utilities, FL Inc.
P.O. Box 490310
Leesburg FL 34748

Lab Signature: PCW
 Title: _____

DEP/DOH USE ONLY

- Satisfactory
- Incomplete Collection Information
- Repeat Samples Required
- Replacement Samples Required

Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		September, 2007	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 127		Total Population Served at End of Month: 381	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		September, 2007	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	1.8	
2			18		
3	1.5		19	1.8	
4			20		
5	1.8		21	1.6	
6			22		
7	1.8		23		
8			24	0.9	
9			25		
10	1.8		26		
11			27	1.4	
12	2.0		28		
13			29		
14	2.0		30		
15			31		
16					

III. Certification by Authorized Representative

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

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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORT



FLDOH Lab Certification #E83018

481 Newburyport Ave., Altamonte Springs, FL 32701 407-339-5984
 P.O. Box 15097, Altamonte Springs, FL 32715-0597 407-260-6110 fax

Lab Receipt Date & Time: 9/5/07 1515

Analysis Date & Time: 9/5/07 1620

Sample Acceptance Criteria:
 Sample Preservation On Ice Not On Ice _____ °C
 Disinfectant Check Not Detected _____ mg/L

2-501
11/19

Analysis Requested:

- Present / Absent Standard Coliform Test
 HPC

System Name: Holiday Haven - AUF - POTAM

System Address: PEARL ST

City: Astor

System or Owner's Phone #: 386-329-1122

Collector: DAVID HARVING

PWSID: 3354886

Fax #: 386-329-9977

Collector's Phone #: 386-937-1091

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: 9-5-07 P = Coliforms Are Present A = Coliforms Are Absent TNTC = Too Numerous To Count

PICK UP

To be completed by collector of sample						To be completed by lab				
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type*	Disinfect Res'd (mg/L)	pH	Total Coliform: <input type="checkbox"/> SM 9222B-MF or <input checked="" type="checkbox"/> COLTAG				
						Confirmation: E. coli by COLTAG				
						Lab Sample Number	Non Coliform	Total Coliform	E. coli	Cf
110	55646 Lee St	0925	D	1.9	7	41676		A		
111	55647 Keith St	0935	D	1.8	7	41677		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.)

1.9 [†]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 C14091 Employed by a certified lab
 A certified operator (# _____) Employed by DEP or DOH
 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: _____

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

DEP/DOH USE ONLY

Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required

Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____



Aqua Utilities Florida, Inc.
P.O. Box 490310
Leesburg, FL 34749

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

Via DHL

October 9, 2007

Marcy DeMoss
Florida Department of Environmental Protection
Drinking Water Section
3319 Maguire Blvd, Suite 232
Orlando, FL 32803

Re: Hawks Point - PWS ID# 3424685
Bellevue Hills Estates - PWS ID# 3424839
Marion Hills - PWS ID# 3424001
Fairfax Hills - PWS ID# 3424042
Ocala Oaks #1 and #2 - PWS ID# 3421560
Woodberry Forest - PWS ID# 3424646
Chappell Hills - PWS ID# 3424029
49th Street Village - PWS ID# 3424631
Bellevue Hills - PWS ID# 3424030
Bellaire - PWS ID# 3424000
West View - PWS ID# 3424036
Holiday Haven, PWS ID# 3354886

Mrs. DeMoss,

Attached is the September 2007 Monthly Operating Report's for the water systems referenced above.

If you have any questions please contact Aqua Utilities Florida, Inc. at 352/787-0980.

Sincerely,


Candice M. McClure
Office Assistant



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month Year of:		October, 2007	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 126		Total Population Served at End of Month: 381	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aguaamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month Year of:		October, 2007	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.5		17	1.8	
2			18		
3	2.2		19	2.0	
4			20		
5	2.0		21		
6			22	1.5	
7			23		
8	1.8		24	1.8	
9			25		
10			26	1.2	
11	2.0		27		
12			28		
13			29	1.4	
14			30		
15	1.8		31	1.2	
16					

III. Certification by Authorized Representative

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

Signature and Date	11/08/07 Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
--------------------	-------------------------	---	---



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

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

Consecutive System Name: Holiday Haven PWS Identification Number: 3354886

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

Number of Service Connections at End of Month: 126 Total Population Served at End of Month: 381

Consecutive System Owner: Aqua Utilities Florida

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

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

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

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

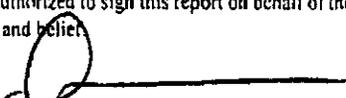
II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: November, 2007

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.2		17		
2			18		
3			19	1.5	
4			20		
5	1.4		21		
6			22	1.6	
7	2.0		23		
8			24		
9	1.8		25		
10			26	1.6	
11			27		
12	1.8		28		
13			29	1.3	
14			30		
15	1.6		31		
16					

III. Certification by Authorized Representative:

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

Signature and Date: 

11/7/07

Paul Thompson
Printed or Typed Name

A7251
License Number or Title

PLANT NAME:

PLANT NO:

REPORTING MONTH:

Holiday Haven

57-6411

January, 1900. Nov 2007

002

DAY	INTERCONNECT MASTER METER					CL2 RT	DISTRIBUTION BACTS		TIME	OPERATOR INITIALS
	4" READING	(00) GALS.	5/8" READING	(0) GALS.	TOTAL FLOW		NUMBER TAKEN	LOWEST CL1 RES(LAB)		
1	57951		286587							
2	58182	23100	290659.3	40720	63820	1.2			1355	AD
3										
4										
5	58602	42000	295829	51700	93700	1.4				
6										
7	58788	18600	298531	27020	45620	2.0	2		1225	AD
8										
9	59078	29000	300949	24180	53180	1.8			1500	AD
10										
11									1340	AD
12	59501	42000	304706	37570	79870	1.8				
13										
14									1315	AD
15	59865	36400	308944	57380	73780	1.6				
16									1000	AD
17										
18										
19	60339	47400	313906	54620	102020	1.5				
20									1510	AD
21										
22	60744	40500	317291	33250	74350	1.6				
23										
24									0825	AD
25										
26	61394	55000	322378	50870	105970	1.6				
27										
28									1120	AD
29	61897	45300	326059	36760	82060	1.3				
30										
30rc sl	62542	69500	330789	47450	116950	1.5			1055	AD
TOTAL										
AVERAGE									1040	AD

05/06/2017 05:21 FAX



AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822, Ext. 30
Laboratory No. E83265

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS

Press Hard, (4) copies (Page 1 of 1)

FOR LAB USE ONLY	
RECEIVED BY: <u>[Signature]</u>	TIME RECEIVED/ DATE RECEIVED AND ANALYZED: _____
SAMPLE PRESERVATION: <input checked="" type="checkbox"/> ON ICE <input type="checkbox"/> NOT ON ICE <u>3</u> °C	
DISINFECTANT CHECK: <input checked="" type="checkbox"/> NOT DETECTED <input type="checkbox"/> _____ mg/L	
<input type="checkbox"/> THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S): _____	
DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: _____	
PERSON NOTIFIED: _____	NOTIFIED BY: _____
DATE STATE NOTIFIED BY LAB OF E. coli POSITIVE RESULTS: _____	
<input type="checkbox"/> PAID <input type="checkbox"/> CHECK OR RECEIPT #: _____	

SYSTEM NAME: [Handwritten] PWS ID: [Handwritten] SYSTEM PHONE: [Handwritten]

SYSTEM ADDRESS: [Handwritten] COUNTY: [Handwritten]

CLIENT: [Handwritten] COLLECTOR: [Handwritten] COLLECTOR PHONE: [Handwritten]

TYPE OF SUPPLY (Check Box): Community Water System Noncommunity Water System Nontransient Noncommunity Water System
 Limited Use System Other: [Handwritten]

REASON FOR SAMPLING (Check Box): Routine Compliance Repeat Replacement Main Clearance Well Survey
 Other: [Handwritten]

SAMPLE COLLECTION DATE(S): 7 Nov 07 REMARKS: [Handwritten]

TO BE COMPLETED BY SAMPLE COLLECTOR				
Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)
107	<u>[Handwritten]</u>	<u>2:50</u>	<u>D</u>	<u>2.0</u>
108	<u>[Handwritten]</u>	<u>2:55</u>	<u>D</u>	<u>2.0</u>

TO BE COMPLETED BY LAB			
Total coliform & E. coli analysis method: SM9223B			
Lab Sample Number	Total coliform	E. coli	Data Qualifier ²
Submission Number: <u>M0717886</u>	<u>A</u>		
<u>M0717887</u>	<u>A</u>		

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

2.0

Time(s) Analyzed: 3:45 pm

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

[Signature] 11/2/07
TECHNICAL DIRECTOR DATE

All tests are performed in accordance with NELAC standards. Results: A = coliforms are absent; P = coliforms are present
¹DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
²Defined in Florida Administrative Code Rule 62-160, Table 1

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT
[Handwritten Address]

DEP/DOH USE ONLY	
<input type="checkbox"/> Satisfactory	
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

PLANT NAME:

Holiday Haven

PLANT NO:

572-6411

REPORTING MONTH:

January, 1900 NOV 2007

DAY	INTERCONNECT MASTER METER					CL2 RT	DISTRIBUTION BACTS		TIME	OPERATOR INITIALS
	4" READING	(00) GALS.	5/8" READING	(0) GALS.	TOTAL FLOW		NUMBER TAKEN	LOWEST CL2 RES(LAB)		
1	58182	23100	290659	40720	63820	1.2			1335	AB
2										
3										
4										
5	58602	42000	295829	51700	93700	1.4			1225	AB
6										
7	58788	18600	298531	27020	45620	2.0	2		1500	AB
8										
9	59078	29000	300949	24180	53180	1.8			1340	AB
10										
11										
12	59501	4200	304706	37570	79870	1.8			1315	AB
13										
14										
15	59865	36400	308444	57380	73780	1.6			1000	AB
16										
17										
18										
19	60339	47400	313906	54620	102020	1.5			1510	AB
20										
21										
22	60744	40500	317291	53850	74350	1.6			0825	AB
23										
24										
25										
26	61344	55000	322378	50870	105970	1.6			1120	AB
27										
28										
29	61847	45300	326054	36760	82060	1.3			1055	AB
30										
TOTAL	62542	69500	330799	47450	116950	1.5			1040	AB
AVERAGE										

30 RC 3L



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		December, 2007	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 126		Total Population Served at End of Month: 381	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		December, 2007	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine	<input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	1.8	
2			18		
3	1.5		19		
4	1.8		20	1.9	
5			21		
6	2.0		22		
7			23		
8			24	2.2	
9			25		
10	2.0		26		
11			27	1.8	
12			28		
13	2.0		29		
14			30		
15			31	2.0	
16					

III. Certification by Authorized Representative

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

 01/09/08
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number or Title

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080
 4155 St. Johns Parkway Suite 1300 Sanford, FL 32771 FDOH # E83509
 307 Coolidge Ave. Lehigh Acres, FL 33936 FDOH # E85370
 16331 Cortez Blvd. Brooksville, FL 34600 FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

HBEL Report Number: 2130076 Sub-Contract Lab ID: _____

Lab Receipt Date and Time: 12/4/07 1600

Analysis Method Requested:

Coli-ert Membrane Filtration PWS I.D. 3354886

Received for Laboratory By: PAUL

Analysis Date and Time: 12/4/07 1655

System Name: Holiday Homes

Sample Acceptance Criteria:

System Address: PEARL ST

Sample Preservation On Ice Not On Ice 4°C

Disinfectant Check Not Detected >0.1 mg/l

City: ASTOR System or Owner's Phone #: 386-937-1091 Fax #: 386-329-9977

Collector: David Haring Collector's Phone #: 386-937-1091

Relinquished By: David Haring Received By: _____ Relinquished By: _____

Date/Time: 4 Dec 07 Date/Time: 12-4-07 1400 Date/Time: 12-4-07 1600

Type of Supply: (check only one)
 Community Water System Noncommunity Water System Nontransient-Noncommunity Water System Limited Use System
 Private Well Swimming Pool Bottled Water Other Corporate

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

Sample Collection Date(s): 4 Dec 07

LABORATORY CERTIFICATE OF ANALYSIS

Total Coliform Analysis Method: (MF) SM9222B (Coli-ert) SM9223B

Fecal (MF) SM9221E E. coli (MF) EC-MUG (Coli-ert) SM9223B

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. ²	Lab Sample Number
	A			2130076001
	A			2130076002

TO BE COMPLETED BY COLLECTOR OF SAMPLE					
Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd mg/L	pH
104	55745 CA-1 ST	1123	D	1.8	✓
105	55734 SAM ST	1130	D	2.2	✓

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 2.0

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

Disinfectant Residual Analysis Method: DPD Colorimetric Other _____

Report authorized by: Paul Technical Director or Designee

Person performing analysis is:
 A certified operator (# C14091) Employed by a certified lab
 Supervised by a certified operator (# _____) Employed by DEP or DOH

Date: 12/4/07 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

Name and Mailing Address of Person/Firm to Receive Report
AQUA UTILITIES
1100 THOMAS AVE
LEESBURG FL 34748



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

PLANT NAME:

Holiday Haven

PLANT NO:

575-6411

REPORTING MONTH:

January, 1900 Dec 2007

DAY	INTERCONNECT MASTER METER					CL2 RT	DISTRIBUTION BACTS		TIME	OPERATOR INITIALS
	4" READING	(00) GALS.	5/8" READING	(0) GALS.	TOTAL FLOW		NUMBER TAKEN	LOWEST CL2 RES(LAB)		
1										
2										
3	62342	62500	330799	47450	116950	1.5			1040	DBH
4						1.8			1130	DBH
5							2			
6	63135	59300	334043	32440	9140	2.0			1050	DBH
7										
8										
9										
10	64040	90500	338056	40130	130630	2.0				
11	63700	0	338000	40000					9:15	DBH
12										
13	64716	67600	341524	32680	10280	2.0			9:25	DBH
14										
15										
16										
17	65184	46800	346677	53530	100330	1.8			1140	DBH
18										
19										
20	65479	29500	350900	42230	71730	1.9			1420	DBH
21										
22										
23										
24	66029	55000	35372	44720	99720	2.2				
25						2.2			0240	DBH
26										
27	66464	43500	359823	44510	88010	1.8			1125	
28										
29										
30										
31	66764	30000	364954	51310	81310	2.0				
TOTAL	67269	50500	366236	72820	6320	1.6			1530	104
AVERAGE									1155	DBH

0005

17m



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

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

Consecutive System Name: Holiday Haven PWS Identification Number: 3354886

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

Number of Service Connections at End of Month: 127 Total Population Served at End of Month: 381

Consecutive System Owner: Aqua Utilities Florida

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

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

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

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

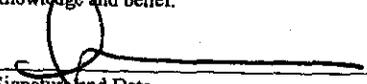
II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: **January, 2006**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	1.0		18		
3			19	0.9	
4			20		
5			21		
6	1.2		22		
7			23	0.8	
8			24		
9	1.1		25		
10			26	0.9	
11			27		
12	1.6		28		
13			29		
14			30	1.2	
15			31		
16	1.4				

III. Certification by Authorized Representative

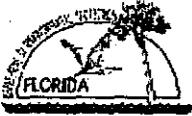
I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date:  2/7/06 Paul Thompson
Printed or Typed Name

A7251
License Number or Title

04310 MAY 22 8

FPSC-COMMISSION CLERK



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		February, 2006	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 127		Total Population Served at End of Month: 381	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		February, 2006	
--	--	-----------------------	--

Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	
---	--

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.4		17		
2			18		
3	1.2		19		
4			20	1.3	
5			21		
6	1.0		22		
7			23	1.1	
8			24		
9	1.2		25		
10			26		
11			27	1.2	
12			28		
13	1.2		29		
14			30		
15			31		
16	1.0				

III. Certification by Authorized Representative

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

3/6/06

Paul Thompson
Printed or Typed Name

A7251
License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: **March, 2006**

Consecutive System Name: Holiday Haven PWS Identification Number: 3354886

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

Number of Service Connections at End of Month: 127 Total Population Served at End of Month: 381

Consecutive System Owner: Aqua Utilities Florida

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

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

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

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

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: **March, 2006**

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

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

III. Certification by Authorized Representative

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

Signature and Date: 3/6/06

Paul Thompson
Printed or Typed Name

A7251
License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

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

Consecutive System Name: Holiday Haven PWS Identification Number: 3354886

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

Number of Service Connections at End of Month: 127 Total Population Served at End of Month: 381

Consecutive System Owner: Aqua Utilities Florida

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

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

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

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

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: **April, 2006**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	1.2	
2			18		
3	1.2		19		
4			20	1.1	
5			21		
6	1.1		22		
7			23		
8			24	1.6	
9			25		
10	1.0		26		
11			27	2.2	
12			28	1.9	
13	1.3		29		
14			30		
15			31		
16					

III. Certification by Authorized Representative

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

Signature and Date: 5/4/06

Paul Thompson
Printed or Typed Name

A7251
License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

General Water System Information for the Month Year of		May, 2006	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 127		Total Population Served at End of Month: 381	
Consecutive System Owner: Aqua Utilities Florida		Contact Person's Title: Area Manager	
Contact Person: Brian Heath			
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquamerica.com			

Daily Distribution System Disinfectant Residual Data for the Month Year of		May, 2006	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine	<input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.0		17		
2	2.5		18	2.4	
3			19		
4	2.5		20		
5			21		
6			22	2.4	
7			23		
8	1.8		24		
9			25	2.1	
10			26		
11	1.5		27		
12			28		
13			29	2.4	
14			30		
15	1.3		31		
16					

III. Certification by Authorized Representative

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

Signature and Date: 6/6/06

Paul Thompson
Printed or Typed Name

A7251
License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

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

Consecutive System Name: Holiday Haven PWS Identification Number: 3354886

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

Number of Service Connections at End of Month: 127 Total Population Served at End of Month: 381

Consecutive System Owner: Aqua Utilities Florida

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

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

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

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

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: **June, 2006**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.5		17		
2			18		
3			19	2.5	
4			20		
5	2.6		21		
6			22	2.5	
7			23		
8	2.8		24		
9			25		
10			26	2.8	
11			27		
12	2.6		28		
13			29	2.5	
14			30		
15	2.4		31		
16					

III. Certification by Authorized Representative

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

Signature and Date: 7/6/06

Printed or Typed Name: Paul Thompson

License Number or Title: A7251



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: July, 2006	
Consecutive System Name: Holiday Haven	PWS Identification Number: 3354886
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 127	Total Population Served at End of Month: 381
Consecutive System Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquaamerica.com	

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: July, 2006	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	2.2	
2			18		
3	2.4		19		
4			20	2.4	
5			21		
6	2.6		22		
7			23		
8			24		
9			25	2.0	
10			26		
11	2.4		27		
12			28	2.2	
13			29		
14	2.5		30		
15			31		
16					

III. Certification by Authorized Representative

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

Signature and Date: 8/8/06

Paul Thompson
Printed or Typed Name

A7251
License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month Year of		August, 2006	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 127		Total Population Served at End of Month: 381	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month Year of		August, 2006	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.0	Main Break	17	2.2	
2	2.4		18		
3			19		
4	2.7		20		
5			21	2.4	
6			22	2.2	
7	2.4		23		
8			24	2.5	
9			25		
10	2.2		26		
11			27		
12			28	2.2	
13			29		
14	2.4		30		
15			31	2.4	
16					

III. Certification by Authorized Representative

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

Signature and Date:  8/6/06

Paul Thompson
Printed or Typed Name

A7251
License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month Year of September, 2006	
Consecutive System Name: Holiday Haven	PWS Identification Number: 3354886
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 127	Total Population Served at End of Month: 381
Consecutive System Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquaamerica.com	

II. Daily Distribution System Disinfectant Residual Data for the Month Year of September, 2006	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2			18	2.4	
3			19		
4	2.1		20		
5			21	2.4	
6			22		
7	2.4		23		
8			24		
9			25	2.0	
10			26		
11	2.4		27		
12			28	2.3	
13			29		
14	2.5		30		
15			31		
16					

III. Certification by Authorized Representative

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

Signature and Date: 10/4/06

Paul Thompson
Printed or Typed Name

A7251
License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month Year of: October, 2006	
Consecutive System Name: Holiday Haven	PWS Identification Number: 3354886
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 127	Total Population Served at End of Month: 381
Consecutive System Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquaamerica.com	

II. Daily Distribution System Disinfectant Residual Data for the Month Year of: October, 2006	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	2.0		18		
3			19	2.6	
4			20		
5	2.3		21		
6			22		
7			23	2.5	
8			24		
9	2.1		25		
10			26	2.2	
11			27		
12	0.8		28		
13			29		
14			30	2.6	
15			31		
16	2.6				

III. Certification by Authorized Representative

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

Signature: Date: 10/3/06

Paul Thompson
Printed or Typed Name

A7251
License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		November, 2006	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 127		Total Population Served at End of Month: 381	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		November, 2006	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine	<input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.6		17		
2			18		
3	2.5		19		
4			20	2.2	
5			21		
6	2.2		22		
7			23	2.5	
8			24		
9	2.4		25		
10			26		
11			27	2.8	
12			28		
13	2.5		29		
14			30		
15			31		
16	2.4				

III. Certification by Authorized Representative

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

Signature and Date: 12/6/06

Printed or Typed Name: Paul Thompson

License Number or Title: A7251



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: December, 2006	
Consecutive System Name: Holiday Haven	PWS Identification Number: 3354886
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 127	Total Population Served at End of Month: 381
Consecutive System Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	
Contact Person's Mailing Address: PO Box 490310	Contact Person's Title: Area Manager
Contact Person's Telephone Number: (352) 787-0980	City: Leesburg State: FL Zip Code: 34749
Contact Person's E-Mail Address: beheath@aquaaamerica.com	Contact Person's Fax Number: (352) 787-6333

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: December, 2006	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.8		17		
2			18	2.8	
3			19		
4	2.8		20		
5			21	3.0	
6			22		
7	2.8		23		
8			24		
9			25		
10			26	3.0	
11	2.8		27		
12			28		
13			29	2.4	
14			30		
15	3.0		31		
16					

III. Certification by Authorized Representative

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

Signature and Date: 1/8/07

Paul Thompson
Printed or Typed Name

A7251
License Number or Title

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5800 US 1 North Fort Pierce, FL 34948 FDOH # E96080
 4155 St. Johns Parkway Suite 1300 Sanford, FL 32771 FDOH # EB3509
 307 Coofidge Ave. Lehigh Acres, FL 33936 FDOH # E85370
 16331 Cortez Blvd. Brooksville, FL 34600 FDOH # E84418

5800 U.S. 1 North, Fort Pierce FL 34948
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

HBEL Report Number: 2130076 Sub-Contract Lab ID: _____

Lab Receipt Date and Time: 12/4/07 1600

Analysis Method Requested:
 Coliert Membrane Filtration PWS I.D. 3354886

Received for Laboratory By: palj

System Name: Holiday Haven

Analysis Date and Time: 12/4/07 1655

System Address: Pearl St

Sample Acceptance Criteria:
 Sample Preservation On Ice Not On Ice % °C
 Disinfectant Check Not Detected >0.1 mg/l

City: ASTO System or Owner's Phone #: 386-937-1091 Fax #: 386-329-9977

Collector: David Haring Collector's Phone #: 386-937-1091

Relinquished By: David Haring Received By: _____ Relinquished By: _____

Date/Time: 4 Dec 07 Date/Time: 12-4-07 1400 Date/Time: 12-4-07 1600

Type of Supply: (check only one)
 Community Water System Noncommunity Water System Nontransient-Noncommunity Water System Limited Use System
 Private Well Swimming Pool Bottled Water Other Consecutive

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

Sample Collection Date(s): 4 Dec 07

LABORATORY CERTIFICATE OF ANALYSIS

TO BE COMPLETED BY COLLECTOR OF SAMPLE					
Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd mg/L	pH
104	55745 Carl St	1123	D	1.8	✓
105	55734 Sam St	1130	D	2.2	✓

Total Coliform Analysis Method: (MF) SM9222B (Coli-ert) SM9223B				
Fecal (MF) SM9221E		E. coli (MF) EC-MUG		(Coli-ert) SM9223B
Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual.	Lab Sample Number
	A			2130076 001
	A			2130076 002

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 2.0

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

Disinfectant Residual Analysis Method: DPD Colorimetric Other
 Person performing analysis is:
 A certified operator (# C14091) Employed by a certified lab
 Supervised by a certified operator (# _____) Employed by DEP or DOH

Report authorized by: _____ Technical Director or Designee
 Date: 12/4/07 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

Name and Mailing Address of Person/Firm to Receive Report
AQUA Utilities
1100 THOMAS AVE
LEESBURG FL 34748



Page 1 of 1

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

DOCUMENT NUMBER - DAT 04310 MAY 22 08 1640
 FPSC-COMMISSION CLERK

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

Public Water System Information (to be completed by sampler)

System Name: Holiday Haven PWS ID #: 3354886
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: Cover of fern + trees
City: Aston State: FL ZIP Code: _____
Phone #: 352-787-0980 Fax #: 352-787-6333
E-Mail Address: na

Sample Information (to be completed by sampler)

Sample Number: 47362DW1 Location Code (if known): 55846 Lee St.
Sample Date: 8/31/07 Sample Time: 6:00 AM PM (circle one)
Sample Location (be specific): 55846 Lee St
Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 1.2 mg/L Field pH: 7.2

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

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

** See 62-550.550(2) for requirements and attach a results page for each site.

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

Certification (to be completed by sampler)

Paul Thompson for Haring ^{David} field coordinator
(Print Name) (Print Title)

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

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

Laboratory Certification Information (to be completed by lab)

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

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

Analysis Information (to be completed by lab)

Sample Number: 47362DW1

Report Number: 47362

Date Sample Received: 08/31/07

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

Inorganics

All 17

Partial

Nitrate

Nitrite

Asbestos

Volatile Organics

All 21 Partial

Synthetic Organics

All 30 Partial

Radionuclides

Single Sample

Qtrly Composite**

Secondaries

All 14 Partial

Disinfection Byproducts

Trihalomethanes

Haloacetic Acids

Bromate

Chlorite

Were any analyses subcontracted? Yes No

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

Certification

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

Signature:



Date: 09/11/07

* 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: 82-550.310(3) Lab ID: 47382DW1 PWS ID: 3354886 Sample ID: 55646 Lee St.

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	ug/L	2.00	U	EPA552.2	2.00	09/05/07		E83018
2451	Dichloroacetic Acid	N/A	ug/L	39.4		EPA552.2	2.00	09/05/07		E83018
2452	Trichloroacetic Acid	N/A	ug/L	47.1		EPA552.2	0.500	09/05/07		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.00	U	EPA552.2	1.00	09/05/07		E83018
2454	Dibromoacetic Acid	N/A	ug/L	0.500	U	EPA552.2	0.500	09/05/07		E83018
2456	HAA5	80	ug/L	88.5		EPA552.2	0.500	09/05/07		E83018
2941	Chloroform	N/A	ug/L	66.1		EPA502.2	0.500	09/04/07		E83018
2942	Bromoform	N/A	ug/L	0.500	U	EPA502.2	0.500	09/04/07		E83018
2943	Bromodichloromethane	N/A	ug/L	13.9		EPA502.2	0.500	09/04/07		E83018
2944	Dibromochloromethane	N/A	ug/L	1.08		EPA502.2	0.500	09/04/07		E83018
2950	Total Trihalomethanes	80	ug/L	81.0		EPA502.2	0.500	09/04/07		E83018

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

Public Water System Information (to be completed by sampler)

System Name: Holiday Haven PWS ID #: 3354886
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: Corner of Fern + Lees
City: Aston State: FL ZIP Code: _____
Phone #: 352-787-0980 Fax #: 352-787-6333
E-Mail Address: N/A

Sample Information (to be completed by sampler)

Sample Number: 47362DW2 Location Code (if known): POE
Sample Date: 8/31/07 Sample Time: 5:45 AM PM (circle one)
Sample Location (be specific): POE
Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

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

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

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

Sampler's Name: David Haring
Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333
Sampler's E-Mail Address: N/A

Certification (to be completed by sampler)

Paul Thompson ^{David} for field coordinator
(Print Name) (Print Title)

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

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

Laboratory Certification Information (to be completed by lab)

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

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

Analysis Information (to be completed by lab)

Sample Number: 47382DW2

Report Number: 47362
Date Sample Received: 08/31/07

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

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

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

Certification

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



Signature:

Date: 09/11/07

- * 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 <input type="checkbox"/> Yes <input type="checkbox"/> No | Sample Analysis Info Satisfactory <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Resample Requested (circle or highlight groups above) | <input type="checkbox"/> Revised Report Requested (circle or highlight groups above) |
| Reason(s): <input type="checkbox"/> Incomplete Report | <input type="checkbox"/> Location Unsatisfactory |
| <input type="checkbox"/> Missing Analyte Sheet(s) | <input type="checkbox"/> Analysis Unsatisfactory |
| <input type="checkbox"/> Other _____ | |

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

Inorganic Contaminants: 62-550.310(1) Lab ID: 47362DW2 PWS ID: 3354886 Sample ID: POE

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cart #
1040	Nitrate (as N)	10	mg/L	0.0500	U	EPA300.0	0.0500	08/31/07	01:45 PM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	08/31/07	01:45 PM	E83018

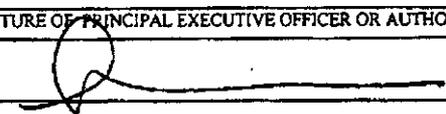
DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Aqua Utilities Florida Inc.	PERMIT NUMBER: FLA010655	Expiration Date: October 24, 2011
MAILING ADDRESS: Post Office Box 490310 Leesburg, FL 34749	LIMIT: Final	REPORT: Monthly
	CLASS SIZE: N/A	GROUP: Domestic
FACILITY: Holiday Haven WWTF	MONITORING GROUP NUMBER: R-001	
LOCATION: Pearl and Lisa Streets Astor, FL 32102	MONITORING GROUP DESC: Sprayfield, including Influent	
COUNTY: Lake	NO DISCHARGE FROM SITE: <input type="checkbox"/>	
	MONITORING PERIOD From: 1/1/07	To 1/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.0152	MGD			0	5 Days/Week	Meter
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.0186 (An.Avg.)	MGD				5 Days/Week	Meter
Flow	Sample Measurement	0.019	MGD			0	5 Days/Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.7	MGL	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	MGL		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.3	MGL	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	MGL		Monthly	Grab
Solids, Total Suspended	Sample Measurement			7.1	MGL	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	MGL		Monthly	Grab
Solids, Total Suspended	Sample Measurement			18	MGL	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	MGL		Monthly	Grab
				60.0 (Max.)				

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)
Paul Thompson, Lead Operator		386-937-1143	07/02/27

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

DOCUMENT NUMBER-DATE

04310 MAY 22 08

FPSC-COMMISSION CLERK

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Haven WWTF

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

PERMIT NUMBER: FLA010655
To 1/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH				7.1	7.3		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-1	A			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal				3.0			#/100ML	0	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Y			200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal				1.0	1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	A			Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)				2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon.Site No. EFA-1	A			0.5 (Min.)			MG/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100				97%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 Mon.Site No. FLW-1	I			Report			PER-CENT		Monthly	Calculated
Solids, Total Suspended				270			MG/L	0	Annually	Grab
PARM Code 00530 Mon.Site No. INF-1	Y			Report (An.Avg.)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C				650			MG/L	0	Annually	Grab
PARM Code 80082 Mon.Site No. INF-1	Y			Report (An.Avg.)			MG/L		Annually	Grab

DOCUMENT NUMBER-DATE

04310 MAY 22 8

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA010655

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl and Lisa Streets
 Astor, FL 32102

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Rapid Infiltration Basin

COUNTY: Lake

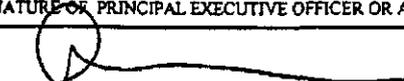
NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 1/1/07

To 1/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.0035	MGD			0	5 Days/Week	Meter
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.0064 (An.Avg.)	MGD				5 Days/Week	Meter
Flow	Sample Measurement	0.001	MGD			0	5 Days/Week	Meter
PARM Code 50050 I Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.7	MG/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.3	MG/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			7.1	MG/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			18	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Paul Thompson, Lead Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO 386-937-1143	DATE (YY/MM/DD) 07/02/07
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Haven WWTF

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 1/1/07

PERMIT NUMBER: FLA010655
 To 1/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.1	7.3		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-1	A Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			3.0			#/100ML	0	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Y Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	A Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon.Site No. EFA-1	A Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.32			MG/L	0	Annually	Grab
PARM Code 00620 Mon.Site No. EFA-1	A Permit Requirement			12.0 (Max.)			MG/L		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010655
 Monitoring Period From: 1/1/07 To: 1/31/07

Facility: Holiday Haven WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-2	FLW-3			
1			7.2		2.2+	.020	0			
2			7.3		2.2+	.024	.001			
3	3.3	1.0U	7.3	18	2.2+	.010	0			
4			7.2		2.2+	.019	0			
5			7.3		2.2+	.022	0			
6						.018	0			
7						.018	0			
8			7.2		2.2+	.018	0			
9			7.1		2.2+	.022	.001			
10			7.1		2.2+	.014	.003			
11			7.2		2.2+	.017	.003			
12			7.1		2.2+	.016	.002			
13						.021	.001			
14						.021	.001			
15			7.2		2.2+	.021	.001			
16			7.3		2.2+	.018	0			
17			7.2		2.2+	.017	.001			
18			7.2		2.2+	.014	.002			
19			7.2		2.2+	.015	.002			
20						.019	0			
21						.019	0			
22			7.2		2.2+	.019	0			
23			7.2		2.2+	.030	0			
24			7.2		2.2+	.014	0			
25			7.2		2.2+	.029	.004			
26			7.2		2.2+	.022	.004			
27						.023	.002			
28						.023	.002			
29			7.2		2.2+	.023	.002			
30			7.2		2.2+	.022	.003			
31			7.2		2.2+	.012	.004			
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certificate No: <u>4894</u>	Name: <u>Paul Thompson</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA010655

Expiration Date: October 24, 2011

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl and Lisa Streets
 Astor, FL 32102

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, including Influent

COUNTY: Lake

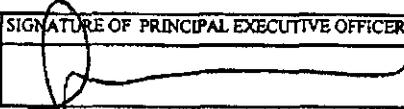
NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 2/1/07

To 2/28/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.0160		MGD					0	5 Days/Week	Meter
PARM Code 50050 Mon.Site No. FLW-2	Permit Requirement	0.0186 (An.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	0.019		MGD					0	5 Days/Week	Meter
PARM Code 50050 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.8			MG/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.6	2.6		MG/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				7.4			MG/L	0	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				4.3	4.3		MG/L	0	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		886-937-1143	07/03/21

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Haven WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 2/1/07

To PERMIT NUMBER: FLA010655
2/28/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon.Site No. EFA-1	Sample Measurement				7.2	7.4		SU	0	5 Days/Week	Grab
	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement				2.7			#/100ML	0	Monthly	Grab
	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-1	Sample Measurement				1.0	1.0		#/100ML	0	Monthly	Grab
	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				2.2			MG/L	0	5 Days/Week	Grab
	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 1 Mon.Site No. FLW-1	Sample Measurement				106%			PER-CENT	0	Monthly	Calculated
	Permit Requirement				Report			PER-CENT		Monthly	Calculated
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. INF-1	Sample Measurement				MNR			MG/L	0	Annually	Grab
	Permit Requirement				Report (An.Avg.)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. INF-1	Sample Measurement				MNR			MG/L	0	Annually	Grab
	Permit Requirement				Report (An.Avg.)			MG/L		Annually	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA010655

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl and Lisa Streets
 Astor, FL 32102

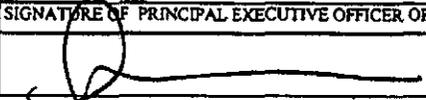
MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Rapid Infiltration Basin

COUNTY: Lake

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 2/1/07 To: 2/28/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon.Site No. FLW-3	Sample Measurement	0.0028		MGD					0	5 Days/Week	Meter
	Permit Requirement	0.0064 (An.Avg.)		MGD						5 Days/Week	Meter
Flow PARM Code 50050 I Mon.Site No. FLW-3	Sample Measurement	0.002		MGD					0	5 Days/Week	Meter
	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement				2.8			MG/L	0	Monthly	Grab
	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon.Site No. EFA-1	Sample Measurement				2.6	2.6		MG/L	0	Monthly	Grab
	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1	Sample Measurement				7.4			MG/L	0	Monthly	Grab
	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 A Mon.Site No. EFA-1	Sample Measurement				4.3	4.3		MG/L	0	Monthly	Grab
	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1148	07/03/21

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010655
 Monitoring Period From: 2/1/07 To: 2/28/07

Facility: Holiday Haven WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400							
Mon. Site	EFA-1	EFA-1	EFA-1	00530	50060	50050	50050			
				EFA-1	EFA-1	FLW-2	FLW-3			
1			7.2		2.2+	.020	.003			
2			7.4		2.2+	.039	.002			
3						.025	.003			
4						.025	.003			
5			7.2		2.2+	.025	.003			
6			7.2		2.2+	.024	.004			
7			7.3		2.2+	.027	.003			
8			7.3		2.2+	.015	.004			
9			7.2		2.2+	.020	.002			
10						.021	.003			
11						.021	.003			
12			7.4		2.2+	.021	.003			
13			7.4		2.2+	.023	.002			
14	2.6	1.0U	7.4	4.3	2.2+	.014	.001			
15			7.4		2.2+	.022	.003			
16			7.3		2.2+	.020	.004			
17						.021	.003			
18						.021	.003			
19			7.3		2.2+	.021	.003			
20			7.3		2.2+	.018	.002			
21			7.3		2.2+	.018	.002			
22			7.3		2.2+	.018	.002			
23			7.3		2.2+	.022	.001			
24						.017	.002			
25						.017	.002			
26			7.3		2.2	.017	.002			
27			7.3		2.2+	.020	.000			
28			7.3		2.2+	.015	.001			
29										
30										
31										
Total										
Mo. Avg										

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certificate No: <u>4894</u>	Name: <u>Paul Thompson</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA010655

Expiration Date: October 24, 2011

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl and Lisa Streets
 Astor, FL 32102

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, including Influent

COUNTY: Lake

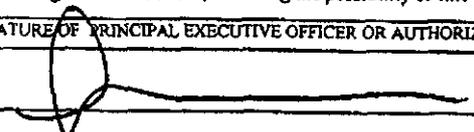
NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 3/1/07

To 3/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.0158		MGD					0	5 Days/Week	Meter
PARM Code 50050 Mon.Site No. FLW-2	Y Permit Requirement	0.0186 (An.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	0.017		MGD					0	5 Days/Week	Meter
PARM Code 50050 Mon.Site No. FLW-2	1 Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.7			MG/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Y Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		MG/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	A Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				7.3			MG/L	0	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Y Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				3.0	3.0		MG/L	0	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	A Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		886-937-1148	07/04/10

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Haven WWTF

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 3/1/07

PERMIT NUMBER: FLA010655
 To 3/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH				7.2	7.5		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-1	A			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal				2.1			#/100ML	0	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Y			200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal				1.0	1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	A			Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)				2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon.Site No. EFA-1	A			0.5 (Min.)			MG/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100				107%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 Mon.Site No. FLW-1	I			Report			PER-CENT		Monthly	Calculated
Solids, Total Suspended				MNR			MG/L	0	Annually	Grab
PARM Code 00530 Mon.Site No. INF-1	Y			Report (An.Avg.)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C				MNR			MG/L	0	Annually	Grab
PARM Code 80082 Mon.Site No. INF-1	Y			Report (An.Avg.)			MG/L		Annually	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA010655

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl and Lisa Streets
 Astor, FL 32102

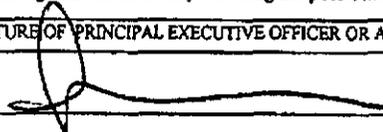
MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Rapid Infiltration Basin

COUNTY: Lake

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 3/1/07 To: 3/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.0042		MGD					0	5 Days/Week	Meter
PARM Code 50050 Mon.Site No. FLW-3	Y Permit Requirement	0.0064 (An.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	0.018		MGD					0	5 Days/Week	Meter
PARM Code 50050 Mon.Site No. FLW-3	I Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.7			MG/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Y Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		MG/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	A Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				7.3			MG/L	0	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Y Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				3.0	3.0		MG/L	0	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	A Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		886-937-1143	07/04/09

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Haven WWTF

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 3/1/07

PERMIT NUMBER: FLA010655
 To 3/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.2	7.5		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-1	A Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			2.1			#/100ML	0	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Y Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	A Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon.Site No. EFA-1	A Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MG/L	0	Annually	Grab
PARM Code 00620 Mon.Site No. EFA-1	A Permit Requirement			12.0 (Max.)			MG/L		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010655
 Monitoring Period From: 3/1/07 To: 3/31/07

Facility: Holiday Haven WWTF

	CBOD5 (MGL)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-2	FLW-3			
1			7.3		2.2+	.018	.000			
2			7.2		2.2+	.016	.000			
3						.020	.003			
4						.020	.003			
5			7.2		2.2+	.020	.003			
6			7.2		2.2+	.014	.002			
7			7.3		2.2+	.017	.003			
8			7.3		2.2+	.018	.003			
9			7.4		2.2+	.019	.003			
10						.016	.001			
11						.016	.001			
12			7.4		2.2+	.016	.001			
13			7.4		2.2+	.022	.002			
14	2.0U	1.0U	7.4	3.0	2.2+	.010	.002			
15			7.4		2.2+	.022	.001			
16			7.4		2.2+	.014	.000			
17						.018	.004			
18						.018	.004			
19			7.4		2.2+	.018	.004			
20			7.4		2.2+	.016	.005			
21			7.5		2.2+	.019	.001			
22			7.4		2.2+	.014	.003			
23			7.5		2.2+	.016	.002			
24						.019	.002			
25						.019	.002			
26			7.4		2.2+	.019	.002			
27			7.3		2.2+	.025	.000			
28			7.4		2.2+	.016	.002			
29			7.3		2.2+	.015	.002			
30			7.4		2.2+	.012	.000			
31			7.3		2.2+	.018	.000			
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certificate No: <u>4894</u>	Name: <u>Paul Thompson</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA010655

Expiration Date: October 24, 2011

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl and Lisa Streets
 Astor, FL 32102

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

COUNTY: Lake

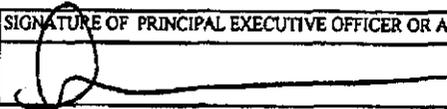
MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, including Influent

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 4/1/07

To 4/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.0158		MGD				0	5 Days/Week	Meter
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.0186 (An.Avg.)		MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.015		MGD				0	5 Days/Week	Meter
PARM Code 50050 I Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.7		MG/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.4	3.4	MG/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				7.5		MG/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				10	10	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		886-937-1143	07/05/02

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Haven WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 4/1/07

PERMIT NUMBER: FLA010655
To 4/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon.Site No. EFA-1	Sample Measurement			7.3	7.4		SU	0	5 Days/Week	Grab
	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement			2.1			#/100ML	0	Monthly	Grab
	Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-1	Sample Measurement			1.0	<1.0		#/100ML	0	Monthly	Grab
	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement			0.7			MG/L	0	5 Days/Week	Grab
	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. FLW-1	Sample Measurement			102%			PER-CENT	I	Monthly	Calculated
	Permit Requirement			Report			PER-CENT		Monthly	Calculated
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. INF-1	Sample Measurement			MNR			MG/L	0	Annually	Grab
	Permit Requirement			Report (An.Avg.)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. INF-1	Sample Measurement			MNR			MG/L	0	Annually	Grab
	Permit Requirement			Report (An.Avg.)			MG/L		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA010655

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl and Lisa Streets
 Astor, FL 32102

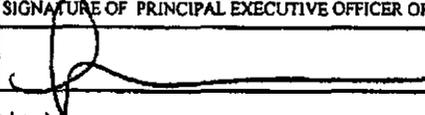
MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Rapid Infiltration Basin

COUNTY: Lake

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 4/1/07 To: 4/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.0044	MGD			0	5 Days/Week	Meter
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.0064 (An.Avg.)	MGD				5 Days/Week	Meter
Flow	Sample Measurement	0.003	MGD			0	5 Days/Week	Meter
PARM Code 50050 I Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.7	MG/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.4	MG/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			7.5	MG/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			10	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	Grab
				60.0 (Max.)				

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)
Paul Thompson, Lead Operator		386-937-1143	07/05/02

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Haven WWTF

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 4/1/07

To 4/30/07
 PERMIT NUMBER: FLA010655

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon.Site No. EFA-1	Sample Measurement			7.3	7.4		SU	0	5 Days/Week	Grab
	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement			2.1			#/100ML	0	Monthly	Grab
	Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-1	Sample Measurement			1.0	<1.0		#/100ML	0	Monthly	Grab
	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement			0.7			MG/L	0	5 Days/Week	Grab
	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-1	Sample Measurement			MNR			MG/L	0	Annually	Grab
	Permit Requirement			12.0 (Max.)			MG/L		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010655
From:

To:

Facility: Holiday Haven WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-2	FLW-3			
1						.018	.000			
2			7.3		2.2+	.018	.000			
3			7.3		2.2+	.015	.002			
4	3.4	<1.0	7.3	10	2.2+	.013	.000			
5			7.3		2.2+	.012	.005			
6			7.3		2.2+	.012	.000			
7						.015	.003			
8						.015	.003			
9			7.3		2.2	.015	.003			
10			7.3		0.7	.019	.005			
11			7.3		2.2+	.014	.002			
12			7.3		2.2+	.018	.002			
13			7.3		2.2+	.023	.003			
14						.011	.007			
15						.011	.007			
16			7.4		2.2+	.011	.007			
17			7.4		2.2+	.014	.003			
18			7.3		2.2+	.016	.004			
19			7.3		2.2+	.016	.002			
20			7.4		2.2+	.012	.003			
21						.018	.003			
22						.018	.003			
23			7.3		2.2+	.018	.003			
24			7.3		2.2+	.014	.004			
25			7.3		2.2+	.016	.002			
26			7.3		2.2+	.017	.001			
27			7.4		2.2+	.013	.002			
28						.016	.002			
29						.016	.002			
30			7.3		2.0	.016	.002			
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certificate No: <u>4894</u>	Name: <u>Paul Thompson</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA010655
 LIMIT: Final
 CLASS SIZE: N/A

Expiration Date: October 24, 2011
 REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl and Lisa Streets
 Astor, FL 32102

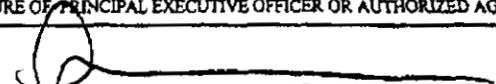
MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, including Influent

COUNTY: Lake

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

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.0156		MGD				0	5 Days/Week	Meter
PARM Code 50050 Mon.Site No. FLW-2	Y Permit Requirement	0.0186 (An.Avg.)		MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.012		MGD				0	5 Days/Week	Meter
PARM Code 50050 Mon.Site No. FLW-2	I Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.8		MG/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Y Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.3	3.3	MG/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	A Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				7.8		MG/L	0	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Y Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				13	13	MG/L	0	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	A Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/06/14

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Haven WWTF

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

To PERMIT NUMBER: FLA010655
5/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon.Site No. EFA-1	Sample Measurement			7.3	7.4		SU	0	5 Days/Week	Grab
	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement			3.2			#/100ML	0	Monthly	Grab
	Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-1	Sample Measurement			15.0	15.0		#/100ML	0	Monthly	Grab
	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement			2.2			MG/L	0	5 Days/Week	Grab
	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 1 Mon.Site No. FLW-1	Sample Measurement			95%			PER-CENT	0	Monthly	Calculated
	Permit Requirement			Report			PER-CENT		Monthly	Calculated
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. INF-1	Sample Measurement			MNR			MG/L	0	Annually	Grab
	Permit Requirement			Report (An.Avg.)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. INF-1	Sample Measurement			MNR			MG/L	0	Annually	Grab
	Permit Requirement			Report (An.Avg.)			MG/L		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA010655

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl and Lisa Streets
 Astor, FL 32102

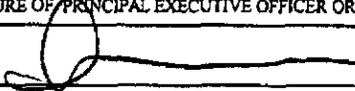
MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Rapid Infiltration Basin

COUNTY: Lake

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.0048		MGD				0	5 Days/Week	Meter	
PARM Code 50050 Mon.Site No. FLW-3	Y Permit Requirement	0.0064 (An.Avg.)		MGD					5 Days/Week	Meter	
Flow	Sample Measurement	0.005		MGD				0	5 Days/Week	Meter	
PARM Code 50050 Mon.Site No. FLW-3	I Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Meter	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.8			MG/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Y Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.3	3.3		MG/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	A Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				7.8			MG/L	0	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Y Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				13	13		MG/L	0	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	A Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	07/06/14

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Haven WWTF

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 5/1/07

PERMIT NUMBER: FLA010655
 To 5/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon. Site No. EFA-1	Sample Measurement			7.3	7.4		SU	0	5 Days/Week	Grab
	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-1	Sample Measurement			3.2			#/100ML	0	Monthly	Grab
	Permit Requirement			200 (An. Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-1	Sample Measurement			15.0	15.0		#/100ML	0	Monthly	Grab
	Permit Requirement			Report (Mo. Geo. Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-1	Sample Measurement			2.2			MGL	0	5 Days/Week	Grab
	Permit Requirement			0.5 (Min.)			MGL		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site No. EFA-1	Sample Measurement			MNR			MGL	0	Annually	Grab
	Permit Requirement			12.0 (Max.)			MGL		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010655

Facility: Holiday Haven WWTF

Monitoring Period From: 5/1/07 To: 5/31/07

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-2	FLW-3			
1			7.4		2.2+	.011	.002			
2	3.3	15	7.4	13	2.2+	.010	.001			
3			7.4		2.2+	.018	.003			
4			7.3		2.2+	.013	.002			
5						.016	.002			
6						.016	.002			
7			7.4		2.2+	.016	.002			
8			7.4		2.2+	.015	.002			
9			7.4		2.2+	.016	.001			
10			7.4		2.2+	.013	.001			
11			7.3		2.2+	.016	.002			
12						.015	.002			
13						.015	.002			
14			7.3		2.2+	.015	.002			
15			7.4		2.2+	.019	.002			
16			7.4		2.2+	.015	.002			
17			7.4		2.2+	.015	.003			
18			7.3		2.2+	.018	.001			
19						.017	.003			
20						.017	.003			
21			7.3		2.2+	.017	.003			
22			7.3		2.2+	.012	.003			
23			7.3		2.2+	.020	.002			
24			7.4		2.2+	.013	.003			
25			7.3		2.2+	.019	.002			
26						0	.019			
27						0	.019			
28			7.4		2.2+	0	.019			
29			7.3		2.2+	0	.020			
30			7.3		2.2+	0	.014			
31			7.3		2.2+	0	.015			
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certificate No: <u>4894</u>	Name: <u>Paul Thompson</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA010655

Expiration Date: October 24, 2011

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl and Lisa Streets
 Astor, FL 32102

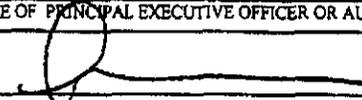
MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, including Influent

COUNTY: Lake

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

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.0160	MGD			0	5 Days/Week	Meter
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.0186 (An.Avg.)	MGD				5 Days/Week	Meter
Flow	Sample Measurement	0.007	MGD			0	5 Days/Week	Meter
PARM Code 50050 I Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.8		0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.0	2.0	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			7.5		0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)			Monthly	Grab
Solids, Total Suspended	Sample Measurement			4.4	4.4	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	07/07/19

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

DISCHARGE MONITORING REPORT – PART A (Continued)

FACILITY: Holiday Haven WWTF

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

PERMIT NUMBER: FLA010655
To 6/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.1	7.3		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			3.0			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			1.0	1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.8			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			95%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement			Report			PER-CENT		Monthly	Calculated
Solids, Total Suspended	Sample Measurement			MNR			MG/L	0	Annually	Grab
PARM Code 00530 Y Mon.Site No. INF-1	Permit Requirement			Report (An.Avg.)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR			MG/L	0	Annually	Grab
PARM Code 80082 Y Mon.Site No. INF-1	Permit Requirement			Report (An.Avg.)			MG/L		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT -- PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA010655

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl and Lisa Streets
 Astor, FL 32102

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Rapid Infiltration Basin

COUNTY: Lake

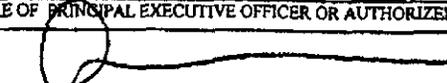
NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 6/1/07

To 6/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon.Site No. FLW-3	Sample Measurement	0.0048		MGD				0	5 Days/Week	Meter
	Permit Requirement	0.0064 (An.Avg.)		MGD					5 Days/Week	Meter
Flow PARM Code 50050 I Mon.Site No. FLW-3	Sample Measurement	0.014		MGD				0	5 Days/Week	Meter
	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement				2.8		MG/L	0	Monthly	Grab
	Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon.Site No. EFA-1	Sample Measurement				2.0	2.0	MG/L	0	Monthly	Grab
	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1	Sample Measurement				7.5		MG/L	0	Monthly	Grab
	Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 A Mon.Site No. EFA-1	Sample Measurement				4.4	4.4	MG/L	0	Monthly	Grab
	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	07/07/19

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Haven WWTF

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 6/1/07

To: PERMIT NUMBER: FLA010655
 6/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon.Site No. EFA-1	Sample Measurement			7.1	7.3		SU	0	5 Days/Week	Grab
	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement			3.0			#/100ML	0	Monthly	Grab
	Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-1	Sample Measurement			1.0	1.0		#/100ML	0	Monthly	Grab
	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement			0.8			MG/L	0	5 Days/Week	Grab
	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-1	Sample Measurement			MNR			MG/L	0	Annually	Grab
	Permit Requirement			12.0 (Max.)			MG/L		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010655
 Monitoring Period From: 6/1/07 To: 6/30/07

Facility: Holiday Haven WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-2	FLW-3			
1			7.3		2.2+	.000	.018			
2						.000	.021			
3						.000	.021			
4			7.3		2.2+	.000	.021			
5			7.2		2.2+	.000	.015			
6	2.0	<1.0	7.2	4.4	2.2+	.000	.014			
7			7.2		2.2+	.000	.024			
8			7.2		2.2+	.000	.018			
9						.000	.019			
10						.000	.019			
11			7.2		2.2	.000	.019			
12			7.2		2.2	.000	.020			
13			7.2		2.2+	.000	.024			
14			7.2		2.2+	.000	.016			
15			7.2		2.2+	.000	.017			
16						.003	.017			
17						.003	.017			
18			7.2		2.2+	.003	.017			
19			7.2		2.2+	.017	.000			
20			7.3		2.2+	.020	.004			
21			7.3		2.2+	.015	.005			
22			7.2		2.2+	.015	.000			
23						.017	.004			
24						.017	.004			
25			7.1		0.8	.017	.004			
26			7.2		2.2+	.002	.029			
27			7.2		2.2+	.023	.000			
28			7.2		2.2+	.023	.052			
29			7.2		2.2+	.065	.000			
30						.019	.005			
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certificate No: <u>4894</u>	Name: <u>Paul Thompson</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA010655

Expiration Date: October 24, 2011

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl and Lisa Streets
 Astor, FL 32102

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, including Influent

COUNTY: Lake

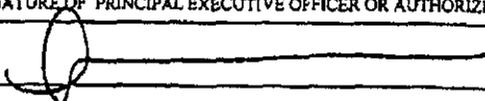
NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 7/1/07

To 7/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.0158	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon.Site No. FLW-2	Y Permit Requirement	0.0186 (An.Avg.)	MGD				5 Days/Week	Meter
Flow	Sample Measurement	0.016	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon.Site No. FLW-2	I Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.6	MG/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Y Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.3	MG/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	A Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			7.2	MG/L	0	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Y Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			6.0	MG/L	0	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	A Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	Grab
				60.0 (Max.)				

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)
Paul Thompson, Lead Operator		352-787-0980	07/08/10

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Haven WWTF

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

PERMIT NUMBER: FLA010655
To 7/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon.Site No. EFA-1	Sample Measurement			7.1	7.2		SU	0	5 Days/Week	Grab
	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement			2.7			#/100ML	0	Monthly	Grab
	Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-1	Sample Measurement			1.0	1.0		#/100ML	0	Monthly	Grab
	Permit Requirement			Report (Mo. Geo. Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement			0.8			MG/L	0	5 Days/Week	Grab
	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 1 Mon.Site No. FLW-1	Sample Measurement			104%			PER-CENT	0	Monthly	Calculated
	Permit Requirement			Report			PER-CENT		Monthly	Calculated
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. INF-1	Sample Measurement			MNR			MG/L	0	Annually	Grab
	Permit Requirement			Report (An.Avg.)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. INF-1	Sample Measurement			MNR			MG/L	0	Annually	Grab
	Permit Requirement			Report (An.Avg.)			MG/L		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA010655

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl and Lisa Streets
 Astor, FL 32102

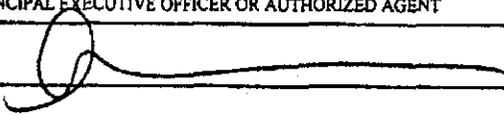
MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Rapid Infiltration Basin

COUNTY: Lake

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 7/1/07 To: 7/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.0052		MGD				0	5 Days/Week	Meter
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.0064 (An.Avg.)		MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.006		MGD				0	5 Days/Week	Meter
PARM Code 50050 I Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.6		MG/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.3	3.3	MG/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				7.2		MG/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				6.0	6.0	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	07/28/07

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Haven WWTF

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 7/1/07

PERMIT NUMBER: FLA010655
 To 7/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon.Site No. EFA-1	Sample Measurement			7.1	7.2		SU	0	5 Days/Week	Grab
	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement			2.7			#/100ML	0	Monthly	Grab
	Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-1	Sample Measurement			1.0	1.0		#/100ML	0	Monthly	Grab
	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement			0.8			MG/L	0	5 Days/Week	Grab
	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-1	Sample Measurement			MNR			MG/L	0	Annually	Grab
	Permit Requirement			12.0 (Max.)			MG/L		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010655
From: 7/1/07 To: 7/31/07

Facility: Holiday Haven WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-2	FLW-3			
1						.019	.005			
2			7.2		0.8	.019	.005			
3			7.2		2.2+	.013	.002			
4			7.1		2.2+	.017	.004			
5	3.3	<1.0	7.2	6.0	2.2+	.018	.003			
6			7.1		2.2+	.020	.005			
7						.021	.005			
8						.021	.005			
9			7.2		2.2+	.021	.005			
10			7.2		2.2+	.019	.005			
11			7.1		2.2+	.017	.005			
12			7.2		2.2+	.017	.005			
13			7.2		2.2	.008	.002			
14						.024	.005			
15						.024	.005			
16			7.1		2.2+	.024	.005			
17			7.2		2.2+	.015	.003			
18			7.2		2.2+	.019	.005			
19			7.1		2.2+	.016	.004			
20			7.1		2.2+	.016	.004			
21						.019	.004			
22						.019	.004			
23			7.1		2.2+	.019	.004			
24			7.1		2.2+	.007	.013			
25			7.1		2.2+	.009	.012			
26			7.2		2.2+	.009	.011			
27			7.1		2.2+	.012	.001			
28						.007	.012			
29						.007	.012			
30			7.2		2.2+	.007	.012			
31			7.2		2.2+	.009	.012			
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certificate No: <u>4894</u>	Name: <u>Paul Thompson</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA010655

Expiration Date: October 24, 2011

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl and Lisa Streets
 Astor, FL 32102

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, including Influent

COUNTY: Lake

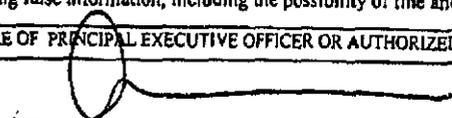
NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 8/1/07

To 8/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.0155	MGD			0	5 Days/Week	Meter
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.0186 (An.Avg.)	MGD				5 Days/Week	Meter
Flow	Sample Measurement	0.011	MGD			0	5 Days/Week	Meter
PARM Code 50050 I Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.5	MG/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			12.9	MG/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			7.5	MG/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			9.75	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Paul Thompson, Lead Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO 352-787-0980	DATE (YY/MM/DD) 07/09/08
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT – PART A (Continued)

FACILITY: Holiday Haven WWTF

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

To PERMIT NUMBER: FLA010655
 8/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon.Site No. EPA-1	Sample Measurement			7.2	7.5		SU	0	5 Days/Week	Grab
	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EPA-1	Sample Measurement			3.3			#/100ML	0	Monthly	Grab
	Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EPA-1	Sample Measurement			9.0	9.0		#/100ML	0	Monthly	Grab
	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EPA-1	Sample Measurement			1.5			MG/L	0	5 Days/Week	Grab
	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 1 Mon.Site No. FLW-1	Sample Measurement			109%			PER-CENT	1	Monthly	Calculated
	Permit Requirement			Report			PER-CENT		Monthly	Calculated
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. INF-1	Sample Measurement			MNR			MG/L	0	Annually	Grab
	Permit Requirement			Report (An.Avg.)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. INF-1	Sample Measurement			MNR			MG/L	0	Annually	Grab
	Permit Requirement			Report (An.Avg.)			MG/L		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA010655

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl and Lisa Streets
 Astor, FL 32102

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Rapid Infiltration Basin

COUNTY: Lake

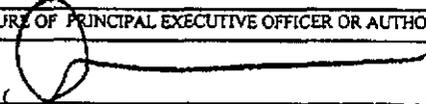
NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 8/1/07

To 8/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.0058	MGD			0	5 Days/Week	Meter
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.0064 (An.Avg.)	MGD				5 Days/Week	Meter
Flow	Sample Measurement	0.008	MGD			0	5 Days/Week	Meter
PARM Code 50050 I Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.5	MG/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			12.9	MG/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			7.5	MG/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			9.75	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	07/09/18

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Haven WWTF

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 8/1/07

PERMIT NUMBER: FLA010655
 To 8/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon.Site No. EFA-1	Sample Measurement			7.2	7.5		SU	0	5 Days/Week	Grab
	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement			3.3			#/100ML	0	Monthly	Grab
	Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-1	Sample Measurement			9.0	9.0		#/100ML	0	Monthly	Grab
	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement			1.5			MG/L	0	5 Days/Week	Grab
	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon.Site No. EFA-1	Sample Measurement			MNR			MG/L	0	Annually	Grab
	Permit Requirement			12.0 (Max.)			MG/L		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA010655
From: 8/1/07 To: 8/31/07

Facility: Holiday Haven WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-2	FLW-3			
1			7.2		2.2+	.013	.014			
2			7.2		2.2+	.023	.002			
3			7.3		2.2+	.012	.020			
4						.010	.014			
5						.010	.014			
6			7.3		1.5	.010	.014			
7			7.3		1.8	.008	.012			
8			7.3		1.8	.002	.029			
9			7.3		2.2+	.012	.013			
10			7.3		2.2+	.006	.003			
11						.007	.008			
12						.007	.008			
13			7.3		2.2+	.007	.008			
14	12.9Y	9.0	7.2	9.75	2.2+	.012	.002			
15			7.2		2.2+	.023	.007			
16			7.2		2.2+	.005	.006			
17			7.3		2.2+	.012	.016			
18						.005	.007			
19						.005	.007			
20			7.4		2.2+	.005	.007			
21			7.4		2.2+	.019	.007			
22			7.4		2.2+	.013	.004			
23			7.4		2.2+	.017	.004			
24			7.4		2.2+	.016	.005			
25						.015	.005			
26						.015	.005			
27			7.4		2.2+	.015	.005			
28			7.3		2.2+	.016	.001			
29			7.4		2.2+	.012	.004			
30			7.4		2.2+	.014	.004			
31			7.5		2.2+	.010	.003			
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certificate No: <u>4894</u>	Name: <u>Paul Thompson</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

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

PERMIT NUMBER: FLA010655

Expiration Date: October 24, 2011

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl and Lisa Streets
 Astor, FL 32102

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, including Influent

COUNTY: Lake

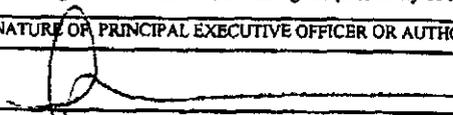
NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 09/01/07

To: 09/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon.Site No. FLW-2	Sample Measurement	0.0162		MGD					0	5 Days/Week	Meter
	Permit Requirement	0.0186 (An.Avg.)		MGD						5 Days/Week	Meter
Flow PARM Code 50050 I Mon.Site No. FLW-2	Sample Measurement	0.025		MGD					27	5 Days/Week	Meter
	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement				3.5			MG/L	0	Monthly	Grab
	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon.Site No. EFA-1	Sample Measurement				<2.0	<2.0		MG/L	0	Monthly	Grab
	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1	Sample Measurement				7.4			MG/L	0	Monthly	Grab
	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 A Mon.Site No. EFA-1	Sample Measurement				4.5	4.5		MG/L	0	Monthly	Grab
	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Paul Thompson, Lead Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO 352-787-0980	DATE (YY/MM/DD) 07/18/25
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Haven WWTF

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

PERMIT NUMBER: FLA010655
 9/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon.Site No. EFA-1	Sample Measurement				7.4	7.4		SU	0	5 Days/Week	Grab
	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement				4.3			#/100ML	0	Monthly	Grab
	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-1	Sample Measurement				15.0	15.0		#/100ML	0	Monthly	Grab
	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				2.2			MG/L	0	5 Days/Week	Grab
	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. FLW-1	Sample Measurement				87%			PER-CENT	1	Monthly	Calculated
	Permit Requirement				Report			PER-CENT		Monthly	Calculated
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. INF-1	Sample Measurement				MNR			MG/L	0	Annually	Grab
	Permit Requirement				Report (An.Avg.)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. INF-1	Sample Measurement				MNR			MG/L	0	Annually	Grab
	Permit Requirement				Report (An.Avg.)			MG/L		Annually	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA010655

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl and Lisa Streets
 Astor, FL 32102

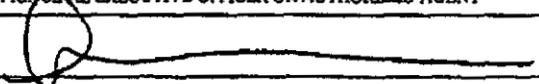
MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Rapid Infiltration Basin

COUNTY: Lake

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 9/01/07 To 9/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.0050	MGD			0	5 Days/Week	Meter
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.0064 (An.Avg.)	MGD				5 Days/Week	Meter
Flow	Sample Measurement	.005	MGD			9	5 Days/Week	Meter
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.5		0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2.0	<2.0	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			7.4		0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)			Monthly	Grab
Solids, Total Suspended	Sample Measurement			4.5	4.5	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	07/10/25

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY

Holiday Haven WWTF

MONITORING GROUP NUMBER: R-002
MONITORING PERIOD From: 9/1/07 To

PERMIT NUMBER: FLA010655
9/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.3	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			4.3			#/100ML	0	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			15	15		#/100ML	0	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon.Site No. EFA-1	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MG/L	0	Annually	Grab
PARM Code 00620 Mon.Site No. EFA-1	Permit Requirement			12.0 (Max.)			MG/L		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA010655**

 Monitoring Period: From: **9/1/07** To: **9/30/07**

 Facility: **Holiday Haven WWTF**

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-2	FLW-3			
1						.027	.006			
2						.027	.006			
3			7.5		2.2+	.027	.006			
4			7.5		2.2+	.023	.004			
5	<2.0	150	7.4	4.5	2.2+	.025	.005			
6			7.4		2.2+	.032	.007			
7			7.4		2.2+	.020	.006			
8						.024	.004			
9						.024	.004			
10			7.4		2.2+	.024	.004			
11			7.5		2.2+	.038	.007			
12			7.4		2.2+	.022	.002			
13			7.4		2.2+	.022	.005			
14			7.4		2.2+	.028	.004			
15						.031	.007			
16						.031	.007			
17			7.4		2.2+	.031	.007			
18			7.3		2.2+	.023	.000			
19			7.4		2.2+	.044	.005			
20			7.6		2.2+	.074	.000			
21			7.4		2.2+	.036	.005			
22						.038	.005			
23						.038	.005			
24			7.5		2.2+	.038	.005			
25			7.5		2.2+	.028	.007			
26			7.5		2.2+	.036	.007			
27			7.5		2.2+	.020	.005			
28			7.4		2.2+	.029	.000			
29						.030	.009			
30			7.5		2.2+	.030	.009			
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certificate No: <u>4894</u>	Name: <u>Paul Thompson</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA010655

Expiration Date: October 24, 2011

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Holiday Haven WWTF
LOCATION: Pearl and Lisa Streets
Astor, FL 32102

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

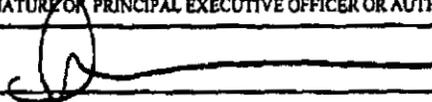
COUNTY: Lake

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

To: October 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.0167		MGD				0	5 Days/Week	Meter
PARM Code 50050 Y Mon. Site No. FLW-2	Permit Requirement	0.0186 (An.Avg.)		MGD					5 Days/Week	Meter
Flow	Sample Measurement	.022		MGD				0	5 Days/Week	Meter
PARM Code 50050 1 Mon. Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.4		MGL	0	Monthly	Grab
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)		MGL		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0	MGL	0	Monthly	Grab
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)	MGL		Monthly	Grab
Solids, Total Suspended	Sample Measurement				7.5		MGL	0	Monthly	Grab
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)		MGL		Monthly	Grab
Solids, Total Suspended	Sample Measurement				3.0	3.0	MGL	0	Monthly	Grab
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)	MGL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	07/11/15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Haven WWTF

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

PERMIT NUMBER: FLA010655
 To October 31, 2007

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon.Site No. EFA-1	Sample Measurement			7.4	7.6		SU	0	5 Days/Week	Grab
	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement			4.4			#/100ML	0	Monthly	Grab
	Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-1	Sample Measurement			3.0	3.0		#/100ML	0	Monthly	Grab
	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement			1.0			MGL	0	5 Days/Week	Grab
	Permit Requirement			0.5 (Min.)			MGL		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. FLW-1	Sample Measurement			90%			PER-CENT	0	Monthly	Calculated
	Permit Requirement			Report			PER-CENT		Monthly	Calculated
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. INF-1	Sample Measurement			MNR			MGL	0	Annually	Grab
	Permit Requirement			Report (An.Avg.)			MGL		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. INF-1	Sample Measurement			MNR			MGL	0	Annually	Grab
	Permit Requirement			Report (An.Avg.)			MGL		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA010655

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl and Lisa Streets
 Astor, FL 32102

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Rapid Infiltration Basin

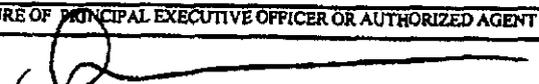
COUNTY: Lake

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

October 31, 2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.0051	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon.Site No. FLW-3	Permit Requirement	0.0064 (An.Avg.)	MGD				5 Days/Week	Meter
Flow	Sample Measurement	.0006	MGD			0	5 Days/Week	Meter
PARM Code 50050 Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.4	MG/L	00	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2.0	MG/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			7.5	MG/L	0	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.0	MG/L	0	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	07/11/15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Haven WWTF

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: October 1, 2007 To

PERMIT NUMBER: FLA010655
 To October 31, 2007

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.4	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-1	A Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			4.4			#/100ML	0	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Y Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			3.0	3.0		#/100ML	0	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	A Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0			MGL	0	5 Days/Week	Grab
PARM Code 50060 Mon.Site No. EFA-1	A Permit Requirement			0.5 (Min.)			MGL		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MGL	0	Annually	Grab
PARM Code 00620 Mon.Site No. EFA-1	A Permit Requirement			12.0 (Max.)			MGL		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

Permit Number:
Monitoring Period

FLA010655
From: October 1, 2007

DAILY SAMPLE RESULTS - PART B

To: October 31, 2007

Facility: Holiday Haven WWTF

Code	80082	74055	00400	00530	50060	50050	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-2	FLW-3				
1			7.5		2.2						
2	<2.0	3.0	7.4	3.0	2.2	0.030	0.030				
3			7.5		2.2	0.017	0.004				
4			7.5		2.2	0.043	0.007				
5			7.6		2.2	0.030	0.005				
6						0.040	0.008				
7						0.041	0.006				
8			7.6		2.2	0.041	0.006				
9			7.5		2.2	0.041	0.006				
10			7.5		2.2	0.023	0.004				
11			7.5		2.2	0.023	0.005				
12			7.5		2.2	0.040	0.009				
13						0.030	0.008				
14						0.024	0.005				
15			7.5			0.024	0.005				
16			7.6		1.0	0.024	0.005				
17			7.5		2.2	0.027	0.006				
18			7.5		2.2	0.017	0.004				
19			7.5		2.2	0.017	0.004				
20						0.026	0.006				
21						0.025	0.005				
22			7.4			0.025	0.005				
23			7.5		2.2	0.025	0.005				
24			7.4		2.2	0.026	0.006				
25			7.4		2.2	0.021	0.005				
26			7.4		2.2	0.023	0.005				
27						0.022	0.001				
28						0.024	0.003				
29			7.4		2.2	0.024	0.003				
30			7.4		2.2	0.024	0.003				
31			7.4		2.2	0.040	0.003				
Total						0.021	0.000				
Mo. Avg.											

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 12476 Name: David Haring

Evening Shift Operator Class: C Certificate No: 9320 Name: Ralph Marriott

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: A Certificate No: 4894 Name: Paul Thompson

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA010655

Expiration Date: October 24, 2011

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Holiday Haven WWTF
LOCATION: Pearl and Lisa Streets
Astor, FL 32102

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Sprayfield, including Influent

COUNTY: Lake

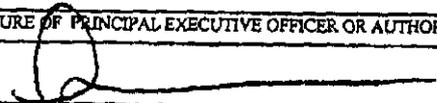
NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 11/1/07

To: 11/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.0168		MGD				0	5 Days/Week	Meter
PARM Code 50050 Mon. Site No. FLW-2	Permit Requirement	0.0186 (An. Avg.)		MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.018		MGD				0	5 Days/Week	Meter
PARM Code 50050 Mon. Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD					5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.4		MG/L	0	Monthly	Grab
PARM Code 80082 Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0	MG/L	0	Monthly	Grab
PARM Code 80082 Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				7.5		MG/L	0	Monthly	Grab
PARM Code 00530 Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				4.0	4.0	MG/L	0	Monthly	Grab
PARM Code 00530 Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)	MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	07/12/07

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Haven WWTF

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

PERMIT NUMBER: FLA010655
To 11/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon. Site No. EFA-1	Sample Measurement			7.3	7.4	SU	0	5 Days/Week	Grab
	Permit Requirement			6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-1	Sample Measurement			4.3		#/100ML	0	Monthly	Grab
	Permit Requirement			200 (An. Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-1	Sample Measurement			<1.0	<1.0	#/100ML	0	Monthly	Grab
	Permit Requirement			Report (Mo. Geo. Mean)	800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-1	Sample Measurement			2.2		MGL	0	5 Days/Week	Grab
	Permit Requirement			0.5 (Min.)		MGL		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site No. FLW-1	Sample Measurement			156%		PER-CENT	0	Monthly	Calculated
	Permit Requirement			Report		PER-CENT		Monthly	Calculated
Solids, Total Suspended PARM Code 00530 Y Mon. Site No. INF-1	Sample Measurement			MNR		MGL	0	Annually	Grab
	Permit Requirement			Report (An. Avg.)		MGL		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No. INF-1	Sample Measurement			MNR		MGL	0	Annually	Grab
	Permit Requirement			Report (An. Avg.)		MGL		Annually	Grab
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA010655

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl and Lisa Streets
 Astor, FL 32102

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Rapid Infiltration Basin

COUNTY: Lake

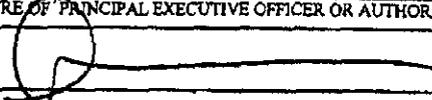
NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 11/1/07

To 11/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type	
Flow	Sample Measurement	0.0051		MGD				0	5 Days/Week	Meter	
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.0064 (An.Avg.)		MGD					5 Days/Week	Meter	
Flow	Sample Measurement	0.003		MGD				0	5 Days/Week	Meter	
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Meter	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.4			MG/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0		MG/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				7.5			MG/L	0	Monthly	Grab
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				4.0	4.0		MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		352-787-0980	07/14/07

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Haven WWTP

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 11/1/07

PERMIT NUMBER: FLA010655
 To 11/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3	7.4		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-1	A Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				4.3			#/100ML	0	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Y Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1.0	<1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	A Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon.Site No. EFA-1	A Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			MG/L	0	Annually	Grab
PARM Code 00620 Mon.Site No. EFA-1	A Permit Requirement				12.0 (Max.)			MG/L		Annually	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010655
 Monitoring Period: From: 11/1/07 To: 11/30/07

Facility: Holiday Haven WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-2	FLW-3			
1			7.4		2.2+	.028	.002			
2			7.4		2.2+	.022	.001			
3						.021	.004			
4						.021	.004			
5			7.4		2.2+	.021	.004			
6			7.4		2.2+	.020	.004			
7	<2.0	<1.0	7.4	4.0	2.2+	.018	.003			
8			7.3		2.2+	.016	.006			
9			7.4		2.2+	.017	.004			
10						.020	.005			
11						.020	.005			
12			7.4		2.2+	.020	.005			
13			7.4		2.2+	.017	.005			
14			7.4		2.2+	.019	.003			
15			7.4		2.2+	.013	.003			
16			7.3		2.2+	.021	.004			
17						.017	.004			
18						.017	.004			
19			7.3		2.2+	.017	.004			
20			7.3		2.2+	.017	.001			
21			7.3		2.2+	.017	.003			
22			7.4		2.2+	.014	.001			
23			7.4		2.2+	.024	.003			
24						.018	.001			
25						.018	.001			
26			7.4		2.2+	.018	.001			
27			7.4		2.2+	.019	.001			
28			7.4		2.2+	.018	.002			
29			7.3		2.2+	.013	.000			
30			7.4		2.2+	.022	.001			
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certificate No: <u>4894</u>	Name: <u>Paul Thompson</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA010655

Expiration Date: October 24, 2011

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl and Lisa Streets
 Astor, FL 32102

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, including Influent

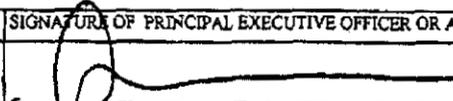
COUNTY: Lake

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

To: 12/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.0167	MGD			0	5 Days/Week	Meter
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.0186 (An.Avg.)	MGD				5 Days/Week	Meter
Flow	Sample Measurement	0.019	MGD			0	5 Days/Week	Meter
PARM Code 50050 I Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.4	MG/L	0	Monthly	Grab
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2.0	MG/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			6.9	MG/L	0	Monthly	Grab
PARM Code.00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.3	MG/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	MG/L		Monthly	Grab
				60.0 (Max.)				

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)
Paul Thompson, Lead Operator		352-787-0980	08/01/23

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Haven WWTF

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

PERMIT NUMBER: FLA010655
 To 12/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 A Mon.Site No. EFA-1	Sample Measurement				7.3	7.4		SU	0	5 Days/Week	Grab
	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement				4.5			#/100ML	0	Monthly	Grab
	Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-1	Sample Measurement				5.0	5.0		#/100ML	0	Monthly	Grab
	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				2.2			MG/L	0	5 Days/Week	Grab
	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. FLW-1	Sample Measurement				127%			PER-CENT	0	Monthly	Calculated
	Permit Requirement				Report			PER-CENT		Monthly	Calculated
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. INF-1	Sample Measurement				MNR			MG/L	0	Annually	Grab
	Permit Requirement				Report (An.Avg.)			MG/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. INF-1	Sample Measurement				MNR			MG/L	0	Annually	Grab
	Permit Requirement				Report (An.Avg.)			MG/L		Annually	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA010655

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl and Lisa Streets
 Astor, FL 32102

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Rapid Infiltration Basin

COUNTY: Lake

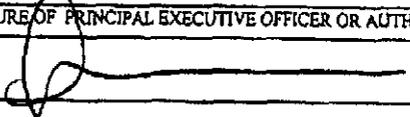
NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 12/1/07

To 12/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon.Site No. FLW-3	Sample Measurement	0.0053		MGD					0	5 Days/Week	Meter
	Permit Requirement	0.0064 (An.Avg.)		MGD						5 Days/Week	Meter
Flow PARM Code 50050 I Mon.Site No. FLW-3	Sample Measurement	0.003		MGD					0	5 Days/Week	Meter
	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement				3.4			MG/L	0	Monthly	Grab
	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon.Site No. EFA-1	Sample Measurement				<2.0	<2.0		MG/L	0	Monthly	Grab
	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1	Sample Measurement				6.9			MG/L	0	Monthly	Grab
	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 A Mon.Site No. EFA-1	Sample Measurement				2.3	2.3		MG/L	0	Monthly	Grab
	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Paul Thompson, Lead Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO 352-787-0980	DATE (YY/MM/DD) 08/01/20
---	--	------------------------------	-----------------------------

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010655
 Monitoring Period From: 12/1/07 To: 12/31/07

Facility: Holiday Haven WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-2	FLW-3			
1						.017	.001			
2						.017	.001			
3			7.4		2.2+	.017	.001			
4			7.4		2.2+	.021	.003			
5	<2.0	5.0	7.4	2.3	2.2+	.010	.004			
6			7.3		2.2+	.020	.005			
7			7.3		2.2+	.018	.005			
8						.017	.002			
9						.017	.002			
10			7.3		2.2	.017	.002			
11			7.3		2.2	.018	.003			
12			7.4		2.2	.017	.001			
13			7.4		2.2	.017	.002			
14			7.3		2.2	.016	.001			
15						.021	.003			
16						.021	.003			
17			7.4		2.2+	.021	.003			
18			7.4		2.2+	.019	.006			
19			7.3		2.2+	.021	.005			
20			7.3		2.2+	.020	.004			
21			7.4		2.2+	.019	.002			
22						.019	.002			
23						.019	.002			
24			7.3		2.2+	.019	.002			
25			7.3		2.2+	.024	.003			
26			7.4		2.2+	.026	.004			
27			7.4		2.2+	.015	.005			
28			7.4		2.2+	.021	.003			
29						.021	.002			
30						.021	.002			
31			7.4		2.2+	.021	.002			
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 12476 Name: David Haring

Evening Shift Operator Class: C Certificate No: 9320 Name: Ralph Marriott

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: A Certificate No: 4894 Name: Paul Thompson

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando FL 32803-3767

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

PERMIT NUMBER: FLA010655
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

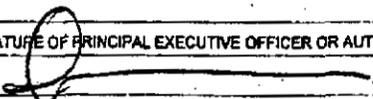
FACILITY: Holiday Haven WWTF
 LOCATION: Pearl & Lisa Streets, Astor
 Astor, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R-001, R002 and Influent
 NO DISCHARGE FROM SITE:

MONITORING PERIOD--From: 01/01/06 To: 01/31/06

Parameter		Quantity or Loading		Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Flow, total through plant	Sample Measurement	0.015		mgd					5 Days/week	Meter
PARM Code 50050 Mon. Site No. EFF-1	Permit Requirement	0.025 (An.Avg.)		mgd					5 Days/week	Meter
Flow, total through plant	Sample Measurement	0.016	0.018	mgd					5 Days/week	Meter
PARM Code 50050 Mon. Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd					5 Days/week	Meter
Flow, to sprayfield	Sample Measurement	0.019	0.002	mgd					5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-2	Permit Requirement	0.0189 (An.Avg.)		mgd					5 Days/week	Flow Meter
Flow, to sprayfield	Sample Measurement	0.017		mgd					5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-2	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.002		mgd					5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-3	Permit Requirement	0.0084 (An.Avg.)		mgd					5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.000		mgd					5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-3	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/week	Flow Meter

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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/02/06

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DOCUMENT NUMBER-DATE
 04310 MAY 22 8

FPSC-COMMISSION CLERK

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

MONITORING PERIOD-From: 01/01/06

To: 01/31/06

Parameter		Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			9.7	mg/L		Monthly	Grab
PARM Code 00530 Mon. Site No. EFA-1	Permit Requirement			20 (An.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			17.0	mg/L		Monthly	Grab
PARM Code 00530 Mon. Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	80 (Max.)		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.5	mg/L		Monthly	Grab
PARM Code 80082 Mon. Site No. EFA-1	Permit Requirement			20 (An.Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			6.6	mg/L		Monthly	Grab
PARM Code 80082 Mon. Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	80 (Max.)		Monthly	Grab
Coliform, Fecal	Sample Measurement			61	#/100ml		Monthly	Grab
PARM Code 74055 Mon. Site No. EFA-1	Permit Requirement			200 (An.Avg.)	#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			3	#/100ml		Monthly	Grab
PARM Code 74055 Mon. Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	800 (Max.)		Monthly	Grab
pH	Sample Measurement		7.0	7.2	s.u.		5 Days/Week	Grab
PARM Code 00400 Mon. Site No. EFA-1	Permit Requirement		6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		2.0		mg/L		5 Days/Week	Grab
PARM Code 50050 Mon. Site No. EFA-1	Permit Requirement		0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.2	mg/L		Annually	Grab
PARM Code 00820 Mon. Site No. EFA-1	Permit Requirement			12.0 (Max.)	mg/L		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement			73%	%		Monthly	Calculated
PARM Code 00180 Mon. Site No. EFF-1	Permit Requirement			Report	%		Monthly	Calculated
Solids, Total Suspended	Sample Measurement			57.0	mg/L		Annually	Grab
PARM Code 00530 Mon. Site No. INF-1	Permit Requirement			Report	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			73.0	mg/L		Annually	Grab
PARM Code 80082 Mon. Site No. INF-1	Permit Requirement			Report	mg/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA010655

Monitoring Period From: 01/01/06 To: 01/31/06

Three-month Average Daily Flow: 0.018
(TMSDF/Permitted Capacity)x100: 73%

	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)			
Code	50050	50050	50050	80082	74055	00400	00530	50060			
Mon.Site	EFF-1	EFF-2	EFF-3	EFA-1	EFA-1	EFA-1	EFB-1	EFA-1			
1	0.026	0.028									
2	0.026	0.028				7.1		2.2			
3	0.016	0.020				7.1		2.2			
4	0.018	0.018	0.000			7.1		2.2			
5	0.016	0.015	0.001			7.1		2.2			
6	0.017	0.017				7.1		2.0			
7	0.017	0.018									
8	0.017	0.018									
9	0.017	0.018				7.1		2.2			
10	0.014	0.014				7.1		2.2			
11	0.014	0.014	0.000	6.6	3	7.1	17.0	2.2			
12	0.014	0.014				7.1		2.2			
13	0.015	0.016				7.1		2.2			
14	0.018	0.018									
15	0.018	0.018									
16	0.018	0.018				7.1		2.2			
17	0.016	0.016				7.1		2.0			
18	0.015	0.015	0.000			7.1		2.2			
19	0.014	0.015				7.0		2.2			
20	0.013	0.012	0.001			7.0		2.2			
21	0.016	0.018									
22	0.016	0.018									
23	0.016	0.018				7.0		2.2			
24	0.013	0.015				7.0		2.2			
25	0.016	0.017				7.0		2.2			
26	0.017	0.018				7.2		2.2			
27	0.016	0.015	0.001			7.1		2.2			
28	0.017	0.018									
29	0.017	0.018									
30	0.017	0.018				7.1		2.2			
31	0.009	0.008	0.001			7.2		2.2			

PLANT STAFFING:

Day Shift Operator	Class: <u> B </u>	Certification No.: <u> 12476 </u>	Name: <u> David Haring </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Evening Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Night Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> A </u>	Certification No.: <u> 4894 </u>	Name: <u> Paul Thompson </u>

Version 8/3/2001

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando FL 32803-3767

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

PERMIT NUMBER: FLA010655
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl & Lisa Streets, Astor
 Astor, FL
 COUNTY: Lake

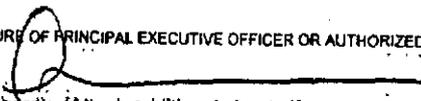
MONITORING GROUP NUMBER: R-001, R002 and Influent
 NO DISCHARGE FROM SITE:

MONITORING PERIOD--From: 02/01/06 To: 02/28/06

Parameter		Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, total through plant	Sample Measurement	0.015	mgd					
PARM Code 50050 Mon. Site No. EFF-1	P Permit Requirement	0.025 (An.Avg.)	mgd				5 Days/week	Meter
Flow, total through plant	Sample Measurement	0.019	0.019	mgd				
PARM Code 50050 Mon. Site No. EFF-1	I Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd			5 Days/week	Meter
Flow, to sprayfield	Sample Measurement	0.019	0.002	mgd				
PARM Code 50050 Mon. Site No. EFF-2	Y Permit Requirement	0.0188 (An.Avg.)	mgd				5 Days/week	Flow Meter
Flow, to sprayfield	Sample Measurement	0.009	mgd					
PARM Code 50050 Mon. Site No. EFF-2	I Permit Requirement	Report (Mo.Avg.)	mgd				5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.002	mgd					
PARM Code 50050 Mon. Site No. EFF-3	Y Permit Requirement	0.0064 (An.Avg.)	mgd				5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.010	mgd					
PARM Code 50050 Mon. Site No. EFF-3	I Permit Requirement	Report (Mo.Avg.)	mgd				5 Days/week	Flow Meter

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 (Type of Print) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO. DATE (YY/MM/DD)

Paul Thompson, Lead Operator  386-937-1143 06/03/23

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

MONITORING PERIOD--From:

02/01/06

To:

02/28/06

Parameter	Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		7.6				
PARM Code 00530 Y	Permit Requirement		20			Monthly	Grab
Mon.Site No. EFA-1			(An.Avg.)			Monthly	Grab
Solids, Total Suspended	Sample Measurement		1.2	1.2			
PARM Code 00530 I	Permit Requirement		Report	60		Monthly	Grab
Mon.Site No. EFA-1			(Mo.Avg.)	(Max.)		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		3.1				
PARM Code 80082 Y	Permit Requirement		20			Monthly	Grab
Mon.Site No. EFA-1			(An.Avg.)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2U	2U			
PARM Code 80082 I	Permit Requirement		Report	60		Monthly	Grab
Mon.Site No. EFA-1			(Mo.Avg.)	(Max.)		Monthly	Grab
Coliform, Fecal	Sample Measurement		61				
PARM Code 74055 Y	Permit Requirement		200			Monthly	Grab
Mon.Site No. EFA-1			(An.Avg.)			Monthly	Grab
Coliform, Fecal	Sample Measurement		1U	1U			
PARM Code 74055 I	Permit Requirement		Report	800		Monthly	Grab
Mon.Site No. EFA-1			(Mo.Avg.)	(Max.)		Monthly	Grab
pH	Sample Measurement		7.1	7.2			
PARM Code 00400 I	Permit Requirement		6.0	8.5		5 Days/Week	Grab
Mon.Site No. EFA-1			(Min.)	(Max.)		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.8				
PARM Code 50050 I	Permit Requirement		0.5			5 Days/Week	Grab
Mon.Site No. EFA-1			(Min.)			5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						
PARM Code 00620 I	Permit Requirement			MNR		Annually	Grab
Mon.Site No. EFA-1				12.0		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement						
PARM Code 00180 I	Permit Requirement		75%			Monthly	Calculated
Mon.Site No. EFF-1			Report			Monthly	Calculated
Solids, Total Suspended	Sample Measurement						
PARM Code 00530 G	Permit Requirement			MNR		Annually	Grab
Mon.Site No. INF-1				Report		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement						
PARM Code 80082 G	Permit Requirement			MNR		Annually	Grab
Mon.Site No. INF-1				Report		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010656

Monitoring Period From: 02/01/06 To: 02/28/06

Three-month Average Daily Flow: 0.019
(TMSDF/Permitted Capacity)x100: 75%

Code Mon. Site	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)
	50050 EFF-1	50050 EFF-2	50050 EFF-3	80082 EFA-1	74055 EFA-1	00400 EFA-1	00530 EFB-1	50060 EFA-1
1	0.021	0.017	0.004			7.2		2.2+
2	0.012	0.017				7.1		2.2+
3	0.017	0.018				7.1		2.2+
4	0.038	0.022	0.016					
5	0.038	0.022	0.016					
6	0.038	0.022	0.016			7.1		2.2+
7	0.020	0.020				7.2		2.2+
8	0.018	0.011	0.007			7.2		2.2+
9	0.026	0.014	0.012			7.1		2.1
10	0.018	0.008	0.010			7.1		2.2+
11	0.021	0.008	0.013					
12	0.021	0.008	0.013					
13	0.021	0.008	0.013			7.1		1.8
14	0.011	0.009	0.002			7.1		2.2+
15	0.022	0.011	0.011	2U	1U	7.2	1.2	2.2+
16	0.020	0.011	0.009			7.1		2.2+
17	0.018	0.010	0.008			7.1		2.2+
18	0.018	0.010	0.008					
19	0.018	0.010	0.008					
20	0.018	0.010	0.008			7.1		2.2+
21	0.015	0.007	0.008			7.1		2.2+
22	0.015	0.009	0.007			7.1		2.2+
23	0.014	0.003	0.011			7.1		2.2+
24	0.015		0.015			7.1		2.2+
25	0.022		0.022					
26	0.022		0.022					
27	0.022		0.022			7.1		2.2+
28	0.020		0.020			7.1		2.2+
29								
30								
31								

PLANT STAFFING:

Day Shift Operator	Class: B	Certification No.: 12476	Name: David Haring
Day Shift Operator	Class:	Certification No.:	Name:
Evening Shift Operator	Class:	Certification No.:	Name:
Night Shift Operator	Class:	Certification No.:	Name:
Lead Operator	Class: A	Certification No.: 4894	Name: Paul Thompson

Version 8/3/2001

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

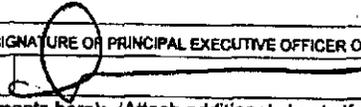
DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando FL 32803-3767

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA010655	REPORT: Monthly
MAILING ADDRESS: PO Box 490310	LIMIT: Final	GROUP: Domestic
Leesburg, FL 34749	CLASS SIZE: N/A	
FACILITY: Holiday Haven WWTF	MONITORING GROUP NUMBER: R-001, R002 and Influent	
LOCATION: Pearl & Lisa Streets, Astor	NO DISCHARGE FROM SITE: <input type="checkbox"/>	
Astor, FL		
COUNTY: Lake	MONITORING PERIOD—From: 03/01/06	To: 03/31/06

Parameter		Quantity or Loading		Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Flow, total through plant PARM Code 50050 P Mon. Site No. EFF-1	Sample Measurement	0.015		mgd					5 Days/week	Meter
	Permit Requirement	0.025 (An.Avg.)		mgd					5 Days/week	Meter
Flow, total through plant PARM Code 50050 I Mon. Site No. EFF-1	Sample Measurement	0.015	0.017	mgd					5 Days/week	Meter
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd					5 Days/week	Meter
Flow, to sprayfield PARM Code 50050 Y Mon. Site No. EFF-2	Sample Measurement	0.019	0.002	mgd					5 Days/week	Flow Meter
	Permit Requirement	0.0196 (An.Avg.)		mgd					5 Days/week	Flow Meter
Flow, to sprayfield PARM Code 50050 I Mon. Site No. EFF-2	Sample Measurement	0.020		mgd					5 Days/week	Flow Meter
	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon. Site No. EFF-3	Sample Measurement	0.002		mgd					5 Days/week	Flow Meter
	Permit Requirement	0.0054 (An.Avg.)		mgd					5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 I Mon. Site No. EFF-3	Sample Measurement	0.002		mgd					5 Days/week	Flow Meter
	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/week	Flow Meter

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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/04/12
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)			

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA010655

Monitoring Period From: 03/01/06 To: 03/31/06 Three-month Average Daily Flow: 0.017
 (TMSDF/Permitted Capacity)x100: 67%

	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)			
Code	50050	50050	50050	80082	74055	00400	00530	50060			
Mon. Site	EFF-1	EFF-2	EFF-3	EFA-1	EFA-1	EFA-1	EFB-1	EFA-1			
1	0.013		0.013	3.5V	8	7.1	4.3	2.2+			
2	0.024		0.024			7.1		2.2+			
3	0.018		0.018			7.1		2.2+			
4	0.011	0.084									
5	0.011	0.084									
6	0.011	0.084				7.2		2.2+			
7	0.014	0.013	0.001			7.1		2.2+			
8	0.004	0.002	0.002			7.1		2.2+			
9	0.019	0.016	0.003			7.2		2.2+			
10	0.020	0.021				7.1		2.2+			
11	0.015	0.016									
12	0.015	0.016									
13	0.015	0.016				7.2		2.2+			
14	0.012	0.013				7.2		2.2+			
15	0.018	0.018	0.000			7.2		2.2+			
16	0.018	0.016	0.002			7.1		2.2+			
17	0.017	0.018				7.1		2.2+			
18	0.016	0.015	0.000								
19	0.016	0.015	0.000								
20	0.016	0.015	0.000			7.1		2.2+			
21	0.014	0.015				7.1		2.2+			
22	0.013	0.014				7.2		2.2+			
23	0.014	0.015				7.2		2.2+			
24	0.015	0.015	0.000			7.2		2.2+			
25	0.016	0.016	0.000								
26	0.016	0.016	0.000								
27	0.016	0.016	0.000			7.1		2.2+			
28	0.013	0.012	0.001			7.2		2.2+			
29	0.008	0.008				7.2		2.2+			
30	0.017	0.018				7.1		2.2+			
31	0.012	0.012	0.000			7.2		2.2+			

PLANT STAFFING:

Day Shift Operator	Class: <u> B </u>	Certification No.: <u> 12476 </u>	Name: <u> David Haring </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Evening Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Night Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> A </u>	Certification No.: <u> 4894 </u>	Name: <u> Paul Thompson </u>

Version 8/3/2001

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando FL 32803-3767

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

PERMIT NUMBER: FLA010655
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

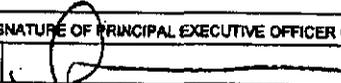
FACILITY: Holiday Haven WWTF
 LOCATION: Pearl & Lisa Streets, Astor
 Astor, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R-001, R002 and Influent
 NO DISCHARGE FROM SITE:

MONITORING PERIOD—From: 04/01/06 To: 04/30/06

Parameter		Quantity or Loading		Units	Quantity or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
Flow, total through plant PARM Code 50050 P Mon.Site No. EFF-1	Sample Measurement	0.015		mgd						5 Days/week	Meter
	Permit Requirement	0.025 (An.Avg.)		mgd						5 Days/week	Meter
Flow, total through plant PARM Code 50050 Mon.Site No. EFF-1	Sample Measurement	0.014	0.016	mgd						5 Days/week	Meter
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd						5 Days/week	Meter
Flow, to sprayfield PARM Code 50050 Y Mon.Site No. EFF-2	Sample Measurement	0.019	0.002	mgd						5 Days/week	Flow Meter
	Permit Requirement	0.0188 (An.Avg.)		mgd						5 Days/week	Flow Meter
Flow, to sprayfield PARM Code 50050 Mon.Site No. EFF-2	Sample Measurement	0.015		mgd						5 Days/week	Flow Meter
	Permit Requirement	Report (Mo.Avg.)		mgd						5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 Y Mon.Site No. EFF-3	Sample Measurement	0.002		mgd						5 Days/week	Flow Meter
	Permit Requirement	0.0084 (An.Avg.)		mgd						5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant PARM Code 50050 Mon.Site No. EFF-3	Sample Measurement	0.000		mgd						5 Days/week	Flow Meter
	Permit Requirement	Report (Mo.Avg.)		mgd						5 Days/week	Flow Meter

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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/05/10

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

MONITORING PERIOD--From: 04/01/06

To: 04/30/08

Parameter		Quantity or Loading	Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site No. EFA-1	Sample Measurement			7.8		mg/L		Monthly	Grab
	Permit Requirement			20 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 I Mon. Site No. EFA-1	Sample Measurement			7.6	7.6	mg/L		Monthly	Grab
	Permit Requirement			Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No. EFA-1	Sample Measurement			3.2		mg/L		Monthly	Grab
	Permit Requirement			20 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon. Site No. EFA-1	Sample Measurement			2.6	2.6	mg/L		Monthly	Grab
	Permit Requirement			Report (Mo.Avg.)	60 (Max.)	mg/L		Monthly	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-1	Sample Measurement			62		#/100ml		Monthly	Grab
	Permit Requirement			200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal PARM Code 74055 I Mon. Site No. EFA-1	Sample Measurement			1U	1U	#/100ml		Monthly	Grab
	Permit Requirement			Report (Mo.Avg.)	800 (Max.)	#/100ml		Monthly	Grab
pH PARM Code 00400 I Mon. Site No. EFA-1	Sample Measurement		7.1		7.4	s.u.		5 Days/Week	Grab
	Permit Requirement		6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50050 I Mon. Site No. EFA-1	Sample Measurement		2.2			mg/L		5 Days/Week	Grab
	Permit Requirement		0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 I Mon. Site No. EFA-1	Sample Measurement				MNR	mg/L		Annually	Grab
	Permit Requirement				12.0 (Max.)	mg/L		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) X 100 PARM Code 00180 I Mon. Site No. EFA-1	Sample Measurement			64%		%		Monthly	Calculated
	Permit Requirement			Report		%		Monthly	Calculated
Solids, Total Suspended PARM Code 00530 G Mon. Site No. INF-1	Sample Measurement			MNR		mg/L		Annually	Grab
	Permit Requirement			Report		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site No. INF-1	Sample Measurement			MNR		mg/L		Annually	Grab
	Permit Requirement			Report		mg/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA010655

Monitoring Period From: 04/01/06 To: 04/30/06

Three-month Average Daily Flow: 0.016
 (TMSDF/Permitted Capacity)x100: 64%

	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)			
Code	50050	50050	50050	80082	74055	00400	00530	50060			
Mon. Site	EFF-1	EFF-2	EFF-3	EFA-1	EFA-1	EFA-1	EFB-1	EFA-1			
1	0.015	0.016									
2	0.015	0.016									
3	0.015	0.016				7.2		2.2+			
4	0.013	0.015				7.1		2.2+			
5	0.010	0.009	0.001	2.6	1U	7.2	7.6	2.2+			
6	0.024	0.024	0.000			7.2		2.2+			
7	0.013	0.014				7.4		2.2+			
8	0.016	0.017									
9	0.016	0.017									
10	0.016	0.017				7.3		2.2+			
11	0.013	0.014				7.2		2.2+			
12	0.015	0.014	0.001			7.3		2.2+			
13	0.013	0.014				7.1		2.2+			
14	0.021	0.021				7.4		2.2+			
15	0.015	0.015									
16	0.015	0.015									
17	0.015	0.015				7.3		2.2+			
18	0.012	0.014				7.2		2.2+			
19	0.013	0.014				7.2		2.2+			
20	0.012	0.014				7.3		2.2+			
21	0.011	0.012				7.3		2.2+			
22	0.015	0.016									
23	0.015	0.016									
24	0.015	0.016				7.4		2.2+			
25	0.011	0.011				7.4		2.2+			
26	0.014	0.015				7.4		2.2+			
27	0.011	0.013				7.3		2.2+			
28	0.016	0.016				7.3		2.2+			
29	0.016	0.016									
30	0.016	0.016									
31											

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>12476</u>	Name: <u>David Haring</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Evening Shift Operator	Class: _____	Certification No.: _____	Name: _____
Night Shift Operator	Class: _____	Certification No.: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certification No.: <u>4894</u>	Name: <u>Paul Thompson</u>

Version 8/3/2001

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando FL 32803-3767

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

PERMIT NUMBER: FLA010655
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

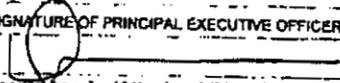
FACILITY: Holiday Haven WWTF
 LOCATION: Pearl & Lisa Streets, Astor
 Astor, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R-001, R002 and Influent
 NO DISCHARGE FROM SITE:

MONITORING PERIOD--From: 05/01/06 To: 05/31/06

Parameter		Quantity or Loading		Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Flow, total through plant	Sample Measurement	0.014		mgd					5 Days/week	Meter
PARM Code 50050 Mon. Site No. EFF-1	Permit Requirement	0.025 (An.Avg.)		mgd					5 Days/week	Meter
Flow, total through plant	Sample Measurement	0.013	0.014	mgd					5 Days/week	Meter
PARM Code 50050 Mon. Site No. EFF-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	mgd					5 Days/week	Meter
Flow, to sprayfield	Sample Measurement	0.019	0.001	mgd					5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-2	Permit Requirement	0.0188 (An.Avg.)		mgd					5 Days/week	Flow Meter
Flow, to sprayfield	Sample Measurement	0.014		mgd					5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-2	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.001		mgd					5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-3	Permit Requirement	0.0084 (An.Avg.)		mgd					5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.001		mgd					5 Days/week	Flow Meter
PARM Code 50060 Mon. Site No. EFF-3	Permit Requirement	Report (Mo.Avg.)		mgd					5 Days/week	Flow Meter

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 (Type of Print) Paul Thompson, Lead Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO. 386-937-1143	DATE (YY/MM/DD) 06/06/06
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:

Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

MONITORING PERIOD-From:

05/01/06

To:

05/31/06

Parameter		Quantity or Loading	Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				7.7			Monthly	Grab
PARM Code 00530 Y	Permit Requirement				20 (An.Avg.)	mg/L		Monthly	Grab
Mon. Site No. EFA-1									
Solids, Total Suspended	Sample Measurement				9.1	9.1	mg/L	Monthly	Grab
PARM Code 00530	Permit Requirement				Report (Mo.Avg.)	60 (Max.)	mg/L	Monthly	Grab
Mon. Site No. EFA-1									
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.0		mg/L	Monthly	Grab
PARM Code 80082 Y	Permit Requirement				20 (An.Avg.)		mg/L	Monthly	Grab
Mon. Site No. EFA-1									
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2U	2U	mg/L	Monthly	Grab
PARM Code 80082	Permit Requirement				Report (Mo.Avg.)	60 (Max.)	mg/L	Monthly	Grab
Mon. Site No. EFA-1									
Coliform, Fecal	Sample Measurement				37		#/100ml	Monthly	Grab
PARM Code 74055 Y	Permit Requirement				200 (An.Avg.)		#/100ml	Monthly	Grab
Mon. Site No. EFA-1									
Coliform, Fecal	Sample Measurement				1U	1U	#/100ml	Monthly	Grab
PARM Code 74055	Permit Requirement				Report (Mo.Avg.)	800 (Max.)	#/100ml	Monthly	Grab
Mon. Site No. EFA-1									
pH	Sample Measurement		7.2		7.5		s.u.	5 Days/Week	Grab
PARM Code 00400	Permit Requirement		6.0 (Min.)		8.5 (Max.)		s.u.	5 Days/Week	Grab
Mon. Site No. EFA-1									
Total Residual Chlorine (For Disinfection)	Sample Measurement		2.2				mg/L	5 Days/Week	Grab
PARM Code 50050	Permit Requirement		0.5 (Min.)				mg/L	5 Days/Week	Grab
Mon. Site No. EFA-1									
Nitrogen, Nitrate, Total (as N)	Sample Measurement					MNR	mg/L	Annually	Grab
PARM Code 00620	Permit Requirement					12.0 (Max.)	mg/L	Annually	Grab
Mon. Site No. EFA-1									
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				56%		%	Monthly	Calculated
PARM Code 00180	Permit Requirement				Report		%	Monthly	Calculated
Mon. Site No. EFF-1									
Solids, Total Suspended	Sample Measurement				MNR		mg/L	Annually	Grab
PARM Code 00530 G	Permit Requirement				Report		mg/L	Annually	Grab
Mon. Site No. INF-1									
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR		mg/L	Annually	Grab
PARM Code 80082 G	Permit Requirement				Report		mg/L	Annually	Grab
Mon. Site No. INF-1									

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA010655

Monitoring Period

From:

05/01/06

To:

05/31/06

Three-month Average Daily Flow:

0.014

(TMSDF/Permitted Capacity)x100:

56%

Code	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)
Mon. Site	50050 EFF-1	50050 EFF-2	50050 EFF-3	80082 EFA-1	74055 EFA-1	00400 EFA-1	00530 EFB-1	50060 EFA-1
1	0.016	0.016				7.4		2.2+
2	0.016	0.018				7.3		2.2+
3	0.004	0.010		2U	1U	7.3	9.1	2.2+
4	0.015	0.016				7.3		2.2+
5	0.016	0.017				7.2		2.2+
6	0.015	0.016						
7	0.015	0.016						
8	0.015	0.016				7.3		2.2+
9	0.013	0.015				7.3		2.2+
10	0.013	0.015				7.3		2.2+
11	0.010	0.006	0.004			7.2		2.2+
12	0.014	0.014				7.3		2.2+
13	0.012	0.011	0.001					
14	0.012	0.011	0.001					
15	0.012	0.011	0.001			7.3		2.2+
16	0.020	0.009	0.011			7.3		2.2+
17	0.008	0.004	0.002			7.3		2.2+
18	0.008	0.009				7.5		2.2+
19	0.016	0.017				7.5		2.2+
20	0.012	0.014						
21	0.012	0.014						
22	0.012	0.014				7.5		2.2+
23	0.013	0.015				7.5		2.2+
24	0.012	0.014				7.4		2.2+
25	0.011	0.013				7.4		2.2
26	0.014	0.015				7.4		2.2
27	0.016	0.017						
28	0.016	0.017						
29	0.016	0.017				7.5		2.2+
30	0.017	0.019				7.4		2.2+
31	0.012	0.014				7.4		2.2+

PLANT STAFFING:

Day Shift Operator	Class: <u> B </u>	Certification No.: <u> 12476 </u>	Name: <u> David Haring </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 9320 </u>	Name: <u> Ralph Marriott </u>
Evening Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Night Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> A </u>	Certification No.: <u> 4894 </u>	Name: <u> Paul Thompson </u>

Version 8/3/2001

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

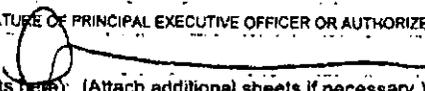
DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3318 Maguire Boulevard Suite 232, Orlando FL 32803-3767

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA010655	REPORT: Monthly
MAILING ADDRESS: PO Box 490310	LIMIT: Final	GROUP: Domestic
Leesburg, FL 34749	CLASS SIZE: N/A	
FACILITY: Holiday Haven WWTF	MONITORING GROUP NUMBER: R-001, R002 and influent	
LOCATION: Pearl & Lisa Streets, Astor	NO DISCHARGE FROM SITE: <input type="checkbox"/>	
Astor, FL		
COUNTY: Lake	MONITORING PERIOD-From: 06/01/06	To: 08/30/06

Parameter		Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, total through plant	Sample Measurement	0.015	mgd				5 Days/week	Meter
PARM Code 50050 Mon. Site No. EFF-1	Permit Requirement	0.025 (An. Avg.)	mgd				5 Days/week	Meter
Flow, total through plant	Sample Measurement	0.017	0.015	mgd			5 Days/week	Meter
PARM Code 50050 Mon. Site No. EFF-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	mgd			5 Days/week	Meter
Flow, to sprayfield	Sample Measurement	0.018	0.002	mgd			5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-2	Permit Requirement	0.0188 (An. Avg.)	mgd				5 Days/week	Flow Meter
Flow, to sprayfield	Sample Measurement	0.002	mgd				5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-2	Permit Requirement	Report (Mo. Avg.)	mgd				5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.002	mgd				5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-3	Permit Requirement	0.0084 (An. Avg.)	mgd				5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.014	mgd				5 Days/week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-3	Permit Requirement	Report (Mo. Avg.)	mgd				5 Days/week	Flow Meter

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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/07/18

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

MONITORING PERIOD-From: -06/01/06

To: 06/30/06

Parameter	Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		8.8				
PARM Code 00530 Y	Permit Requirement		20 (An.Avg.)			Monthly	Grab
Mon.Site No. EFA-1	Sample Measurement		7.5	7.5			
Solids, Total Suspended	Permit Requirement		Report (Mo.Avg.)	60 (Max.)		Monthly	Grab
PARM Code 00530	Sample Measurement		3.0				
Mon.Site No. EFA-1	Permit Requirement		20 (An.Avg.)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.9	2.9			
PARM Code 80082 Y	Permit Requirement		Report (Mo.Avg.)	60 (Max.)		Monthly	Grab
Mon.Site No. EFA-1	Sample Measurement		16				
BOD, Carbonaceous 5 day, 20C	Permit Requirement		200 (An.Avg.)			Monthly	Grab
PARM Code 80082	Sample Measurement		1U	1U			
Mon.Site No. EFA-1	Permit Requirement		Report (Mo.Avg.)	800 (Max.)		Monthly	Grab
Coliform, Fecal	Sample Measurement		7.3	7.5			
PARM Code 74055 Y	Permit Requirement		8.0 (Min.)	8.5 (Max.)		5 Days/Week	Grab
Mon.Site No. EFA-1	Sample Measurement		2.0				
Coliform, Fecal	Permit Requirement		0.5 (Min.)			5 Days/Week	Grab
PARM Code 74055	Sample Measurement			MNR			
Mon.Site No. EFA-1	Permit Requirement			12.0 (Max.)		Annually	Grab
pH	Sample Measurement		58%				
PARM Code 00400	Permit Requirement		Report			Monthly	Calculated
Mon.Site No. EFA-1	Sample Measurement						
Total Residual Chlorine (For Disinfection)	Permit Requirement					Monthly	Calculated
PARM Code 50050	Sample Measurement						
Mon.Site No. EFA-1	Permit Requirement					Annually	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						
PARM Code 00620	Permit Requirement					Annually	Grab
Mon.Site No. EFA-1	Sample Measurement						
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Permit Requirement					Annually	Grab
PARM Code 00180	Sample Measurement						
Mon.Site No. EFF-1	Permit Requirement					Annually	Grab
Solids, Total Suspended	Sample Measurement						
PARM Code 00530 G	Permit Requirement					Annually	Grab
Mon.Site No. INF-1	Sample Measurement						
BOD, Carbonaceous 5 day, 20C	Permit Requirement					Annually	Grab
PARM Code 80082 G	Sample Measurement						
Mon.Site No. INF-1	Permit Requirement					Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010655

Monitoring Period From: 06/01/06 To: 06/30/06 Three-month Average Daily Flow: 0.015 (TMSDF/Permitted Capacity)x100: 59%

Code Mon.Site	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)
	50050 EFF-1	50050 EFF-2	50050 EFF-3	80082 EFA-1	74055 EFA-1	00400 EFA-1	00530 EFB-1	50060 EFA-1
1	0.013	0.014						
2	0.010	0.000	0.010			7.4		2.2
3	0.016		0.016			7.5		2.2
4	0.016		0.016					
5	0.016		0.016					
6	0.014		0.014			7.5		2.2
7	0.014		0.014			7.5		2.2
8	0.012		0.012			7.5		2.2
9	0.010		0.010			7.4		2.2
10	0.016		0.016			7.5		2.2
11	0.016		0.016					
12	0.016		0.016					
13	0.011		0.011			7.4		2.2
14	0.019		0.019			7.4		2.2
15	0.014		0.014			7.5		2.2
16	0.020		0.020			7.4		2.2
17	0.017		0.017			7.5		2.2
18	0.017		0.017					
19	0.017		0.017			7.5		2.2
20	0.018		0.018			7.4		2.0
21	0.016		0.016	2.9	1U	7.4	7.5	2.2
22	0.018		0.018			7.4		2.2
23	0.018		0.018			7.4		2.2
24	0.021		0.021					
25	0.021		0.021					
26	0.021		0.021			7.4		2.2
27	0.025		0.025			7.4		2.2
28	0.016		0.016			7.3		2.2
29	0.022	0.024				7.4		2.2
30	0.029	0.032				7.5		2.2
31								

PLANT STAFFING:

Day Shift Operator	Class: B	Certification No.: 12476	Name: David Haring
Day Shift Operator	Class: C	Certification No.: 9320	Name: Ralph Marriott.
Evening Shift Operator	Class:	Certification No.:	Name:
Night Shift Operator	Class:	Certification No.:	Name:
Lead Operator	Class: A	Certification No.: 4894	Name: Paul Thompson

Version 8/3/2001

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

MONITORING PERIOD-From:

07/01/06

To:

07/31/06

Parameter		Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site No. EFA-1	Sample Measurement			6.8	mg/L		Monthly	Grab
	Permit Requirement			20 (An.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 I Mon. Site No. EFA-1	Sample Measurement			10.0	10.0 mg/L		Monthly	Grab
	Permit Requirement			Report (Mo.Avg.)	60 (Max.) mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No. EFA-1	Sample Measurement			3.2	mg/L		Monthly	Grab
	Permit Requirement			20 (An.Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon. Site No. EFA-1	Sample Measurement			4.9	4.9 mg/L		Monthly	Grab
	Permit Requirement			Report (Mo.Avg.)	60 (Max.) mg/L		Monthly	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-1	Sample Measurement			8	#/100ml		Monthly	Grab
	Permit Requirement			200 (An.Avg.)	#/100ml		Monthly	Grab
Coliform, Fecal PARM Code 74055 I Mon. Site No. EFA-1	Sample Measurement			1U	1U #/100ml		Monthly	Grab
	Permit Requirement			Report (Mo.Avg.)	800 (Max.) #/100ml		Monthly	Grab
pH PARM Code 00400 I Mon. Site No. EFA-1	Sample Measurement			7.3	7.5 s.u.		5 Days/Week	Grab
	Permit Requirement			8.0 (Min.)	8.5 (Max.) s.u.		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50050 I Mon. Site No. EFA-1	Sample Measurement			2.0	mg/L		5 Days/Week	Grab
	Permit Requirement			0.5 (Min.)	mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 I Mon. Site No. EFA-1	Sample Measurement				MNR mg/L		Annually	Grab
	Permit Requirement				12.0 (Max.) mg/L		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) X 100 PARM Code 00180 I Mon. Site No. EFF-1	Sample Measurement			64%	%		Monthly	Calculated
	Permit Requirement			Report	%		Monthly	Calculated
Solids, Total Suspended PARM Code 00530 G Mon. Site No. INF-1	Sample Measurement			MNR	mg/L		Annually	Grab
	Permit Requirement			Report	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site No. INF-1	Sample Measurement			MNR	mg/L		Annually	Grab
	Permit Requirement			Report	mg/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA010655

Monitoring Period From: 07/01/06 To: 07/31/06

Three-month Average Daily Flow: 0.016
(TMSDF/Permitted Capacity)x100: 64%

Code	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)
Mon. Site	50050 EFF-1	50050 EFF-2	50050 EFF-3	80082 EFA-1	74055 EFA-1	00400 EFA-1	00530 EFB-1	50060 EFA-1
1	0.021	0.018	0.003					
2	0.021	0.018	0.003					
3	0.021	0.018	0.003			7.4		2.2+
4	0.021	0.019	0.002			7.5		2.0
5	0.020	0.014	0.006	4.9	1	7.5	10.0	2.2+
6	0.020	0.024				7.4		2.2+
7	0.036	0.033	0.003			7.4		2.2+
8	0.021	0.022						
9	0.021	0.022						
10	0.021	0.022				7.4		2.2
11	0.019		0.019			7.5		2.2+
12	0.018	0.021				7.5		2.2+
13	0.017	0.019				7.4		2.2+
14	0.018	0.019				7.5		2.2+
15	0.017	0.019						
16	0.017	0.019						
17	0.017	0.019				7.4		2.2+
18	0.014	0.017				7.5		2.2+
19	0.020	0.021				7.5		2.2+
20	0.011	0.013				7.4		2.2+
21	0.018	0.020				7.4		2.2+
22	0.015	0.016						
23	0.015	0.016						
24	0.015	0.016				7.3		2.2+
25	0.011	0.012				7.3		2.2+
26	0.012	0.013				7.4		2.2+
27	0.016	0.017				7.4		2.2+
28	0.020	0.021				7.4		2.2+
29	0.016	0.018						
30	0.016	0.018						
31	0.016	0.018				7.4		2.2+

PLANT STAFFING:

Day Shift Operator	Class: B	Certification No.: 12476	Name: David Haring
Day Shift Operator	Class: C	Certification No.: 9320	Name: Ralph Marriott
Evening Shift Operator	Class:	Certification No.:	Name:
Night Shift Operator	Class:	Certification No.:	Name:
Lead Operator	Class: A	Certification No.: 4894	Name: Paul Thompson

Version 8/3/2001

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME:

Holiday Haven WWTF

PERMIT NUMBER: FLA010655

MONITORING GROUP No.: R-001 AND Influent

MONITORING PERIOD--From:

08/01/06

To:

08/31/06

Parameter		Quantity or Loading		Units	Quantity or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				7.1		mg/L		Monthly	Grab
PARM Code 00530 Mon. Site No. EFA-1	Permit Requirement				20 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				5.7	5.7	mg/L		Monthly	Grab
PARM Code 00530 Mon. Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	80 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.2		mg/L		Monthly	Grab
PARM Code 80082 Mon. Site No. EFA-1	Permit Requirement				20 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2U	2U	mg/L		Monthly	Grab
PARM Code 80082 Mon. Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	80 (Max.)	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				8		#/100ml		Monthly	Grab
PARM Code 74055 Mon. Site No. EFA-1	Permit Requirement				200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				5	5	#/100ml		Monthly	Grab
PARM Code 74055 Mon. Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	800 (Max.)	#/100ml		Monthly	Grab
pH	Sample Measurement				7.3	7.4	s.u.		5 Days/Week	Grab
PARM Code 00400 Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.7		mg/L		5 Days/Week	Grab
PARM Code 50050 Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					MNR	mg/L		Annually	Grab
PARM Code 00620 Mon. Site No. EFA-1	Permit Requirement					12.0 (Max.)	mg/L		Annually	Grab
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				88%		%		Monthly	Calculated
PARM Code 00180 Mon. Site No. EFF-1	Permit Requirement				Report		%		Monthly	Calculated
Solids, Total Suspended	Sample Measurement				MNR		mg/L		Annually	Grab
PARM Code 00530 Mon. Site No. INF-1	Permit Requirement				Report		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR		mg/L		Annually	Grab
PARM Code 80082 Mon. Site No. INF-1	Permit Requirement				Report		mg/L		Annually	Grab

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA010655

Monitoring Period From: 08/01/06 To: 08/31/06

Three-month Average Daily Flow: 0.017
(TMSDF/Permitted Capacity)x100: 68%

Code	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)		
Mon Site	EFF-1	EFF-2	EFF-3	EFA-1	EFA-1	EFA-1	EFB-1	EFA-1		
1	0.013	0.014				7.4		2.2+		
2	0.013	0.014		2U	5	7.4	5.7	2.2+		
3	0.017	0.019				7.4		2.2+		
4	0.017	0.010	0.007			7.4		2.2+		
5	0.015	0.015								
6	0.015	0.015								
7	0.015	0.015				7.4		2.2+		
8	0.015	0.017				7.4		2.2+		
9	0.017	0.017	0.000			7.3		2.2+		
10	0.013	0.014				7.4		2.2+		
11	0.012	0.009	0.003			7.4		2.2+		
12	0.014	0.009	0.006							
13	0.014	0.009	0.006							
14	0.014	0.009	0.006			7.3		2.2+		
15	0.017	0.010	0.007			7.4		2.2+		
16	0.010	0.009	0.001			7.4		2.2+		
17	0.014	0.009	0.005			7.4		2.2		
18	0.013	0.014				7.4		2.2		
19	0.017	0.018								
20	0.017	0.018								
21	0.017	0.018				7.4		2.2+		
22	0.018	0.019				7.4		2.2+		
23	0.011	0.012				7.4		2.2+		
24	0.015	0.016				7.3		2.2+		
25	0.022	0.022				7.4		0.7		
26	0.018	0.020								
27	0.018	0.020								
28	0.018	0.020				7.4		2.2+		
29	0.017	0.018				7.4		2.2+		
30	0.018	0.018				7.4		2.2+		
31	0.020	0.021				7.4		2.2+		

PLANT STAFFING:

Day Shift Operator	Class: B	Certification No.: 12476	Name: David Haring
Day Shift Operator	Class: C	Certification No.: 9320	Name: Ralph Marriott
Evening Shift Operator	Class:	Certification No.:	Name:
Night Shift Operator	Class:	Certification No.:	Name:
Lead Operator	Class: A	Certification No.: 4894	Name: Paul Thompson

Version 8/3/2001

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

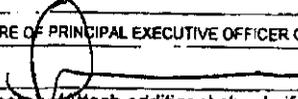
DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando FL 32803-3767

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA010655
MAILING ADDRESS:	PO Box 490310	LIMIT:	Final
	Leesburg, FL 34749	CLASS SIZE:	N/A
		REPORT:	Monthly
		GROUP:	Domestic
FACILITY:	Holiday Haven WWTF	MONITORING GROUP NUMBER:	R-001, R002 and Influent
LOCATION:	Pearl & Lisa Streets, Astor	NO DISCHARGE FROM SITE:	<input checked="" type="checkbox"/>
	Astor, FL		
COUNTY:	Lake	MONITORING PERIOD--From:	09/01/06
		To:	09/30/06

Parameter		Quantity or Loading	Units	Quantity or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow, total through plant	Sample Measurement	0.018	mgd				5 Days/week	Meter
PARM Code 50050 P Mon. Site No. EFF-1	Permit Requirement	0.026 (An. Avg.)	mgd				5 Days/week	Meter
Flow, total through plant	Sample Measurement	0.020	mgd	0.018			5 Days/week	Meter
PARM Code 50050 I Mon. Site No. EFF-1	Permit Requirement	Report (Mo. Avg.)	mgd	Report (3-Mo. Avg.)			5 Days/week	Meter
Flow, to sprayfield	Sample Measurement	0.016	mgd	0.003			5 Days/week	Flow Meter
PARM Code 50050 Y Mon. Site No. EFF-2	Permit Requirement	0.0186 (An. Avg.)	mgd				5 Days/week	Flow Meter
Flow, to sprayfield	Sample Measurement	0.017	mgd				5 Days/week	Flow Meter
PARM Code 50050 I Mon. Site No. EFF-2	Permit Requirement	Report (Mo. Avg.)	mgd				5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.003	mgd				5 Days/week	Flow Meter
PARM Code 50050 Y Mon. Site No. EFF-3	Permit Requirement	0.0064 (An. Avg.)	mgd				5 Days/week	Flow Meter
Flow, in conduit or thru treatment plant	Sample Measurement	0.009	mgd				5 Days/week	Flow Meter
PARM Code 50050 I Mon. Site No. EFF-3	Permit Requirement	Report (Mo. Avg.)	mgd				5 Days/week	Flow Meter

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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1143	06/10/24
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments herein. Attach additional sheets if necessary.)			

DAILY SAMPLE RESULTS - PART B

PermitNumber: FLA010655

Monitoring Period

From: 09/01/06

To: 09/30/06

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

0.018

72%

Code	Flow, Total through plant (mgd)	Flow, to sprayfield (mgd)	Flow, to percolation pond (mgd)	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH Effluent (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)			
Mon. Site	50050 EFF-1	50050 EFF-2	50050 EFF-3	80082 EFA-1	74055 EFA-1	00400 EFA-1	00530 EFB-1	50060 EFA-1			
1	0.016	0.018				7.3		2.2+			
2	0.018	0.019									
3	0.018	0.019									
4	0.018	0.019				7.3		2.2+			
5	0.022		0.022			7.4		2.2+			
6	0.012		0.012	2.8	1U	7.5	5.5	2.2+			
7	0.030		0.030			7.7		2.2+			
8	0.020		0.020			7.5		2.2+			
9	0.031		0.031								
10	0.031		0.031								
11	0.031		0.031			7.8		2.0			
12	0.033	0.034				7.6		2.2+			
13	0.023	0.023				7.5		2.2+			
14	0.023	0.025				7.4		2.2+			
15	0.020	0.020				7.4		2.2+			
16	0.021	0.022									
17	0.021	0.022									
18	0.021	0.022				7.4		2.2+			
19	0.020	0.021				7.4		2.2+			
20	0.016	0.017				7.5		2.2+			
21	0.021	0.022				7.4		2.2+			
22	0.018	0.018	0.000			7.4		2.2+			
23	0.019	0.020									
24	0.019	0.020									
25	0.019	0.020				7.4		2.2+			
26	0.013	(0.085)	0.098			7.4		2.2+			
27	0.010	0.112				7.5		1.2			
28	0.014	0.070				7.5		2.2+			
29	0.017	0.019				7.4		2.2+			
30	0.017	0.018									
31											

PLANT STAFFING:

Day Shift Operator	Class: <u> B </u>	Certification No.: <u> 12476 </u>	Name: <u> David Haring </u>
Day Shift Operator	Class: <u> C </u>	Certification No.: <u> 9320 </u>	Name: <u> Ralph Marriott </u>
Evening Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Night Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> A </u>	Certification No.: <u> 4894 </u>	Name: <u> Paul Thompson </u>

Version 8/3/2001

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA010655

Expiration Date: October 24, 2011

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl and Lisa Streets
 Astor, FL 32102

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, including Influent

COUNTY: Lake

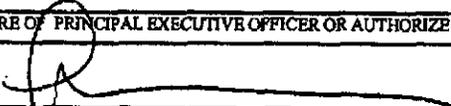
NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 10/1/06

To 10/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.015		MGD					0	5 Days/Week	Meter
PARM Code 50050 Mon.Site No. FLW-2	Y Permit Requirement	0.0186 (An.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	0.016		MGD					0	5 Days/Week	Meter
PARM Code 50050 Mon.Site No. FLW-2	I Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.2			MG/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EPA-1	Y Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.6	2.6		MG/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EPA-1	A Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				6.7			MG/L	0	Monthly	Grab
PARM Code 00530 Mon.Site No. EPA-1	Y Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.7	2.7		MG/L	0	Monthly	Grab
PARM Code 00530 Mon.Site No. EPA-1	A Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-329-1122	06/12/06

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Revised 11/28/06

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Haven WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 10/1/06

PERMIT NUMBER: FLA010655
To 10/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.2	7.4	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			2.4		#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			<1.0	<1.0	#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.9		MGL	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 (Min.)		MGL		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement			69		PER-CENT	0	Monthly	Calculated
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement			Report		PER-CENT		Monthly	Calculated
Solids, Total Suspended	Sample Measurement			MNR		MGL	0	Annually	Grab
PARM Code 00530 Y Mon. Site No. INF-1	Permit Requirement			Report (An. Avg.)		MGL		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR		MGL	0	Annually	Grab
PARM Code 80082 Y Mon. Site No. INF-1	Permit Requirement			Report (An. Avg.)		MGL		Annually	Grab
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA010655

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl and Lisa Streets
 Astor, FL 32102

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Rapid Infiltration Basin

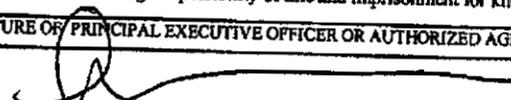
COUNTY: Lake

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: 10/1/06
 To: 10/31/06

10/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site No. FLW-3	Sample Measurement	0.003		MGD					0	5 Days/Week	Meter
	Permit Requirement	0.0064 (An. Avg.)		MGD						5 Days/Week	Meter
Flow PARM Code 50050 Y Mon. Site No. FLW-3	Sample Measurement	0.0003		MGD					0	5 Days/Week	Meter
	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No. EFA-1	Sample Measurement				3.2			MGL	0	Monthly	Grab
	Permit Requirement				20.0 (An. Avg.)			MGL		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site No. EFA-1	Sample Measurement				2.6	2.6		MGL	0	Monthly	Grab
	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)		MGL		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site No. EFA-1	Sample Measurement				6.7			MGL	0	Monthly	Grab
	Permit Requirement				20.0 (An. Avg.)			MGL		Monthly	Grab
Solids, Total Suspended PARM Code 00530 A Mon. Site No. EFA-1	Sample Measurement				2.7	2.7		MGL	0	Monthly	Grab
	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)		MGL		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-329-1122	06/12/06

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Revised 11/28/06

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Haven WWTP

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 10/1/06

PERMIT NUMBER: FLA010655
 To 10/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.4		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EPA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				2.4			#/100ML	0	Monthly	Grab
PARM Code 74055 Y Mon. Site No. EPA-1	Permit Requirement				200 (An. Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				>1.0	>1.0		#/100ML	0	Monthly	Grab
PARM Code 74055 A Mon. Site No. EPA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.9			MCL	0	5 Days/Week	Grab
PARM Code 30060 A Mon. Site No. EPA-1	Permit Requirement				0.5 (Min.)			MCL		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR			MGL	0	Annually	Grab
PARM Code 00620 A Mon. Site No. EPA-1	Permit Requirement				12.0 (Max.)			MGL		Annually	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010655
 Monitoring Period From: 10/1/06 To: 10/31/06

Facility: Holiday Haven WWTF

	CBOD5 (MGL)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect) (MG/L)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-2	FLW-3			
1						.027	0			
2			7.4		2.2	.027	0			
3			7.4		2.2	.016	0			
4			7.4		2.2+	.020	.001			
5			7.4		2.2+	.012	0			
6			7.4		2.2+	.018	0			
7						.017	.001			
8						.017	.001			
9			7.4		2.2+	.017	.001			
10			7.4		2.2+	.013	.001			
11	2.6	1.0U	7.4	2.7	1.1	.016	0			
12			7.4		2.2+	.016	0			
13			7.4		2.2+	.014	0			
14						.017	0			
15						.017	0			
16			7.3		2.2+	.017	0			
17			7.3		2.2+	.011	0			
18			7.3		0.9	.012	0			
19			7.3		2.2+	.013	0			
20			7.2		2.2+	.022	0			
21						.016	0			
22						.016	0			
23			7.3		2.2+	.016	0			
24			7.3		2.2+	.014	.001			
25			7.3		2.2+	.015	.002			
26			7.3		2.2+	.017	0			
27			7.2		2.2+	.013	0			
28						.017	0			
29						.017	0			
30			7.2		2.0	.017	0			
31			7.2		2.2+	.017	0			
Total							0.008			
Mo. Avg.							0.0003			

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certificate No: <u>4894</u>	Name: <u>Paul Thompson</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA010655

Expiration Date: October 24, 2011

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl and Lisa Streets
 Astor, FL 32102

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, including Influent

COUNTY: Lake

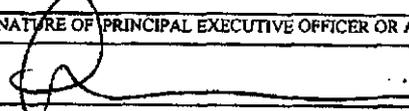
NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 11/1/06

To 11/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon.Site No. FLW-2	Sample Measurement	0.0150		MGD					0	5 Days/Week	Meter
	Permit Requirement	0.0186 (An.Avg.)		MGD						5 Days/Week	Meter
Flow PARM Code 50050 I Mon.Site No. FLW-2	Sample Measurement	0.0160		MGD					0	5 Days/Week	Meter
	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement				3.1			MG/L	0	Monthly	Grab
	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon.Site No. EFA-1	Sample Measurement				2.1	2.1		MG/L	0	Monthly	Grab
	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1	Sample Measurement				6.7			MG/L	0	Monthly	Grab
	Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 A Mon.Site No. EFA-1	Sample Measurement				3.6	3.6		MG/L	0	Monthly	Grab
	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Paul Thompson, Lead Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO 386-937-1143	DATE (YY/MM/DD) 06/12/20
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Haven WWTF

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 11/1/06

PERMIT NUMBER: FLA010655
To 11/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.1	7.3		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-1	A Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				146.2			#/100ML	0	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Y Permit Requirement				200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement				4.669	19000		#/100ML	1	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	A Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.8			MGL	0	5 Days/Week	Grab
PARM Code 50060 Mon.Site No. EFA-1	A Permit Requirement				0.5 (Min.)			MGL		5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				69			PER-CENT	0	Monthly	Calculated
PARM Code 00180 Mon.Site No. FLW-1	1 Permit Requirement				Report			PER-CENT		Monthly	Calculated
Solids, Total Suspended	Sample Measurement				MNR			MGL	0	Annually	Grab
PARM Code 00530 Mon.Site No. INF-1	Y Permit Requirement				Report (An.Avg.)			MGL		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			MGL	0	Annually	Grab
PARM Code 80082 Mon.Site No. INF-1	Y Permit Requirement				Report (An.Avg.)			MGL		Annually	Grab
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA010655

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl and Lisa Streets
 Astor, FL 32102

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Rapid Infiltration Basin

COUNTY: Lake

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 11/1/06

To 11/30/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon.Site No. FLW-3	Sample Measurement	0.0034		MGD				0	5 Days/Week	Meter
	Permit Requirement	0.0064 (An.Avg.)		MGD					5 Days/Week	Meter
Flow PARM Code 50050 1 Mon.Site No. FLW-3	Sample Measurement	0.0027		MGD				0	5 Days/Week	Meter
	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement				3.1		MG/L	0	Monthly	Grab
	Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon.Site No. EFA-1	Sample Measurement				2.1	2.1	MG/L	0	Monthly	Grab
	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1	Sample Measurement				6.7		MG/L	0	Monthly	Grab
	Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 A Mon.Site No. EFA-1	Sample Measurement				3.6	3.6	MG/L	0	Monthly	Grab
	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386-937-1148	06/12/20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Holiday Haven WWTF

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 11/1/06

To 11/30/06
 PERMIT NUMBER: FLA010655

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.1	7.3		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon.Site No. EFA-1	A Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			146.2			#/100ML	0	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	Y Permit Requirement			200 (Ar.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement			4.669	19000		#/100ML	1	Monthly	Grab
PARM Code 74055 Mon.Site No. EFA-1	A Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.8			MG/L	0	5 Days/Week	Grab
PARM Code 50060 Mon.Site No. EFA-1	A Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			MNR			MG/L	0	Annually	Grab
PARM Code 00620 Mon.Site No. EFA-1	A Permit Requirement			12.0 (Max.)			MG/L		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010655

Monitoring Period From: 11/1/06 To: 11/30/06

Facility: Holiday Haven WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-2	FLW-3			
1	2.1	19000 B	7.2	3.6	1.0	.014	.000			
2			7.1		2.2+	.018	.000			
3			7.2		2.2+	.014	.000			
4		1.0 U	7.1		2.2+	.016	.001			
5						.016	.001			
6		1.0 U	7.1		2.2+	.016	.001			
7			7.1		2.2+	.017	.001			
8		1.0 U	7.2		2.2+	.015	.000			
9		1.0 U	7.2		2.2+	.013	.000			
10			7.2		2.2+	.020	.002			
11						.016	.001			
12						.016	.001			
13			7.2		2.2+	.016	.001			
14		1.0	7.2		2.2+	.014	.001			
15		1.0 U	7.3		2.2+	.013	.001			
16		11	7.3		0.8	.016	.000			
17		1.0 U	7.2		2.2+	.015	.003			
18						.016	.004			
19						.016	.004			
20			7.3		2.2	.016	.004			
21		11	7.3		2.2+	.001	.017			
22		10	7.3		2.2+	.012	.0005			
23			7.3		2.2+	.010	.003			
24			7.3		2.2+	.019	.002			
25						.017	.002			
26						.017	.002			
27			7.3		2.2+	.017	.002			
28			7.3		2.2+	.014	.002			
29			7.3		2.2+	.045	.001			
30			7.3		2.2+	.027	.000			
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>12476</u>	Name: <u>David Haring</u>
Evening Shift Operator	Class: <u>C</u>	Certificate No: <u>9320</u>	Name: <u>Ralph Marriott</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certificate No: <u>4894</u>	Name: <u>Paul Thompson</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA010655

Expiration Date: October 24, 2011

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl and Lisa Streets
 Astor, FL 32102

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Sprayfield, including Influent

COUNTY: Lake

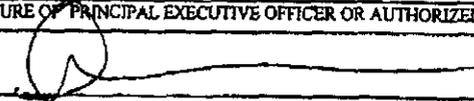
NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 12/1/06

To 12/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon.Site No. FLW-2	Sample Measurement	0.0165		MGD				0	5 Days/Week	Meter
	Permit Requirement	0.0186 (An.Avg.)		MGD					5 Days/Week	Meter
Flow PARM Code 50050 I Mon.Site No. FLW-2	Sample Measurement	0.018		MGD				0	5 Days/Week	Meter
	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement				3.0		MG/L	0	Monthly	Grab
	Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon.Site No. EFA-1	Sample Measurement				2.1	2.1	MG/L	0	Monthly	Grab
	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1	Sample Measurement				7.0		MG/L	0	Monthly	Grab
	Permit Requirement				20.0 (An.Avg.)		MG/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 A Mon.Site No. EFA-1	Sample Measurement				10.0	10.0	MG/L	0	Monthly	Grab
	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Paul Thompson, Lead Operator		386 937-1143	07/01/24

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

FACILITY: Holiday Haven WWTF

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 12/1/06

PERMIT NUMBER: FLA010655
 To 12/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH					7.1	7.4		SU	0	5 Days/Week	Grab
PARM Code 00400 Mon. Site No. EPA-1	A	Sample Measurement			6.0 (Min.)	8.5 (Max.)		SU	0	5 Days/Week	Grab
		Permit Requirement									
Coliform, Fecal		Sample Measurement			146.3			#/100ML	0	Monthly	Grab
PARM Code 74055 Mon. Site No. EPA-1	Y	Permit Requirement									
Coliform, Fecal		Sample Measurement			200 (An. Avg.)			#/100ML		Monthly	Grab
PARM Code 74055 Mon. Site No. EPA-1	A	Permit Requirement			2.0	2.0		#/100ML	0	Monthly	Grab
Total Residual Chlorine (For Disinfection)		Sample Measurement			Report (Mo. Geo. Mean)	800 (Max.)		#/100ML		Monthly	Grab
PARM Code 50060 Mon. Site No. EPA-1	A	Permit Requirement			2.2			MG/L	0	5 Days/Week	Grab
Percent Capacity, (TMADF/ Permitted Capacity) x 100		Sample Measurement			0.5 (Min.)			MG/L		5 Days/Week	Grab
PARM Code 00180 Mon. Site No. FLW-1		Permit Requirement			90%			PER-CENT	0	Monthly	Calculated
Solids, Total Suspended		Sample Measurement			Report			PER-CENT		Monthly	Calculated
PARM Code 00530 Mon. Site No. INF-1	Y	Permit Requirement			MNR			MG/L	0	Annually	Grab
BOD, Carbonaceous 5 day, 20C		Sample Measurement			Report (An. Avg.)			MG/L		Annually	Grab
PARM Code 80082 Mon. Site No. INF-1	Y	Permit Requirement			MNR			MG/L	0	Annually	Grab
		Sample Measurement			Report (An. Avg.)			MG/L		Annually	Grab
		Permit Requirement									
		Sample Measurement									
		Permit Requirement									
		Sample Measurement									
		Permit Requirement									

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

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

PERMIT NUMBER: FLA010655

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Holiday Haven WWTF
 LOCATION: Pearl and Lisa Streets
 Astor, FL 32102

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC: Rapid Infiltration Basin

COUNTY: Lake

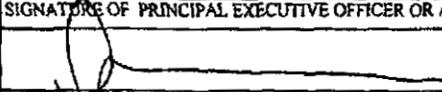
NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 12/1/06

To: 12/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.0034		MGD					0	5 Days/Week	Meter
PARM Code 50050 Mon.Site No. FLW-3	Y Permit Requirement	0.0064 (An.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	0.000		MGD					0	5 Days/Week	Meter
PARM Code 50050 Mon.Site No. FLW-3	I Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.0			MG/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	Y Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1	2.1		MG/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No. EFA-1	A Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				7.0			MG/L	0	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	Y Permit Requirement				20.0 (An.Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				10.0	10.0		MG/L	0	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-1	A Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Paul Thompson, Lead Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO 386-907-1143	DATE (YY/MM/DD) 07/02/24
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

FACILITY: Holiday Haven WWTF

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R-002
 MONITORING PERIOD From: 12/1/06

PERMIT NUMBER: FLA010655
 To 12/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 Mon.Site No. EFA-1	Sample Measurement			7.1	7.4		SU	0	5 Days/Week	Grab
	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Mon.Site No. EFA-1	Sample Measurement			146.3			#/100ML	0	Monthly	Grab
	Permit Requirement			200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal PARM Code 74055 Mon.Site No. EFA-1	Sample Measurement			2.0	2.0		#/100ML	0	Monthly	Grab
	Permit Requirement			Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 Mon.Site No. EFA-1	Sample Measurement			2.2			MG/L	0	5 Days/Week	Grab
	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 Mon.Site No. EFA-1	Sample Measurement			MNR			MG/L	0	Annually	Grab
	Permit Requirement			12.0 (Max.)			MG/L		Annually	Grab
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA010655**
 Monitoring Period: **From: 12/1/06 To: 12/31/06**

Facility: **Holiday Haven WWTF**

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH(SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)	Flow (MGD)			
Code	80082	74055	00400	00530	50060	50050	50050			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-2	FLW-3			
1			7.3		2.2+	.015	0			
2						.016	0			
3						.016	0			
4			7.3		2.2+	.016	0			
5			7.3		2.2+	.016	.002			
6	2.1	2.0	7.4	10	2.2+	.014	0			
7			7.4		2.2+	.020	0			
8			7.4		2.2+	.017	.022			
9						.017	.022			
10						.017	.022			
11			7.3		2.2+	.017	.022			
12			7.3		2.2+	.013	0			
13			7.3		2.2+	.010	0			
14			7.3		2.2+	.018	0			
15			7.3		2.2+	.018	0			
16						.018	0			
17						.018	0			
18			7.3		2.2+	.018	0			
19			7.2		2.2+	.017	.001			
20			7.2		2.2+	.014	.001			
21			7.2		2.2+	.017	.001			
22			7.2		2.2+	.012	0			
23						.021	0			
24						.021	0			
25			7.1		2.2+	.021	0			
26			7.1		2.2+	.025	0			
27			7.3		2.2+	.028	0			
28			7.2		2.2	.019	.001			
29			7.2		2.2	.022	0			
30						.019	0			
31						.019	0			
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator Class: B Certificate No: 12476 Name: David Haring

Evening Shift Operator Class: C Certificate No: 9320 Name: Ralph Marriott

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: A Certificate No: 4894 Name: Paul Thompson



Department of Environmental Protection

Jeb Bush
Governor

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

Colleen Castille
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Aqua Utilities Florida Inc.

PERMIT NUMBER:

FLA010655

PA FILE NUMBER:

FLA010655-005-DW3P

ISSUANCE DATE:

October 31, 2006

EXPIRATION DATE:

October 24, 2011

RESPONSIBLE AUTHORITY:

Mr. John M. Lihvarcik
Chief Operating Officer
Post Office Box 490310
Leesburg, FL 34749

(352) 787-0980

FACILITY:

Holiday Haven WWTF
Pearl and Lisa Streets
Astor, FL 32102
Lake County

Latitude: 29° 09' 55" N Longitude: 81° 32' 06" W

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

TREATMENT FACILITIES:

An existing 0.025 million gallon per day (mgd) annual average daily flow (AADF) permitted capacity extended aeration activated sludge domestic wastewater treatment plant consisting of aeration, secondary clarification, chlorination and aerobic digestion of residuals.

REUSE:

Land Application: An existing 0.0186 mgd AADF permitted capacity slow-rate restricted public access system (R-001). R-001 consists of 2.0 acre sprayfield having a capacity of 0.0186 MGD located approximately at latitude 29° 09' 22" N, longitude 81° 31' 49" W.

Land Application: An existing 0.0064 mgd AADF permitted capacity rapid infiltration basin system (R-002). R-002 consists of a 0.5 acre rapid infiltration basin, which can also be used as a 15 day wet-weather storage pond for the sprayfield located approximately at latitude 29° 9' 55" N, longitude 81° 32' 6" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 16 of this permit.

DOCUMENT NUMBER - DATE
9310 22 80

FPSC-COMMISSION CLERK

FACILITY: Holiday Haven WWTF
 PERMITTEE: Aqua Utilities Florida Inc.

PERMIT NUMBER: FLA010655
 EXPIRATION DATE: October 24, 2011

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 (Sprayfield). Such reclaimed water shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.6:

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow, to sprayfield	MGD	Maximum	0.0186	-	-	-	5 Days/Week	Meter	FLW-2	See Cond. I.A.3.
Solids, Total Suspended	MGL	Maximum	20	30	45	60	Monthly	Grab	EFA-1	
BOD, Carbonaceous 5 day, 20C	MGL	Maximum	20	30	45	60	Monthly	Grab	EFA-1	
Coliform, Fecal	#/100 ML	Maximum	See Permit Condition I.A.4.				Monthly	Grab	EFA-1	
pH	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-1	
Total Residual Chlorine (For Disinfection)	MGL	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-1	See Cond. I.A.5.

FACILITY: Holiday Haven WWTF
PERMITTEE: Aqua Utilities Florida Inc.

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

Monitoring Location Site Number	Description of Monitoring Location
EFA-1	chlorine contact chamber effluent
FLW-2	Flow meter in sprayfield pump station

3. Flow meter(s) shall be utilized to measure flow and calibrated at least annually. *[62-601.200(17) and .500(6)]*
4. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 mL of reclaimed water sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of reclaimed water, each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. No more than 10 percent of the samples collected (the 90th percentile value) during a period of 30 consecutive days shall exceed 400 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. Note: To report the 90th percentile value, list the fecal coliform values obtained during the month in ascending order. Report the value of the sample that corresponds to the 90th percentile (multiply the number of samples by 0.9). For example, for 30 samples, report the corresponding fecal coliform number for the 27th value of ascending order. *[62-610.410 and 62-600.440(4)(c)]*
5. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. *[62-610.410 and 62-600.440(4)(b)]*

FACILITY: Holiday Haven WWTP
 PERMITTEE: Aqua Utilities Florida Inc.

PERMIT NUMBER: FLA010655
 EXPIRATION DATE: October 24, 2011

6. 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-002 (Rapid Infiltration Basin). Such reclaimed water shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.6:

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, into rapid infiltration basin	MGD	Maximum	0.0064	-	-	-	5 Days/Week	Meter	FLW-3	See Cond. I.A.8., 9.
Solids, Total Suspended	MGL	Maximum	20	30	45	60	Monthly	Grab	EFA-1	
BOD, Carbonaceous 5 day, 20C	MGL	Maximum	20	30	45	60	Monthly	Grab	EFA-1	
Coliform, Fecal	#/100 ML	Maximum	See Permit Condition I.A.9.				Monthly	Grab	EFA-1	
pH	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-1	
Total Residual Chlorine (For Disinfection)	MGL	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-1	See Cond. I.A.11.
Nitrogen, Nitrate, Total (as N)	MGL	Maximum	-	-	-	12.0	Annually	Grab	EFA-1	See Cond. I.A.12.

FACILITY: Holiday Haven WWTF
PERMITTEE: Aqua Utilities Florida Inc.

PERMIT NUMBER: FLA010655
EXPIRATION DATE: October 24, 2011

7. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I. A. 6. and as described below:

Monitoring Location Site Number	Description of Monitoring Location
EFA-1	chlorine contact chamber effluent
FLW-3	Calculated as the difference between FLW-1 and FLW-2

8. Flow meter shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and 500(6)]
9. Flow into the rapid infiltration basin shall not exceed elevation 8.50 feet. After the water level in the rapid infiltration basin exceeds 8.50 feet the effluent shall be discharged into the sprayfield.
10. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 mL of reclaimed water sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of reclaimed water, each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. No more than 10 percent of the samples collected (the 90th percentile value) during a period of 30 consecutive days shall exceed 400 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. Note: To report the 90th percentile value, list the fecal coliform values obtained during the month in ascending order. Report the value of the sample that corresponds to the 90th percentile (multiply the number of samples by 0.9). For example, for 30 samples, report the corresponding fecal coliform number for the 27th value of ascending order. [62-610.510 and 62-600.440(4)(c)]
11. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. [62-610.510 and 62-600.440(4)(b)]
12. Nitrate nitrogen (NO₃) concentration in the water discharged to the rapid rate land application system shall not exceed 12.0 mg/L, or as required to comply with Rule 62-610.510, F.A.C. If the facility exceeds this limit, the Department may require future groundwater monitoring or modification to the treatment facility to remove nitrogen. [62-610.510]

FACILITY: Holiday Haven WWTF
 PERMITTEE: Aqua Utilities Florida Inc.

PERMIT NUMBER: FLA010655
 EXPIRATION DATE: October 24, 2011

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS (cont.)

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.6:

Parameter	Units	Max/Min	Limitations				Monitoring Requirements				Notes
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number		
Solids, Total Suspended	MG/L	Maximum	Report	-	-	-	Annually	Grab	INF-1	See Cond. I.B.3.	
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	Report	-	-	-	Annually	Grab	INF-1	See Cond. I.B.3.	
Percent Capacity, (TMADP/Permitted Capacity) x 100	PER CENT	Maximum	-	Report	-	-	Monthly	Calculated	FLW-1		

FACILITY: Holiday Haven WWTF
 PERMITTEE: Aqua Utilities Florida Inc.

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 EXPIRATION DATE: October 24, 2011

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

Monitoring Location Site Number	Description of Monitoring Location
FLW-1	Parshall Flume flow meter in the chlorine contact chamber discharge piping
INF-1	Raw influent to aeration tank

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. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method to assure compliance with applicable water quality standards and effluent limitations in accordance with 40 CFR (Code of Federal Regulations) Part 136. All monitoring shall be representative of the monitored activity. [62-620.320(6)]
5. 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)]
6. 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's Central District Office Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

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

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department's Central District Office at the address specified in Permit Condition I.B. 7 by the twenty-eighth (28th) of the month following the month of operation.

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

7. 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, Lake County Water Resource Management and the Department's Central District Office at the address specified below:

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

Phone Number - (407) 894-7555
 FAX Number - (407) 897-2966

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

FACILITY: Holiday Haven WWTF
PERMITTEE: Aqua Utilities Florida Inc.

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EXPIRATION DATE: October 24, 2011

II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this facility is transport to Shelley's Septic Tanks Residuals Management Facility (RMF), 412 Biosolids Management Facility, Central Process RMF 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 shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. [62-640.300(5)]
4. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(k)3 & 4]
5. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. [62-640.880(2)(d)]
6. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

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

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

7. 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

Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part II Slow-Rate/Restricted Access System(s) (R-001)

1. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.418(1)]
2. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.414(8)]

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3. The annual average hydraulic loading rate to the 2.0 acre sprayfield shall be limited to a maximum of 2.4 inches per week. The hydraulic loading rate shall not produce surface runoff or ponding of the applied reclaimed water. [62-610.423(3) and (4)]
4. The crops or vegetation shall be periodically harvested and removed from the project area. [62-610.310(3)(d) and 62-610.419(1)(b)]
5. Dairy cattle whose milk is intended for human consumption shall not be allowed on the project area for a period of 15 days after the last application of reclaimed water. No restrictions are imposed on the grazing of other cattle. [62-610.425]
6. Irrigation of edible food crops is prohibited. [62-610.426]
7. Overflows from emergency discharge facilities on storage ponds shall be reported as an abnormal event to the Department's Central District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. [62-610.800(9)]

Part IV Rapid Infiltration Basins (R-002)

8. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518]
9. The annual average hydraulic loading rate to the a 0.5 acre rapid infiltration basin, which can also be used as a 15 day wet-weather storage pond for the restricted access sprayfield, shall be limited to a maximum of 0.5 inches per day (as applied to the entire bottom area). [62-610.523(3)]
10. The 0.5 acre rapid infiltration basin normally shall be loaded for 7 days and shall be rested for 7 days. Infiltration ponds, basins, or trenches shall be allowed to dry during the resting portion of the cycle. [62-610.523(4)]
11. Rapid infiltration basins shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottoms shall be maintained to be level. [62-610.523(6) and (7)]
12. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.514 and 62-610.414]
13. Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as an abnormal event to the Department's Central District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. [62-610.800(9)]

V. OPERATION AND MAINTENANCE REQUIREMENTS

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

A Class C or higher operator 1/2 hour/day for 5 days/week and one visit each weekend. The lead operator must be a Class C operator, or higher.

[62-620.630(3)] [62-699.310] [62-610.462]
2. Plant operator is to maintain a maximum water level of 8.50 feet (three feet below top of improved berm in rapid infiltration basin). BPJ
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)]

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PERMITTEE: Aqua Utilities Florida Inc.

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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. SCHEDULES

1. The following improvement actions shall be completed according to the following schedule:

	Improvement Action	Completion Date
1	Replace missing silencer from northernmost blower	December 1, 2006
2	Install influent sample tap on the 3 inch influent riser pipe @3 feet above grade	December 1, 2006
3	Install pressure relief valve on the blower discharge header	December 1, 2006
4	Install life preservers at all handrail locations	December 1, 2006
5	Remove the vegetative debris and two fallen trees at the sprayfield	December 1, 2006
6	Install emergency shower at the hypochlorite station	December 1, 2006
7	Install sodium hypochlorite warning signs on the access gate and at the hypochlorite station	December 1, 2006
8	Repair broken sprinkler head in the southeast corner of the sprayfield	December 1, 2006
9	Repair the sprayfield access gate	December 1, 2006
10	Re-grade the top of berm of the rapid infiltration basin to a uniform	June 1, 2007

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	Improvement Action	Completion Date
	minimum elevation of 11.25 feet. Raise the overflow 8 inch PVC pipe invert to elevation 10.25 feet. Plant Operator is to maintain a maximum water level of 8.25 feet within pond. Staff gauge is to installed with RIB improvements	
11	Stabilize the inside slope of the rapid infiltration basin via compacted fill or geotextile	June 1, 2007
12	Grout the rapid infiltration basin pipe opening located at the concrete flume and fill in eroded soil.	June 1, 2007
13	Paint all rust spots on the access ladder, handrails, walkways, and plant exterior with a rust prohibitive coating	June 1, 2007
14	Repair all corroded steel components within the process tanks and apply a rust-prohibitive coating	June 1, 2007
15	Re-paint the effluent transfer pump piping and wetwell	June 1, 2007
16	Label all process piping	June 1, 2007
17	Repair broken pipe supports in process piping and install new pipe supports where needed	June 1, 2007
18	Pull and inspect all diffuser drop pipes and replace any broken diffusers	June 1, 2007
19	Affix a permanent light to the existing power pole near the blower control panel	June 1, 2007
20	Check all tanks for sand accumulation and remove sand via vacuum truck	June 1, 2007
21	Remove all abandoned, unused piping	June 1, 2007

[62-600.735(1)]

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

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

VIII. OTHER SPECIFIC CONDITIONS

1. The permittee shall apply for renewal of this permit at least 180 days before the expiration date of the permit using the appropriate forms listed in Rule 62-620.910, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C. The existing permit shall not expire until the Department has taken final action on the application renewal in accordance with the provisions of 62-620.335(3) and (4), F.A.C. [62-620.335(1)-(4)]
2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-610.850(1)(a) and (2)(a)]
3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8) and 62-640.400(6)]
4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater, or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. [62-604.130(3)]
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)]

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6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
 - d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or
 - e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health or safety problems.

[62-604.130(5)]

7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. [62-610.418(1)] [62-610.518(1)] [and 62-600.400(2)(b)].
8. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. [62-701.300(1)(a)]
9. The Permittee shall provide verbal notice to the Department as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department in a written report within 7 days of the sinkhole discovery. [62-4.070(3)]
10. The permittee shall provide adequate notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

[62-620.625(2)]

IX. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. [62-620.610(1)]
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. [62-620.610(2)]
3. As provided in subsection 403.087(7), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3)]

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4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4)]
5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5)]
6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6)]
7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8)]
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
 - b. Have access to and copy any records that shall be kept under the conditions of this permit;
 - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
 - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.[62-620.610(9)]
10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. [62-620.610(10)]
11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of 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-

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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.
 - 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)]

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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:
 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:

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

[62-620.610(22)]

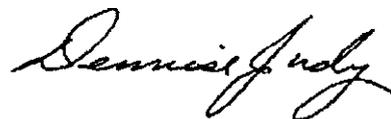
23. Upset Provisions

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

[62-620.610(23)]

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION



FACILITY: Holiday Haven WWTF
PERMITTEE: Aqua Utilities Florida Inc.

PERMIT NUMBER: FLA010655
EXPIRATION DATE: October 24, 2011

Dennise Judy
Program Manager
Domestic Waste

DATE: October 30, 2006



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

SENT VIA E-MAIL TO: jmlihvarcik@aguaamerica.com

November 20, 2007

AQUA UTILITIES FLORIDA INC
POST OFFICE BOX 490310
LEESBURG FL 34749

OCD-C-WW-07-1059

ATTENTION JOHN M LIHVARCIK
CHIEF OPERATING OFFICER

Lake County - DW
Holiday Haven\ WWTF
Wastewater Facility - Permit No. FLA010655
Noncompliance Letter

Dear Mr. Lihvarcik:

On October 31, 2007, Department personnel conducted a routine inspection of your wastewater facility. A copy of the inspection report is enclosed for your review. During the course of the inspection, and/or determined from records on file in this office, the following deficiencies were noted:

1. The annual nitrate was not reported in the last twelve (12) months.
2. Discrepancies were noted during the Discharge Monitoring Report (DMR) review period. Please see inspection report for more details.

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

Sincerely,

Kalina Warren
Supervisor
Wastewater Compliance/Enforcement

KW/sj/ar

Enclosure: Inspection Report

cc: Lake County Water Resource Management, scatasus@co.lake.fl.us
Aqua Utilities Florida Inc., Patrick Farris, PAFarris@aguaamerica.com

DOCUMENT NUMBER-DATE

04310 MAY 22 08

FPSC-COMMISSION CLERK

COMET ENTRY DATE
11/19/07

**FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
WASTEWATER COMPLIANCE INSPECTION REPORT
FACILITY AND INSPECTION INFORMATION**

@ = Optional

Name and Physical Location of Facility Holiday Haven WWTF Pearl and Lisa Streets Astor, FL 32102	WAFR ID: FLA010655	County Lake Phone	Entry Date/Time 10-31-07 9:12 am @ Exit Date/Time 10-31-07 9:35 am
Name(s) of Field Representative(s) David Hering Paul Thompson	Title Operator Operator	Phone	
Name and Address of Permittee or Designated Representative Aqua Utilities Florida, Inc. Mr. John M. Lihvarcik P.O. Box 490310 Leesburg, FL 34749	Title Chief Operating Officer	Phone	@ Operator Certification #

Inspection Type	<input checked="" type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> I	Samples Taken(Y/N): N	@ Sample ID#: N/A	Samples Split (Y/N): N/A
<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Industrial	Were Photos Taken(Y/N): N	@ Log book Volume: II	@ Page 95-96

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/ORDINANCES	STANDARD OPERATING PROCEDURES	FACTORY OPERATIONS	COMPLIANCE DEVICES
IC 1. ♦ Permit	NE 3. Laboratory	NC 6. Facility Site Review	NC 9. ♦ Effluent Quality
NC 2. ♦ Compliance Schedules	NC 4. Sampling	IC 7. Flow Measurement	IC 10. ♦ Effluent Disposal
	NC 5. ♦ Records & Reports	IC 8. ♦ Operation & Maintenance	IC 11. Residuals/Sludge
13. Other:		NA 12. Groundwater	

Facility and/or Order Compliance Status: In-Compliance Out-Of-Compliance Significant-Out-Of-Compliance

Recommended Actions: Non-compliance Letter

Name(s) and Signature(s) of Inspector(s) <i>Stephanie Jablonski</i> Stephanie Jablonski	District Office/Phone Number Central District Office 407 - 893-3313	Date 11-19-07
@ Signature of Reviewer Kalina Warren <i>Kalina Warren</i>	District Office/Phone Number Central District Office 407 - 893-3313	Date November 19, 2007

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI, RI, ASI, ANI)

Transaction Code	NPDES Number	YR/MO/DA	Insp Type	Inspector	Fac Type
N 5			IC	2 S	3

ADDITIONAL NPDES COMMENTS

Inspection Type (Field 1) A:PAI, B:CBI, C:CEI, S:CSI, X:XSI, R:RI, \:ASI, =:ANI
 Inspection Code (Field 2): S: State, J: Joint EPA/State-EPA Lead, T: Joint State/EPA-State Lead, L: Local Program
 Facility Type (Field 3): 1: Municipal (Publicly Owned), 2: Industrial and Privately Owned Domestic, 3: Agricultural, 4: Federal
 Every other field is self explanatory

INSPECTION COMMENTS

PERMITS/ORDERS

1. **PERMIT: In Compliance**

- FDEP permit FLA010655 was on-site and available during inspection. The permit was issued on October 31, 2006 and expires on October 24, 2011.

NOTE: Part VIII.1 of the facility's permit states that the permittee shall apply for renewal of this permit at least 180 days prior to expiration.

2. **COMPLIANCE SCHEDULE: Out of Compliance**

- According to Part VI.1 of the facility's permit, the following improvement actions shall be completed according to the following schedule:

Improvement Action	Completion Date
1 Replace missing silencer from northernmost blower	December 1, 2006
2 Install influent sample tap on the 3 inch influent riser pipe @3 feet above grade	December 1, 2006
3 Install pressure relief valve on the blower discharge header	December 1, 2006
4 Install life preservers at all handrail locations	December 1, 2006
5 Remove the vegetative debris and two fallen trees at the sprayfield	December 1, 2006
6 Install emergency shower at the hypochlorite station	December 1, 2006
7 Install sodium hypochlorite warning signs on the access gate and at the hypochlorite station	December 1, 2006
8 Repair broken sprinkler head in the southeast corner of the sprayfield	December 1, 2006
9 Repair the sprayfield access gate	December 1, 2006
10 Re-grade the top of berm of the rapid infiltration basin to a uniform minimum elevation of 11.25 feet. Raise the overflow 8 inch PVC pipe invert to elevation 10.25 feet. Plant Operator is to maintain a maximum water level of 8.25 feet within pond. Staff gauge is to installed with RIB improvements	June 1, 2007
11 Stabilize the inside slope of the rapid infiltration basin via compacted fill or geotextile	June 1, 2007
12 Grout the rapid infiltration basin pipe opening located at the concrete flume and fill in eroded soil.	June 1, 2007
13 Paint all rust spots on the access ladder, handrails, walkways, and plant exterior with a rust prohibitive coating	June 1, 2007
14 Repair all corroded steel components within the process tanks and apply a rust-prohibitive coating	June 1, 2007
15 Re-paint the effluent transfer pump piping and wetwell	June 1, 2007
16 Label all process piping	June 1, 2007
17 Repair broken pipe supports in process piping and install new pipe supports where needed	June 1, 2007
18 Pull and inspect all diffuser drop pipes and replace any broken diffusers	June 1, 2007
19 Affix a permanent light to the existing power pole near the blower control panel	June 1, 2007
20 Check all tanks for sand accumulation and remove sand via vacuum truck	June 1, 2007
21 Remove all abandoned, unused piping	June 1, 2007

- According to facility personnel, all items have been completed except items 2 and 13.
- Item 2 will not be completed due to available access to the influent pipe for sample collection. In addition, item 13 will be completed soon.

SELF MONITORING PROGRAM

3. **LABORATORY: Not Evaluated**

4. **SAMPLING: Out of Compliance**

- pH samples were collected according to the permit, which is five days per week.
- In addition, chlorine samples were collected according to the permit, which is five days per week.
- Annual influent samples were last collected in January 2007. In addition, annual nitrate was last collected in January 2006.

5. **RECORDS AND REPORTS: Out of Compliance**

- The Operations and Maintenance manual was on-site.
- The operator logbook was on-site and included the operator name, certification number, site time, flow readings and sample collections. In addition, maintenance records were documented in the logbook.
- Flow was documented according to the permit, which is five days per week.
- Discharge Monitoring Reports (DMRs) were not available during the inspection.
- DMRs for the months of September 2006 through September 2007 were reviewed, and the following seven discrepancies were noted:
 - The results reported on Part A of the November 2006, December 2006 and March 2007 DMRs for FLW-3 do not match the daily sample sheet (Part B).
 - The results reported on Part A of the February 2007, June 2007 and September 2007 DMRs for FLW-2 do not match the daily sample sheet (Part B).
 - The results reported on Part A of the January 2007, June 2007 and July 2007 DMRs for fecal do not match Part B.
 - The results reported on the January 2007 DMR for influent CBOD and influent TSS do not match the lab analysis.
 - The results reported on the March 2007 DMR for CBOD and fecal do not match the lab analysis.
 - The results reported on Part A of the R-001 September 2007 DMR for pH minimum and Maximum do not match Part B.
 - In addition, the result reported on Part A of the September 2007 DMR for TRC does not match Part B. Please remember to use the greater than sign (>) on Part A when reporting a TRC greater than 2.2 mg/L.
- A current copy of the operator certification was on-site.
- In addition, a current copy of the laboratory certification was on-site.

FACILITY OPERATIONS

6. **FACILITY SITE REVIEW: Out of Compliance**

- The catwalk beams were rusty.
- An influent screening device was not noted at this plant.
- A tiny amount of light brown foam was noted in the aeration tank.
- The stilling well was not overflowing into the clarifier, but did contain some thick sludge.
- Sludge pop-ups were noted in the clarifier. However, clear effluent was also noted in the clarifier and the trough.
- The chlorine contact chamber contained clear effluent.
- In addition, clear effluent was noted in the Parshall flume.
- In addition, liquid chlorine were used at this facility.
- The digester had enough room.
- Two blowers were on-site.

7. FLOW MEASUREMENT: In Compliance

- The Parshall flume flow meter and the sprayfield flow meter were last calibrated on October 6, 2007 by Central Florida Controls, Inc.

8. OPERATION AND MAINTENANCE: In Compliance

- According to Part V.1 of the facility's permit, a Class C or higher operator shall be on-site for five days per week for 30 minutes per day, plus one weekend visit. At the time of inspection, operator site time was met according to the permit.
- The backflow prevention device was last certified on December 8, 2006 by Utility Tech, Inc. Please remember to have this device certified yearly.

EFFLUENT/DISPOSAL

9. EFFLUENT: Out of Compliance

- DMRs for the months of September 2006 through September 2007 were reviewed and the following effluent exceedance was noted.

Parameter	Result	Limit	Month
Fecal	19,000 #/100mL	800 #/100mL	Nov. 2006

- Fecal was re-sampled ten more times during November 2006 and all samples were under the permit limit.

10. DISPOSAL: In Compliance

- This facility has been permitted for an existing 0.0186 MGD annual average daily flow (AADF) permitted capacity slow-rate restricted public access system (R-001) consisting of a sprayfield.
- The sprayfield was maintained and no standing water was noted.
- According to facility personnel, the spray heads are checked weekly and documented in the operator logbook.
- In addition, this facility has been permitted for an existing 0.0064 MGD AADF permitted capacity rapid infiltration basin (RIB) system (R-002) consisting of a RIB.
- The embankment around the RIB was maintained; however, the RIB did contain duckweed on the surface.
- The RIB was full, but had more than one foot of freeboard.
- The RIB and the sprayfield were located inside a fenced area with advisory signs.

11. RESIDUALS MANAGEMENT: In Compliance

- According to Part II.1 of the facility's permit, the method of residuals use or disposal by this facility is transport to Shelley's Septic Tanks Residual Management Facility (RMF), 412 Biosolids Management Facility, Central Process RMF or disposal in a Class I or II landfill.
- Hauling tickets from American Pipe and Tank were on-site. Specifically, residuals were hauled from this facility on October 17, 2007.

12. GROUNDWATER: Not Applicable



Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

December 26, 2007

Sent Via E-Mail

Blake Vahlsing
Environmental Specialist
FDEP Central District
3319 Maguire Boulevard, Suite 232
Orlando, FL 32803-3767

**RE: Reply to Compliance Evaluation Inspection
Holiday Haven WWTF
Facility ID No. FLA010655
Lake County**

Dear Mr. Vahlsing:

Thank you for the Department's inspection on October 31, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

1. The annual nitrate was reported on the January 2007 Discharge Monitoring Report.
2. These were typographical errors and were not intentional; future DMRs will be reviewed more diligently to avoid these errors.

Should you have any questions, please contact me at (352) 435-4029. Thank you.

Sincerely,

Patrick A. Farris
Environmental Compliance Specialist
Aqua Utilities Florida, Inc.

cc: Will Fontaine, via e-mail
Brain Heath, via e-mail
Michael O'Reilly, via e-mail

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Imperial Terrace		PWS Identification Number: 3350584	
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: 245		Total Population Served at End of Month: 490	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Imperial Terrace		Plant Telephone Number: 352-787-0980	
Plant Address: 11709 Magnolia Drive		City: Tavares	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 32778	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operators	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

2-9-07
Will Fontaine
C-6813

DOCUMENT NUMBER-DATE
License Number

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

PWS Identification Number: 3350584 Plant Name: Imperial Terrace

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place)	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 if Applicable	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	1,300		1.4										1.0
2	X	24.0	3,600		1.4										1.0
3	X	24.0	5,400		1.5										1.1
4	X	24.0	1,200		1.4										1.0
5	X	24.0	4,400		1.5										1.1
6	X	24.0	3,300		1.5										
7		24.0	3,100												
8	X	24.0	3,100		1.5										1.1
9	X	24.0	3,300		1.4										1.0
10	X	24.0	2,200		1.4										0.9
11	X	24.0	8,940		1.5										1.0
12	X	24.0	1,600		1.4										1.0
13	X	24.0	4,000		1.4										
14		24.0	3,100												
15	X	24.0	3,100		1.5										1.0
16	X	24.0	3,000		1.4										0.8
17	X	24.0	3,000		1.5										0.9
18	X	24.0	100		1.4										1.0
19	X	24.0	5,000		1.6										0.9
20	X	24.0	4,600		1.5										
21		24.0	6,100												
22	X	24.0	6,100		1.5										1.1
23	X	24.0	300		1.4										1.0
24	X	24.0	600		1.4										1.0
25	X	24.0	100		1.4										0.9
26	X	24.0	1,200		1.4										1.0
27	X	24.0	2,000		1.5										
28		24.0	2,400												
29	X	24.0	2,400		1.5										1.1
30	X	24.0	100		1.4										0.9
31	X	24.0	2,000		1.4										1.0
Total			90,640												
Average			2,924												
Maximum			8,940												

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

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

PWS Identification Number: 3350584 Plant Name: Imperial Terrace

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										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	X	24.0	1,800		1.5										1.0	
2	X	24.0	1,400		1.4										1.0	
3	X	24.0	300		1.3											
4		24.0	1,000													
5	X	24.0	1,000		1.3										0.8	
6	X	24.0	1,400		1.4										0.8	
7	X	24.0	700		1.5										1.0	
8	X	24.0	9,510		1.5										1.1	
9	X	24.0	2,000		1.5										1.2	
10	X	24.0	4,000		1.4											
11		24.0	2,000													
12	X	24.0	2,000		1.5										1.2	
13	X	24.0	2,100		1.5										1.1	
14	X	24.0	100		1.4										1.0	
15	X	24.0	2,800		1.5										1.0	
16	X	24.0	2,100		1.4										1.1	
17		24.0	1,900													
18	X	24.0	1,900		1.3											
19	X	24.0	2,700		1.3										1.0	
20	X	24.0	1,000		1.4										1.0	
21	X	24.0	1,130		1.7										1.3	
22	X	24.0	4,400		1.5										1.1	
23	X	24.0	900		1.5										1.1	
24	X	24.0	2,000		1.5											
25		24.0	4,500													
26	X	24.0	4,500		1.5										1.1	
27	X	24.0	200		1.4										0.9	
28	X	24.0	5,000		1.6										1.0	
29		24.0	0													
30		24.0	0													
31		24.0	0													
Total			64,340													
Average			2,298													
Maximum			9,510													

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Imperial Terrace	PWS Identification Number:	3350584
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:	245	Total Population Served at End of Month:	490
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	bheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Imperial Terrace	Plant Telephone Number:	352-787-0980
Plant Address:	11709 Magnolia Drive	City:	Tavares
		State:	Florida
		Zip Code:	32778
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	288,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Will Fontaine 4-9-07
 Signature and Date

Will Fontaine
 Printed or Typed Name

C-6813
 License Number

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

PWS Identification Number: 3330584 Plant Name: Imperial Terrace

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										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	X	24.0	6,300		1.7									1.0	
2	X	24.0	1,700		1.6									1.0	
3		24.0	800												
4	X	24.0	800		1.5									1.0	
5	X	24.0	300		1.5									1.0	
6	X	24.0	2,000		1.4									0.8	
7	X	24.0	1,500		1.4									0.9	
8	X	24.0	3,400		1.5									1.6	
9	X	24.0	77,800		2.0										
10		24.0	3,400												
11	X	24.0	3,400		1.5									0.7	
12	X	24.0	12,000		0.9									1.0	
13	X	24.0	1,000		1.4									1.0	
14	X	24.0	900		1.5									1.0	
15	X	24.0	11,860		1.5									1.0	
16	X	24.0	1,100		1.4									1.0	
17	X	24.0	2,500		1.5										
18		24.0	4,500												
19	X	24.0	4,500		1.6									1.0	
20	X	24.0	100		1.5									1.0	
21	X	24.0	1,600		1.5									1.1	
22	X	24.0	4,600		1.5									1.1	
23	X	24.0	5,400		1.5									1.0	
24	X	24.0	1,000		1.4										
25		24.0	5,400												
26	X	24.0	5,400		1.5									1.0	
27	X	24.0	0		1.4									1.0	
28	X	24.0	5,000		1.5									1.1	
29	X	24.0	4,400		1.4									1.1	
30	X	24.0	5,600		1.4									1.1	
31	X	24.0	2,500		1.3										
Total			180,760												
Average			6,025												
Maximum			77,800												

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

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

PWS Identification Number: 3350584 Plant Name: Imperial Terrace

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1		24.0	3,900												
2	X	24.0	5,900		1.5									1.0	
3	X	24.0	6,800		1.5									1.1	
4	X	24.0	7,100		1.5									1.1	
5	X	24.0	8,700		1.5									1.0	
6	X	24.0	5,500		1.3									0.9	
7	X	24.0	300		1.3										
8		24.0	7,000												
9	X	24.0	7,000		1.6									1.2	
10	X	24.0	500		1.4									1.1	
11	X	24.0	100		1.2									0.8	
12	X	24.0	10,020		1.6									0.8	
13	X	24.0	600		1.5									1.0	
14	X	24.0	200		1.3										
15		24.0	3,000												
16	X	24.0	3,000		1.3									0.8	
17	X	24.0	300		1.3									0.9	
18	X	24.0	100		1.3									0.9	
19	X	24.0	5,200		1.5									1.0	
20	X	24.0	100		1.5									1.0	
21	X	24.0	1,400		1.5										
22		24.0	4,900												
23	X	24.0	4,900		1.5									0.9	
24	X	24.0	400		1.4									0.8	
25	X	24.0	2,200		1.5									1.0	
26	X	24.0	4,000		1.5									1.0	
27	X	24.0	2,300		1.5									0.9	
28	X	24.0	1,600		1.3										
29		24.0	3,600												
30	X	24.0	3,600		1.4									1.0	
31		24.0	0												

Total	106,220
Average	3,541
Maximum	10,020

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

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

PWS Identification Number: 3350584 Plant Name: Imperial Terrace

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	100		1.3										0.9
2	X	24.0	100		1.3										0.9
3	X	24.0	11,370		1.5										0.9
4	X	24.0	3,800		1.5										1.0
5	X	24.0	1,000		1.3										
6		24.0	600												
7	X	24.0	600		1.3										0.9
8	X	24.0	1,000		1.4										0.9
9	X	24.0	400		1.4										1.0
10	X	24.0	6,700		1.5										1.0
11	X	24.0	100		1.4										0.9
12	X	24.0	700		1.5										
13		24.0	1,600												
14	X	24.0	1,600		1.5										0.9
15	X	24.0	600		1.3										1.0
16	X	24.0	1,500		1.4										1.0
17	X	24.0	3,400		1.5										1.0
18	X	24.0	200		1.4										0.9
19	X	24.0	100		1.3										
20		24.0	1,950												
21	X	24.0	1,950		1.4										0.9
22	X	24.0	100		1.3										1.1
23	X	24.0	200		1.2										1.0
24	X	24.0	3,100		1.2										1.1
25	X	24.0	500		1.1										0.9
26	X	24.0	0		1.4										
27		24.0	600												
28	X	24.0	600		1.4										1.0
29	X	24.0	100		1.3										0.8
30	X	24.0	100		1.3										0.9
31	X	24.0	400		1.4										0.9
Total			45,070												
Average			1,502												
Maximum			11,370												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Imperial Terrace			PWS Identification Number:	3350584
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:	241			Total Population Served at End of Month:	603
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg	State:	Florida
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	beheath@aquaaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Imperial Terrace			Plant Telephone Number:	352-787-0980	
Plant Address:	11709 Magnolia Drive	City:	Tavares	State:	Florida	
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	288,000					
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked		
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift		
Other Operators	Marty Neal	C	10027	Days 1st Shift		
	John Worrell	C	6597	Days 1st Shift		

II. Certification by Lead/Chief Operator

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

Will Fontaine 7-6-07
 Signature and Date

Will Fontaine
 Printed or Typed Name

C-6813
 License Number

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

PWS Identification Number: 3350584 Plant Name: Imperial Terrace

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X's)	Hours plant in Operation	Net Quantity of Finished Water Produced in gal's	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before Start of Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
6/1	X	24.0	100		1.3										1.0
6/2	X	24.0	100		1.2										
6/3		24.0	100												
6/4	X	24.0	100		1.2										0.9
6/5	X	24.0	100		1.2										0.8
6/6	X	24.0	100		1.2										0.9
6/7	X	24.0	100		1.2										0.9
6/8	X	24.0	100		1.3										0.9
6/9	X	24.0	100		1.1										
6/10		24.0	300												
6/11	X	24.0	300		1.2										0.9
6/12	X	24.0	100		1.0										0.8
6/13	X	24.0	13,400		1.5										1.3
6/14	X	24.0	15,410		1.7										1.0
6/15	X	24.0	15,400		1.5										0.8
6/16	X	24.0	18,100		1.7										
6/17		24.0	13,500												
6/18	X	24.0	13,500		0.5										
6/19	X	24.0	13,600		1.5										0.2
6/20	X	24.0	18,600		1.4										1.0
6/21	X	24.0	14,000		1.4										0.7
6/22	X	24.0	13,600		1.1										1.0
6/23	X	24.0	17,700		1.2										0.8
6/24		24.0	23,000												
6/25	X	24.0	23,000		1.3										
6/26	X	24.0	8,400		1.3										1.0
6/27	X	24.0	15,500		1.1										1.0
6/28	X	24.0	17,900		1.1										0.9
6/29	X	24.0	16,600		0.9										0.7
6/30	X	24.0	19,300		1.0										0.6
6/31		24.0	0												
Total			292,110												
Average			9,737												
Maximum			23,000												

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

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

PWS Identification Number: 3350584 Plant Name: Imperial Terrace

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24.0	20,600		1.4										1.0	
2	X	24.0	19,000		1.5										1.0	
3	X	24.0	13,800		1.4										1.1	
4		24.0	14,750													
5	X	24.0	14,750		1.5										1.0	
6	X	24.0	19,100		1.4										1.0	
7	X	24.0	19,400		1.4										1.0	
8	X	24.0	29,300		1.3										1.0	
9	X	24.0	600		1.4										0.9	
10	X	24.0	19,000		1.4										0.7	
11	X	24.0	13,000		1.4											
12		24.0	18,500													
13	X	24.0	18,500		1.4										1.0	
14	X	24.0	24,500		1.5										1.0	
15	X	24.0	20,300		1.5										1.1	
16	X	24.0	26,400		1.5										1.1	
17	X	24.0	17,610		1.5										1.1	
18	X	24.0	8,000		1.5											
19		24.0	22,900													
20	X	24.0	22,900		1.0										0.9	
21	X	24.0	15,900		2.0										1.5	
22	X	24.0	22,530		1.6										0.8	
23	X	24.0	25,000		1.8										1.7	
24	X	24.0	17,600		1.7										1.4	
25	X	24.0	14,200		1.7											
26		24.0	15,650													
27	X	24.0	15,650		1.5										1.2	
28	X	24.0	17,000		1.7										1.4	
29	X	24.0	13,300		1.6										1.5	
30	X	24.0	17,200		1.7										1.2	
31	X	24.0	14,400		1.6										1.0	
Total			551,310													
Average			17,784													
Maximum			29,300													

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Imperial Terrace	PWS Identification Number:	3350584
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:	241	Total Population Served at End of Month:	603
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Imperial Terrace	Plant Telephone Number:	352-787-0980
Plant Address:	11709 Magnolia Drive	City:	Tavares
		State:	Florida
		Zip Code:	32778
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	288,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked:
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Will Fontaine 10-5-07
 Signature and Date

Will Fontaine
 Printed or Typed Name

C-6813
 License Number

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

PWS Identification Number: 3350584 Plant Name: Imperial Terrace

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1	X	24.0	12,500		1.5								
2		24.0	16,300										
3	X	24.0	16,300		1.5							1.0	
4	X	24.0	19,200		1.6							1.3	
5	X	24.0	12,600		1.6							1.2	
6	X	24.0	25,020		1.7							1.0	
7	X	24.0	22,100		1.5							1.3	
8	X	24.0	11,900		1.6								
9		24.0	21,390										
10	X	24.0	21,390		1.6							1.1	
11	X	24.0	8,500		1.5							1.0	
12	X	24.0	14,400		1.5							1.1	
13	X	24.0	17,790		1.5							1.1	
14	X	24.0	12,900		1.5							1.3	
15	X	24.0	16,300		1.5								
16		24.0	19,720										
17	X	24.0	19,720		1.6							1.3	
18	X	24.0	13,590		1.5							1.2	
19	X	24.0	16,930		1.5							1.0	
20	X	24.0	16,900		1.5							0.9	
21	X	24.0	15,400		1.5							1.1	
22	X	24.0	12,100		1.4								
23		24.0	16,845										
24	X	24.0	16,845		1.6							1.0	
25	X	24.0	9,960		1.5							1.0	
26	X	24.0	18,420		1.4							0.8	
27	X	24.0	15,650		1.3							0.9	
28	X	24.0	17,100		1.3							0.9	
29	X	24.0	13,100		1.3								
30		24.0	18,300										
31		24.0	0										
Total			489,170										
Average			16,306										
Maximum			25,020										

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: <u>Imperial Terrace</u>		PWS Identification Number: <u>3350584</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>248</u>		Total Population Served at End of Month: <u>603</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>Florida</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>bheath@aquamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Imperial Terrace</u>		Plant Telephone Number: <u>352-787-0980</u>	
Plant Address: <u>11709 Magnolia Drive</u>		City: <u>Tavares</u>	State: <u>Florida</u>
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>288,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	

Licensed Operators:	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	<u>Will Fontaine</u>	<u>C</u>	<u>6813</u>	<u>Days 1st Shift</u>
Other Operators:	<u>Marty Neal</u>	<u>C</u>	<u>10027</u>	<u>Days 1st Shift</u>
	<u>John Worrell</u>	<u>C</u>	<u>6597</u>	<u>Days 1st Shift</u>

II. Certification by Lead/Chief Operator

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

Will Fontaine 11-8-07
 Signature and Date

Will Fontaine
 Printed or Typed Name

C-6813
 License Number

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

PWS Identification Number: 3350584 Plant Name: Imperial Terrace

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CF Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Points in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation.			
				CT Calculations				UV Dose								
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C if Applicable	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²		
1	X	24.0	18,400				1.3							1.0		
2	X	24.0	11,300				1.4							1.0		
3	X	24.0	13,700				2.7							2.1		
4	X	24.0	15,160				1.7							1.1		
5	X	24.0	18,200				0.6							0.4		
6	X	24.0	11,200				1.7									
7		24.0	19,100													
8	X	24.0	19,100				1.7							1.0		
9	X	24.0	11,400				1.6							1.2		
10	X	24.0	17,600				1.6							1.1		
11	X	24.0	15,300				1.7							1.4		
12	X	24.0	14,500				1.5							1.3		
13	X	24.0	23,300				1.3									
14		24.0	20,000													
15	X	24.0	20,000				1.5							1.0		
16	X	24.0	12,200				1.5							1.2		
17	X	24.0	22,400				1.5							1.3		
18	X	24.0	16,600				1.6							1.2		
19	X	24.0	18,500				1.7							1.2		
20	X	24.0	16,700				1.7									
21		24.0	17,500													
22	X	24.0	17,500				1.5							1.2		
23	X	24.0	12,400				1.5							1.2		
24	X	24.0	13,600				1.5							1.1		
25	X	24.0	20,000				1.5							1.2		
26	X	24.0	21,300				1.4							1.0		
27	X	24.0	14,500				1.5									
28		24.0	14,500													
29	X	24.0	14,500				1.5							1.1		
30	X	24.0	19,300				1.5							1.1		
31	X	24.0	13,400				1.3							1.2		
Total			513,360													
Average			16,560													
Maximum			23,300													

* 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: 3330584 Plant Name: Imperial Terrace

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

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

Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Staffed or Wished by Operator (Place X)	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations for UV Dose to Demostatate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (CR) Before or at First Customer, During Peak Flow, mg/L	Disinfectant Contact Time (T) at Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C if Applicable	pH of Water	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	14,700		1.4									1.0	
2	X	24.0	15,600		1.3									1.0	
3	X	24.0	17,000		1.3										
4		24.0	22,000												
5	X	24.0	22,000		1.5									1.1	
6	X	24.0	13,200		1.5									1.1	
7	X	24.0	16,800		1.6									1.2	
8	X	24.0	22,100		1.5									1.0	
9	X	24.0	22,600		1.5									1.2	
10		24.0	19,400												
11	X	24.0	19,400		1.5										
12	X	24.0	24,700		1.5									1.2	
13	X	24.0	18,900		1.4									1.1	
14	X	24.0	19,400		1.5									1.1	
15	X	24.0	23,800		1.4									1.1	
16	X	24.0	22,300		1.5									1.1	
17	X	24.0	24,400		1.6										
18		24.0	22,000												
19	X	24.0	22,000		1.6									1.2	
20	X	24.0	24,800		1.6									1.2	
21	X	24.0	23,000		1.5									1.1	
22	X	24.0	30,100		1.5									1.2	
23	X	24.0	21,700		1.5									1.1	
24	X	24.0	24,200		1.5										
25		24.0	23,600												
26	X	24.0	23,600		1.5									1.1	
27	X	24.0	27,000		1.5									1.2	
28	X	24.0	28,200		1.5									1.1	
29	X	24.0	23,900		1.6									1.2	
30	X	24.0	28,200		1.6									1.1	
31		24.0	0												
			660,600												
			22,020												
			30,100												

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

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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Imperial Terrace		PWS Identification Number: 3350584	
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: 248		Total Population Served at End of Month: 603	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Imperial Terrace		Plant Telephone Number: 352-787-0980	
Plant Address: 11709 Magnolia Drive		City: Tavares	State: Florida Zip Code: 32778
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number / Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813 / Days 1st Shift
Other Operators:	Marty Neal	C	10027 / Days 1st Shift
	John Worrell	C	6597 / Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date: 1-9-08

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3350584 Plant Name: Imperial Terrace

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations; or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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	X	24.0	17,300		1.5										
2		24.0	28,000												
3	X	24.0	28,000		1.3									1.0	
4	X	24.0	13,000		1.3									1.0	
5	X	24.0	26,000		1.3									0.9	
6	X	24.0	19,000		1.5									1.1	
7	X	24.0	20,200		1.4									1.0	
8	X	24.0	26,600		1.3										
9		24.0	25,800												
10	X	24.0	25,800		1.3									0.8	
11	X	24.0	17,300		1.3									0.9	
12	X	24.0	21,300		1.6									1.0	
13	X	24.0	26,000		1.5									1.1	
14	X	24.0	20,610		1.9									1.3	
15	X	24.0	26,910		1.6										
16		24.0	17,500												
17	X	24.0	17,500		1.5									1.2	
18	X	24.0	17,700		1.5									1.1	
19	X	24.0	18,500		1.4									1.1	
20	X	24.0	23,100		1.4									1.0	
21	X	24.0	20,100		1.4									1.0	
22	X	24.0	25,700		1.4										
23		24.0	22,300												
24	X	24.0	22,300		1.5									1.1	
25		24.0	20,700												
26	X	24.0	20,700		1.4									1.1	
27	X	24.0	27,500		1.6									1.2	
28	X	24.0	27,400		1.5									1.1	
29	X	24.0	27,600		1.5										
30		24.0	24,800												
31	X	24.0	24,800		1.5									1.1	
Total			700,020												
Average			22,581												
Maximum			28,000												

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

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

PWS ID: 3350584 Plant Name: Imperial Terrace

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

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

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

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

* 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.

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Imperial Terrace		PWS Identification Number: 3350584	
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: 245		Total Population Served at End of Month: 490	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aguaamerica.com			

B. Water Treatment Plant Information

Plant Name: Imperial Terrace		Plant Telephone Number: 352-787-0980	
Plant Address: 11709 Magnolia Drive		City: Tavares	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 32778	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number / Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813 / Days 1st Shift
Other Operators:	Marty Neal	C	10027 / Days 1st Shift
	John Worrell	C	6597 / Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date: Will Fontaine 04310 MAY 22 06 DATE
 Printed or Typed Name: Will Fontaine License Number: C-6813

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

PWS Identification Number: 3350584 Plant Name: Imperial Terrace

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L.	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L.	Minimum CT Required, mg-min/L.	Temp of Water, °C	pH of Water, if Applicable	Lowest Operating UV Dose, mW-sec/cm ²		
1		24.0	2,400										
2	X	24.0	2,400			1.3							0.9
3	X	24.0	1,300			1.2							0.9
4	X	24.0	6,080			1.2							0.8
5	X	24.0	1,700			1.3							0.8
6	X	24.0	400			1.2							0.9
7	X	24.0	100			1.2							
8		24.0	100										
9	X	24.0	100			1.2							0.8
10	X	24.0	17,140			1.3							1.0
11	X	24.0	14,700			1.3							1.0
12	X	24.0	11,300			1.4							1.0
13	X	24.0	1,800			1.4							1.0
14	X	24.0	1,300			1.3							
15		24.0	5,850										
16	X	24.0	5,850			1.4							0.9
17	X	24.0	3,000			1.4							1.1
18	X	24.0	2,100			1.4							1.2
19	X	24.0	13,100			1.4							1.1
20	X	24.0	1,500			1.4							1.0
21	X	24.0	900			1.4							
22		24.0	7,450										
23	X	24.0	7,450			1.4							1.1
24	X	24.0	2,500			1.4							1.0
25	X	24.0	8,900			1.3							1.0
26	X	24.0	6,900			1.4							1.0
27	X	24.0	5,700			1.4							1.1
28	X	24.0	300			1.3							
29		24.0	6,050										
30	X	24.0	6,050			1.4							1.0
31	X	24.0	2,200			1.4							1.0
Total			146,620										
Average			4,730										
Maximum			17,140										

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Imperial Terrace		PWS Identification Number: 3350584	
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: 245		Total Population Served at End of Month: 490	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Imperial Terrace		Plant Telephone Number: 352-787-0980	
Plant Address: 11709 Magnolia Drive		City: Tavares	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 32778	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Operator	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operator	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

3-6-06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3350584 Plant Name: Imperial Terrace

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

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

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

Day of Month	Plant Served (Name)	Hours Plant Operated	Net Quantity of Water Produced (gals)	Calculations of 4-Log Virus Inactivation (log) for each day of operation										Free Chlorine Residual (mg/L)	Total Chlorine Residual (mg/L)	Notes			
				Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Ultraviolet Radiation (mJ/cm ²)	Other (Describe)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)				Ultraviolet Radiation (mJ/cm ²)	Other (Describe)	
1	X	24.0	3,200														0.9		
2	X	24.0	10,530															0.9	
3	X	24.0	1,100															0.9	
4	X	24.0	900																
5		24.0	4,150																
6	X	24.0	4,150																1.0
7	X	24.0	3,200																1.0
8	X	24.0	3,900																1.1
9	X	24.0	5,800																1.1
10	X	24.0	2,500																1.0
11	X	24.0	2,300																
12		24.0	3,050																
13	X	24.0	3,050																1.1
14	X	24.0	3,500																1.0
15	X	24.0	900																1.0
16	X	24.0	5,600																1.2
17	X	24.0	4,000																1.0
18	X	24.0	6,200																
19		24.0	2,200																
20	X	24.0	2,200																1.0
21	X	24.0	3,100																1.0
22	X	24.0	500																0.8
23	X	24.0	8,800																0.9
24	X	24.0	2,200																1.0
25	X	24.0	5,100																
26		24.0	2,600																
27	X	24.0	2,600																1.1
28	X	24.0	600																1.1
29		24.0	0																
30		24.0	0																
31		24.0	0																
Total			97,930																
Average			3,498																
Maximum			10,530																

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

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

PWS Identification Number: 3350584 Plant Name: Imperial Terrace

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

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

Ultraviolet Radiation Other (Describe):

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

Day of the Month	Operating	Flow (MGD)	Quantity of Disinfectant Applied (lbs)	Free Chlorine Residual (mg/L)	Chlorine Dioxide Residual (mg/L)	Ozone Residual (mg/L)	Combined Chlorine Residual (mg/L)	Chlorine Dioxide Residual (mg/L)	Notes
1	X	24.0	6,040	1.5					
2	X	24.0	6,900	1.5					
3	X	24.0	3,100	1.4					
4	X	24.0	4,400	1.5					
5		24.0	4,400						
6	X	24.0	4,400	1.5					
7	X	24.0	4,600	1.5					
8	X	24.0	2,000	1.5					
9	X	24.0	7,500	1.5					
10	X	24.0	6,000	1.5					
11	X	24.0	4,300	1.5					
12		24.0	8,050						
13	X	24.0	8,050	1.5					
14	X	24.0	5,000	1.5					
15	X	24.0	3,900	1.5					
16	X	24.0	6,800	1.6					
17	X	24.0	6,100	1.5					
18	X	24.0	1,700	1.5					
19		24.0	7,650						
20	X	24.0	7,650	1.5					
21	X	24.0	2,400	1.5					
22	X	24.0	6,200	1.5					
23	X	24.0	7,300	1.4					
24	X	24.0	10,800	1.6					
25		24.0	3,600						
26	X	24.0	3,600	1.5					
27	X	24.0	5,100	1.5					
28	X	24.0	3,500	1.5					
29	X	24.0	4,800	1.5					
30	X	24.0	13,300	1.5					
31	X	24.0	5,400	1.4					
Total			174,540						
Average			5,630						
Maximum			13,300						

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

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

PWS Identification Number: 3350584 Plant Name: Imperial Terrace

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

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

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

Day of the Month	Day of the Year	Flow (gpd)	Production (gpd)	Chlorine Calculations or How to Demonstrate Four-Log Virus Inactivation if Applicable										Notes				
				Flow (gpd)	Flow (mgd)													
1	X	24.0	7,500															
2		24.0	8,450															
3	X	24.0	8,450															
4	X	24.0	7,000															1.2
5	X	24.0	17,920															1.2
6	X	24.0	7,200															0.8
7	X	24.0	7,500															1.0
8	X	24.0	5,000															1.1
9		24.0	3,000															
10	X	24.0	3,000															1.0
11	X	24.0	500															1.0
12	X	24.0	5,700															1.1
13	X	24.0	4,700															1.1
14	X	24.0	1,800															1.2
15	X	24.0	7,600															1.1
16		24.0	4,800															
17	X	24.0	4,800															1.0
18	X	24.0	1,100															0.9
19	X	24.0	2,000															0.9
20	X	24.0	2,600															1.0
21	X	24.0	4,000															1.0
22	X	24.0	400															1.2
23		24.0	1,750															
24	X	24.0	1,750															1.0
25	X	24.0	100															0.9
26	X	24.0	4,500															1.0
27	X	24.0	2,200															1.0
28	X	24.0	4,100															1.1
29	X	24.0	1,800															1.1
30		24.0	2,200															
31		24.0	0															
Total			133,420															
Average			4,447															
Maximum			17,920															

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

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER JR FURCHAUOLD F...JHE...JAT...



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: <u>Imperial Terrace</u>		PWS Identification Number: <u>3350584</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>245</u>		Total Population Served at End of Month: <u>490</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>Florida</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>bheath@aquaaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Imperial Terrace</u>		Plant Telephone Number: <u>352-787-0980</u>	
Plant Address: <u>11709 Magnolia Drive</u>		City: <u>Tavares</u>	State: <u>Florida</u>
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>288,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	

Name	License No.	License Number	Shift
<u>Will Fontaine</u>	<u>C</u>	<u>6813</u>	<u>Days 1st Shift</u>
<u>Marty Neal</u>	<u>C</u>	<u>10027</u>	<u>Days 1st Shift</u>
<u>John Wortell</u>	<u>C</u>	<u>6597</u>	<u>Days 1st Shift</u>

II Certification by Lead/Chief Operator

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

Will Fontaine 6-5-06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identificaton Number: 3350584 Plant Name: Imperial Terrace

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

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

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

Date	Flow (MGD)	Chlorine (MG)	Chlorine Dioxide (MG)	Ozone (MG)	Combined Chlorine (MG)	Chlorine Dioxide (MG)	Total Chlorine (MG)	Total Chlorine Dioxide (MG)	Total Ozone (MG)	Total Combined Chlorine (MG)	Total Chlorine Dioxide (MG)
X	24.0	2,300									0.9
X	24.0	1,100									0.9
X	24.0	4,600									1.1
X	24.0	4,000									1.1
X	24.0	8,200									1.1
	24.0	4,800									
X	24.0	4,800									
X	24.0	3,200									0.9
X	24.0	400									1.0
X	24.0	2,000									1.0
X	24.0	3,420									0.9
X	24.0	400									0.8
X	24.0	1,200									
	24.0	2,100									
X	24.0	2,100									1.0
X	24.0	100									0.9
X	24.0	100									1.0
X	24.0	3,200									1.0
X	24.0	2,800									1.0
	24.0	800									1.1
X	24.0	800									
X	24.0	10,000									1.1
X	24.0	9,500									1.2
X	24.0	100									1.1
X	24.0	1,200									1.0
X	24.0	200									1.0
X	24.0	200									
	24.0	1,050									
X	24.0	1,050									1.0
X	24.0	100									0.9
X	24.0	800									0.9
		76,620									
		2,472									
		10,000									

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Imperial Terrace		PWS Identification Number: 3350584	
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: 245		Total Population Served at End of Month: 490	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
		Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Imperial Terrace		Plant Telephone Number: 352-787-0980		
Plant Address: 11709 Magnolia Drive		City: Tavares	State: Florida	
		Zip Code: 32778		
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	C	6813	Days 1st Shift
Other Operators:	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

7-7-06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3350584 Plant Name: Imperial Terrace

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose; to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1	X	24.0	2,100			1.5							1.0	
2	X	24.0	100			1.4							1.0	
3	X	24.0	400			1.4								
4		24.0	1,000											
5	X	24.0	1,000			1.3							0.9	
6	X	24.0	100			1.3							1.0	
7	X	24.0	200			1.0							0.7	
8	X	24.0	1,700			1.1							0.8	
9	X	24.0	119,350			1.5							1.2	
10	X	24.0	300			1.4								
11		24.0	300											
12	X	24.0	300			1.3							1.0	
13	X	24.0	100			1.2							0.8	
14	X	24.0	6,500			1.2							0.8	
15	X	24.0	1,400			1.3							1.0	
16	X	24.0	1,000			1.3							0.9	
17	X	24.0	100			1.2								
18		24.0	1,500											
19	X	24.0	1,500			1.3							0.9	
20	X	24.0	100			1.2							0.8	
21	X	24.0	100			1.0							0.9	
22	X	24.0	2,000			1.3							1.0	
23	X	24.0	200			1.3							0.9	
24	X	24.0	200			1.2								
25		24.0	200											
26	X	24.0	200			1.2							1.0	
27	X	24.0	3,800			1.4							1.0	
28	X	24.0	100			1.3							1.0	
29	X	24.0	1,700			1.4							1.0	
30	X	24.0	34,200			1.4							1.1	
31		24.0	0											
Total			181,750											
Average			6,058											
Maximum			119,350											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Imperial Terrace		PWS Identification Number: 3350584	
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: 245		Total Population Served at End of Month: 490	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquamerica.com			
Zip Code: 34749			

B. Water Treatment Plant Information

Plant Name: Imperial Terrace		Plant Telephone Number: 352-787-0980	
Plant Address: 11709 Magnolia Drive		City: Tavares	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 32778	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		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	Will Fontaine	C	6813	Days 1st Shift
Other Operators	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

Signature and Date	Will Fontaine Printed or Typed Name	C-6813 License Number
--------------------	--	--------------------------

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

PWS Identification Number: 3350584 Plant Name: Imperial Terrace

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

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

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

Day of the Month	Day/Plant Station Operated (Place X)	Hour/Plant Operation	Net Quantity of Finished Water Collected (gals)	Free Chlorine Calculations, or UV Dose, to demonstrate Four-Log Virus Inactivation, if Applicable										Emergency/Abnormal Operating Conditions, Repairs, Maintenance Work that Involves Taking Water System Components Out of Operation	
				Residual (mg/L)	Lowest Residual of Infection Control (mg/L) Before or After Customer Reading (Residual mg/L)	Minimum Contact Time (minutes)	Lowest or Provided Before or After Customer Reading (mg/L)	Temperature of Water (°C)	pH of Water (if Applicable)	Minimum Cl ₂ Required (mg/L)	Operating Cl ₂ (mg/L)	Minimum Required (mg/L)	Lowest Residual Concentration in Remote Point of Distribution System (mg/L)		
1	X	24.0	100		1.3										
2		24.0	1,150												
3	X	24.0	1,150		1.4									0.9	
4	X	24.0	200		1.3									1.0	
5	X	24.0	200		1.3									0.9	
6	X	24.0	4,400		1.4									1.1	
7	X	24.0	1,200		1.3									0.9	
8	X	24.0	560		1.3										
9		24.0	2,500												
10	X	24.0	2,500		1.4									1.0	
11	X	24.0	2,100		1.4									1.0	
12	X	24.0	3,000		1.4									0.9	
13	X	24.0	7,620		2.2									1.0	
14	X	24.0	700		1.8									1.1	
15	X	24.0	15,600		2.0										
16		24.0	1,500												
17	X	24.0	1,500		2.2									1.0	
18	X	24.0	1,400		2.2									1.2	
19	X	24.0	700		2.2									1.0	
20	X	24.0	2,500		1.7									1.1	
21	X	24.0	2,500		1.7									1.2	
22	X	24.0	700		1.7										
23		24.0	1,400												
24	X	24.0	1,400		1.6									1.0	
25	X	24.0	100		1.5									0.9	
26	X	24.0	400		1.3									1.0	
27	X	24.0	800		1.4									1.0	
28	X	24.0	100		1.2									0.9	
29	X	24.0	100		1.2										
30		24.0	1,550												
31	X	24.0	1,550		1.5									1.0	
Total			61,180												
Average			1,974												
Maximum			15,600												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Imperial Terrace		PWS Identification Number: 3350584	
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: 245		Total Population Served at End of Month: 490	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
		Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: <u>beheath@aquaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: Imperial Terrace		Plant Telephone Number: 352-787-0980	
Plant Address: 11709 Magnolia Drive		City: Tavares	State: Florida
		Zip Code: 32778	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

License Class	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813	Days 1st Shift
Other Operators	Marty Neal	C	10027	Days 1st Shift
	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

9-7-06
 Signature and Date

Will Fontaine
 Printed or Typed Name

C-6813
 License Number



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Imperial Terrace	PWS Identification Number:	3350584
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:	245	Total Population Served at End of Month:	490
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Imperial Terrace	Plant Telephone Number:	352-787-0980
Plant Address:	11709 Magnolia Drive	City:	Tavares
		State:	Florida
		Zip Code:	32778
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	288,000		

Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Operator Name	License Class	License Number	Days/Shifts Worked
Will Fontaine	C	6813	Days 1st Shift
Marty Neal	C	10027	Days 1st Shift
John Worrell	C	6597	Days 1st Shift

II Certification by Lead/Chief Operator

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

Will Fontaine 10-6-06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3350584 Plant Name: Imperial Terrace

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

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

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

Date	Time	Flow (MGD)	pH	Temperature (°F)	Free Chlorine (mg/L)	Total Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Residual (mg/L)	Minimum (mg/L)	Maximum (mg/L)	Average (mg/L)	Notes
X		24.0	100		1.1									1.0
X		24.0	300		1.0									
		24.0	400											
X		24.0	400		1.0									0.9
X		24.0	100		1.0									1.0
X		24.0	100		1.1									0.9
X		24.0	1,900		1.1									0.9
X		24.0	100		1.1									0.9
X		24.0	100		1.1									
		24.0	150											
X		24.0	150		1.0									0.9
X		24.0	100		1.2									0.9
X		24.0	200		1.1									0.9
X		24.0	6,950		1.5									1.1
X		24.0	500		1.4									1.0
X		24.0	300		1.3									
		24.0	950											
X		24.0	950		2.0									1.0
X		24.0	1,000		2.3									1.1
X		24.0	100		1.7									1.0
X		24.0	300		1.5									1.0
X		24.0	400		1.4									1.0
		24.0	700											
X		24.0	700		1.3									
X		24.0	1,100		1.3									1.0
X		24.0	100		1.3									0.9
X		24.0	400		1.3									1.0
X		24.0	2,000		1.5									1.1
X		24.0	100		1.4									1.0
X		24.0	1,400		1.5									
		24.0	0											
			22,050											
			735											
			6,950											

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: <u>Imperial Terrace</u>		PWS Identification Number: <u>3350584</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>245</u>		Total Population Served at End of Month: <u>490</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>Florida</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquaamerica.com</u>			

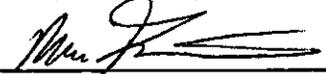
B. Water Treatment Plant Information

Plant Name: <u>Imperial Terrace</u>		Plant Telephone Number: <u>352-787-0980</u>	
Plant Address: <u>11709 Magnolia Drive</u>		City: <u>Tavares</u>	State: <u>Florida</u>
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>288,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	

NAME	License Class	License Number	Days 1st Shift
<u>Will Fontaine</u>	<u>C</u>	<u>6813</u>	<u>Days 1st Shift</u>
<u>Mary Neal</u>	<u>C</u>	<u>10027</u>	<u>Days 1st Shift</u>
<u>John Wortell</u>	<u>C</u>	<u>6597</u>	<u>Days 1st Shift</u>

II. Certification by Lead/Chief Operator

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

 11-3-06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Imperial Terrace		PWS Identification Number: 3350584	
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: 245		Total Population Served at End of Month: 490	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

B. Water Treatment Plant Information

Plant Name: Imperial Terrace		Plant Telephone Number: 352-787-0980	
Plant Address: 11709 Magnolia Drive		City: Tavares	State: Florida Zip Code: 32778
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number / Day(s) / Shift(s) Worked
Lead/Chief Operator	Will Fontaine	C	6813 / Days 1st Shift
Other Operators	Marty Neal	C	10027 / Days 1st Shift
	John Worrell	C	6597 / Days 1st Shift

II Certification by Lead/Chief Operator

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

Will Fontaine 12-8-06
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

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

PWS Identification Number: 3350584 Plant Name: Imperial Terrace

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

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

Ultraviolet Radiation Other (Describe): _____

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

Day of the Month	Plant Slated for Operation (Plant #)	Hours plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Remarks (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)	Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)			
1	X	24.0	5,520		1.4										1.0	
2	X	24.0	1,000		1.3										0.9	
3	X	24.0	4,500		1.5										0.9	
4		24.0	500		1.5											
5		24.0	2,000													
6	X	24.0	2,000		1.5										1.0	
7	X	24.0	900		1.0										0.6	
8	X	24.0	100		1.4										1.0	
9	X	24.0	400		1.5										1.1	
10	X	24.0	300		1.3										1.0	
11		24.0	500													
12	X	24.0	500		1.3											
13	X	24.0	6,600		1.8										1.6	
14	X	24.0	1,800		1.5										1.2	
15	X	24.0	2,500		1.8										1.3	
16	X	24.0	1,700		1.7										1.2	
17	X	24.0	1,000		1.5										1.0	
18	X	24.0	100		1.3											
19		24.0	1,400													
20	X	24.0	1,400		1.3										0.9	
21	X	24.0	400		1.3										1.0	
22	X	24.0	100		1.2										0.9	
23	X	24.0	700		1.3										0.9	
24	X	24.0	2,000		1.4										1.0	
25	X	24.0	1,800		1.3											
26		24.0	1,000													
27	X	24.0	1,000		1.4										1.0	
28	X	24.0	600		1.4										1.0	
29	X	24.0	100		1.3										0.9	
30	X	24.0	1,400		1.4										0.9	
31		24.0	0													
Total			43,820													
Average			1,461													
Maximum			6,600													

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

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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

I. General Information for the Month/Year of:	December, 2006
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A. Public Water System (PWS) Information

PWS Name: Imperial Terrace		PWS Identification Number: 3350584	
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: 245		Total Population Served at End of Month: 490	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquamerica.com			

B. Water Treatment Plant Information

Plant Name: Imperial Terrace		Plant Telephone Number: 352-787-0980	
Plant Address: 11709 Magnolia Drive		City: Tavares	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Licensed Operator	Will Fontaine	C	6813	Days 1st Shift
Licensed Operator	Marty Neal	C	10027	Days 1st Shift
Licensed Operator	John Worrell	C	6597	Days 1st Shift

II. Certification by Lead/Chief Operator

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

1.5.07

 Signature and Date

Will Fontaine

 Printed or Typed Name

C-6813

 License Number

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

PWS Identification Number: 3350584 Plant Name: Imperial Terrace

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

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

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

Day of Month	Plant Operated (Y/N)	Hours plant in Operation	Net Quantity of Water Produced (gallons)	CT Calculations for UV Dose to Demonstrate Four Log Virus Inactivation, if Applicable										Free Chlorine Residual (mg/L) at Distribution System	Remarks on Applicable Conditions, such as Temperature, Water Quality, etc. (if any)
				CT Calculations					UV Dose						
				Peak Flow Rate (gpd)	Disinfectant Concentration (C) Before or After Customer During Peak Flowing (mg/L)	Disinfectant Contact Time (t) (min)	Flow (Q) Provided Before or After Customer During Peak Flowing (mgd)	Temp. of Water (°C)	Temp. of Water (°F)	Minimum CT Required (mg-min/L)	Operating UV Dose (mJ/cm ²)	Minimum UV Dose Required (mJ/cm ²)	Flow (Q) Provided Before or After Customer During Peak Flowing (mgd)		
	X	24.0	2,600		1.5									1.0	
	X	24.0	100		1.4										
		24.0	500												
	X	24.0	500		1.1									0.9	
	X	24.0	200		1.3									0.9	
	X	24.0	1,400		1.3									1.0	
	X	24.0	900		1.5									1.0	
	X	24.0	1,000		1.4									1.1	
	X	24.0	500		1.5										
		24.0	1,800												
	X	24.0	1,800		1.5									1.0	
	X	24.0	5,900		1.5									1.4	
	X	24.0	1,600		1.5									1.2	
	X	24.0	1,900		1.4									1.1	
	X	24.0	100		1.4									1.1	
	X	24.0	100		1.4										
		24.0	2,450												
	X	24.0	2,450		1.5									1.1	
	X	24.0	930		1.5									1.0	
	X	24.0	600		1.5									1.1	
	X	24.0	1,400		1.5									0.9	
	X	24.0	1,000		1.4									1.1	
	X	24.0	900		1.5										
		24.0	100												
	X	24.0	100		1.3									1.0	
	X	24.0	2,000		1.4									1.0	
	X	24.0	900		1.4									1.0	
	X	24.0	100		1.3									0.9	
	X	24.0	5,300		1.4									0.9	
	X	24.0	3,000		1.4										
		24.0	1,300												
			43,430												
			1,401												
			5,900												

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

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

PWS ID:	3350584	Plant Name:	Imperial Terrace
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IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *	2006
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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 =	
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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 =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? No Yes, and the type of sequestrant, sequestrant dose, ect., are as follows:

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

* 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.



St. Johns River Water Management District

Kirby B. Green III, Executive Director • David W. Fisk, Assistant Executive Director

4049 Reid Street • P.O. Box 1429 • Palatka, FL 32178-1429 • (386) 329-4500
On the Internet at www.sjrwmd.com.

October 17, 2007

Aqua Utilities Florida Inc
1100 Thomas Ave
Leesburg, FL 34748

SUBJECT: Consumptive Use Permit Number 4493
Imperial Mobile Terrace

Dear Sir/Madam:

Enclosed is your permit as authorized by the St. Johns River Water Management District on October 17, 2007.

Please be advised that the period of time within which a third party may request an administrative hearing on this permit may not have expired by the date of issuance. A potential petitioner has twenty-six (26) days from the date on which the actual notice is deposited in the mail, or twenty-one (21) days from publication of this notice when actual notice is not provided, within which to file a petition for an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes. Receipt of such a petition by the District may result in this permit becoming null and void.

Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state and/or local agencies asserting concurrent jurisdiction over this work.

The enclosed permit is a legal document and should be kept with your other important records. Please read the permit and conditions carefully since the referenced conditions may require submittal of additional information. All information submitted as compliance with permit conditions must be submitted to the nearest District Service Center and should include the above referenced permit number.

Sincerely,

Gloria Lewis, Director
Division of Regulatory Information Management

Enclosures: Permit, Conditions for Issuance, Compliance Forms, Map, Well Tags

cc: District Permit File

DOCUMENT NUMBER - DATE

04310 MAY 22 88

FPSC-COMMISSION CLERK

GOVERNING BOARD

David G. Graham, CHAIRMAN JACKSONVILLE	Ann T. Moore, SECRETARY BUNKELL	Duane L. Ottenstroer, TREASURER JACKSONVILLE	Susan N. Hughes PONTE VEDRA
Michael Ertel DUECO	Hersey "Herky" Kuffman ENTERPRISE	Arlen N. Jumper FORT MCCOY	William W. Kerr MELBOURNE BEACH
			W. Leonard Wood FERNANDINA BEACH

PERMIT NO. 4493
PROJECT NAME: Imperial Mobile Terrace

DATE ISSUED: October 17, 2007

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 12.0 million gallons per year (0.033 million gallons per day) of ground water from the Floridan aquifer for household, water utility and essential use for an estimated population of 490.

LOCATION:

Site: Imperial Mobile Terrace
Lake County

Section(s): 25 Township(s): 19S Range(s): 25E

ISSUED TO:

Aqua Utilities Florida Inc
1100 Thomas Ave
Leesburg, FL 34748

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all maps and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights of privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes and 40C-1, Florida Administrative Code.

PERMIT IS CONDITIONED UPON:

See conditions on attached "Exhibit A", dated October 17, 2007

AUTHORIZED BY: St. Johns River Water Management District
Department of Resource Management

By: _____


Dwight Jenkins
Division Director

"EXHIBIT A"
CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 4493
AQUA UTILITIES FLORIDA INC
DATED OCTOBER 17, 2007

1. District Authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event a water shortage, is declared by the District Governing Board, the permittee must adhere to the water shortage restriction as specified by the District, even though the specified water shortage restrictions may be inconsistent with the terms and conditions of this permit.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District, or the appropriate local government pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification, or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to eliminate the leak or make the system fully operational.
5. Legal uses of water existing at the time of the permit application may not be interfered with by the consumptive use. If unanticipated interference occurs, the District may revoke the permit in whole or in part to curtail or abate the interference unless the permittee mitigates for the interference. In those cases where other permit holders are identified by the District as also contributing to the interference, the permittee may choose to mitigate in a cooperative effort with these other permittees. The permittee must submit a mitigation plan to the District for approval prior to implementing such mitigation.
6. Off-site land uses existing at the time of permit application may not be significantly adversely impacted as a result of the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the permittee.
7. The District must be notified, in writing, within 30 days of any sale, conveyance, or other transfer of a well or facility from which the permitted consumptive use is made or within 30 days of any transfer of ownership or control of the real property at which the permitted consumptive use is located. All transfers of ownership or transfers of permits are subject to the provisions of section 40C-1.612, Florida Administrative Code.
8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
9. Landscape irrigation is prohibited between the hours of 10:00 a.m. and 4:00 p.m., except as follows:
 - (a) Irrigation using a micro-irrigation system is allowed anytime.
 - (b) The use of reclaimed water for irrigation is allowed anytime, provided appropriate signs

are placed on the property to inform the general public and District enforcement personnel of such use. Such signs must be in accordance with local restrictions.

(c) Irrigation of, or in preparation for planting, new landscape is allowed any time of day for one 30 day period provided irrigation is limited to the amount necessary for plant establishment.

(d) Watering in of chemicals, including insecticides, pesticides, fertilizers, fungicides, and herbicides when required by law, the manufacturer, or best management practices is allowed anytime within 24 hours of application.

(e) Irrigation systems may be operated anytime for maintenance and repair purposes not to exceed ten minutes per hour per zone.

10. All submittals made to demonstrate compliance with this permit must include the CUP number 4493 plainly labeled.
11. This permit will expire on October 17, 2027.
12. Maximum annual ground water withdrawals must not exceed 12.0 million gallons per year for household use and water utility use.
13. Total withdrawals from Well 1 (GRS # 18841) and Well 2 (GRS # 20505), as listed on the application, must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of the monitoring using District Form No. EN-50. The reporting dates each year will be as follows for the duration of the permit:

Reporting Period	Report Due Date
January - June	July 31
July - December	January 31

14. Maximum daily withdrawals for fire protection must not exceed 0.576 million gallons. The District must receive documentation from the local fire protection department within 30 days of each use of the wells for fire protection. The documentation must include the estimated use for that occurrence.
15. Well 1 (GRS # 18841) and Well 2 (GRS # 20505), as listed on the application, must continue to be monitored with an in-line totalizing flowmeter. These meters must maintain 95% accuracy, be verifiable, and be installed according to the manufacturer's specifications.
16. The permittee must maintain all flowmeters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.
17. The permittee must have all flowmeters checked for accuracy once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/recalibration.
18. On or before October 31, 2010, the permittee must conduct a water audit of the system. This audit must include an evaluation of possible water losses due to leaks within the system and it must evaluate the actual water use for household supply and landscape irrigation and other uses.

19. The permittee shall submit, to the District, a compliance report pursuant to subsection 373.236(4), F.S., every five years from issuance of the permit. The permittee shall submit the reports by November 31st of 2012, 2017 and 2022. The report shall contain sufficient information to demonstrate that the permittee's use of water will continue, for the remaining duration of the permit, to meet the conditions for permit issuance set forth in the District rules that existed at the time the permit was issued for 20 years by the District. At a minimum, the compliance report must:
- (a) meet the submittal requirements of section 4.2 of the Applicant's Handbook: Consumptive Uses of Water, February 15, 2006; and
 - (b) supply all of the information specifically required by the compliance report condition(s) on the permit.
 - (d) documentation verifying that the use of water is efficient and that the permittee is implementing all feasible water conservation measures;
 - (e) information documenting that the ground water allocations in the permit will continue to be needed for the remainder of the permit duration;
 - (f) information demonstrating that the lowest quality source of water, including reclaimed water, is being used to meet water demands unless the permittee demonstrates that such use is not feasible pursuant to SJRWMD rules;
20. The permittee's consumptive use shall not adversely impact wetlands, lakes, and spring flows or cause or contribute to a violation of minimum flows and levels adopted in Chapter 40C-8, F.A.C., except as authorized by an SJRWMD-approved minimum flow or level (MFL) recovery strategy. If unanticipated significant adverse impacts occur, the SJRWMD shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the permittee.

Notice Of Rights

1. A person whose substantial interests are or may be affected has the right to request an administrative hearing by filing a written petition with the St. Johns River Water Management District (District). Pursuant to Chapter 28-106 and Rule 40C-1.1007, Florida Administrative Code, the petition must be filed (received) either by delivery at the office of the District Clerk at District Headquarters, P. O. Box 1429, Palatka Florida 32178-1429 (4049 Reid St., Palatka, FL 32177) or by e-mail with the District Clerk at Clerk@sjrwmd.com, within twenty-six (26) days of the District depositing notice of District decision in the mail (for those persons to whom the District mails actual notice), within twenty-one (21) days of the District emailing notice of District decision (for those persons to whom the District emails actual notice), or within twenty-one (21) days of newspaper publication of the notice of District decision (for those persons to whom the District does not mail or email actual notice). A petition must comply with Sections 120.54(5)(b)4. and 120.569(2)(c), Florida Statutes, and Chapter 28-106, Florida Administrative Code. The District will not accept a petition sent by facsimile (fax), as explained in paragraph no. 5 below. Mediation pursuant to Section 120.573, Florida Statutes, is not available.
2. If the Governing Board takes action that substantially differs from the notice of District decision, a person whose substantial interests are or may be affected has the right to request an administrative hearing by filing a written petition with the District, but this request for administrative hearing shall only address the substantial deviation. Pursuant to Chapter 28-106 and Rule 40C-1.1007, Florida Administrative Code, the petition must be filed (received) at the office of the District Clerk at the mail/street address or email address described in paragraph no. 1 above, within twenty-six (26) days of the District depositing notice of final District decision in the mail (for those persons to whom the District mails actual notice), within twenty-one (21) days of the District emailing the notice of final District decision (for those persons to whom the District emails actual notice), or within twenty-one (21) days of newspaper publication of the notice of final District decision (for those persons to whom the District does not mail or email actual notice). A petition must comply with Sections 120.54(5)(b)4. and 120.569(2)(c), Florida Statutes, and Chapter 28-106, Florida Administrative Code. Mediation pursuant to Section 120.573, Florida Statutes, is not available.
3. A person whose substantial interests are or may be affected has the right to a formal administrative hearing pursuant to Sections 120.569 and 120.57(1), Florida Statutes, where there is a dispute between the District and the party regarding an issue of material fact. A petition for formal hearing must also comply with the requirements set forth in Rule 28-106.201, Florida Administrative Code.
4. A person whose substantial interests are or may be affected has the right to an informal administrative hearing pursuant to Sections 120.569 and 120.57(2), Florida Statutes, where no material facts are in dispute. A petition for an informal hearing must also comply with the requirements set forth in Rule 28-106.301, Florida Administrative Code.

Notice Of Rights

5. A petition for an administrative hearing is deemed filed upon receipt of the complete petition by the District Clerk at the District Headquarters in Palatka, Florida. Petitions received by the District Clerk after 5:00 p.m., or on a Saturday, Sunday, or legal holiday, shall be deemed filed as of 8:00 a.m. on the next regular District business day. The District's acceptance of petitions filed by e-mail is subject to certain conditions set forth in the District's Statement of Agency Organization and Operation (issued pursuant to Rule 28-101.001, Florida Administrative Code), which is available for viewing at www.sjrwmd.com. These conditions include, but are not limited to, the petition being in the form of a PDF file and being capable of being stored and printed by the District. Further, pursuant to the District's Statement of Agency Organization and Operation, attempting to file a petition by facsimile is prohibited and shall not constitute filing.
6. Failure to file a petition for an administrative hearing within the requisite time frame shall constitute a waiver of the right to an administrative hearing. (Rule 28-106.111, Florida Administrative Code).
7. The right to an administrative hearing and the relevant procedures to be followed are governed by Chapter 120, Florida Statutes, Chapter 28-106, Florida Administrative Code, and Rule 40C-1.1007, Florida Administrative Code. Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means the District's final action may be different from the position taken by it in this notice. A person whose substantial interests are or may be affected by the District's final action has the right to become a party to the proceeding, in accordance with the requirements set forth above.
8. A person with a legal or equitable interest in real property who believes that a District permitting action is unreasonable or will unfairly burden the use of their property, has the right to, within 30 days of receipt of the notice of District decision regarding a permit application, apply for a special magistrate proceeding under Section 70.51, Florida Statutes, by filing a written request for relief at the Office of the District Clerk located at District Headquarters, P. O. Box 1429, Palatka, FL 32178-1429 (4049 Reid St., Palatka, FL 32177). A request for relief must contain the information listed in Subsection 70.51(6), Florida Statutes. Requests for relief received by the District Clerk after 5:00 p.m., or on a Saturday, Sunday, or legal holiday, shall be deemed filed as of 8:00 a.m. on the next regular District business day.
9. A timely filed request for relief under Section 70.51, Florida Statutes, tolls the time to request an administrative hearing under paragraph nos. 1 or 2 above. (Paragraph 70.51(10)(b), Florida Statutes). However, the filing of a request for an administrative hearing under paragraph nos. 1 or 2 above waives the right to a special magistrate proceeding. (Subsection 70.51(10)(b), Florida Statutes).
10. Failure to file a request for relief within the requisite time frame shall constitute a waiver of the right to a special magistrate proceeding. (Subsection 70.51(3), Florida Statutes).

Notice Of Rights

11. Any person whose substantial interests are or may be affected who claims that final action of the District constitutes an unconstitutional taking of property without just compensation may seek review of the action in circuit court pursuant to Section 373.617, Florida Statutes, and the Florida Rules of Civil Procedures, by filing an action in circuit court within 90 days of rendering of the final District action, (Section 373.617, Florida Statutes).
12. Pursuant to Section 120.68, Florida Statutes, a party to the proceeding before the District who is adversely affected by final District action may seek review of the action in the District Court of Appeal by filing a notice of appeal pursuant to Rules 9.110 and 9.190, Florida Rules of Appellate Procedure, within 30 days of the rendering of the final District action.
13. A party to the proceeding before the District who claims that a District order is inconsistent with the provisions and purposes of Chapter 373, Florida Statutes, may seek review of the order pursuant to Section 373.114, Florida Statutes, by the Florida Land and Water Adjudicatory Commission, by filing a request for review with the Commission and serving a copy on the Florida Department of Environmental Protection and any person named in the order within 20 days of the rendering of the District order.
14. A District action is considered rendered, as referred to in paragraph nos. 11, 12, and 13 above, after it is signed on behalf of the District, and is filed by the District Clerk.
15. Failure to observe the relevant time frames for filing a petition for judicial review as described in paragraph nos. 11 and 12 above, or for Commission review as described in paragraph no. 13 above, will result in waiver of that right to review.

Notice Of Rights
Certificate of Service

I HEREBY CERTIFY that a copy of the foregoing Notice of Rights has been sent by U.S
Mail to:

Aqua Utilities Florida Inc
1100 Thomas Ave
Leesburg, FL 34748

At 4:00 p.m. this ^{22nd} 17th day of October, 2007.

Gloria Lewis

Division of Regulatory Information Management
Gloria Lewis, Director

St. Johns River Water Management District
Post Office Box 1429
Palatka, FL 32178-1429
(386) 329-4152
Permit Number: 4493

LINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E86080

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

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

16331 Cortez Blvd.
Brooksville, FL 34600
FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

Lab Receipt Date and Time: 12/19/07 12:15

Received for Laboratory By: [Signature]

Analysis Date and Time: 12/13/07 16:00

Sample Acceptance Criteria: On Ice Not On Ice 4/4 °C

Sample Preservation: On Ice Not On Ice 4/4 °C

Disinfectant Check: Not Detected >0.1 mg/l

DEL Report Number: 2130232 Sub-Contract Lab ID: _____

Analysis Method Requested: Coliform Membrane Filtration PWS I.D. 3350594

System Name: #6413 Imperial Terrace

System Address: 11709 Magnolia Ave

City: Tavares System or Owner's Phone #: 352-787-0980 Fax #: 352-787-6333

Collector: Willy Fontaine Collector's Phone #: 352-266-2953

Relinquished By: [Signature] Received By: [Signature] Relinquished By: [Signature]

Date/Time: 12-13-07 Date/Time: 12/13/07 Date/Time: 12/13/07 12:15

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

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

Sample Collection Date(s): 12-13-07

LABORATORY CERTIFICATE OF ANALYSIS

Total Coliform Analysis Method: (MF) SM9222⁶ (Coliart) SM9223⁹

Fecal (MF) SM9221^E E. coli (MF) EC-MUG (Coliart) SM9223^B

TO BE COMPLETED BY COLLECTOR OF SAMPLE					
Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd mg/L	pH
W-1	Well #1	7:50 AM	R	-	-
W-2	Well #2	7:55 AM	R	-	-
R-1	11801 Magnolia Ave 825th	8:15 AM	D	1.3	
R-2	31644 Terrace Cir 815th	8:15 AM	D	1.1	

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. ²	Lab Sample Number
	A			2130232-001
	A			012
	A			003
	A			2130232-014

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.2

Disinfectant Residual Analysis Method: DPD Colorimetric Other
Person performing analysis is: A certified operator (# 6813) Employed by a certified lab
 Supervised by a certified operator (# _____) Employed by DEP or DOH

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

Report authorized by: [Signature] Technical Director or Designee

Date: 12/14/07 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

Name and Mailing Address of Person/Firm to Receive Report

Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Lecsborg, FL 34748



Page 1 of 1

FPSC-COMMISSION MEMBER

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: June 1, 2007

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

Client: Aqua Utilities Florida, Inc.
Workorder ID: Imperial Terr 6413 T. Xylenes
Received: 5/10/07 13:15

[2128660]

Dear Brian Heath;

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

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

E96080, E83509, E85370, E84418

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

Respectfully submitted,


Cindy Cromer
Technical Director or Designee

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

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 6/1/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

500 U.S. 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 288 Fax: (772) 467-584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
 Workorder ID: Imperial Terr 8413 T. Xylenes
 Received: 5/10/07 13:15

[2128660]

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

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

Quality Control Summary
Method HBEL Batch Analyte
Analytical Issue

5600 US 1 North
 Fort Pierce, FL 34946
 FDOH # E96080
 Printed: 6/1/07

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



307 Coolidge Avenue
 Lehigh Acres, FL 33936
 FDOH # E85370

16331 Cortez Blvd
 Brooksville, FL 34601
 FDOH # E84419

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

CERTIFICATE OF ANALYSIS

[2128660]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Imperial Terr 6413 T. Xylenes

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2128660001 Sample ID: Point of Entry (POE) Grab <div style="float: right; border: 1px solid black; padding: 2px;"> Sampled: 05/10/07 8:40 Received: 05/10/07 13:15 Matrix: Water Results reported on Wet Weight Basis </div>										
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2792		05/22/07 18:51	WR	E96080
Laboratory ID: 2128660002 Sample ID: Trip Blanks <div style="float: right; border: 1px solid black; padding: 2px;"> Sampled: Received: 05/10/07 13:15 Matrix: Water Results reported on Wet Weight Basis </div>										
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2792		05/22/07 19:26	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2792		05/22/07 19:26	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2792		05/22/07 19:26	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2792		05/22/07 19:26	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2792		05/22/07 19:26	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2792		05/22/07 19:26	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2792		05/22/07 19:26	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2792		05/22/07 19:26	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2792		05/22/07 19:26	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2792		05/22/07 19:26	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2792		05/22/07 19:26	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2792		05/22/07 19:26	WR	E96080
o-xylene		0.21 U	ug/L	0.21	EPA 524.2	VOC2792		05/22/07 19:26	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2792		05/22/07 19:26	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2792		05/22/07 19:26	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2792		05/22/07 19:26	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2792		05/22/07 19:26	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2792		05/22/07 19:26	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2792		05/22/07 19:26	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2792		05/22/07 19:26	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2792		05/22/07 19:26	WR	E96080

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

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

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



307 Coolidge Avenue
 Lehigh Acres, FL 33936
 FDOH # E85370

16331 Cortez Blvd
 Brooksville, FL 34601
 FDOH # E84418

Printed: 6/1/07

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

1600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: March 16, 2007

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

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6413 Imperial Terr. DW Xylenes [2128147]
Received: 3/13/07 13:05

Dear Brian Heath:

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

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

E96080, E83509, E85370, E84418

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

Respectfully submitted,



Cindy Cromer
Technical Director or Designee

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

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd.
Brooksville, FL 34601
FDOH # E84418

Printed: 3/16/2007



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 466-2400, Ext. 295 Fax: (772) 467-1584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6413 Imperial Terr. DW Xylenes
Received: 3/13/07 13:05

[2128147]

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

HBEL Sample

Method Narratives (If Applicable)

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

Quality Control Summary

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

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd.
Brooksville, FL 34601
FDOH # E84418

Printed: 3/15/2007



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

CERTIFICATE OF ANALYSIS

[2128147]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6413 Imperial Terr. DW Xylenes

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2128147001						Sampled: 03/13/07 9:45		Received: 03/13/07 13:05			
Sample ID: Point of Entry Grab						Matrix: Water					Results reported on Wet Weight Basis
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2767		03/15/07 4:38	WR	E96080	
Laboratory ID: 2128147002						Sampled: 03/13/07 0:00		Received: 03/13/07 13:05			
Sample ID: Trip Blank						Matrix: Water					Results reported on Wet Weight Basis
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2767		03/15/07 5:11	WR	E96080	

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

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

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

307 Ccolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd.
Brooksville, FL 34601
FDOH # E84418

Printed: 3/18/2007



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: March 7, 2007

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

Client: Aqua Utilities Florida, Inc.
Workorder ID: Imperial Terrace 6413 NO2/NO3 [2128031]
Received: 3/01/07 13:10

Dear Brian Heath;

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

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

E96080, E83509, E85370, E84418

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

Respectfully submitted,



Cindy Cromer
Technical Director or Designee

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

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 3/7/07



Page 1 of 4

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Imperial Terrace 6413 NO2/NO3
Received: 3/01/07 13:10

[2128031]

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

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

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

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-684

CERTIFICATE OF ANALYSIS

[2128031]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Imperial Terrace 6413 NO2/NO3

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2128031001						Sampled: 03/01/07 9:10		Received: 03/01/07 13:10			
Sample ID: Point of Entry Grab						Matrix: Water		Results reported on Wet Weight Basis			
Nitrate as N		0.0030 U	mg/L	0.0030	EPA 300.0	IC7138		03/2/07 14:29	JL	E96080	
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC7138		03/2/07 14:29	JL	E96080	

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

6600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418



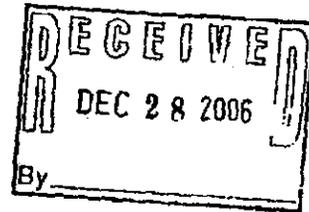
Printed: 3/7/07

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: December 12, 2006

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



Client: Aqua Utilities Florida, Inc.
Workorder ID: Imperial Terr 6413 T. Xylenes [2127334]
Received: 11/16/06 13:18

Dear Brian Heath;

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

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

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

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Cindy Cromer".

Cindy Cromer
Technical Director or Designee

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

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 12/12/08



Page 1 of 4

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Imperial Terr 6413 T. Xylenes
Received: 11/16/06 13:18

[2127334]

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

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

Quality Control Summary
Analytical Issue

Method HBEL Batch Analyte

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080
Printed: 12/12/06

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



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E86370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Client: Aqua Utilities Florida, Inc.

Workorder ID: Imperial Terr 6413 T. Xylenes

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2127334001						Sampled: 11/16/06 10:15				
Sample ID: Point of Entry Grab						Received: 11/16/06 13:18				
						Matrix: Water				
						Results reported on Wet Weight Basis				
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2731		11/30/06 12:47	WR	E96080
Laboratory ID: 2127334002						Sampled: 11/16/06 10:15				
Sample ID: TRIP BLANK						Received: 11/16/06 13:18				
						Matrix: Water				
						Results reported on Wet Weight Basis				
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2731		11/30/06 13:21	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2731		11/30/06 13:21	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2731		11/30/06 13:21	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2731		11/30/06 13:21	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2731		11/30/06 13:21	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2731		11/30/06 13:21	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2731		11/30/06 13:21	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2731		11/30/06 13:21	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2731		11/30/06 13:21	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2731		11/30/06 13:21	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2731		11/30/06 13:21	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2731		11/30/06 13:21	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2731		11/30/06 13:21	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2731		11/30/06 13:21	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2731		11/30/06 13:21	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2731		11/30/06 13:21	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2731		11/30/06 13:21	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2731		11/30/06 13:21	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2731		11/30/06 13:21	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2731		11/30/06 13:21	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2731		11/30/06 13:21	WR	E96080

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



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: September 14, 2006

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

Client: Aqua Utilities Florida, Inc.
Workorder ID: Imperial Terrace 6413 DW Scan [2126625]
Received: 8/23/06 13:25

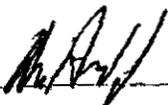
Dear Brian Heath;

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

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

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

Respectfully submitted,


Cindy Cromer
Technical Director or Designee

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

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418



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ENVIRONMENTAL
LABORATORIES, INC.**

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Imperial Terrace 6413 DW Scan
Received: 8/23/06 13:25

[2126625]

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

HBEL Sample

Method Narratives (If Applicable)

<u>Number</u>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>
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Quality Control Summary

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
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EPA 504.1

PEST4785

2126825001 1,2,3-Trichloropropane Surrogate - Outside acceptance Limits.

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

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



307 Coolidge Avenue
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FDOH # E85370

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FDOH # E84418

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**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

CERTIFICATE OF ANALYSIS

[2126625]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Imperial Terrace 6413 DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126625001						Sampled: 08/23/06 10:30				
Sample ID: POE Grab						Received: 08/23/06 13:25				
						Matrix: Water				
						Results reported on Wet Weight Basis				
Odor		1.0 U	T.O.N.	1.0	EPA 140.1	WCDE15055		08/23/06 14:51	PA	E83509
pH	Q	7.89	SU	0.200	EPA 150.1	WCDE15054		08/23/06 13:55	PA	E83509
Total Dissolved Solids		140	mg/L	5.0	EPA 160.1	WCDE15060		08/24/06 16:28	RM	E83509
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META8120		09/11/06 13:38	DM	E96080
Barium		0.020	mg/L	0.0018	EPA 200.7	META8120		09/11/06 13:38	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8120		09/11/06 13:38	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8120		09/11/06 13:38	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8120		09/11/06 13:38	DM	E96080
Copper		0.0029	mg/L	0.0014	EPA 200.7	META8120		09/11/06 13:38	DM	E96080
Iron		0.23	mg/L	0.025	EPA 200.7	META8120		09/11/06 13:38	DM	E96080
Manganese		0.0041	mg/L	0.0037	EPA 200.7	META8120		09/11/06 13:38	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8120		09/11/06 13:38	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8120		09/11/06 13:38	DM	E96080
Sodium		5.4	mg/L	0.50	EPA 200.7	META8120		09/11/06 13:38	DM	E96080
Zinc		0.010 U	mg/L	0.010	EPA 200.7	META8120		09/11/06 13:38	DM	E96080
Antimony		0.0042 U	mg/L	0.0042	EPA 200.9	META8111		09/11/06 13:38	DM	E96080
Lead		0.00070	mg/L	0.00061	EPA 200.9	META8117		09/11/06 14:16	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8091		08/24/06 22:33	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8096		09/11/06 0:41	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8097	08/28/06 18:45	08/31/06 23:01	DM	E96080
Chloride		15	mg/L	5.0	EPA 300.0	IC6923		08/26/06 3:03	JL	E96080
Fluoride		0.37	mg/L	0.011	EPA 300.0	IC6920		08/24/06 14:31	JL	E96080
Nitrate as N		0.0030 U	mg/L	0.0030	EPA 300.0	IC6920		08/24/06 14:31	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6920		08/24/06 14:31	JL	E96080
Sulfate		3.6	mg/L	1.4	EPA 300.0	IC6923		08/26/06 3:03	JL	E96080
Surfactants as LAS, Mol.wt.340		0.062	mg/L	0.042	EPA 425.1	WCDE15052	08/23/06 14:45	08/23/06 16:00	RM	E83509
1,2-Dibromo-3- chloropropane		0.0010 U	ug/L	0.0010	EPA 504.1	PEST4785	08/28/06 11:52	08/28/06 21:07	JL	E96080
1,2-Dibromoethane		0.0025 U	ug/L	0.0025	EPA 504.1	PEST4785	08/28/06 11:52	08/28/06 21:07	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4788	08/29/06 8:09	08/29/06 17:18	JL	E96080
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST4788	08/29/06 8:09	08/29/06 17:18	JL	E96080
gamma-BHC (Lindane)		0.020 U	ug/L	0.020	EPA 505	PEST4788	08/29/06 8:09	08/29/06 17:18	JL	E96080
Heptachlor		0.038 U	ug/L	0.038	EPA 505	PEST4788	08/29/06 8:09	08/29/06 17:18	JL	E96080
Heptachlor epoxide		0.027 U	ug/L	0.027	EPA 505	PEST4788	08/29/06 8:09	08/29/06 17:18	JL	E96080
Methoxychlor		0.044 U	ug/L	0.044	EPA 505	PEST4788	08/29/06 8:09	08/29/06 17:18	JL	E96080
PCB		0.14 U	ug/L	0.14	EPA 505	PEST4788	08/29/06 8:09	08/29/06 17:18	JL	E96080
Toxaphene		0.60 U	ug/L	0.60	EPA 505	PEST4788	08/29/06 8:09	08/29/06 17:18	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4787	08/28/06 11:51	08/31/06 21:03	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4787	08/28/06 11:51	08/31/06 21:03	JL	E96080
alapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4787	08/28/06 11:51	08/31/06 21:03	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4787	08/28/06 11:51	08/31/06 21:03	JL	E96080

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**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

CERTIFICATE OF ANALYSIS

[2126625]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Imperial Terrace 6413 DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4787	08/28/06 11:51	08/31/06 21:03	JL	E96080
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4787	08/28/06 11:51	08/31/06 21:03	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2685		08/28/06 1:28	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2685		08/28/06 1:28	WR	E96080
1,1-Dichloroethane		0.23 U	ug/L	0.23	EPA 524.2	VOC2685		08/28/06 1:28	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2685		08/28/06 1:28	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2685		08/28/06 1:28	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2685		08/28/06 1:28	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2685		08/28/06 1:28	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2685		08/28/06 1:28	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2685		08/28/06 1:28	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2685		08/28/06 1:28	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2685		08/28/06 1:28	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2685		08/28/06 1:28	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2685		08/28/06 1:28	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2685		08/28/06 1:28	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2685		08/28/06 1:28	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2685		08/28/06 1:28	WR	E96080
o-xylene		0.22 U	ug/L	0.22	EPA 524.2	VOC2685		08/28/06 1:28	WR	E96080
Total Xylenes		1.2	ug/L	0.46	EPA 524.2	VOC2685		08/28/06 1:28	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2685		08/28/06 1:28	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2685		08/28/06 1:28	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2685		08/28/06 1:28	WR	E96080
Alachlor		0.62 U	ug/L	0.62	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 22:50	WR	E96080
Atrazine		0.49 U	ug/L	0.49	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 22:50	WR	E96080
Benzo(a)pyrene		0.071 U	ug/L	0.071	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 22:50	WR	E96080
bis(2-ethylhexyl)phthalate		0.88 U	ug/L	0.88	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 22:50	WR	E96080
Di(2-ethylhexyl)adipate		0.69 U	ug/L	0.69	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 22:50	WR	E96080
Hexachlorobenzene		0.31 U	ug/L	0.31	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 22:50	WR	E96080
Hexachlorocyclopentadiene		0.24 U	ug/L	0.24	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 22:50	WR	E96080
Simazine		0.64 U	ug/L	0.64	EPA 525.2	SVOC2438	08/31/06 10:45	09/5/06 22:50	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2331		09/7/06 20:16	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2331		09/7/06 20:16	JJM	E96080
Glyphosate		26 U	ug/L	26	EPA 547	HPLC2328		08/28/06 13:22	JJM	E96080
Endosulfan		20 U	ug/L	20	EPA 548.1	SAL1027		08/31/06 14:01	SAL	E84129
Diquat		4.8 U	ug/L	4.8	EPA 549.2	HPLC2327	08/25/06 10:42	08/28/06 12:21	JJM	E96080
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1028		08/25/06 18:26	SAL	E84129
Color		4.0	CU	1.8	SM2120 B	WCGE26165		08/25/06 8:50	TCL	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26234	09/1/06 11:45	09/1/06 17:21	GG	E96080

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HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 205 Fax: (772) 467-5884

CERTIFICATE OF ANALYSIS

[2126625]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Imperial Terrace 6413 DW Scan

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126625002						Sampled: 08/23/06 13:25				
Sample ID: Trip Blanks						Received: 08/23/06 13:25				
						Matrix: Water				
						Results reported on Wet Weight Basis				
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2685		08/28/06 2:01	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2685		08/28/06 2:01	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2685		08/28/06 2:01	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2685		08/28/06 2:01	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2685		08/28/06 2:01	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2685		08/28/06 2:01	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2685		08/28/06 2:01	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2685		08/28/06 2:01	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2685		08/28/06 2:01	WR	E96080
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2685		08/28/06 2:01	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2685		08/28/06 2:01	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2685		08/28/06 2:01	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2685		08/28/06 2:01	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2685		08/28/06 2:01	WR	E96080
cis-1,2-Dichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2685		08/28/06 2:01	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2685		08/28/06 2:01	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2685		08/28/06 2:01	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2685		08/28/06 2:01	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2685		08/28/06 2:01	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2685		08/28/06 2:01	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2685		08/28/06 2:01	WR	E96080
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2685		08/28/06 2:01	WR	E96080
Total Xylenes		0.48 U	ug/L	0.48	EPA 524.2	VOC2685		08/28/06 2:01	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2685		08/28/06 2:01	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2685		08/28/06 2:01	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2685		08/28/06 2:01	WR	E96080

Laboratory ID: 2126625003
Sample ID: 31738 Blanton MRT Grab

Sampled: 08/23/06 10:30 **Received: 08/23/06 13:30**
Matrix: Water **Results reported on Wet Weight Basis**

Bromodichloromethane		8.7	ug/L	0.25	EPA 524.2	VOC2686		08/28/06 16:49	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2686		08/28/06 16:49	WR	E96080
Chloroform		10	ug/L	0.25	EPA 524.2	VOC2686		08/28/06 16:49	WR	E96080
Dibromochloromethane		4.9	ug/L	0.30	EPA 524.2	VOC2686		08/28/06 16:49	WR	E96080
Total THMs		24	ug/L	0.50	EPA 524.2	VOC2686		08/28/06 16:49	WR	E96080

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

Q Sample held beyond the accepted holding time.

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

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



307 Coolidge Avenue
 Lehigh Acres, FL 33936
 FDOH # E85370

16331 Cortez Blvd
 Brooksville, FL 34601
 FDOH # E84418

Printed: 9/14/08

Page 5 of 6

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

1500 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

Date issued: March 20, 2006

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

Client: Aqua Utilities Florida, Inc.
Workorder ID: Imperial Terrace 6413 NO2/NO3
Received: 3/16/06 13:45

[2125112]

Dear Brian Heath;

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

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

E96080, E83509, E85370, E84418

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

Respectfully submitted,



Cindy Cromer
Technical Director or Designee

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

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

Printed: 3/20/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Imperial Terrace 6413 NO2/NO3
Received: 3/16/06 13:45

[2125112]

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

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

Quality Control Summary

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
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5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

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



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

Printed: 3/20/06

Page 2 of 4

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

CERTIFICATE OF ANALYSIS
[2125112]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Imperial Terrace 6413 NO2/NO3

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID:		2125112001		Sampled: 03/15/06 9:55		Received: 03/16/06 13:45				
Sample ID:		POE Grab		Matrix: Water		Results reported on Wet Weight Basis				
Nitrate as N	Q	0.0030	mg/L	0.0030	EPA 300.0	IC8725		03/17/06 13:30	RS	E96080
Nitrite as N	Q	0.0022 U	mg/L	0.0022	EPA 300.0	IC8725		03/17/06 13:30	RS	E96080

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

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E98080
Printed: 3/20/06

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



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

VIA EMAIL
[PAFarris@aquaaamerica.com]

May 22, 2007

Patrick Farris, Environmental Compliance Specialist
Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748

OCD-PW-SS-07-0474

<u>Lake County - PW</u>	<u>PWS ID Number</u>
Fern Terrace S/D	3350370
Skycrest S/D	3351205
Valencia Terrace S/D	3351421
Morningview S/D	3350852
Grand Terrace S/D	3354697
Quail Ridge Estates	3354867
Western Shores S/D	3351464
Silver Lake Estates	3351182
Imperial Terrace	3350584

Dear Mr. Farris:

This confirms a visit to the subject community public water systems on April 11, 2007, by Danielle Owens to conduct a sanitary survey inspection. Copies of the sanitary survey inspection reports are enclosed for your reference and records.

Deficiencies found during the sanitary survey and in Department records are listed in the enclosed reports. These deficiencies shall be corrected in order to return to compliance with *Florida Administrative Code* (F.A.C.) Rules 62-550, 62-555, 62-560 and 62-602.

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, **no later than June 29, 2007**. (You may use the attached response form to indicate the corrective actions taken.)

If you have any questions, please contact Danielle Owens by email at Danielle.D.Owens@dep.state.fl.us or by phone at (407) 894-7555, extension 2216.

Sincerely,

Kim Dodson, Environmental Manager
Drinking Water Compliance and Enforcement

KMD/ddo
Enclosures

cc: Danielle Owens, FDEP Drinking Water Compliance

DOCUMENT NUMBER - DAN
04310 MAY 22 08
FPSC-COMMISSION CLERK

State of Florida
 Department of Environmental Protection
 Central District
SANITARY SURVEY REPORT

Plant Name IMPERIAL TERRACE WEST County Lake PWS ID # 3350584
 Plant Location 11709 Magnolia Drive, Tavares, FL 32778 Phone (352) 435-4028
 Owner Name Aqua Utilities Florida, Inc. Phone (352) 435-4028
 Owner Address 1100 Thomas Ave., Leesburg, FL 34748
 Contact Person Patrick Farris Title Env. Compliance Specialist Phone (352) 435-4029
 This Survey Date 04/11/07 Last Survey Date 04/28/04 Last C.I. Date 10/4/01

PWS TYPE & CLASS

- Community (5C)
 Non-transient Non-community
 Non-Community

PWS STATUS

- Approved system with approval number & date
Serial #6266, 4/4/63; Serial #6266-A, 9/26/67
Serial #6266-B, 10/11/67; WC35-188760 5/3/91
WC35- 0080492-001, issued 5/29/00.
 Unapproved system

SERVICE AREA CHARACTERISTICS

Subdivision _____
 Food Service: Yes No N/A

OPERATION & MAINTENANCE

Certified Operator: Yes No Not required
 Operator(s) & Certification Class-Number
Will Fontaine C-5813 Lead/Chief Operator
See MOR for complete list of operators
 O & M Log: Yes No Not required

Operator Visitation Frequency

Hrs/day:	Required	Visit	Actual	Visit
Days/wk:	Required	5 + 1	Actual	5 + 1

 Non-consecutive Days? Yes No N/A
 MORs submitted regularly? Yes No N/A
 Data missing from MORs? No Yes N/A
 Population and the number of service connections reported on MORs differs from Department records.

Number of Service Connections 241
 Population Served 603 Basis Operator
 Average Day (from MORs) 32,328 gpd
 Max. Day (from MORs) 119,350 gpd 06/06
 Max-day Design Capacity 288,000 gpd

WRITTEN PROGRAMS

O & M Manual Yes Located Water treatment plant
 Written Preventive Maintenance Program Yes
 Flushing Plan Yes No Records No
 Valve Maint Plan Yes No Records No
 Emergency Response Plan Yes No N/A
 Comments _____

RAW WATER SOURCE

- GROUND; Number of Wells 2
 SURFACE/UDI; Source _____
 PURCHASED from PWS ID # _____
 Emergency Water Source _____
 Emergency Water Capacity _____

AUXILIARY POWER SOURCE

- Yes None Not Required
 Source Katolight Generator
 Capacity of Standby (kW) 35
 Switchover: Automatic Manual
 Standby Plan: Yes No
 Hrs Operated Under Load 1 hr/wk.
 What equipment does it operate?
 Well pumps _____
 High Service Pumps _____
 Treatment Equipment _____
 Satisfy average day demand? Yes No Unk
 Comments Audio-visual alarm in the event of power loss.

TREATMENT PROCESSES IN USE

Disinfection

 What additional treatment is needed?
None at this time
 For control of what deficiencies?
N/A

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
 Meter Size & Type 3" and 6" McCrometer
 Backflow Prevention Devices: Yes No
 Cross-connections None Observed
 Coliform Sampling Plan: Yes No N/A
 DDBP Monitoring Plan: Yes No N/A
 Distribution System Map Yes No N/A
 Written Cross-connection Control Program:
Inadequate
 Comments Flow meter last calibrated 03/24/05 by Central Florida Controls, Inc.

GROUND WATER SOURCE

Well Number (FLUWID No.)	1 (AAC3242)	2 (AAC3243)		
Year Drilled	1963	1999		
Depth Drilled	425'	260'		
Drilling Method	Unknown	Combination		
Type of Grout	Unknown	Neat cement		
Static Water Level	Unknown	10'		
Pumping Water Level	Unknown	15'		
Design Well Yield	Unknown	Unknown		
Test Yield	Unknown	Unknown		
Actual Yield (if different than rated capacity)	Unknown	Unknown		
Strainer	Unknown	Open		
Length (outside casing)	Unknown	160'		
Diameter (outside casing)	8"	4"		
Material (outside casing)	Steel	Black steel		
Well Contamination History	None	None		
Is inundation of well possible?	No	No		
6' X 6' X 4" Concrete Pad	Yes	Yes		
SET BACKS	Septic Tank	>100'	>100'	
	Reuse Water	N/A	N/A	
	WW Plumbing	>100'	>100'	
	Other Sanitary Hazard	N/A	N/A	
PUMP	Type	Vertical turbine	Submersible	
	Manufacturer Name	Goulds	Grundfos	
	Model Number	8RJH07	75S75-12	
	Rated Capacity (gpm)	400	100	
	Motor Horsepower	20	7.5	
Well casing 12" above grade?	Yes	Yes		
Well Casing Sanitary Seal	Ok	Ok		
Raw Water Sampling Tap	Yes	Yes		
Above Ground Check Valve	Yes	Yes		
Fence/Housing	Housing	Fence		
Well Vent Protection	N/A	Yes		

COMMENTS Due to repeated total-coliform positive raw water samples, disinfection and a 20-sample bacteriological survey was required to determine if well #1 is susceptible to microbial contamination. Results of the January 2006 bacteriological surveys were satisfactory.

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Stenner Capacity • gpd
 Chlorine Feed Rate #1 - 10 stroke, #2 - 8 stroke
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 1.09 Remote 0.74
 Remote tap location 11612 Magnolia @ boat ramp
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hydropneumatic tank
 Booster Pump Info N/A
 Comments *2 hypochlorinators, #1 - 17gpd, #2 - 5 gpd

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
 (B) Bladder (C) Clearwell

Tank Type/Number	H/1		
Capacity (gal)	3,000		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	Both		
On/Off Pressure	40/60		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	N/A		
Height to Max. Water Level	N/A		

Comments Dates of last cleaning and inspection are unknown.

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"/>	

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments _____

AERATION (Gases, Fe, & Mn Removal)

Type _____ Capacity _____
 Aerator Condition _____
 Bloodworm Presence _____
 Visible Algae Growth _____
 Protective Screen Condition _____
 Comments _____

DEFICIENCIES:

1. Failure to adequately establish and implement a cross-connection control program.

Community water systems, and all public water systems that have service areas also served by reclaimed water systems regulated under Part III of Chapter 62-610, F.A.C., shall establish and implement a routine cross-connection control program to detect and control cross-connections and prevent backflow of contaminants into the water system. This program shall include a written plan that is developed using recommended practices of the American Water Works Association set forth in *Recommended Practice for Backflow Prevention and Cross-Connection Control*, AWWA Manual M14, as incorporated into Rule 62-555.330, F.A.C. [Rule 62-555.360(2), F.A.C.]

Upon discovery of a prohibited cross-connection, public water systems shall either eliminate the cross-connection by installation of an appropriate backflow prevention device acceptable to the Department or shall discontinue service until the contaminant source is eliminated. [Rule 62-555.360(3), F.A.C.]

Please contact Kenny Davis, Department of Environmental Protection, at (407) 893-3318, extension 2226, for assistance. The Florida Rural Water Association's website, www.frwa.net, also has a cross-connection control manual for your reference

2. Failure to keep records documenting that isolation valves are being exercised.

Suppliers of water shall keep records documenting that their isolation valves are being exercised in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

3. Failure to keep records documenting that dead-end water mains are being flushed.

Suppliers of water shall keep records documenting that their water mains conveying finished drinking water are being flushed in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

4. Submitted monthly operation reports (MORs) contain omissions and/or information provided differs from department records. Population and the number of service connections reported on MORs differ from Department records.

Provide the correct information on future MORs. [Rule 62-555.350(12)(b), F.A.C.]

COMMENTS/REMINDERS:

- **Lead and copper tap sampling must be conducted during the June-September 2008 monitoring period.**

For other chemical monitoring requirements, you are advised to call Marie Carrasquillo at (407) 894-7555, extension 2242, or Paul Morrison at (407) 893-3988.

All results must be submitted to DEP within the first 10 days following the end of the required monitoring period or the first 10 days following the month in which the sample results were received, whichever time is the shortest. A Florida Department of Health (DOH) certified laboratory must analyze all laboratory samples.

- **Provide dates of last cleaning and inspection for the finished-drinking-water storage tank.**

Accumulated sludge and bio-growths shall be cleaned routinely (i.e., at least annually) from all treatment facilities that are in contact with raw, partially treated, or finished drinking water and that are not specifically designed to collect sludge or support a bio-growth; and blistering, chipped, or cracked coatings and linings on treatment or storage facilities in contact with raw, partially treated, or finished drinking water shall be rehabilitated or repaired. [Rule 62-555.350(2), F.A.C.]

Finished-drinking-water storage tanks shall be checked at least annually to ensure that hatches are closed and screens are in place; shall be cleaned at least once every five years to remove bio-growths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida. [Rule 62-555.350(2), F.A.C.]

PWS ID # 3350584
Date 04/11/07

COMMENTS/REMINDERS (continued):

All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

The enclosed document provides information about some of the requirements for storage tank cleaning and inspection.

- Provide information for all items marked "unknown."

Inspector *Donell D. Owens* Title Environmental Specialist I Date 05/10/07

Approved by *[Signature]* Title Environmental Manager Date 05/22/07



Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

July 2, 2007

Danielle Owens
Environmental Specialist
FDEP Central District
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

RE: Reply to Lake County Sanitary Surveys

Dear Ms. Owens:

Thank you for your inspection on April 11, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

For All Systems:

1. *Failure to adequately establish and implement a cross-connection control program.*

Response:

Kim Dodson came to our office on June 28, 2007, and completed a very thorough evaluation of Aqua's Cross Connection Control Policy and our records. Although there is room for improvement, overall she seemed pleased with the progress since your inspection. Aqua will continue to develop this policy and implement it as necessary.

2. *Failure to keep records documenting that isolation valves are being exercised.*

Response:

Aqua is looking at software for tracking this statewide which will make our records more organized. Our staff will work on becoming more diligent in making records of the work that they do.

3. *Failure to keep records documenting that dead-end water mains are being flushed.*

Response:

Records of flushing are kept on the monthly log sheets are kept at the plant and then at the end of each month, these sheets are brought back to the Leesburg office to be entered on the MORs. These sheets include flushing, main breaks, and fire usage. The month of April

sheet was at each plant during your inspection on the clipboard kept near the operator's logbook. A copy of April 2007's sheets for each facility are attached for your review.

4. *Submitted monthly operation reports (MORs) contain omissions and/or information provided differs from department records. Population reported on MORs differs from Department records.*

Per your request, Aqua's staff provided the most up-to-date information on population at each system within the time frame requested. A large portion of the communities served are "snow birds" and the populations will vary with people coming down from up North. Aqua will continue to update the population information on the MOR's as necessary.

Fern Terrace PWS 3350370:

1. *The maximum contaminant level for total coliform bacteria was exceeded during March 2006 and February 2007.*

Response:

The compliance bacti's were sampled on 3/6/06 and all distribution samples passed. The only failure was the raw well sample which was resampled on 3/8/06 and 3/9/06, both passed.

The compliance bacti's were sampled on 2/6/07 and all distribution samples passed. The only failure was the raw well sample which was resampled on 2/12/07 and 2/13/07, both passed.

Skycrest PWS 3351205:

1. *The maximum contaminant level for total coliform bacteria was exceeded during April 2007.*

Response:

The compliance bacti's were sampled on 4/12/07 and all distribution samples passed. The only failure was the raw well sample which was resampled on 4/16/07 and 4/17/07, both passed.

Valencia Terrace PWS 3351421:

1. *Failure to provide a self contained breathing apparatus (SCBA).*

Response:

Aqua is in the planning stages of converting all of the facilities from gas chlorine to liquid or tablets for safety reasons.

Grand Terrace PWS 3354697:

1. *The maximum contaminant level for total coliform bacteria was exceeded during November 2006.*

Response:

The compliance bacti's were sampled on 11/1/06 and all distribution samples passed. The only failure was the raw well sample which was resampled on 11/6/06 and 11/7/06, both passed.

Western Shores PWS 3351464:

1. *Failure to provide a self contained breathing apparatus (SCBA).*

Response:

Aqua is in the planning stages of converting all of the facilities from gas chlorine to liquid or tablets for safety reasons.

Silver Lake Estates PWS 3351182:

1. *Failure to provide a self contained breathing apparatus (SCBA).*

Response:

Aqua is in the planning stages of converting all of the facilities from gas chlorine to liquid or tablets for safety reasons.

2. *Failure to submit a capacity analysis report.*

Aqua was not in receipt of a letter regarding a capacity analysis report dated January 13, 2006. We reviewed our records for June 2006 and found on June 1, 2006, the flow at this facility was 1,890,000 gallons per day (GPD). The flow meter for this reading initially was read on May 31, 2006 at 11:00 AM and again on June 1, 2006 at 2:00 PM. This gives more than 24 hours on the readings for the flow. When divided out, this equates to 1167 gallons per minute (GPM). By multiplying that over 24 hours, our estimated flows would have been around 1,680,480 GPD. This system also had a leak late on May 31, 2006, and using the AWWA standards for leak estimates, we estimated that the leak was approximately 64,419 gallons. Using the estimated flow for that day and subtracting the estimated leak, this puts us at 1,616,061 gallons which is below the 75% of the total permitted maximum day operating capacity.

If you have any questions, please contact me at (352) 435-4029 or by e-mail at PAFarris@aquaamerica.com. Thank you.

Sincerely,

Patrick Farris

Patrick A. Farris
Environmental Compliance Specialist
Aqua Utilities Florida, Inc.

Enclosure: April 2007 Flushing Records

cc: Will Fontaine, via e-mail
Brain Heath, via e-mail
Michael O'Reilly, via e-mail

