

LAKE COUNTY

**Venetian Village WTF
Venetian Village WWTF
Western Shores**

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 8 of 8

Containing:
Monthly Operating Reports
Sample Results
Permits
Correspondence

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER - DATE

04315 MAY 22 8

FPSC - COMMISSION CLERK

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

PWS Identification Number: 3331426 Plant Name: Venetian Village

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 Started or Stopped Operations (X)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations of UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions (Repair/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 G Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1	X	24.0	35,430		2.0							1.1	
2	X	24.0	35,480		1.7							1.0	
3	X	24.0	31,070		1.6							1.0	
4	X	24.0	27,050		1.5							1.0	
5	X	24.0	26,060		1.7							1.0	
6	X	24.0	27,200		1.5								
7		24.0	37,540										
8	X	24.0	37,540		1.4							1.0	
9	X	24.0	25,510		1.4							1.0	
10	X	24.0	26,440		1.5							1.0	
11	X	24.0	24,160		1.5							1.0	
12	X	24.0	32,120		1.3							1.0	
13	X	24.0	25,530		1.3								
14		24.0	32,790										
15	X	24.0	32,790		1.3							0.8	
16	X	24.0	26,040		2.0							1.2	
17	X	24.0	29,200		1.5							1.0	
18	X	24.0	31,020		1.8							1.2	
19	X	24.0	26,140		1.5							1.0	
20	X	24.0	33,800										
21		24.0	27,625										
22	X	24.0	27,625		1.5							1.0	
23	X	24.0	27,600		1.5							1.0	
24	X	24.0	17,900		1.6							1.0	
25	X	24.0	29,790		2.0							1.4	
26	X	24.0	19,550		1.5							1.0	
27	X	24.0	18,480		1.3								
28		24.0	35,500										
29	X	24.0	35,500		1.3							0.9	
30	X	24.0	23,200		1.1							0.9	
31	X	24.0	31,330		1.1							0.8	
			897,010										
			28,936										
			37,540										

* 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: 3351426 Plant Name: Venetian Village

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations						UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				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	27,310		1.4								1.0	
2	X	24.0	23,300		1.5								1.0	
3	X	24.0	18,300		1.5									
4		24.0	32,835											
5	X	24.0	32,835		1.4								1.0	
6	X	24.0	24,130		1.5								1.0	
7	X	24.0	24,860		1.5								1.0	
8	X	24.0	25,600		1.6								1.2	
9	X	24.0	22,910		1.6								1.2	
10	X	24.0	25,780		1.6									
11		24.0	31,265											
12	X	24.0	31,265		1.5								1.1	
13	X	24.0	22,900		1.5								1.1	
14	X	24.0	27,430		1.5								1.0	
15	X	24.0	23,080		1.5								1.0	
16	X	24.0	32,240		1.6								1.1	
17		24.0	32,000											
18	X	24.0	32,000		1.5									
19	X	24.0	46,620		1.6								1.1	
20	X	24.0	31,280		1.6								1.1	
21	X	24.0	37,410		1.5								1.0	
22	X	24.0	32,860		1.5								1.0	
23	X	24.0	30,850		1.6								1.1	
24		24.0	32,213		1.5								1.0	
25	X	24.0	32,213											
26	X	24.0	32,213		1.5								1.0	
27	X	24.0	30,740		1.5								1.0	
28	X	24.0	37,020		1.4								1.0	
29		24.0												
30		24.0												
31		24.0												
Total			833,460											
Average			26,886											
Maximum			46,620											

* 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: 3351426 Plant Name: Venetian Village

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 Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	22,390		1.5									1.0	
2	X	24.0	26,510		1.6									1.0	
3	X	24.0	22,500		1.5										
4		24.0	34,790												
5	X	24.0	34,790		1.5									1.0	
6	X	24.0	26,970		1.5									1.0	
7	X	24.0	31,530		1.6									1.0	
8	X	24.0	35,180		1.5									1.0	
9	X	24.0	46,690		1.4									1.0	
10	X	24.0	33,400		1.3										
11		24.0	46,005												
12	X	24.0	46,005		1.5									1.0	
13	X	24.0	33,660		1.4									1.0	
14	X	24.0	37,620		1.5									1.0	
15	X	24.0	30,260		1.3									0.8	
16	X	24.0	27,650		1.5									1.0	
17	X	24.0	30,000		1.5										
18		24.0	35,955												
19	X	24.0	35,955		1.6									1.0	
20	X	24.0	39,970		1.4									0.8	
21	X	24.0	33,830		1.8									1.1	
22	X	24.0	39,350		1.5									1.0	
23	X	24.0	36,650		1.4									1.0	
24	X	24.0	32,260		1.2										
25		24.0	47,540												
26	X	24.0	47,540		1.3									1.0	
27	X	24.0	31,280		1.4									1.0	
28	X	24.0	46,100		1.4									1.0	
29	X	24.0	35,140		1.0									0.6	
30	X	24.0	30,640		1.5									1.0	
31	X	24.0	28,500		1.3										
Total			1,086,660												
Average			35,054												
Maximum			47,540												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Venetian Village	PWS Identification Number:	3351426
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:	167	Total Population Served at End of Month:	585
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquamerica.com		

B. Water Treatment Plant Information

Plant Name:	Venetian Village	Plant Telephone Number:	352-787-0980
Plant Address:	31 Tammi 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: 216,000

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 5-4-07
 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: 3351426		Plant Name: Venetian Village												
III. Daily Data for the Month/Year of: April, 2007														
Means of Achieving Four-Log Virus Inactivation/Removal: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Chlorine Dioxide <input type="checkbox"/> Ozone <input type="checkbox"/> Combined Chlorine (Chloramines)														
<input type="checkbox"/> Ultraviolet Radiation <input type="checkbox"/> Other (Describe):														
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide														
Day of the Month	Days Plant Started by Operator (Place X)	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (t) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
	X	24.0	39,010											
	X	24.0	39,010		1.5								1.0	
	X	24.0	37,700		1.4								1.0	
	X	24.0	35,140		1.3								1.0	
	X	24.0	33,380		1.3								0.8	
	X	24.0	25,170		1.3								0.8	
	X	24.0	41,330		1.3									
		24.0	35,245											
	X	24.0	35,245		1.5								1.0	
	X	24.0	24,930		1.5								1.0	
	X	24.0	23,760		1.3								0.8	
	X	24.0	26,000		1.5								1.0	
	X	24.0	24,220		1.5								1.0	
	X	24.0	27,800		1.3									
		24.0	29,690											
	X	24.0	29,690		1.3								0.8	
	X	24.0	25,710		1.3								0.8	
	X	24.0	23,510		1.3								0.7	
	X	24.0	33,830		1.5								0.8	
	X	24.0	24,430		1.3								0.8	
	X	24.0	37,570		1.1									
		24.0	31,900											
	X	24.0	31,900		1.3								0.8	
	X	24.0	28,890		1.3								0.8	
	X	24.0	25,500		1.4								0.8	
	X	24.0	30,320		1.8								1.1	
	X	24.0	33,490		1.6								1.0	
	X	24.0	34,200		1.3									
		24.0	41,325											
	X	24.0	41,325		1.3								0.8	
		24.0												
Total			951,220											
Average			30,685											
Maximum			41,330											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Venetian Village	PWS Identification Number:	3351426
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:	167	Total Population Served at End of Month:	585
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:	bheath@aquaaamerica.com	Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Venetian Village	Plant Telephone Number:	352-787-0980
Plant Address:	31 Tammi Drive	City:	Taveres
		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:	216,000		
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	Howard Jay Aldrich	C	6368	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 6-8-07
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: 3351426 Plant Name: Venetian Village

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 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	46,720		1.2									0.8	
2	X	24.0	33,680		1.3									0.8	
3	X	24.0	28,380		1.2									0.8	
4	X	24.0	34,520		1.6									1.0	
5	X	24.0	36,350		1.1										
6		24.0	35,645												
7	X	24.0	35,645		1.3									0.8	
8	X	24.0	38,660		1.3									0.8	
9	X	24.0	34,400		1.4									0.8	
10	X	24.0	45,050		1.4									0.8	
11	X	24.0	20,310		1.2									0.8	
12	X	24.0	36,300		1.1										
13		24.0	40,790												
14	X	24.0	40,790		1.2									0.8	
15	X	24.0	20,760		1.2									0.8	
16	X	24.0	47,740		1.4									1.0	
17	X	24.0	26,680		1.3									0.8	
18	X	24.0	31,320		1.3									0.8	
19	X	24.0	36,210		1.2										
20		24.0	37,410												
21	X	24.0	37,410		1.3									0.8	
22	X	24.0	30,830		1.2									0.8	
23	X	24.0	43,900		1.4									1.0	
24	X	24.0	40,260		1.3									1.0	
25	X	24.0	39,540		1.4									1.0	
26	X	24.0	31,060		1.5										
27		24.0	41,045												
28	X	24.0	41,045		1.5									1.0	
29	X	24.0	47,020		1.5									1.0	
30	X	24.0	47,430		1.4									1.0	
31	X	24.0	37,000		1.4									1.0	
Total			1,143,900												
Average			36,900												
Maximum			47,740												

* 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: 3351426 Plant Name: Venetian Village

III. Daily Data for the Month/Year of: June, 2007

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1	X	24.0	41,940			1.5							1.0	
2	X	24.0	25,900			1.2								
3		24.0	28,580											
4	X	24.0	28,580			1.3							1.0	
5	X	24.0	33,080			1.3							1.0	
6	X	24.0	35,470			1.5							1.1	
7	X	24.0	18,650			1.3							1.0	
8	X	24.0	30,500			1.3							1.0	
9	X	24.0	25,600			1.2								
10		24.0	34,130											
11	X	24.0	34,130			1.2							0.8	
12	X	24.0	27,960			1.3							1.0	
13	X	24.0	26,520			1.3							0.8	
14	X	24.0	22,400			1.3							0.8	
15	X	24.0	25,360			1.3							0.8	
16	X	24.0	37,680			1.3								
17		24.0	37,100											
18	X	24.0	37,100			1.3							0.8	
19	X	24.0	26,540			1.3							0.9	
20	X	24.0	28,480			1.5							1.0	
21	X	24.0	24,400			1.3							0.8	
22	X	24.0	30,780			1.4							1.0	
23	X	24.0	25,400			1.3								
24		24.0	38,095											
25	X	24.0	38,095			1.3							0.8	
26	X	24.0	30,430			1.4							1.0	
27	X	24.0	31,680			1.3							1.0	
28	X	24.0	28,700			1.4							1.0	
29	X	24.0	28,080			1.4							1.0	
30	X	24.0	29,110			1.2								
31		24.0												
Total			910,470											
Average			29,370											
Maximum			41,940											

* 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: 3351426 Plant Name: Venetian Village

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 Operation (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	26,760		1.2									0.8	
2	X	24.0	20,920		1.2									0.8	
3	X	24.0	21,720		1.4									1.0	
4		24.0	25,745												
5	X	24.0	25,745		1.4										
6	X	24.0	35,370		1.2									0.8	
7	X	24.0	21,700		0.8									0.7	
8	X	24.0	31,770		0.8									0.6	
9	X	24.0	31,720		1.0									0.6	
10	X	24.0	28,680		1.2									0.8	
11	X	24.0	30,960		1.0										
12		24.0	35,150												
13	X	24.0	35,150		1.0									0.6	
14	X	24.0	27,070		1.0									0.6	
15	X	24.0	35,410		1.0									0.7	
16	X	24.0	31,200		1.2									0.6	
17	X	24.0	32,600		1.1									0.6	
18	X	24.0	18,800		1.1										
19		24.0	38,975												
20	X	24.0	38,975		1.1									0.6	
21	X	24.0	22,900		1.2									0.6	
22	X	24.0	26,510		1.2									0.6	
23	X	24.0	39,800		1.0									0.5	
24	X	24.0	25,570		1.2									0.6	
25	X	24.0	27,650		1.0										
26		24.0	29,265												
27	X	24.0	29,265		1.2									0.7	
28	X	24.0	18,540		1.2									0.6	
29	X	24.0	28,810		1.3									0.7	
30	X	24.0	24,990		1.2									0.6	
31	X	24.0	30,760		1.2									0.6	
Total			898,480												
Average			28,983												
Maximum			39,800												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Venetian Village	PWS Identification Number:	3351426
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:	167	Total Population Served at End of Month:	585
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:	Venetian Village	Plant Telephone Number:	352-787-0980
Plant Address:	31 Tammi Drive	City:	Taveres
		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:	216,000		
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	Howard Jay Aldrich	C	6368	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 10-5-07
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: 3351426 Plant Name: Venetian Village

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 Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer, During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest UV Dose Operating, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	22,500		1.3										
2		24.0	25,625												
3	X	24.0	25,625		1.2									0.8	
4	X	24.0	33,610		0.8									0.5	
5	X	24.0	23,400		1.3									0.8	
6	X	24.0	29,160		1.4									1.0	
7	X	24.0	25,160		1.3									0.8	
8	X	24.0	30,430		1.2										
9		24.0	30,080												
10	X	24.0	30,080		1.2									0.8	
11	X	24.0	21,500		1.3									1.0	
12	X	24.0	23,050		1.2									0.8	
13	X	24.0	25,650		1.3									1.0	
14	X	24.0	25,200		0.8									0.6	
15	X	24.0	21,500		1.5										
16		24.0	32,170												
17	X	24.0	32,170		1.3									1.0	
18	X	24.0	24,080		1.3									0.8	
19	X	24.0	23,950		1.2									0.8	
20	X	24.0	30,440		1.2									0.8	
21	X	24.0	18,610		1.2									0.8	
22	X	24.0	26,880		1.2										
23		24.0	30,890												
24	X	24.0	30,890		1.1									0.8	
25	X	24.0	21,050		1.2									0.8	
26	X	24.0	45,600		1.2									0.8	
27	X	24.0	20,000		1.3									1.0	
28	X	24.0	25,010		1.2									0.8	
29	X	24.0	28,500		1.3										
30		24.0	30,105												
31		24.0													
Total			812,915												
Average			26,223												
Maximum			45,600												

* 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: October, 2007

A. Public Water System (PWS) Information

PWS Name:	Venetian-Village			PWS Identification Number:	3351426
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:	167			Total Population Served at End of Month:	585
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:	Venetian Village			Plant Telephone Number:	352-787-0980	
Plant Address:	31 Tammi Drive			City:	Taverns	
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	State:	Florida	Zip Code:	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	216,000					
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:	Howard Jay Aldrich	C	6368	Days 1st Shift		
	Marty Neal	C	10027	Days 1st Shift		
	John Worrell	C	6597	Days 1st Shift		

H. 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: 3351426 Plant Name: Venetian Village

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.	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 C/T 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	23,980		1.2									0.8	
2	X	24.0	24,300		1.2									0.8	
3	X	24.0	21,400		1.3									1.0	
4	X	24.0	23,500		1.2									0.8	
5	X	24.0	23,100		1.2									0.8	
6	X	24.0	20,400		1.1										
7		24.0	27,900												
8	X	24.0	27,400		1.1									0.8	
9	X	24.0	23,200		1.2									0.8	
10	X	24.0	27,000		1.3									1.0	
11	X	24.0	23,100		1.2									0.8	
12	X	24.0	23,600		1.1									0.8	
13	X	24.0	26,900		1.1										
14		24.0	27,600												
15	X	24.0	27,600		1.1									0.8	
16	X	24.0	39,500		1.2									0.8	
17	X	24.0	28,200		1.2									0.8	
18	X	24.0	27,300		1.3									1.0	
19	X	24.0	25,600		1.2									1.0	
20	X	24.0	24,400		1.2										
21		24.0	25,160												
22	X	24.0	25,160		1.1									0.8	
23	X	24.0	21,650		1.2									0.8	
24	X	24.0	32,400		1.2									0.8	
25	X	24.0	27,700		1.3									1.0	
26	X	24.0	21,700		1.3									1.0	
27	X	24.0	24,700		1.3										
28		24.0	30,800												
29	X	24.0	30,800		1.3									1.0	
30	X	24.0	24,100		1.4									1.0	
31	X	24.0	24,100		1.2									0.8	
Total			804,250												
Average			25,944												
Maximum			39,500												

* 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: 3351426 Plant Name: Venetian Village

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 Month	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										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Stopping Water System Components or Taking it 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) in 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	Minimum UV Dose Required, mW-sec/cm ²	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
X		24.0	25,600		1.3										1.0	
X		24.0	19,510		1.3										1.0	
X		24.0	30,950		1.2											
		24.0	31,425													
X		24.0	31,425		1.2										0.8	
X		24.0	20,740		1.3										1.0	
X		24.0	29,840		1.2										0.8	
X		24.0	37,640		1.3										1.0	
X		24.0	34,820		1.3										1.0	
		24.0	27,900													
X		24.0	27,900		0.7										0.3	
X		24.0	40,840		1.0										0.5	
X		24.0	25,530		1.0										0.5	
X		24.0	34,200		2.3										2.0	
X		24.0	28,300		2.0										1.5	
X		24.0	28,150		1.2										0.8	
X		24.0	19,600		1.4											
		24.0	37,895													
X		24.0	37,895		1.3										0.9	
X		24.0	20,350		1.0										0.8	
X		24.0	30,560		1.3										0.9	
		24.0	30,705													
X		24.0	30,705		1.2										0.8	
X		24.0	22,100		1.3											
		24.0	35,055													
X		24.0	35,055		1.2										0.8	
X		24.0	24,900		1.2										0.8	
X		24.0	29,330		1.3										0.9	
X		24.0	30,080		1.2										0.8	
X		24.0	23,660		1.3										0.9	
		24.0														
			882,660													
			28,473													
			40,840													

* 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: Venetian Village		PWS Identification Number: 3351426	
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: 167		Total Population Served at End of Month: 585	
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: Venetian Village		Plant Telephone Number: 352-787-0980	
Plant Address: 31 Tammi Drive		City: Taveres	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: 216,000			
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	Howard Jay Aldrich	C	6368	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.

1-9-08
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: 3351426 Plant Name: Venetian Village

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 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
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	CT Calculations				UV Dose					
						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			
12/1	X	24.0	24,400		1.3										
12/2		24.0	35,140												
12/3	X	24.0	35,140		1.3									0.8	
12/4	X	24.0	23,640		1.2									0.8	
12/5	X	24.0	30,470		1.3									0.8	
12/6	X	24.0	25,340		1.3									0.8	
12/7	X	24.0	26,400		1.3									0.9	
12/8	X	24.0	21,200		1.3										
12/9		24.0	35,680												
12/10	X	24.0	35,680		1.2									0.8	
12/11	X	24.0	24,210		1.4									1.0	
12/12	X	24.0	34,760		1.4									1.0	
12/13	X	24.0	34,120		1.3									1.0	
12/14	X	24.0	31,670		1.4									1.0	
12/15	X	24.0	27,230		1.4										
12/16		24.0	34,045												
12/17	X	24.0	34,045		1.3									1.0	
12/18	X	24.0	26,900		1.4									1.0	
12/19	X	24.0	27,890		1.4									1.0	
12/20	X	24.0	34,100		1.3									1.0	
12/21	X	24.0	33,200		1.5									1.1	
12/22	X	24.0	21,920		1.5										
12/23		24.0	36,340												
12/24	X	24.0	36,340		1.4									1.0	
12/25	X	24.0	32,130		1.3									1.0	
12/26	X	24.0	35,000		1.3									1.0	
12/27	X	24.0	29,040		1.4									1.0	
12/28	X	24.0	33,650		1.4									1.0	
12/29	X	24.0	28,800		1.3										
12/30		24.0	32,725												
12/31	X	24.0	32,725		1.3									1.0	
Total			953,930												
Average			30,772												
Minimum			36,340												

* 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:	3351426	Plant Name:	Venetian Village
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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: Venetian Village		PWS Identification Number: 3351426	
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: 151		Total Population Served at End of Month: 529	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
		Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aguaamerica.com			

B. Water Treatment Plant Information

Plant Name: Venetian Village		Plant Telephone Number: 352-787-0980	
Plant Address: 31 Tammi Drive		City: Taveres	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: 216,000			
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 2-6-06 C-6813
 Signature and Date DOCUMENT NUMBER 04315 Will Fontaine License Number
Printed or Typed Name

FPSC-COMMISSION CLERK

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

PWS Identification Number: 3351426 Plant Name: Venetian Village

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*										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		24.0	32,000												
2	X	24.0	32,000		1.5										1.1
3	X	24.0	45,600		1.3										1.0
4	X	24.0	30,900		1.3										1.0
5	X	24.0	20,400		1.3										1.0
6	X	24.0	39,100		1.4										1.0
7		24.0	25,500												
8	X	24.0	25,500		1.1										
9	X	24.0	36,000		1.2										0.8
10	X	24.0	25,500		1.1										0.9
11	X	24.0	21,000		1.2										0.9
12	X	24.0	24,100		1.2										0.9
13	X	24.0	28,400		1.5										1.1
14	X	24.0	21,000		1.4										
15		24.0	33,000												
16	X	24.0	33,000		1.3										1.0
17	X	24.0	26,800		1.3										1.0
18	X	24.0	33,100		1.3										1.0
19	X	24.0	27,300		1.2										0.9
20	X	24.0	33,000		1.3										1.0
21	X	24.0	18,000		1.3										
22		24.0	35,250												
23	X	24.0	35,250		1.4										1.1
24	X	24.0	25,500		1.3										1.1
25	X	24.0	30,000		1.3										1.1
26	X	24.0	23,500		1.4										1.0
27	X	24.0	29,800		1.9										1.4
28	X	24.0	20,400		1.5										
29		24.0	38,200												
30	X	24.0	38,200		1.5										1.1
31	X	24.0	14,200		1.4										1.0
Total			901,500												
Average			29,081												
Maximum			45,600												

* 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: February, 2006

A. Public Water System (PWS) Information

PWS Name:	Venetian Village	PWS Identification Number:	3351426
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:	151	Total Population Served at End of Month:	529
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:	Venetian Village	Plant Telephone Number:	352-787-0980
Plant Address:	31 Tammi Drive	City:	Taveres 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:	216,000		
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/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 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: 3351426 Plant Name: Venetian Village

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 Number	Flow (gpm)	Flow (MGD)	Calculations of 4-Log Virus Inactivation/Removal				Minimum Residual (mg/L)	Residual (mg/L)	Residual (mg/L) at Distribution System	Residual (mg/L) at Point of Operation
				Flow (gpm)	Flow (MGD)	Free Chlorine (mg/L)	Free Chlorine (mg/L)				
1	X	24.0	36,100			1.4				1.0	
2	X	24.0	21,500			1.4				1.0	
3	X	24.0	34,700			1.4				1.0	
4		24.0	26,750								
5	X	24.0	26,750			1.5				1.0	
6	X	24.0	36,700			1.4				1.1	
7	X	24.0	28,700			1.4				1.0	
8	X	24.0	28,100			1.3				1.0	
9	X	24.0	27,900			1.3				1.0	
10	X	24.0	30,000			1.3				0.9	
11	X	24.0	20,000			1.3					
12		24.0	35,000								
13	X	24.0	35,000			1.3				1.0	
14	X	24.0	29,000			1.5				1.1	
15	X	24.0	32,600			1.7				1.3	
16	X	24.0	35,300			1.4				1.0	
17	X	24.0	33,000			1.4				1.2	
18	X	24.0	26,600			1.3					
19		24.0	32,200								
20	X	24.0	32,200			1.3				0.9	
21	X	24.0	32,800			1.4				1.0	
22	X	24.0	29,200			1.7				1.3	
23	X	24.0	30,800			1.6				1.3	
24	X	24.0	29,800			1.5				1.1	
25	X	24.0	17,400			1.5					
26		24.0	32,800								
27	X	24.0	32,800			1.4				1.0	
28	X	24.0	23,800			1.3				0.9	
29		24.0									
30		24.0									
31		24.0									
Total			837,500								
Average			27,016								
Maximum			36,700								

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: <u>Venetian Village</u>		PWS Identification Number: <u>3351426</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>151</u>		Total Population Served at End of Month: <u>529</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>Venetian Village</u>		Plant Telephone Number: <u>352-787-0980</u>	
Plant Address: <u>31 Tammi 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		Zip Code: <u>32778</u>	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>216,000</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</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 Operator	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.

4-6-06
 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: April, 2006

A. Public Water System (PWS) Information

PWS Name: Venetian Village		PWS Identification Number: 3351426	
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: 151		Total Population Served at End of Month: 529	
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: Venetian Village		Plant Telephone Number: 352-787-0980	
Plant Address: 31 Tammi Drive		City: Taveres	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: 216,000			
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
Lead/Chief Operator	Will Fontaine	C	6813
Other Operators	Marty Neal	C	10027
	John Worrell	C	6597

II Certification by Lead/Chief Operator

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

5.5.06
 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 Identificaiton Number: 3351426 Plant Name: Venetian Village

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	Disinfectant Applied (mg/L)	Flow (MGD)	Volume of Water (MG)	Calculations of Free Chlorine Demand, and Log Virus Inactivation, if applicable														
				Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)					
1		24.0	34,650															
2	X	24.0	34,650															
3	X	24.0	40,100														1.3	
4	X	24.0	26,400														1.3	
5	X	24.0	41,000														1.3	
6	X	24.0	27,300														1.3	
7	X	24.0	37,400														1.1	
8	X	24.0	35,800															
9		24.0	35,000															
10	X	24.0	35,000														1.3	
11	X	24.0	25,000														1.1	
12	X	24.0	21,500														1.1	
13	X	24.0	45,000														1.2	
14	X	24.0	20,100														1.1	
15	X	24.0	43,600															
16		24.0	41,300															
17	X	24.0	41,300														0.7	
18	X	24.0	34,000														1.3	
19	X	24.0	35,500														1.3	
20	X	24.0	21,200														1.3	
21	X	24.0	54,600														1.3	
22	X	24.0	21,000															
23		24.0	38,000															
24	X	24.0	38,000														1.2	
25	X	24.0	17,200														1.1	
26	X	24.0	45,100														1.2	
27	X	24.0	25,200														1.3	
28	X	24.0	44,000														1.1	
29	X	24.0	26,800															
30		24.0	45,200															
31		24.0																
April			1,030,900															
Average			33,255															
Maximum			54,600															

* 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: May, 2006

A. Public Water System (PWS) Information

PWS Name: <u>Venetian Village</u>		PWS Identification Number: <u>3351426</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>151</u>		Total Population Served at End of Month: <u>529</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>Venetian Village</u>		Plant Telephone Number: <u>352-787-0980</u>	
Plant Address: <u>31 Tammi Drive</u>		City: <u>Taveres</u>	State: <u>Florida</u>
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: <u>32778</u>	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>216,000</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	Access	Emp. No.	Days 1st 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 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.

Signature and Date	<u>Will Fontaine</u> Printed or Typed Name	<u>C-6813</u> License Number
--------------------	---	---------------------------------

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

PWS Identification Number: 3351426 Plant Name: Venetian Village

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

Day	Time	Flow (gpm)	Chlorine (lb)	Residual (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
X	24.0	45,200		1.5				1.2
X	24.0	42,000		1.5				1.1
X	24.0	33,800		1.3				1.0
X	24.0	21,700		1.3				1.0
X	24.0	58,100		1.4				1.0
X	24.0	29,000		1.4				
	24.0	39,600						
X	24.0	39,600		1.5				1.1
X	24.0	30,700		1.3				1.0
X	24.0	34,900		1.3				1.1
X	24.0	21,100		1.3				1.0
X	24.0	36,800		1.3				1.1
X	24.0	23,700		1.3				
	24.0	35,100						
X	24.0	35,100		1.4				1.1
X	24.0	33,000		1.4				1.1
X	24.0	28,400		1.2				0.8
X	24.0	25,400		1.1				0.8
X	24.0	46,000		1.1				0.8
X	24.0	28,000		1.1				
	24.0	43,600						
X	24.0	43,600		1.3				0.9
X	24.0	36,200		1.2				0.8
X	24.0	24,000		1.2				0.8
X	24.0	32,600		1.2				0.8
X	24.0	42,100		1.1				0.8
X	24.0	25,500		1.2				
	24.0	34,000						
X	24.0	34,000		1.0				0.7
X	24.0	62,600		1.2				0.8
X	24.0	35,000		1.0				0.7
		1,100,400						
		35,497						
		62,600						

* 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: 3351426 Plant Name: Venetian Village

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm 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	25,500		1.3									1.0	
2	X	24.0	30,600		1.5									1.1	
3	X	24.0	22,300		1.3										
4		24.0	37,000												
5	X	24.0	37,000		1.0									0.7	
6	X	24.0	23,000		1.2									0.8	
7	X	24.0	48,000		1.4									1.1	
8	X	24.0	36,900		1.2									0.9	
9	X	24.0	30,000		1.3									1.0	
10	X	24.0	28,000		1.3										
11		24.0	35,200												
12	X	24.0	35,200		1.3									1.0	
13	X	24.0	25,800		1.2									0.8	
14	X	24.0	24,100		1.2									0.8	
15	X	24.0	14,900		1.2									0.9	
16	X	24.0	33,600		1.3									1.0	
17	X	24.0	26,800		1.3										
18		24.0	36,300												
19	X	24.0	36,300		1.2									0.8	
20	X	24.0	31,100		1.2									0.8	
21	X	24.0	23,000		1.5									1.1	
22	X	24.0	31,600		1.6									1.2	
23	X	24.0	25,900		1.5									1.2	
24	X	24.0	24,900		1.5										
25		24.0	29,400												
26	X	24.0	29,400		1.3									1.1	
27	X	24.0	26,800		1.4									1.1	
28	X	24.0	23,300		1.4									1.1	
29	X	24.0	23,200		1.3									1.2	
30	X	24.0	25,300		1.3									1.0	
31		24.0													
Total			880,400												
Average			28,400												
Maximum			48,000												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Venetian Village		PWS Identification Number: 3351426	
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: 151		Total Population Served at End of Month: 529	
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: Venetian Village		Plant Telephone Number: 352-787-0980	
Plant Address: 31 Tammi Drive		City: Tayeres	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: 216,000		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
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.

8-3-06
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: 3351426 Plant Name: Venetian Village

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant Operator	Net Quantity of Finished Water Produced (gal)	GTC Calculations, or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				GTC 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 Flowing, min/L	Temp of Water, °C	Temp of Water, °C If Applicable	Minimum GTC Required, mg min/L	Minimum UV Dose Required, mW sec/cm	Lowest Operating Level, mg/L	Minimum UV Dose Required, mW sec/cm		
1	X	24.0	21,300		1.4										
2		24.0	29,700												
3	X	24.0	29,700		1.4									1.1	
4	X	24.0	23,400		1.4									1.1	
5	X	24.0	35,100		1.5									1.1	
6	X	24.0	24,200		1.5									1.1	
7	X	24.0	25,200		1.4									1.0	
8	X	24.0	20,300		1.4										
9		24.0	30,300												
10	X	24.0	30,300		1.3									1.0	
11	X	24.0	25,300		1.3									1.0	
12	X	24.0	28,500		1.3									1.0	
13	X	24.0	25,300		1.3									0.9	
14	X	24.0	23,500		1.4									1.0	
15	X	24.0	17,300		1.7										
16		24.0	39,500												
17	X	24.0	39,500		1.5									1.1	
18	X	24.0	22,100		1.5									1.1	
19	X	24.0	40,200		2.5									1.7	
20	X	24.0	38,000		2.9									1.9	
21	X	24.0	33,700		3.1									2.5	
22	X	24.0	60,700		3.0									2.9	
23		24.0	33,800												
24	X	24.0	33,800		1.5									1.1	
25	X	24.0	31,100		1.5									1.1	
26	X	24.0	38,000		1.7									1.3	
27	X	24.0	20,000		1.7									1.3	
28	X	24.0	36,000		1.5									1.1	
29	X	24.0	24,600		1.3										
30		24.0	26,600												
31	X	24.0	26,600		1.2									0.9	
Total			933,600												
Avg. mg			30,116												
Maximum			60,700												

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Venetian Village	PWS Identification Number:	3351426
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:	151	Total Population Served at End of Month:	529
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:	Venetian Village	Plant Telephone Number:	352-787-0980
Plant Address:	31 Tammi Drive	City:	Taveres
		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:	216,000		

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

Will Fontaine 9.7.06
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: 3351426 Plant Name: Venetian Village

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

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

Ultraviolet Radiation Other (Describe):

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

Date	Time	Flow (MGD)	Chlorine Dose (mg/L)	Chlorine Residual (mg/L)		Chlorine Dioxide Residual (mg/L)	Ozone Residual (mg/L)	Combined Chlorine Residual (mg/L)	pH	Temperature (°F)	Total Chlorine Residual (mg/L)	Notes	
				at Plant	at Distribution System								
X		24.0	14,000		1.4							1.0	
X		24.0	29,200		1.2							0.9	
X		24.0	20,800		1.2							0.9	
X		24.0	23,000		1.3							1.0	
X		24.0	14,200		1.3								
		24.0	29,000										
X		24.0	29,000		1.2							0.8	
X		24.0	28,000		1.3							1.0	
X		24.0	19,000		1.7							1.2	
X		24.0	17,100		1.5							1.2	
X		24.0	22,200		1.3							1.0	
		24.0	18,950										
X		24.0	18,950		1.2								
X		24.0	23,900		1.3							1.0	
X		24.0	15,300		1.3							1.0	
X		24.0	22,500		1.2							0.9	
X		24.0	19,000		1.2							0.9	
X		24.0	25,800		1.2							0.9	
X		24.0	11,700		1.7								
		24.0	27,650										
X		24.0	27,650		1.5							1.2	
X		24.0	22,000		1.4							1.1	
X		24.0	19,100		1.4							1.0	
X		24.0	22,500		1.7							1.2	
X		24.0	22,800		1.9							1.5	
X		24.0	19,200		1.7								
		24.0	24,200										
X		24.0	24,200		1.6							1.2	
X		24.0	12,100		1.6							1.2	
X		24.0	21,000		1.5							1.2	
X		24.0	20,000		1.7							1.3	
			664,000										
			21,419										
			29,200										

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Venetian Village	PWS Identification Number: 3351426
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: 151	Total Population Served at End of Month: 529
PWS Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: Florida Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: bheath@aquaaamerica.com	

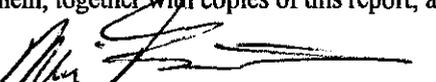
B. Water Treatment Plant Information

Plant Name: Venetian Village	Plant Telephone Number: 352-787-0980
Plant Address: 31 Tammi Drive	City: Taveres 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: 216,000	
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C

Name	License Class	License Number	Day(s) Shift(s) 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.

 10-6-06
 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: October, 2006

A. Public Water System (PWS) Information

PWS Name:	Venetian Village	PWS Identification Number:	3351426
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:	151	Total Population Served at End of Month:	529
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:	Venetian Village	Plant Telephone Number:	352-787-0980
Plant Address:	34 Tammi Drive	City:	Tavernes
		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:	216,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Name	License Class	License Number	Days/Shift
Will Fontaine	C	6813	Days 1st Shift
Marry 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 11-3-06
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 Identificaiton Number: 3351426 Plant Name: Venetian Village

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

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

Ultraviolet Radiation Other (Describe):

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

Day	Time	Flow (MGD)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Notes
	24:0	31,000						
X	24:0	31,000	1.3					1.0
X	24:0	30,300	1.1					0.9
X	24:0	18,700	1.2					0.8
X	24:0	23,700	1.7					1.1
X	24:0	31,900	1.5					1.1
X	24:0	22,900	1.4					
	24:0	28,350						
X	24:0	28,350	1.3					1.1
X	24:0	28,500	1.3					1.1
X	24:0	23,100	0.5					0.3
X	24:0	21,300	1.6					1.2
X	24:0	17,800	1.0					0.8
X	24:0	20,400	1.3					1.0
	24:0	33,500						
X	24:0	33,500	1.2					0.9
X	24:0	23,400	1.5					1.1
X	24:0	30,400	2.3					1.7
X	24:0	30,300	1.3					0.9
X	24:0	26,500	1.3					1.0
X	24:0	26,100	1.1					
	24:0	27,600						
X	24:0	27,600	1.5					1.0
X	24:0	29,000	1.8					0.7
X	24:0	29,850	1.9					1.3
X	24:0	30,370	2.0					1.4
X	24:0	29,490	1.5					1.1
X	24:0	20,800	1.4					
	24:0	32,050						
X	24:0	32,050	1.6					1.0
X	24:0	26,670	1.2					0.8
		842,480						
		27,177						
		33,500						

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: <u>Venetian Village</u>		PWS Identification Number: <u>3351426</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>151</u>		Total Population Served at End of Month: <u>529</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> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Venetian Village</u>		Plant Telephone Number: <u>352-787-0980</u>	
Plant Address: <u>31 Tammi Drive</u>		City: <u>Taveres</u>	State: <u>Florida</u> Zip Code: <u>32778</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>216,000</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 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: 3351426 Plant Name: Venetian Village

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

Month	Days Plant Operated	Hours Plant Operated	Net Quantity of Finished Water Produced (gpd)	CT Calculations for UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergencies or abnormal operating conditions, repairs 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 CTs Provided Before or at First Customer During Peak Flow (min/L)	Temp of Water (C)	Temp of Water (F) if Applicable	Minimum CT Required (min/L)	Operating UV Dose (mW/cm ²)			Minimum UV Dose Required (mW/cm ²)
	X	24.0	28,520		1.5								1.0	
	X	24.0	29,600		1.4								0.8	
	X	24.0	25,700		1.6								1.0	
	X	24.0	34,500		1.5									
		24.0	30,270											
	X	24.0	30,270		2.0								1.1	
	X	24.0	26,960		1.8								1.0	
	X	24.0	21,640		1.6								1.0	
	X	24.0	25,480		1.6								1.1	
	X	24.0	22,330		1.5								0.8	
	X	24.0	20,500		1.5									
		24.0	28,010											
	X	24.0	28,010		1.5								0.8	
	X	24.0	29,050		1.4								0.8	
	X	24.0	24,080		1.6								1.0	
	X	24.0	27,490		1.6								1.0	
	X	24.0	21,950		1.5								0.8	
	X	24.0	23,150		1.5									
		24.0	28,880											
	X	24.0	28,880		1.6								1.0	
	X	24.0	26,590		1.6								1.0	
	X	24.0	24,710		1.5								0.8	
	X	24.0	23,000		1.4								1.0	
	X	24.0	37,980		1.4								1.0	
	X	24.0	28,800		1.3									
		24.0	33,150											
	X	24.0	33,150		1.3								0.8	
	X	24.0	27,840		1.5								0.8	
	X	24.0	22,900		1.6								1.0	
	X	24.0	26,700		1.8								1.1	
		24.0												
Total			820,090											
Average			26,455											
Maximum			37,980											

* 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

A. Public Water System (PWS) Information

PWS Name: Venetian Village		PWS Identification Number: 3351426	
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: 151		Total Population Served at End of Month: 529	
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: Venetian Village		Plant Telephone Number: 352-787-0980	
Plant Address: 31 Tammi Drive		City: Taveres	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: 216,000			
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
Operator	Marty Neal	C	10027	Days 1st Shift
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 Identificaiton Number: 3351426 Plant Name: Venetian Village

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

Date	Shift	Operator	Hours plant in operation	Net Quantity of Finished Water Produced (gal)	CIT Calculations for UV Dose and Dose Rate to Demonstrate Four-Log Virus Inactivation, if applicable														
					Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (mg/L) Before or After Customer During Peak Flow	Disinfectant Concentration (mg/L) Measurement Point During Peak Flow	Flow Provided Before or After Customer During Peak Flow (mg/L)	Temp of Water (°C)	pH of Water (if Applicable)	Minimum Ct Required (min)	Lowest Operating Ct (min)	Minimum Ct Required (min)	Lowest Residual Disinfectant Concentration (mg/L) at Point of Distribution	Concentration of Disinfectant Residual at Point of Distribution				
X			24.0	25,700		1.8												1.1	
X			24.0	22,190		1.8													
			24.0	27,660															
X			24.0	27,660		1.8												1.0	
X			24.0	20,600		1.6												0.8	
X			24.0	29,170		1.6												1.0	
X			24.0	24,140		1.6												1.0	
X			24.0	24,310		1.8												1.0	
X			24.0	20,200		1.7													
			24.0	32,925															
X			24.0	32,925		1.6												1.0	
X			24.0	23,000		1.6												1.2	
X			24.0	27,230		1.8												1.2	
X			24.0	23,140		1.8												1.1	
X			24.0	22,480		1.6												1.0	
X			24.0	23,090		1.5													
			24.0	28,240															
X			24.0	28,240		1.6												1.0	
X			24.0	24,080		1.5												1.0	
X			24.0	25,950		1.4												0.8	
X			24.0	24,770		1.5												1.0	
X			24.0	26,470		1.8												1.1	
X			24.0	28,600		1.7												1.2	
			24.0	28,947															
			24.0	28,947															
X			24.0	28,947		1.6												1.0	
X			24.0	30,890		1.5												1.0	
X			24.0	23,180		1.5												1.0	
X			24.0	32,330		1.6												1.0	
X			24.0	25,610		1.6												1.0	
			24.0	35,430															
				827,050															
				26,679															
				35,430															

* 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:	3351426	Plant Name:	Venetian Village
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IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2006

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

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

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

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

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

August 10, 2004

Aqua Utilities Florida
6960 Professional Parkway East, Suite 400
Sarasota, FL 34240

SUBJECT: Consumptive Use Permit Number 2608
Venetian Village

Dear Sir/Madam:

Enclosed is your permit and the forms necessary for submitting information to comply with conditions of the permit as authorized by the St. Johns River Water Management District on August 10, 2004.

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
Permit Data Services Division

Enclosures: Permit, Conditions for Issuance, Compliance Forms, Map, Well Tags

cc: District Permit File

Agent: Aqua Utilities Florida
6960 Professional Parkway East, Suite 400
Sarasota, FL 34240

GOVERNING BOARD

Ometrias D. Long, CHAIRMAN APOPKA	David G. Graham, VICE CHAIRMAN JACKSONVILLE	R. Clay Albright, SECRETARY OCALA	Duane Ottenstroer, TREASURER JACKSONVILLE
W. Michael Branch FERNANDINA BEACH	John G. Sowinski ORLANDO	William Kerr MELBOURNE BEACH	Ann T. Moore SUNNELL
			Susan N. Hughes JACKSONVILLE

DOCUMENT NUMBER - DATE
04315 MAY 22 08
FPSC - COMMISSION CLERK

PERMIT NO. 2608

DATE ISSUED: August 10, 2004

PROJECT NAME: Venetian Village

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 17.341 million gallons per year (mgy) (0.0475 million gallons per day (mgd) average) of groundwater from the Floridan aquifer for public supply type use.

LOCATION:

Site: Venetian Village
Lake County

Section(s): 11 Township(s): 20S Range(s): 26E

ISSUED TO:

Aqua Utilities Florida
6960 Professional Parkway East, Suite 400
Sarasota, FL 34240

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all maps and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights of privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

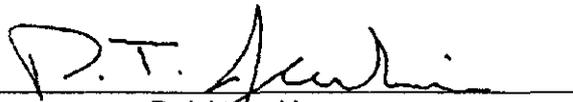
This permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes and 40C-1, Florida Administrative Code.

PERMIT IS CONDITIONED UPON:

See conditions on attached "Exhibit A", dated August 10, 2004

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 2608
AQUA UTILITIES FLORIDA
DATED AUGUST 10, 2004

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 2608 plainly labeled.
11. This permit will expire on February 18, 2020.
12. Maximum annual ground water withdrawals from the Floridan aquifer for household, and utility losses must not exceed:

13.14 million gallons (0.0360 million gallons per day average) in 2004,
13.39 million gallons (0.0367 million gallons per day average) in 2005,
13.66 million gallons (0.0374 million gallons per day average) in 2006,
13.92 million gallons (0.0381 million gallons per day average) in 2007,
14.19 million gallons (0.0389 million gallons per day average) in 2008,
14.45 million gallons (0.0396 million gallons per day average) in 2009,
14.71 million gallons (0.0403 million gallons per day average) in 2010,
14.98 million gallons (0.0410 million gallons per day average) in 2011,
15.24 million gallons (0.0417 million gallons per day average) in 2012,
15.50 million gallons (0.0425 million gallons per day average) in 2013,
15.76 million gallons (0.0432 million gallons per day average) in 2014,
16.03 million gallons (0.0439 million gallons per day average) in 2015,
16.29 million gallons (0.0446 million gallons per day average) in 2016,
16.55 million gallons (0.0453 million gallons per day average) in 2017,
16.81 million gallons (0.0461 million gallons per day average) in 2018,
17.08 million gallons (0.0468 million gallons per day average) in 2019 and,
17.34 million gallons (0.0475 million gallons per day average) in 2020.

If the permittee has not complied with all the conditions of this permit, the maximum annual groundwater withdrawals for household and unaccounted uses must not exceed the allocation for the year during which the violation first took place until the permittee is in compliance with all the conditions of this permit.

13. The permittee must have the flowmeters checked for accuracy every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/calibration.
14. Withdrawals from Wells #1 and #2 must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of the monitoring using Form No. EN-50. The reporting dates each year will be as follows for the duration of the permit:

<u>Reporting Period</u>	<u>Report Due Date</u>
January - June	July 31
July - December	January 31

15. 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.
16. The permittee must continue to implement the Water Conservation Plans submitted to the District on October 2, 2003, in accordance with the schedules contained therein.
17. The permittee shall submit an annual water audit of the water distribution system for the following years: 2007, 2010, 2013, 2016, and 2019. The audit will be submitted to the District by January 31st of the following year and completed in accordance with the Water Audit Form as enclosed in the District's Chapter 40C-2 Applicant's Handbook.
18. The permittee must submit an annual report to the District summarizing any water line repair activities. This report must be submitted to the District, for review and comment, by March 15th of the following year and must include a leak detection evaluation.
19. The lowest quality water source, such as reclaimed water or surface/storm water, must be used as irrigation water when deemed feasible pursuant to District rules and applicable state law.

Notice Of Rights

1. A person whose substantial interests are or may be determined has the right to request an administrative hearing by filing a written petition with the St. Johns River Water Management District (District), or may choose to pursue mediation as an alternative remedy under Sections 120.569 and 120.573, Florida Statutes, before the deadline for filing a petition. Choosing mediation will not adversely affect the rights to a hearing if mediation does not result in a settlement. The procedures for pursuing mediation are set forth in Sections 120.569 and 120.57, Florida Statutes, and Rules 28-106.111 and 28-106.401-.405, Florida Administrative Code. Pursuant to Chapter 28-106 and Rule 40C-1.1007, Florida Administrative Code, the petition must be filed at the office of the District Clerk at District Headquarters, P. O. Box 1429, Palatka, Florida 32178-1429 (4049 Reid St., Palatka, FL 32177) 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) 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 actual notice). A petition must comply with Chapter 28-106, Florida Administrative Code.
2. If the Governing Board takes action which substantially differs from the notice of District decision, a person whose substantial interests are or may be determined has the right to request an administrative hearing or may choose to pursue mediation as an alternative remedy as described above. Pursuant to District Rule 40C-1.1007, Florida Administrative Code, the petition must be filed at the office of the District Clerk at the address described 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) or within twenty-one (21) days of newspaper publication of the notice of its final agency action (for those persons to whom the District does not mail actual notice). Such a petition must comply with Rule Chapter 28-106, Florida Administrative Code.
3. A substantially interested person has the right to a formal administrative hearing pursuant to Section 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 must comply with the requirements set forth in Rule 28-106.201, Florida Administrative Code.
4. A substantially interested person has the right to an informal 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 comply with the requirements set forth in Rule 28-106.301, Florida Administrative Code.
5. A petition for an administrative hearing is deemed filed upon delivery of the petition to the District Clerk at the District headquarters in Palatka, Florida.
6. Failure to file a petition for an administrative hearing, within the requisite time frame shall constitute a waiver of the right to an administrative hearing (Section 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, and Chapter 28-106, Florida Administrative Code and Section 40C-1.1007, Florida Administrative Code.

Notice Of Rights

8. An applicant with a legal or equitable interest in real property who believes that a District permitting action is unreasonable or will unfairly burden the use of his property, has the right to, within 30 days of receipt of notice of the District's written decision regarding a permit application, apply for a special master proceeding under Section 70.51, Florida Statutes, by filing a written request for relief at the office of the District Clerk located at District headquarters, P. O. Box 1429, Palatka, FL 32178-1429 (4049 Reid St., Palatka, Florida 32177). A request for relief must contain the information listed in Subsection 70.51(6), Florida Statutes.
9. A timely filed request for relief under Section 70.51, Florida Statutes, tolls the time to request an administrative hearing under paragraph no. 1 or 2 above (Paragraph 70.51(10)(b), Florida Statutes). However, the filing of a request for an administrative hearing under paragraph no. 1 or 2 above waives the right to a special master proceeding (Subsection 70.51(10)(b), Florida Statutes).
10. Failure to file a request for relief within the requisite time frame shall constitute a waiver of the right to a special master proceeding (Subsection 70.51(3), Florida Statutes).
11. Any substantially affected person who claims that final action of the District constitutes an unconstitutional taking of property without just compensation may seek review of the action in circuit court pursuant to Section 373.617, Florida Statutes, and the Florida Rules of Civil Procedures, by filing an action in circuit court within 90 days of the rendering of the final District action, (Section 373.617, Florida Statutes).
12. Pursuant to Section 120.68, Florida Statutes, a person who is adversely affected by final District action may seek review of the action in the District Court of Appeal by filing a notice of appeal pursuant to the Florida Rules of Appellate Procedure within 30 days of the rendering of the final District action.
13. A party to the proceeding before the District who claims that a District order is inconsistent with the provisions and purposes of Chapter 373, Florida Statutes, may seek review of the order pursuant to Section 373.114, Florida Statutes, by the Florida Land and Water Adjudicatory Commission, by filing a request for review with the Commission and serving a copy on the Department of Environmental Protection and any person named in the order within 20 days of adoption of a rule or the rendering of the District order.
14. For appeals to the District Court of Appeal, a District action is considered rendered 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 described in paragraphs #11 and #12, or for Commission review as described in paragraph #13, will result in waiver of that right to review.

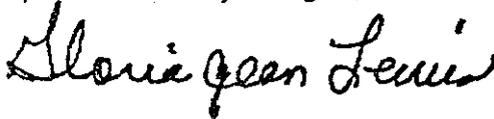
Notice Of Rights

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
6960 Professional Parkway East, Suite 400
Sarasota, FL 34240

At 4:00 p.m. this ^{19th}~~10th~~ day of August, 2004.



Division of Permit Data Services
Gloria Lewis, Director

St. Johns River Water Management District
Post Office Box 1429
Palatka, FL 32178-1429
(386) 329-4152

Permit Number: 2608

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: 2130136 Sub-Contract Lab ID: _____

Lab Receipt Date and Time: 12/6/07 12:55

Analysis Method Requested:

Colliert Membrane Filtration PWS I.D. 3351426

Received for Laboratory By: PAL

System Name: Venetian Village #6425

Analysis Date and Time: 12/6/07 1505

System Address: 31 Tammi Dr.

Sample Acceptance Criteria:
 Sample Preservation On Ice Not On Ice 6.7°C
 Disinfectant Check Not Detected >0.1 mg/l

City: Cake Jan System or Owner's Phone #: 787-0980 Fax #: 787-6333

Collector: HJ Alonit Collector's Phone #: same

Relinquished By: HJ Alonit Received By: Ray King Relinquished By: Ray King

Date/Time: 12-6-07 / 1030 Date/Time: 12/6/07 Date/Time: 12/6/07 1505

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): 12-5-07

LABORATORY CERTIFICATE OF ANALYSIS

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

Fecal (MF) SM9221E E. coli (MF) EC-MJUG (Colliert) 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
10	well 1	1200	R	0	
11	well 2	1210	R	0	
12	28744 Tammi Dr.	1220	P	1.0	
13	27705 Cors Dr.	1230	O	0.8	

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. ²	Lab Sample Number
	A			2130136 001
	A			002
	A			003
	A			2130136 004

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 0.9

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

Disinfectant Residual Analysis Method: DPD Colorimetric Other
 Person performing analysis is:
 A certified operator (# 26365) Employed by a certified lab
 Supervised by a certified operator (# _____) Employed by DEP or DOH

Report authorized by: [Signature]
 Technical Director or Designee

Date: 12/6/07 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.
 1160 Thomas Avenue
 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 - 04315 MAY 22 8 FPSC-COMMISSION CLERK

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

500 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5384

Date issued: May 4, 2007

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

Client: Aqua Utilities Florida, Inc.
Workorder ID: Venetian Village NO2/NO3
Received: 5/01/07 13:05

[2128525]

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: 5/4/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Venetian Village NO2/NO3
Received: 5/01/07 13:05

[2128525]

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

HBEL Sample

Method Narratives (If Applicable)

Number Sample ID Analytical Method Description

Quality Control Summary

Method HBEL Batch Analyte Analytical Issue

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 5/4/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

CERTIFICATE OF ANALYSIS

[2128525]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Venetian Village NO2/NO3

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID:		2128525001		Sampled: 05/01/07 10:00		Received: 05/01/07 13:05				
Sample ID:		Entry Point Eff Grab		Matrix: Water		Results reported on Wet Weight Basis				
Nitrate as N		0.39	mg/L	0.0030	EPA 300.0	IC7206		05/2/07 14:55	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC7206		05/2/07 14:55	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.

5600 US 1 North
 Fort Pierce, FL 34946
 FDOH # E96080
 Printed: 5/4/07

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



307 Coolidge Avenue
 Lehigh Acres, FL 33936
 FDOH # E85370

16331 Cortez Blvd
 Brooksville, FL 34601
 FDOH # E84418

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: November 29, 2006

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

Client: Aqua Utilities Florida, inc.

Workorder ID: 6425 Venetian Village HAA5

[2127284]

Received: 11/09/06 13:00

Dear Brian Heath;

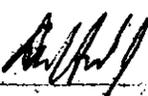
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,


Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North
Fort Pierce, FL 34946
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FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 11/29/06



Page 1 of 4

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6425 Venetian Village HAA5
Received: 11/09/06 13:00

[2127284]

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

HBEL Sample

Method Narratives (If Applicable)

<u>Number</u>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>
---------------	------------------	--------------------------	--------------------

Quality Control Summary

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
---------------	-------------------	----------------	-------------------------

EPA 552.1

PEST4829

2127284001	Dibromoacetic Acid	Accuracy - Outside acceptance limits in the MS.
2127284001	Dibromoacetic Acid	Precision - Outside acceptance limits between the MS and MSD.
2127284001	Dichloroacetic Acid	Precision - Outside acceptance limits between the MS and MSD.
2127284001	Monochloroacetic Acid	Accuracy - Outside acceptance limits in the MS.
2127284001	Trichloroacetic acid	Accuracy - Outside acceptance limits in the MS.
2127284001	Trichloroacetic acid	Precision - Outside acceptance limits between the MS and MSD.

The above due to matrix effects. Accuracy/Precision demonstrated with other QC samples.

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FDOH # E85370

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Brooksville, FL 34601
FDOH # E84418

Printed: 11/29/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

CERTIFICATE OF ANALYSIS

[2127284]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6425 Venetian Village HAA5

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2127284001						Sampled: 11/09/06 10:15		Received: 11/09/06 13:00			
Sample ID: 28930 Tammi Dr "MRT" Grab						Matrix: Water		Results reported on Wet Weight Basis			
Dibromoacetic Acid		0.26	ug/L	0.18	EPA 552.1	PEST4829	11/28/06 14:17	11/28/06 18:28	JL	E96080	
Dichloroacetic Acid		6.7	ug/L	0.66	EPA 552.1	PEST4829	11/28/06 14:17	11/28/06 18:28	JL	E96080	
Monobromoacetic Acid		0.28 U	ug/L	0.28	EPA 552.1	PEST4829	11/28/06 14:17	11/28/06 18:28	JL	E96080	
Monochloroacetic Acid		1.4	ug/L	0.88	EPA 552.1	PEST4829	11/28/06 14:17	11/28/06 18:28	JL	E96080	
Total HAAs		12	ug/L	0.18	EPA 552.1	PEST4829	11/28/06 14:17	11/28/06 18:28	JL	E96080	
Trichloroacetic acid		3.8	ug/L	0.20	EPA 552.1	PEST4829	11/28/06 14:17	11/28/06 18:28	JL	E96080	

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

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FDOH # E96080

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FDOH # E83509

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Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418



Printed: 11/29/06

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: September 14, 2006

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

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6425 Venetian Village DW Scan [2126626]
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.

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FDOH # E84418

Printed: 9/14/06



Page 1 of 6

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: 6425 Venetian Village DW Scan
Received: 8/23/06 13:25

[2126626]

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

HBEL Sample

Method Narratives (If Applicable)

Number Sample ID Analytical Method Description

Quality Control Summary

Method HBEL Batch Analyte

Analytical Issue

EPA 504.1

PEST4785

2126626001 1,2,3-Trichloropropane Surrogate - Outside acceptance Limits.

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

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FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 9/14/06



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

1600 U.S. 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS [2126626]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6425 Venetian Village DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126626001						Sampled: 08/23/06 10:25				
Sample ID: 6425 Point of Entry Grab						Received: 08/23/06 13:25				
						Matrix: Water				
						Results reported on Wet Weight Basis				
Odor - Dechlorinated		1.0 U	T.O.N.	1.0	EPA 140.1	WCDE15055		08/23/06 14:51	PA	E83509
pH	Q	7.81	SU	0.200	EPA 150.1	WCDE15054		08/23/06 13:55	PA	E83509
Total Dissolved Solids		150	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 13:45	DM	E96080
Barium		0.021	mg/L	0.0018	EPA 200.7	META8120		09/11/06 13:45	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8120		09/11/06 13:45	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8120		09/11/06 13:45	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8120		09/11/06 13:45	DM	E96080
Copper		0.0067	mg/L	0.0014	EPA 200.7	META8120		09/11/06 13:45	DM	E96080
Iron		0.14	mg/L	0.025	EPA 200.7	META8120		09/11/06 13:45	DM	E96080
Manganese		0.0098	mg/L	0.0037	EPA 200.7	META8120		09/11/06 13:45	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8120		09/11/06 13:45	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8120		09/11/06 13:45	DM	E96080
Sodium		7.6	mg/L	0.50	EPA 200.7	META8120		09/11/06 13:45	DM	E96080
Zinc		0.017	mg/L	0.010	EPA 200.7	META8120		09/11/06 13:45	DM	E96080
Antimony		0.0042 U	mg/L	0.0042	EPA 200.9	META8111		09/7/06 18:30	DM	E96080
Lead		0.00080	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		09/1/06 0:41	DM	E96080
Mercury Chloride		0.000060 U	mg/L	0.000060	EPA 245.1	META8097	08/28/06 18:45	08/31/06 23:01	DM	E96080
Fluoride		15	mg/L	5.0	EPA 300.0	IC6923		08/26/06 3:17	JL	E96080
Nitrate as N		0.087	mg/L	0.011	EPA 300.0	IC6920		08/24/06 14:15	JL	E96080
Nitrite as N		0.0051	mg/L	0.0030	EPA 300.0	IC6920		08/24/06 14:15	JL	E96080
Sulfate		0.0022 U	mg/L	0.0022	EPA 300.0	IC6920		08/24/06 14:15	JL	E96080
Sulfate		2.8	mg/L	1.4	EPA 300.0	IC6923		08/26/06 3:17	JL	E96080
Surfactants as LAS, Mol.wt.340		0.048	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		0.0011 U	ug/L	0.0011	EPA 504.1	PEST4785	08/28/06 11:52	08/28/06 21:38	JL	E96080
1,2-Dibromoethane		0.0025 U	ug/L	0.0025	EPA 504.1	PEST4785	08/28/06 11:52	08/28/06 21:38	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4788	08/29/06 8:09	08/29/06 17:47	JL	E96080
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST4788	08/29/06 8:09	08/29/06 17:47	JL	E96080
gamma-BHC (Lindane)		0.020 U	ug/L	0.020	EPA 505	PEST4788	08/29/06 8:09	08/29/06 17:47	JL	E96080
Heptachlor		0.036 U	ug/L	0.036	EPA 505	PEST4788	08/29/06 8:09	08/29/06 17:47	JL	E96080
Heptachlor epoxide		0.028 U	ug/L	0.028	EPA 505	PEST4788	08/29/06 8:09	08/29/06 17:47	JL	E96080
Methoxychlor		0.044 U	ug/L	0.044	EPA 505	PEST4788	08/29/06 8:09	08/29/06 17:47	JL	E96080
PCB		0.14 U	ug/L	0.14	EPA 505	PEST4788	08/29/06 8:09	08/29/06 17:47	JL	E96080
Toxaphene		0.61 U	ug/L	0.61	EPA 505	PEST4788	08/29/06 8:09	08/29/06 17:47	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 21:35	JL	E96080
2,4-D alapon		0.22 U	ug/L	0.22	EPA 515.1	PEST4787	08/28/06 11:51	08/31/06 21:35	JL	E96080
Dinoseb		2.3 U	ug/L	2.3	EPA 515.1	PEST4787	08/28/06 11:51	08/31/06 21:35	JL	E96080
		0.23 U	ug/L	0.23	EPA 515.1	PEST4787	08/28/06 11:51	08/31/06 21:35	JL	E96080

5800 US 1 North
 Fort Pierce, FL 34946
 FDOH # E96080

4155 St. Johns Pkwy Suite 1300
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 FDOH # E83509

307 Coolidge Avenue
 Lehigh Acres, FL 33936
 FDOH # E85370

16331 Cortez Blvd
 Brooksville, FL 34601
 FDOH # E84418



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

CERTIFICATE OF ANALYSIS

[2126626]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 6425 Venetian Village DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126626002					Sampled:		Received: 08/23/06 13:25			
Sample ID: Trip Blank					Matrix: Water		Results reported on Wet Weight Basis			
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2686		08/28/06 14:00	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2686		08/28/06 14:00	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2686		08/28/06 14:00	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2686		08/28/06 14:00	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2686		08/28/06 14:00	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2686		08/28/06 14:00	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2686		08/28/06 14:00	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2686		08/28/06 14:00	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2686		08/28/06 14:00	WR	E96080
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2686		08/28/06 14:00	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2686		08/28/06 14:00	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2686		08/28/06 14:00	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2686		08/28/06 14:00	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2686		08/28/06 14:00	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2686		08/28/06 14:00	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2686		08/28/06 14:00	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2686		08/28/06 14:00	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2686		08/28/06 14:00	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2686		08/28/06 14:00	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2686		08/28/06 14:00	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2686		08/28/06 14:00	WR	E96080
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2686		08/28/06 14:00	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2686		08/28/06 14:00	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2686		08/28/06 14:00	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2686		08/28/06 14:00	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2686		08/28/06 14:00	WR	E96080

Laboratory ID: 2126626003					Sampled: 08/23/06 10:25		Received: 08/23/06 13:25			
Sample ID: 28930 Tammi Drive MRT Grab					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		2.7	ug/L	0.25	EPA 524.2	VOC2686		08/28/06 17:23	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2686		08/28/06 17:23	WR	E96080
Chloroform		11	ug/L	0.25	EPA 524.2	VOC2686		08/28/06 17:23	WR	E96080
Dibromochloromethane		0.69	ug/L	0.30	EPA 524.2	VOC2686		08/28/06 17:23	WR	E96080
Total THMs		14	ug/L	0.50	EPA 524.2	VOC2686		08/28/06 17:23	WR	E96080

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

Q Sample held beyond the accepted holding time.

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

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

307 Coolidge Avenue
 Lehigh Acres, FL 33936
 FDOH # E85370

16331 Cortez Blvd
 Brooksville, FL 34601
 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

September 19, 2007

Mr. Jack Lihvarcik
Aqua Utilities Florida Inc.
1100 Thomas Avenue
Leesburg, FL 34748

OCD-PW-SS-07-1120

Lake County - PW

<u>System Name</u>	<u>PWS ID Number</u>
Fairways at Mount Plymouth	3354945
Venetian Village	3351426

Dear Mr. Lihvarcik:

This confirms a visit to the subject community public water systems on August 17, 2007 by Nathan Hess to conduct sanitary survey inspections. Copies of the sanitary survey inspection reports are enclosed for your reference and records.

Deficiencies found during the sanitary surveys 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 October 31, 2007**. (You may use the attached response form to indicate the corrective actions taken.)

If you have any questions, please contact Nathan Hess by e-mail at Nathan.Hess@dep.state.fl.us or by phone at (407) 894-7555, extension 2276.

Sincerely,

Kim Dodson, Environmental Manager
Drinking Water Compliance and Enforcement

KMD/njh
Enclosures

cc: Patrick Farris, Aqua Utilities Florida, Inc. [PAFamis@aquaaamerica.com]
Nathan Hess, DEP Drinking Water Compliance and Enforcement

DOCUMENT NUMBER - DATE

04315 MAY 22 08

FPSC-COMMISSION CLERK

State of Florida
Department of Environmental Protection
Central District
SANITARY SURVEY REPORT

Plant Name VENETIAN VILLAGE County _____ Lake _____ PWS ID # 3351426
 Plant Location 31 Tammi Drive, Tavares, FL 32778 Phone 352-787-0980
 Owner Name Aqua Utilities Florida, Inc Phone 352-787-0980
 Owner Address 1100 Thomas Avenue, Leesburg, FL 34748
 Contact Person Patrick Farris Title Compliance Specialist Phone 352-435-4029
 This Survey Date 8/17/07 Last Survey Date 4/28/04 Last Compliance Inspection Date 10/4/01

PWS TYPE: Community
 PLANT CATEGORY & CLASS: 5D
 MAX-DAY DESIGN CAPACITY: 216,000 gpd
 PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Hypochlorination

SERVICE AREA CHARACTERISTICS

Mobile Home Park
 Food Service: Yes No N/A
 Number of Service Connections 167
 Population Served 585 Basis X 3.5

OPERATION & MAINTENANCE

O&M Log: Yes No Location WTP
 Certified Operator: Yes No Not required
 Operator(s) & Certification Class-Number
Howard Aldrich C-6368

OPERATOR VISITATION FREQUENCY

Hrs/day: Required N/A Actual N/A
 Days/wk: Required 3 Actual 5+1
 Non-consecutive Days? Yes No N/A

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A
 Data missing from MORs? No Yes N/A
 Average Day (from MORs) 28,369 gpd
 Maximum Day (from MORs) 47,740 gpd 5/07
 Comments _____

Flow Measuring Device Flow Meter
 Meter Size & Type 2" Master, 3" Precision

RAW WATER SOURCE

GROUND; Number of Wells 2
 PURCHASED from PWS ID # _____
 Emergency Water Source _____
 Emergency Water Capacity _____

STANDBY POWER SOURCE: Yes

Source Katolight Propane
 Capacity of Standby (kW) 35
 Switchover: Automatic Manual
 Hrs Operated Under Load 4 hrs/mo.
 What equipment does it operate?
 Well Pumps All
 Treatment Equipment All
 Satisfy avg. daily demand? Yes No Unk
 Audio-visual alarm? Yes No
 Comments _____

DISTRIBUTION SYSTEM

Coliform Sampling Plan Yes No N/A
 D/DBP Monitoring Plan Yes No N/A
 Lead and Copper Plan Yes No N/A
 Distribution System Map Yes No N/A

WRITTEN PROGRAMS

Operation & Maintenance Manual Yes No
 Preventive Maintenance Program Yes No
 Flushing Program Yes No N/A
 Records Yes No
 Isolation Valve Exercise Yes No N/A
 Records Yes No
 Emergency Response Plan Yes No N/A
 Comments _____

CROSS CONNECTION CONTROL

BFPAs Unknown # Tested Unknown
 WWTP RPZ Yes Date Tested 3/07
 Written Plan Yes Date September 2006
 Comments Program implementation started in 2007.
Lift station #4 BFPAs failed 3/07 test. 6/07 review of
program indicates some changes to the written plan
are necessary.

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)	1 (AAC3247)	2 (AAC3248)		
Year Drilled	1971	1977		
Depth Drilled	200'	230'		
Drilling Method	Rotary	Cable tool		
Type of Grout	Unknown	Unknown		
Static Water Level	Unknown	Unknown		
Pumping Water Level	Unknown	Unknown		
Design Well Yield	Unknown	Unknown		
Test Yield	Unknown	Unknown		
Actual Yield (if different than rated capacity)	Unknown	Unknown		
Strainer	Unknown	Unknown		
Length (outside casing)	Unknown	123'		
Diameter (outside casing)	8"	6"		
Material (outside casing)	Black 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	N/A	N/A	
	Reuse Water	N/A	N/A	
	WW Plumbing	>100'	>100'	
	Other Sanitary Hazard	None observed	None observed	
PUMP	Type	Vertical turbine	Submersible	
	Manufacturer Name	Peerless	Goulds	
	Model Number	81B-6	6A5	
	Rated Capacity (gpm)	240	100	
	Motor Horsepower	15	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		
Security	Yes	Yes		
Well Vent Protection	Yes	N/A		

COMMENTS *The check valve on well #2 is passing.

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Stenner (2) Capacity 17 gpd
 Chlorine Feed Rate 100%
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 0.51 Remote 1.58
 Remote tap location Waste water treatment plant
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hydropneumatic tank.
 Booster Pump Info _____
 Comments _____

STORAGE FACILITIES

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

Tank Type/Number	H		
Capacity (gal)	5,000		
Material	Steel		
Gravity Drain	Yes		
By-Pass Piping	Yes		
Protected Openings	Yes		
Sight Glass or Level Indicator	Yes		
PRV/ARV	PRV		
Pressure Gauge	Yes		
On/Off Pressure	Unknown		
Access Secured	Yes		
Access Manhole	Yes		
Tank Sample Tap Location	On tank		
Date of Inspection	Unknown		
Date of Cleaning	Unknown		

Comments The dates of last tank cleaning and inspections 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"/>	

AERATION (Gases, Fe, & Mn Removal)

Type _____ Capacity _____
 Aerator Condition _____
 Visible Algae Growth _____
 Protective Screen Condition _____
 Frequency of Cleaning _____
 Date Last Inspected/Cleaned _____
 Comments _____

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			

Comments _____



Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

November 14, 2007

Nathan Hess
FDEP Central District
3319 Maguire Blvd.
Suite 232
Orlando, FL 32803-3767

**RE: Reply to Compliance Evaluation Inspection
Fairways at Mt. Plymouth PWS 3354945
Venetian Village PWS 3351426
Lake County**

Dear Mr. Hess:

Thank you for your inspection on August 17, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

Fairways at Mt. Plymouth:

1. Aqua purchased this system on April 30, 2007. We cannot provide you with an explanation for the flow for August 2006, October 2006, or March 2007. Recent calculations showed that the correct plant capacity is 648,000 GPD. The maximum day in June 2007 was 385,000 GPD which does not exceed 75 % (486,000 GPD) of the maximum-day operating capacity.
2. A screen has been placed over the pressure relief valve on the hydropneumatic storage tank.
3. The most recent calculations for the maximum-day operating capacity should be 648,000 GPD. This was confirmed by Kyle Kubanek, E.I. of DEP and Aqua is in agreement with this number. We will correct this on all future MORs. Please update your records to reflect the correct number.
4. Aqua purchased this system on April 30, 2007. There were no records of isolation valve exercising available from the previous owner. Aqua has been in the process of creating all the missing records, plans, etc. and putting them into use since the purchase.

Venetian Village:

1. During the week of October 22, 2007, this and many other backflow devices were inspected by a certified tester. Aqua has not received the results of these tests. Once they are received, this particular test will be forwarded to your office.

2. Our operations and field staff have begun to create these records to document their activities to the distribution system.
3. The check valve has been replaced.

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.

cc: Will Fontaine, via e-mail
Brain Heath, via e-mail
Michael O'Reilly, via e-mail

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: FLA010567
 LIMIT: Final
 CLASS SIZE:
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic
 WAFR MON SITE NO 3929

FACILITY: Venetian Village WWTP
 LOCATION: 31 Tammi Drive
 Lake Jem, FL
 COUNTY: Lake

MONITORING PERIOD--From: 01/01/07 To: 01/31/07

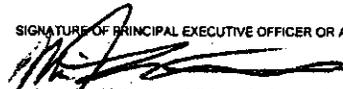
Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Mon. Site No EFF-1	Sample Measurement	0.019	MGD			0	5 Days/Week	Flow Meter
	Permit Measurement	0.38 (An.Avg.)	MGD				5 Days/Week	Flow Meter
Flow PARM Code 50050 Mon. Site No EFF-1	Sample Measurement	0.014	MGD			0	5 Days/Week	Flow Meter
	Permit Measurement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon. Site No EFA-1	Sample Measurement			2.59	mg/L	0	Monthly	Grab
	Permit Measurement			20.0 (An.Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon. Site No EFA-1	Sample Measurement			2.5	mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo.Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Mon. Site No EFA-1	Sample Measurement			3.62	mg/L	0	Monthly	Grab
	Permit Measurement			20.0 (An.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Mon. Site No EFA-1	Sample Measurement			6.7	mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo.Avg.)	60.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)

Will Fontaine (Field Coordinator)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE NO.

352-787-0980

DATE (YY/MM/DD)

07/02/07

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

DOCUMENT NUMBER-DATE

04315 MAY 22 07

1 of 2

FPSC-COMMISSION CLERK

Discharge Monitoring Report - Part A (Continued)

Facility Name: Venetian Village WWTP

Permit Number: FLA010567

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.6	7.8		s.u.	0	5 Days/week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/week	Grab
PARM Code 00400 Mon.Site No EFA-1 Coliform, Fecal	Sample Measurement			1.92			#/100ml	0	Monthly	Grab
	Permit Measurement			200 (An.Avg.)			#/100ml		Monthly	Grab
PARM Code 74055 Mon.Site No EFA-1 Coliform, Fecal	Sample Measurement			1U	1U		#/100ml	0	Monthly	Grab
	Permit Measurement			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 Measurement			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 Measurement				12.0 (Max.)		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon.Site No INF-1	Sample Measurement			130			mg/L	0	Annually	Grab
	Permit Measurement			Report			mg/L		Annually	Grab
Solids, Total Suspended PARM Code 00530 Mon.Site No INF-1	Sample Measurement			120			mg/L	0	Annually	Grab
	Permit Measurement			Report			mg/L		Annually	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

E RESULTS - PART B

Permit Number: FLA010567
 Month/Year: January-07

Facility: Venetian Village WWTP

WWTF Three-month Average Daily Flow 0.013

(TMADF/Permitted Capacity)x100: 37%

Code	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N)(mg/L)
Mon. Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.015			7.7		2.2	
2	0.020			7.7		2.2	
3	0.015			7.8		2.2	
4	0.012			7.8		2.2	
5	0.011			7.7		2.2	
6	0.012					2.2	
7	0.016						
8	0.015			7.8		2.2	
9	0.015			7.7		2.2	
10	0.015			7.7		2.2	
11	0.012	2.50	6.70	7.7	1U	2.2	
12	0.015			7.8		2.2	
13	0.012					2.2	
14	0.016						
15	0.016			7.7		2.2	
16	0.013			7.7		2.2	
17	0.014			7.8		2.2	
18	0.015			7.7		2.2	
19	0.012			7.7		2.2	
20	0.014					2.2	
21	0.013						
22	0.013			7.7		2.2	
23	0.015			7.7		2.2	
24	0.011			7.7		2.2	
25	0.014			7.6		2.2	
26	0.014			7.6		2.2	
27	0.009					2.2	
28	0.016						
29	0.015			7.6		2.2	
30	0.015			7.6		2.2	
31	0.012			7.6		2.2	

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>7243</u>	Name: <u>John Worrell</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13814</u>	Name: <u>Adam Michaelson</u>
Day Shift Operator	Class: <u></u>	Certification No.: <u></u>	Name: <u></u>
Lead Operator	Class: <u>B</u>	Certification No.: <u>7113</u>	Name: <u>Wilk Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable:

If yes, cumulative days of wet weather discharge

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: FLA010567
 LIMIT: Final
 CLASS SIZE:
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic
 WAFR MON SITE NO 3929

FACILITY: Venetian Village WWTP
 LOCATION: 31 Tammi Drive
 Lake Jem, FL
 COUNTY: Lake

MONITORING PERIOD--From: 02/01/07 To: 02/28/07

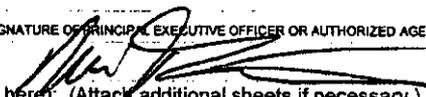
Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Mon.Site No EFF-1	Sample Measurement	0.017	MGD			0	5 Days/Week	Flow Meter
	Permit Measurement	0.38 (An.Avg.)	MGD				5 Days/Week	Flow Meter
Flow PARM Code 50050 Mon.Site No EFF-1	Sample Measurement	0.013	MGD			0	5 Days/Week	Flow Meter
	Permit Measurement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon.Site No EFA-1	Sample Measurement			2.68	mg/L	0	Monthly	Grab
	Permit Measurement			20.0 (An.Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon.Site No EFA-1	Sample Measurement			3.1	mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo.Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended PARM Code 00530 Mon.Site No EFA-1	Sample Measurement			3.88	mg/L	0	Monthly	Grab
	Permit Measurement			20.0 (An.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Mon.Site No EFA-1	Sample Measurement			9.3	mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo.Avg.)	60.0 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)

Will Fontaine (Field Coordinator)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE NO.

352-787-0980

DATE (YY/MM/DD)

07/03/21

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Venetian Village WWTP

Permit Number: FLA010567

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.6	7.7	s.u.	0	5 Days/week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/week	Grab
PARM Code 00400 Mon. Site No EFA-1	Sample Measurement			1.92		#/100ml	0	Monthly	Grab
	Permit Measurement			200 (An. Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	1U	#/100ml	0	Monthly	Grab
	Permit Measurement			Report (No. Geo. Mean)	800 (Max.)	#/100ml		Monthly	Grab
PARM Code 74055 Mon. Site No EFA-1	Sample Measurement			2.2		mg/L	0	5 Days/week	Grab
	Permit Measurement			0.5 (Min.)		mg/L		5 Days/week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.7	mg/L	0	Annually	Grab
	Permit Measurement				12.0 (Max.)	mg/L		Annually	Grab
PARM Code 50060 Mon. Site No EFA-1	Sample Measurement			130		mg/L	0	Annually	Grab
	Permit Measurement			Report		mg/L		Annually	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			150		mg/L	0	Annually	Grab
	Permit Measurement			Report		mg/L		Annually	Grab
PARM Code 00620 Mon. Site No EFA-1	Sample Measurement								
	Permit Measurement								
BOD, Carbonaceous 5 day, 20C	Sample Measurement								
	Permit Measurement								
PARM Code 80082 Mon. Site No INF-1	Sample Measurement								
	Permit Measurement								
Solids, Total Suspended	Sample Measurement								
	Permit Measurement								
PARM Code 00530 Mon. Site No INF-1	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								

E RESULTS - PART B

Permit Number: FLA010567
 Month/Year: February-07

Facility: Venetian Village WWTP

WWTF Three-month Average Daily Flow 0.014

(TMADF/Permitted Capacity)x100: 38%

Code	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N)(mg/L)
50050	80082	00530	00400	74055	50060	620	
Mon. Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.014			7.6		2.2	
2	0.013			7.7		2.2	
3	0.011					2.2	
4	0.018						
5	0.018			7.7		2.2	
6	0.013			7.6		2.2	
7	0.013			7.6		2.2	
8	0.014			7.6		2.2	
9	0.012			7.6		2.2	
10	0.013					2.2	
11	0.017						
12	0.016			7.7		2.2	
13	0.013	3.10	9.30	7.7	10	2.2	1.7
14	0.015			7.6		2.2	
15	0.015			7.6		2.2	
16	0.017			7.7		2.2	
17	0.012					2.2	
18	0.013						
19	0.020			7.6		2.2	
20	0.013			7.6		2.2	
21	0.014			7.7		2.2	
22	0.013			7.6		2.2	
23	0.014			7.6		2.2	
24	0.012			7.8		2.2	
25	0.015						
26	0.015			7.6		2.2	
27	0.014			7.7		2.2	
28	0.012			7.6		2.2	
29							
30							
31							

PLANT STAFFING:

Day Shift Operator	Class: <u> B </u>	Certification No.:	<u> 7243 </u>	Name:	<u> John Worrell </u>
Day Shift Operator	Class: <u> C </u>	Certification No.:	<u> 13614 </u>	Name:	<u> Adam Michaelson </u>
Day Shift Operator	Class: <u> </u>	Certification No.:	<u> </u>	Name:	<u> </u>
Lead Operator	Class: <u> B </u>	Certification No.:	<u> 7113 </u>	Name:	<u> Will Fontaine </u>

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable:

If yes, cumulative days of wet weather discharge

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: FLA010567
 LIMIT: Final

CLASS SIZE:
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic
 WAFR MON SITE NO 3929

FACILITY: Venetian Village WWTP
 LOCATION: 31 Tammi Drive
 Lake Jem, FL
 COUNTY: Lake

MONITORING PERIOD--From: 03/01/07 To: 03/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow								
PARM Code 50050 Mon.Site No EFF-1	Y	Sample Measurement	0.016	MGD		0	5 Days/Week	Flow Meter
		Permit Measurement	0.36 (An.Avg.)	MGD			5 Days/Week	Flow Meter
Flow								
PARM Code 50050 Mon.Site No EFF-1	I	Sample Measurement	0.012	MGD		0	5 Days/Week	Flow Meter
		Permit Measurement	Report (Mo.Avg.)	MGD			5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C								
PARM Code 80082 Mon.Site No EFA-1	Y	Sample Measurement		2.68	mg/L	0	Monthly	Grab
		Permit Measurement		20.0 (An.Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C								
PARM Code 80082 Mon.Site No EFA-1	I	Sample Measurement		<2	mg/L	0	Monthly	Grab
		Permit Measurement		Report (Mo.Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended								
PARM Code 00530 Mon.Site No EFA-1	Y	Sample Measurement		3.79	mg/L	0	Monthly	Grab
		Permit Measurement		20.0 (An.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended								
PARM Code 00530 Mon.Site No EFA-1	I	Sample Measurement		3.6	mg/L	0	Monthly	Grab
		Permit Measurement		Report (Mo.Avg.)	60.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)

Will Fontaine (Field Coordinator)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE NO.

352-787-0980

DATE (Y/MM/DD)

07/04/26

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Venetian Village WWTP

Permit Number: FLA010567

MONITORING GROUP NUMBER: R-001

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			7.6	7.7	s.u.	0	5 Days/week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/week	Grab
Coliform, Fecal PARM Code 74055 Mon.Site No EFA-1	Sample Measurement			1.33		#/100ml	0	Monthly	Grab
	Permit Measurement			200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal PARM Code 74055 Mon.Site No EFA-1	Sample Measurement			<1	<1	#/100ml	0	Monthly	Grab
	Permit Measurement			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 Measurement			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 Measurement				12.0 (Max.)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon.Site No INF-1	Sample Measurement			160		mg/L	0	Annually	Grab
	Permit Measurement			Report		mg/L		Annually	Grab
Solids, Total Suspended PARM Code 00530 Mon.Site No INF-1	Sample Measurement			140		mg/L	0	Annually	Grab
	Permit Measurement			Report		mg/L		Annually	Grab
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								

E RESULTS - PART B

Permit Number: FLA010567
 Month/Year: March-07

Facility: Venetian Village WWTP

WWTF Three-month Average Daily Flow 0.013

(TMADF/Permitted Capacity)x100: 36%

Code	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N)(mg/L)
Mon.Site	50050	80082	00530	00400	74055	50060	620
	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.010			7.6		2.2	
2	0.010			7.7		2.2	
3	0.010					2.2	
4	0.017						
5	0.017			7.6		2.2	
6	0.011			7.6		2.2	
7	0.012			7.7		2.2	
8	0.013	<2	3.60	7.6	<1	2.2	
9	0.012			7.6		2.2	
10	0.010					2.2	
11	0.014						
12	0.014			7.7		2.2	
13	0.011			7.6		2.2	
14	0.014			7.6		2.2	
15	0.012			7.6		2.2	
16	0.011			7.7		2.2	
17	0.011					2.2	
18	0.012						
19	0.012			7.6		2.2	
20	0.012			7.6		2.2	
21	0.011			7.7		2.2	
22	0.012			7.7		2.2	
23	0.012			7.6		2.2	
24	0.011					2.2	
25	0.012						
26	0.012			7.7		2.2	
27	0.010			7.7		2.2	
28	0.010			7.6		2.2	
29	0.011			7.6		2.2	
30	0.010			7.7		2.2	
31	0.012					2.2	

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable:

if yes, cumulative days of wet weather discharge _____

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: FLA010567
 LIMIT: Final
 CLASS SIZE:
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE:

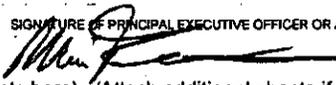
REPORT: Monthly
 GROUP: Domestic
 WAFR MON SITE NO 3929

FACILITY: Venetian Village WWTP
 LOCATION: 31 Tammi Drive
 Lake Jem, FL
 COUNTY: Lake

MONITORING PERIOD—From: 04/01/07 To: 04/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Mon. Site No EFF-1	Sample Measurement	0.015	MGD			0	5 Days/Week	Flow Meter
	Permit Measurement	0.38 (An.Avg.)	MGD				5 Days/Week	Flow Meter
Flow PARM Code 50050 Mon. Site No EFF-1	Sample Measurement	0.010	MGD			0	5 Days/Week	Flow Meter
	Permit Measurement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon. Site No EFA-1	Sample Measurement			2.66	mg/L	0	Monthly	Grab
	Permit Measurement			20.0 (An.Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon. Site No EFA-1	Sample Measurement			<2.0	mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo.Avg.)	60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended PARM Code 00530 Mon. Site No EFA-1	Sample Measurement			3.63	mg/L	0	Monthly	Grab
	Permit Measurement			20.0 (An.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Mon. Site No EFA-1	Sample Measurement			1.1	mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo.Avg.)	60.0 (Max.)	mg/L	Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print) Will Fontaine (Field Coordinator)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO. 352-787-0980	DATE (YY/MM/DD) 07/05/22
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)			

Discharge Monitoring Report - Part A (Continued)

Facility Name: Venetian Village WWTP

Permit Number: FLA010567

MONITORING GROUP NUMBER: R-001

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			7.5	7.6	s.u.	0	5 Days/week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/week	Grab
Coliform, Fecal PARM Code 74055 Mon. Site No EFA-1	Sample Measurement			1.33		#/100ml	0	Monthly	Grab
	Permit Measurement			200 (Ar. Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal PARM Code 74055 Mon. Site No EFA-1	Sample Measurement			<1.0	<1.0	#/100ml	0	Monthly	Grab
	Permit Measurement			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 Measurement			0.5 (Min.)		mg/L		5 Days/week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 Mon. Site No EFA-1	Sample Measurement				0.4	mg/L	0	Annually	Grab
	Permit Measurement				12.0 (Max.)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon. Site No INF-1	Sample Measurement			230		mg/L	0	Annually	Grab
	Permit Measurement			Report		mg/L		Annually	Grab
Solids, Total Suspended PARM Code 00530 Mon. Site No INF-1	Sample Measurement			200		mg/L	0	Annually	Grab
	Permit Measurement			Report		mg/L		Annually	Grab
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								

E RESULTS - PART B

Permit Number: FLA010567
 Month/Year: April-07

Facility: Venetian Village WWTP

WWTF Three-month Average Daily Flow 0.012

(TMADF/Permitted Capacity)x100: 32%

Code	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N)(mg/L)
50050	80082	00530	00400	74055	50060	620	
Mon. Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.011						
2	0.010			7.6		2.2	
3	0.010			7.6		2.2	
4	0.010			7.6		2.2	
5	0.010			7.5		2.2	
6	0.009			7.6		2.2	
7	0.012					2.2	
8	0.011						
9	0.011			7.6		2.2	
10	0.012			7.6		2.2	
11	0.012			7.6		2.2	
12	0.011			7.6		2.2	
13	0.011			7.5		2.2	
14	0.009					2.2	
15	0.012						
16	0.012			7.6		2.2	
17	0.010	<2.0	1.10	7.6	<1.0	2.2	0.39
18	0.010			7.5		2.2	
19	0.013			7.6		2.2	
20	0.010			7.5		2.2	
21	0.007					2.2	
22	0.008						
23	0.009			7.5		2.2	
24	0.008			7.5		2.2	
25	0.008			7.5		2.2	
26	0.008			7.5		2.2	
27	0.010			7.6		2.2	
28	0.009					2.2	
29	0.009						
30	0.008			7.5		2.2	
31							

PLANT STAFFING:

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

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: FLA010567
 LIMIT: Final
 CLASS SIZE:
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:

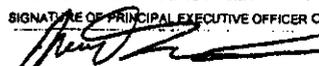
REPORT: Monthly
 GROUP: Domestic
 WAFR MON SITE NO 3929

FACILITY: Venetian Village WWTP
 LOCATION: 31 Tammi Drive
 Lake Jern, FL
 COUNTY: Lake

MONITORING PERIOD--From: 05/01/07 To: 05/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Mon.Site No EFF-1	Sample Measurement	0.014	MGD			0	5 Days/Week	Flow Meter
	Permit Measurement	0.36 (An.Avg.)	MGD				5 Days/Week	Flow Meter
Flow PARM Code 50050 Mon.Site No EFF-1	Sample Measurement	0.009	MGD			0	5 Days/Week	Flow Meter
	Permit Measurement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon.Site No EFA-1	Sample Measurement			2.41	mg/L	0	Monthly	Grab
	Permit Measurement			20.0 (An.Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon.Site No EFA-1	Sample Measurement			2.4	mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo.Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Mon.Site No EFA-1	Sample Measurement			4.05	mg/L	0	Monthly	Grab
	Permit Measurement			20.0 (An.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Mon.Site No EFA-1	Sample Measurement			6.2	mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo.Avg.)	60.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	07/06/20
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)			

Discharge Monitoring Report - Part A (Continued)

Facility Name: Venetian Village WWTP

Permit Number: FLA010567

MONITORING GROUP NUMBER: R-001

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				7.4	7.5	s.u.	0	5 Days/week	Grab
	Permit Measurement				8.0 (Min.)	8.5 (Max.)	s.u.		5 Days/week	Grab
Coliform, Fecal PARM Code 74055 Mon. Site No EFA-1	Sample Measurement				1.17		#/100ml	0	Monthly	Grab
	Permit Measurement				200 (An. Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal PARM Code 74055 Mon. Site No EFA-1	Sample Measurement				<1	<1	#/100ml	0	Monthly	Grab
	Permit Measurement				Report (No. 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 Measurement				0.5 (Min.)		mg/L		5 Days/week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 Mon. Site No EFA-1	Sample Measurement					2.2	mg/L	0	Annually	Grab
	Permit Measurement					12.0 (Max.)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon. Site No INF-1	Sample Measurement				130		mg/L	0	Annually	Grab
	Permit Measurement				Report		mg/L		Annually	Grab
Solids, Total Suspended PARM Code 00530 Mon. Site No INF-1	Sample Measurement				110		mg/L	0	Annually	Grab
	Permit Measurement				Report		mg/L		Annually	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

E RESULTS - PART B

Permit Number: FLA010567
 Month/Year: May-07

Facility: Venetian Village WWTP

WWTF Three-month Average Daily Flow 0.010

(TMADF/Permitted Capacity)x100: 28%

Code	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N)(mg/L)
50050	80082	00530	00400	74055	50060	620	
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.008			7.4		2.2	
2	0.007			7.5		2.2	
3	0.007			7.4		2.2	
4	0.007			7.4		2.2	
5	0.009					2.2	
6	0.010						
7	0.010			7.5		2.2	
8	0.010	2.80	6.60	7.4	<1	2.2	2.2
9	0.011			7.4		2.2	
10	0.011			7.4		2.2	
11	0.010			7.5		2.2	
12	0.010					2.2	
13	0.010						
14	0.010			7.5		2.2	
15	0.009	<2	5.80	7.5		2.2	
16	0.009			7.4		2.2	
17	0.008			7.4		2.2	
18	0.007			7.5		2.2	
19	0.008					2.2	
20	0.010						
21	0.010			7.5		2.2	
22	0.008			7.5		2.2	
23	0.009			7.4		2.2	
24	0.008			7.4		2.2	
25	0.007			7.4		2.2	
26	0.004					2.2	
27	0.009						
28	0.009			7.5		2.2	
29	0.009			7.4		2.2	
30	0.009			7.4		2.2	
31	0.008			7.4		2.2	

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: FLA010567
 LIMIT: Final
 CLASS SIZE:
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE:

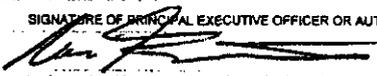
REPORT: Monthly
 GROUP: Domestic
 WAFR MON SITE NO 3929

FACILITY: Venetian Village WWTP
 LOCATION: 31 Tammi Drive
 Lake Jem, FL
 COUNTY: Lake

MONITORING PERIOD—From: 06/01/07 To: 06/30/07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Mon.Site No EFF-1	Sample Measurement	0.014		MGD				0	5 Days/Week	Flow Meter
	Permit Measurement	0.36 (An.Avg.)		MGD					5 Days/Week	Flow Meter
Flow PARM Code 50050 Mon.Site No EFF-1	Sample Measurement	0.008		MGD				0	5 Days/Week	Flow Meter
	Permit Measurement	Report (Mo.Avg.)		MGD					5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon.Site No EFA-1	Sample Measurement				2.34		mg/L	0	Monthly	Grab
	Permit Measurement				20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon.Site No EFA-1	Sample Measurement				<2.0	<2.0	mg/L	0	Monthly	Grab
	Permit Measurement				Report (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Mon.Site No EFA-1	Sample Measurement				4.27		mg/L	0	Monthly	Grab
	Permit Measurement				20.0 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Mon.Site No EFA-1	Sample Measurement				3.6	3.6	mg/L	0	Monthly	Grab
	Permit Measurement				Report (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print) Will Fontaine (Field Coordinator)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO. 352-787-0980	DATE (YY/MM/DD) 07/07/07
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)			

Discharge Monitoring Report - Part A (Continued)

Facility Name: Venetian Village WWTP

Permit Number: FLA010567

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.3	7.5	s.u.	0	5 Days/week	Grab
PARM Code 00400 Mon.Site No EFA-1	Permit Measurement			6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/week	Grab
Coliform, Fecal	Sample Measurement			1.17		#/100ml	0	Monthly	Grab
PARM Code 74055 Mon.Site No EFA-1	Permit Measurement			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	Permit Measurement			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 Measurement			0.6 (Min.)		mg/L		5 Days/week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.6	mg/L	0	Annually	Grab
PARM Code 00620 Mon.Site No EFA-1	Permit Measurement				12.0 (Max.)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			180		mg/L	0	Annually	Grab
PARM Code 80082 Mon.Site No INF-1	Permit Measurement			Report		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			180		mg/L	0	Annually	Grab
PARM Code 00530 Mon.Site No INF-1	Permit Measurement			Report		mg/L		Annually	Grab
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								

E RESULTS - PART B

Permit Number: FLA010567
 Month/Year: June-07

Facility: Venetian Village WWTP

WWTF Three-month Average Daily Flow 0.009

(TMADF/Permitted Capacity)x100: 25%

Code	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate, Nitrate Total (as N)(mg/L)
50050	80082	00530	00400	74055	50060	620	
Mon. Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.008			7.5		2.2	
2	0.007					2.2	
3	0.010						
4	0.010			7.4		2.2	
5	0.009			7.4		2.2	
6	0.010			7.5		2.2	
7	0.006			7.4		2.2	
8	0.009			7.4		2.2	
9	0.006					2.2	
10	0.010						
11	0.010			7.5		2.2	
12	0.009			7.4		2.2	
13	0.008			7.4		2.2	
14	0.007			7.3		2.2	
15	0.007			7.5		2.2	
16	0.004					2.2	
17	0.010						
18	0.010			7.3		2.2	
19	0.007	<2.0	3.60	7.4	<1.0	2.2	0.63
20	0.007			7.4		2.2	
21	0.008			7.3		2.2	
22	0.008			7.5		2.2	
23	0.009			7.3		2.2	
24	0.009					2.2	
25	0.009						
26	0.008			7.4		2.2	
27	0.008			7.4		2.2	
28	0.012			7.5		2.2	
29	0.008			7.3		2.2	
30	0.006					2.2	
31							

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certification No.:	<u>8854</u>	Name:	<u>Howard J Akrich</u>
Day Shift Operator	Class: <u>B</u>	Certification No.:	<u>7243</u>	Name:	<u>John Worrell</u>
Day Shift Operator	Class: <u>C</u>	Certification No.:	<u>13814</u>	Name:	<u>Adam Michaelson</u>
Lead Operator	Class: <u>B</u>	Certification No.:	<u>7113</u>	Name:	<u>Will Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: FLA010567
 LIMIT: Final
 CLASS SIZE:
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic
 WAFR MON SITE NO 3929

FACILITY: Venetian Village WWTP
 LOCATION: 31 Tammi Drive
 Lake Jem, FL
 COUNTY: Lake

MONITORING PERIOD--From: 07/01/07 To: 07/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.013	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 Mon. Site No EFA-1	Permit Measurement	0.36 (An. Avg.)	MGD				5 Days/Week	Flow Meter
Flow	Sample Measurement	0.008	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 Mon. Site No EFA-1	Permit Measurement	Report (Mc. Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.34	mg/L	0	Monthly	Grab
PARM Code 80082 Mon. Site No EFA-1	Permit Measurement			20.0 (An. Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2	mg/L	0	Monthly	Grab
PARM Code 80082 Mon. Site No EFA-1	Permit Measurement			Report (Mc. Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			4.27	mg/L	0	Monthly	Grab
PARM Code 00530 Mon. Site No EFA-1	Permit Measurement			20.0 (An. Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.4	mg/L	0	Monthly	Grab
PARM Code 00530 Mon. Site No EFA-1	Permit Measurement			Report (Mc. Avg.)	60.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	07/08/16
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)			

Discharge Monitoring Report - Part A (Continued)

Facility Name: Venetian Village WWTP

Permit Number: FLA010567

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.2	7.3	s.u.	0	5 Days/week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/week	Grab
Coliform, Fecal PARM Code 00400 Mon.Site No EFA-1	Sample Measurement			1.17		#/100ml	0	Monthly	Grab
	Permit Measurement			200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal PARM Code 74055 Mon.Site No EFA-1	Sample Measurement			<1	<1	#/100ml	0	Monthly	Grab
	Permit Measurement			Report (No.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 Measurement			0.5 (Min.)		mg/L		5 Days/week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 Mon.Site No EFA-1	Sample Measurement				14.0	mg/L	0	Annually	Grab
	Permit Measurement				12.0 (Max.)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon.Site No INF-1	Sample Measurement			220		mg/L	0	Annually	Grab
	Permit Measurement			Report		mg/L		Annually	Grab
Solids, Total Suspended PARM Code 00530 Mon.Site No INF-1	Sample Measurement			180		mg/L	0	Annually	Grab
	Permit Measurement			Report		mg/L		Annually	Grab
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								

E RESULTS - PART B

Permit Number: FLA010567
 Month/Year: July-07

Facility: Venetian Village WWTP

WWTF Three-month Average Daily Flow 0.008

(TMADF/Permitted Capacity)x100: 24%

Code	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N)(mg/L)
50050	80082	00530	00400	74055	50060	620	
Mon. Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.010						
2	0.010			7.3		2.2	
3	0.007			7.3		2.2	
4	0.012			7.2		2.2	
5	0.006			7.2		2.2	
6	0.007			7.2		2.2	
7	0.008					2.2	
8	0.010						
9	0.010			7.3		2.2	
10	0.009			7.2		2.2	
11	0.008			7.2		2.2	
12	0.007			7.3		2.2	
13	0.007			7.3		2.2	
14	0.005					2.2	
15	0.010						
16	0.010			7.3		2.2	
17	0.007			7.2		2.2	
18	0.005			7.3		2.2	
19	0.007	<2	1.40	7.2	<1	2.2	14
20	0.009			7.3		2.2	
21	0.010					2.2	
22	0.010						
23	0.010			7.2		2.2	
24	0.008			7.2		2.2	
25	0.011			7.3		2.2	
26	0.009			7.2		2.2	
27	0.007			7.3		2.2	
28	0.008					2.2	
29	0.010						
30	0.010			7.2		2.2	
31	0.008			7.3		2.2	1.6

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: FLA010567
 LIMIT: Final
 CLASS SIZE:
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic
 WAFR MON SITE NO 3929

FACILITY: Venetian Village WWTP
 LOCATION: 31 Tammi Drive
 Lake Jem, FL
 COUNTY: Lake

MONITORING PERIOD--From: 08/01/07 To: 08/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.012	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 Mon. Site No EFF-1	Y	Permit Measurement	0.38 (An. Avg.)	MGD			5 Days/Week	Flow Meter
Flow	Sample Measurement	0.009	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 Mon. Site No EFF-1	I	Permit Measurement	Report (Mo. Avg.)	MGD			5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.98	mg/L	0	Monthly	Grab
PARM Code 80082 Mon. Site No EFA-1	Y	Permit Measurement		20.0 (An. Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			11.3	mg/L	0	Monthly	Grab
PARM Code 80082 Mon. Site No EFA-1	I	Permit Measurement		Report (Mo. Avg.)	mg/L		Monthly	Grab
				60.0 (Max.)				
Solids, Total Suspended	Sample Measurement			4.29	mg/L	0	Monthly	Grab
PARM Code 00530 Mon. Site No EFA-1	Y	Permit Measurement		20.0 (An. Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.8	mg/L	0	Monthly	Grab
PARM Code 00530 Mon. Site No EFA-1	I	Permit Measurement		Report (Mo. Avg.)	mg/L		Monthly	Grab
				60.0 (Max.)				

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 or Print)

Will Fontaine (Field Coordinator)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE NO.

352-787-0980

DATE (YY/MM/DD)

07/09/00

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Venetian Village WWTP

Permit Number: FLA010567

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.2	7.7		s.u.	0	5 Days/week	Grab
PARM Code 00400 Mon.Site No EFA-1	Permit Measurement			6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/week	Grab
Coliform, Fecal	Sample Measurement			1.17			#/100ml	0	Monthly	Grab
PARM Code 74055 Mon.Site No EFA-1	Permit Measurement			200 (Ar.Avg.)			#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			<1	<1		#/100ml	0	Monthly	Grab
PARM Code 74055 Mon.Site No EFA-1	Permit Measurement			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 50080 Mon.Site No EFA-1	Permit Measurement			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 Measurement				12.0 (Max.)		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			190			mg/L	0	Annually	Grab
PARM Code 80082 Mon.Site No INF-1	Permit Measurement			Report			mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			136			mg/L	0	Annually	Grab
PARM Code 00530 Mon.Site No INF-1	Permit Measurement			Report			mg/L		Annually	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

E RESULTS - PART B

Permit Number: FLA010567
 Month/Year: August-07

Facility: Venetian Village WWTP

WWTF Three-month Average Daily Flow 0.008

(TMADF/Permitted Capacity)x100: 23%

Code	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N)(mg/L)
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.011			7.3		2.2	
2	0.008			7.3		2.2	
3	0.011			7.2		2.2	
4	0.010						
5	0.010					2.2	
6	0.011			7.3		2.2	
7	0.010			7.2		2.2	
8	0.006			7.2		2.2	
9	0.007			7.3		2.2	
10	0.008			7.3		2.2	
11	0.006					2.2	
12	0.009						
13	0.010			7.2		2.2	
14	0.008	11.30	1.75	7.2	<1	2.2	
15	0.010			7.3		2.2	
16	0.007			7.8		2.2	
17	0.007			7.7		2.2	
18	0.010					2.2	
19	0.010						
20	0.010			7.6		2.2	
21	0.007			7.6		2.2	
22	0.006			7.5		2.2	
23	0.006			7.4		2.2	
24	0.006			7.5		2.2	
25	0.007					2.2	
26	0.012						
27	0.012			7.6		2.2	
28	0.007			7.5		2.2	
29	0.010			7.5		2.2	
30	0.008			7.5		2.2	
31	0.008			7.4		2.2	

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable:

If yes, cumulative days of wet weather discharge _____

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: FLA010567
 LIMIT: Final
 CLASS SIZE:
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:

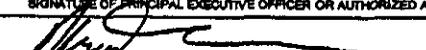
REPORT: Monthly
 GROUP: Domestic
 WAFR MON SITE NO.: 3929

FACILITY: Venetian Village WWTP
 LOCATION: 31 Tammi Drive
 Lake Jem, FL
 COUNTY: Lake

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	Sample Measurement	0.011	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 Mon.Site No EFF-1	Y Permit Measurement	0.38 (An.Avg.)	MGD				5 Days/Week	Flow Meter
Flow	Sample Measurement	0.009	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 Mon.Site No EFF-1	I Permit Measurement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.06		0	Monthly	Grab
PARM Code 80082 Mon.Site No EFA-1	Y Permit Measurement			20.0 (An.Avg.)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.9	2.9	0	Monthly	Grab
PARM Code 80082 Mon.Site No EFA-1	I Permit Measurement			Report (Mo.Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			4.33		0	Monthly	Grab
PARM Code 00530 Mon.Site No EFA-1	Y Permit Measurement			20.0 (An.Avg.)			Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.0	3.0	0	Monthly	Grab
PARM Code 00530 Mon.Site No EFA-1	I Permit Measurement			Report (Mo.Avg.)	60.0 (Max.)		Monthly	Grab

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

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

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Venetian Village WWTP

Permit Number: FLA010567

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	7.6		s.u.	0	5 Days/week	Grab
PARM Code 00400 Mon.Site No EFA-1	Permit Measurement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100ml	0	Monthly	Grab
PARM Code 74055 Mon.Site No EFA-1	Permit Measurement				200 (An-Avg.)			#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				<1	<1		#/100ml	0	Monthly	Grab
PARM Code 74055 Mon.Site No EFA-1	Permit Measurement				Report (No. 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 Measurement				0.5 (Min.)			mg/L		5 Days/week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement							mg/L	0	Annually	Grab
PARM Code 00620 Mon.Site No EFA-1	Permit Measurement					12.0 (Max.)		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				166			mg/L	0	Annually	Grab
PARM Code 80082 Mon.Site No INF-1	Permit Measurement				Report			mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement				126			mg/L	0	Annually	Grab
PARM Code 00530 Mon.Site No INF-1	Permit Measurement				Report			mg/L		Annually	Grab
	Sample Measurement										
	Permit Measurement										
	Sample Measurement										
	Permit Measurement										
	Sample Measurement										
	Permit Measurement										
	Sample Measurement										
	Permit Measurement										

E RESULTS - PART B

Permit Number: FLA010567
 Month/Year: September-07

Facility: Venetian Village WWTP

WWTF Three-month Average Daily Flow 0.009

(TMADF/Permitted Capacity)x100: 24%

Code	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N)(mg/L)				
50050	80082	00530	00400	74055	50060	620					
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1				
1	0.007					2.2					
2	0.008										
3	0.008			7.4		2.2					
4	0.012			7.5		2.2					
5	0.008			7.5		2.2					
6	0.008			7.4		2.2					
7	0.008			7.5		2.2					
8	0.008										
9	0.008										
10	0.009			7.5		2.2					
11	0.008	2.86	3.00	7.5	1U	2.2					
12	0.007			7.5		2.2					
13	0.008			7.5		2.2					
14	0.008			7.6		2.2					
15	0.009										
16	0.009										
17	0.009			7.5		2.2					
18	0.008			7.6		2.2					
19	0.008			7.5		2.2					
20	0.009			7.5		2.2					
21	0.013			7.6		2.2					
22	0.010										
23	0.012										
24	0.013			7.6		2.2					
25	0.009			7.5		2.2					
26	0.011			7.5		2.2					
27	0.009			7.6		2.2					
28	0.010			7.6		2.2					
29	0.001										
30	0.013										
31											

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certification No.: <u>8854</u>	Name: <u>Howard J Aldrich</u>
Day Shift Operator	Class: <u>B</u>	Certification No.: <u>7243</u>	Name: <u>John Worrell</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13614</u>	Name: <u>Adam Michaelsen</u>
Lead Operator	Class: <u>B</u>	Certification No.: <u>7113</u>	Name: <u>W/ll Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: FLA010567
 LIMIT: Final
 CLASS SIZE:
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic
 WAFR MON SITE NO.: 3929

FACILITY: Venetian Village WWTP
 LOCATION: 31 Tammi Drive
 Lake Jem, FL
 COUNTY: Lake

MONITORING PERIOD--From: 10/01/07 To: 09/30/04

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.011		MGD				0	5 Days/Week	Flow Meter
PARM Code 50050 Mon.Site No EFF-1	Permit Measurement	0.38 (An.Avg.)		MGD					5 Days/Week	Flow Meter
Flow	Sample Measurement	0.012		MGD				0	5 Days/Week	Flow Meter
PARM Code 50050 Mon.Site No EFF-1	Permit Measurement	Report (Mo.Avg.)		MGD					5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.06		mg/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No EFA-1	Permit Measurement				20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No EFA-1	Permit Measurement				Report (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				4.56		mg/L	0	Monthly	Grab
PARM Code 00530 Mon.Site No EFA-1	Permit Measurement				20.0 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				6.7	6.7	mg/L	0	Monthly	Grab
PARM Code 00530 Mon.Site No EFA-1	Permit Measurement				Report (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

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

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

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Venetian Village WWTP

Permit Number: FLA010587

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.5	7.6		s.u.	0	5 Days/week	Grab
PARM Code 00400 Mon. Site No EFA-1	Permit Measurement			6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/week	Grab
Coliform, Fecal	Sample Measurement			3.00			#/100ml	0	Monthly	Grab
PARM Code 74055 Mon. Site No EFA-1	Permit Measurement			200 (Ar. Avg.)			#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			25	25		#/100ml	0	Monthly	Grab
PARM Code 74055 Mon. Site No EFA-1	Permit Measurement			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 50080 Mon. Site No EFA-1	Permit Measurement			0.5 (Min.)			mg/L		5 Days/week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				4.4		mg/L	0	Annually	Grab
PARM Code 00620 Mon. Site No EFA-1	Permit Measurement				12.0 (Max.)		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			140			mg/L	0	Annually	Grab
PARM Code 80082 Mon. Site No INF-1	Permit Measurement			Report			mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			93			mg/L	0	Annually	Grab
PARM Code 00530 Mon. Site No INF-1	Permit Measurement			Report			mg/L		Annually	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

E RESULTS - PART B

Permit Number: FLA010567

Facility: Venetian Village WWTP

WWTF Three-month Average Daily Flow

0.010

Month/Year: October-07

(TMADF/Permitted Capacity)x100:

28%

Code	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N)(mg/L)						
Mon. Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1						
1	0.013			7.5		2.2							
2	0.009			7.5		2.2							
3	0.012			7.6		2.2							
4	0.010			7.6		2.2							
5	0.011			7.5		2.2							
6	0.023					2.2							
7	0.010												
8	0.018			7.6		2.2							
9	0.012			7.6		2.2							
10	0.014			7.5		2.2							
11	0.010	2U	6.70	7.5	25	2.2	4.4						
12	0.011			7.5		2.2							
13	0.010					2.2							
14	0.011												
15	0.011			7.6		2.2							
16	0.025			7.5		2.2							
17	0.008			7.5		2.2							
18	0.008			7.5		2.2							
19	0.012			7.6		2.2							
20	0.012					2.2							
21	0.011												
22	0.011			7.5		2.2							
23	0.014			7.5		2.2							
24	0.011			7.6		2.2							
25	0.010			7.6		2.2							
26	0.011			7.5		2.2							
27	0.011					2.2							
28	0.013												
29	0.012			7.5		2.2							
30	0.012			7.6		2.2							
31				7.5		2.2							

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable:

If yes, cumulative days of wet weather discharge

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: FLA010567
 LIMIT: Final
 CLASS SIZE:

REPORT: Monthly
 GROUP: Domestic
 WAFR MON SITE NO 3929

FACILITY: Venetian Village WWTP
 LOCATION: 31 Tammi Drive
 Lake Jem, FL
 COUNTY: Lake

MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:

MONITORING PERIOD—From: 11/01/07 To: 11/30/07

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.011	MGD				0	5 Days/Week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-1	Permit Measurement	0.38 (An. Avg.)	MGD					5 Days/Week	Flow Meter
Flow	Sample Measurement	0.010	MGD				0	5 Days/Week	Flow Meter
PARM Code 50050 Mon. Site No. EFF-1	Permit Measurement	Report (Mo. Avg.)	MGD					5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.08		mg/L	0	Monthly	Grab
PARM Code 80082 Mon. Site No. EFA-1	Permit Measurement			20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.3	2.3	mg/L	0	Monthly	Grab
PARM Code 80082 Mon. Site No. EFA-1	Permit Measurement			Report (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			4.47		mg/L	0	Monthly	Grab
PARM Code 00530 Mon. Site No. EFA-1	Permit Measurement			20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.9	2.9	mg/L	0	Monthly	Grab
PARM Code 00530 Mon. Site No. EFA-1	Permit Measurement			Report (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	07/14/13

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Venetian Village WWTP

Permit Number: FLA010567

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.5	7.7	s.u.	0	5 Days/week	Grab
PARM Code 00400 Mon. Site No. EFA-1	Permit Measurement			6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/week	Grab
Coliform, Fecal	Sample Measurement			3.00		#/100ml	0	Monthly	Grab
PARM Code 74055 Mon. Site No. EFA-1	Permit Measurement			200 (An. Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			<1	<1	#/100ml	0	Monthly	Grab
PARM Code 74055 Mon. Site No. EFA-1	Permit Measurement			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 Measurement			0.5 (Min.)		mg/L		5 Days/week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				6.7	mg/L	0	Annually	Grab
PARM Code 00620 Mon. Site No. EFA-1	Permit Measurement				12.0 (Max.)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			120		mg/L	0	Annually	Grab
PARM Code 90082 Mon. Site No. INF-1	Permit Measurement			Report		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			140		mg/L	0	Annually	Grab
PARM Code 00530 Mon. Site No. INF-1	Permit Measurement			Report		mg/L		Annually	Grab
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								

E RESULTS - PART B

Permit Number: FLA010567
 Month/Year: November-07

Facility: Venetian Village WWTP

WWTF Three-month Average Daily Flow 0.010

(TMADF/Permitted Capacity)x100: 29%

Code	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N)(mg/L)				
50050	80082	00530	00400	74055	50060	620					
Mon.Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1				
1	0.011			7.5		2.2					
2	0.007			7.6		2.2					
3	0.014					2.2					
4											
5	0.025			7.6		2.2					
6	0.012			7.6		2.2					
7	0.010			7.5		2.2					
8	0.011			7.5		2.2					
9	0.010			7.6		2.2					
10											
11	0.019					2.2					
12	0.016			7.5		2.2					
13	0.011			7.5		2.2					
14	0.011			7.7		2.2					
15	0.010			7.6		2.2					
16	0.011			7.5		2.2					
17	0.006					2.2					
18											
19	0.020			7.6		2.2					
20	0.018	2.30	2.90	7.6	<1	2.2	6.7 Y				
21	0.012			7.5		2.2					
22	0.009			7.5		2.2					
23	0.010			7.6		2.2					
24	0.011					2.2					
25											
26	0.023			7.6		2.2					
27	0.010			7.7		2.2					
28	0.011			7.6		2.2					
29	0.011			7.6		2.2					
30	0.008			7.7		2.2					
31											

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: FLA010567
 LIMIT: Final

CLASS SIZE:
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE:

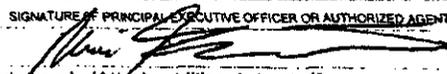
REPORT: Monthly
 GROUP: Domestic
 WAFR MON SITE NO 3929

FACILITY: Venetian Village WWTP
 LOCATION: 31 Tammi Drive
 Lake Jem, FL
 COUNTY: Lake

MONITORING PERIOD--From: 12/01/07 To: 12/31/07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.010	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 Mon. Site No EFF-1	Permit Measurement	0.36 (An.Avg.)	MGD				5 Days/Week	Flow Meter
Flow	Sample Measurement	0.010	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 Mon. Site No EFF-1	Permit Measurement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.05		0	Monthly	Grab
PARM Code 80082 Mon. Site No EFA-1	Permit Measurement			20.0 (An.Avg.)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1	2.1	0	Monthly	Grab
PARM Code 80082 Mon. Site No EFA-1	Permit Measurement			Report (Mo.Avg.)	80.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			4.58		0	Monthly	Grab
PARM Code 00530 Mon. Site No EFA-1	Permit Measurement			20.0 (An.Avg.)			Monthly	Grab
Solids, Total Suspended	Sample Measurement			8.6	8.6	0	Monthly	Grab
PARM Code 00530 Mon. Site No EFA-1	Permit Measurement			Report (Mo.Avg.)	80.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	08/01/24
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)			

Discharge Monitoring Report - Part A (Continued)

Facility Name: Venetian Village WWTP

Permit Number: FLA010567

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.5	7.8		s.u.	0	5 Days/week	Grab
PARM Code:00400 Mon.Site No:EFA-1	Permit Measurement			6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/week	Grab
Coliform, Fecal	Sample Measurement			3.00			#/100ml	0	Monthly	Grab
PARM Code:74055 Mon.Site No:EFA-1	Permit Measurement			200 (An.Avg.)			#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			<1	<1		#/100ml	0	Monthly	Grab
PARM Code:74055 Mon.Site No:EFA-1	Permit Measurement			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 Measurement			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 Measurement				12.0 (Max.)		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			210			mg/L	0	Annually	Grab
PARM Code:60082 Mon.Site No:INF-1	Permit Measurement			Report			mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			170			mg/L	0	Annually	Grab
PARM Code:00530 Mon.Site No:INF-1	Permit Measurement			Report			mg/L		Annually	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

E RESULTS - PART B

Permit Number: FLA010567
 Month/Year: December-07

Facility: Venetian Village WWTP

WWTF Three-month Average Daily Flow 0.011

(TMADF/Permitted Capacity)x100: 30%

Code	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N)(mg/L)				
50050	80082	00530	00400	74055	50060	620					
Mon. Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1				
1	0.007					2.2					
2	0.011										
3	0.012			7.8		2.2					
4	0.008			7.7		2.2					
5	0.010			7.7		2.2					
6	0.013			7.7		2.2					
7	0.002			7.8		2.2					
8	0.007					2.2					
9	0.009										
10	0.010			7.7		2.2					
11	0.007	2.10	8.60	7.7	<1	2.2					
12	0.008			7.8		2.2					
13	0.009			7.8		2.2					
14	0.008			7.7		2.2					
15	0.007					2.2					
16	0.014										
17	0.014			7.8		2.2					
18	0.011			7.7		2.2					
19	0.010			7.7		2.2					
20	0.008			7.8		2.2					
21	0.011			7.5		2.2					
22	0.007					2.2					
23	0.012										
24	0.013			7.8		2.2					
25	0.010			7.8		2.2					
26	0.015			7.7		2.2					
27	0.011			7.8		2.2					
28	0.012			7.7		2.2					
29	0.009					2.2					
30	0.012										
31	0.012			7.8		2.2					

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse: _____

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

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Venetian Village WWTP

Permit Number: FLA010587

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.3	7.6		s.u.	0	5 Days/week	Grab
PARM Code 00400 Mon Site No. EFA	Permit Measurement			(Min)	(Max)				Days/week	Grab
Coliform, Fecal	Sample Measurement			2.33			#/100ml	0	Monthly	Grab
PARM Code 14055 Mon Site No. EFA	Permit Measurement			20			#/100ml			Grab
Coliform, Fecal	Sample Measurement			1U	1U		#/100ml	0	Monthly	Grab
PARM Code 14055 Mon Site No. EFA	Permit Measurement			500 (Coliform)			#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			mg/L	0	5 Days/week	Grab
PARM Code 30030 Mon Site No. EFA	Permit Measurement			0.5			mg/L		Days/week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				1.6		mg/L	0	Annually	Grab
PARM Code 00620 Mon Site No. EFA	Permit Measurement				100 (Max)		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			98			mg/L	0	Annually	Grab
PARM Code 30030 Mon Site No. EFA	Permit Measurement			5			mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			92			mg/L	0	Annually	Grab
PARM Code 00530 Mon Site No. EFA	Permit Measurement			Report			mg/L		Annually	Grab
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									

E RESULTS - PART B

Permit Number: FLA010567
 Month/Year: January-06

Facility: Venetian Village WWTP

WWTF Three-month Average Daily Flow 0.030

(TMADF/Permitted Capacity)x100: 82%

Code	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N)(mg/L)				
Mon. Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1				
1	0.028										
2	0.027			7.5		2.2					
3	0.032			7.4		2.2					
4	0.032			7.4		2.2					
5	0.027	2.00	4.30	7.5	1	2.2	1.6				
6	0.038			7.4		2.2					
7	0.032										
8	0.033					2.2					
9	0.035			7.5		2.2					
10	0.030			7.6		2.2					
11	0.036			7.5		2.2					
12	0.025			7.5		2.2					
13	0.030			7.4		2.2					
14	0.024					2.2					
15	0.037										
16	0.036			7.5		2.2					
17	0.027			7.4		2.2					
18	0.035			7.5		2.2					
19	0.031			7.6		2.2					
20	0.030			7.6		2.2					
21	0.029					2.2					
22	0.028										
23	0.027			7.6		2.2					
24	0.025			7.3		2.2					
25	0.030			7.5		2.2					
26	0.030			7.5		2.2					
27	0.032			7.6		2.2					
28	0.027					2.2					
29	0.037										
30	0.037			7.5		2.2					
31	0.024			7.6		2.2					

PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certification No.: <u>7243</u>	Name: <u>John Worrell</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>13614</u>	Name: <u>Adam Michaelson</u>
Day Shift Operator	Class: <u>C</u>	Certification No.: <u>7444</u>	Name: <u>Jim Milicic</u>
Lead Operator	Class: <u>B</u>	Certification No.: <u>7113</u>	Name: <u>WBI Fontaine</u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: FLA010567
 LIMIT: Final
 CLASS SIZE:
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic
 WAFR MON SITE NO 3929

FACILITY: Venetian Village WWTP
 LOCATION: 31 Tammi Drive
 Lake Jem, FL
 COUNTY: Lake

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

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Mon. Site No. EFA-1	Sample Measurement	0.033	MGD			0	5 Days/Week	Flow Meter
	Permit Measurement	0.36 (An. Avg.)	MGD				5 Days/Week	Flow Meter
Flow PARM Code 50050 Mon. Site No. EFA-1	Sample Measurement	0.034	MGD			0	5 Days/Week	Flow Meter
	Permit Measurement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon. Site No. EFA-1	Sample Measurement			2.03		0	Monthly	Grab
	Permit Measurement			20.0 (An. Avg.)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon. Site No. EFA-1	Sample Measurement			2U	2U	0	Monthly	Grab
	Permit Measurement			Report (Mo. Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Mon. Site No. EFA-1	Sample Measurement			5.58		0	Monthly	Grab
	Permit Measurement			20.0 (An. Avg.)			Monthly	Grab
Solids, Total Suspended PARM Code 00530 Mon. Site No. EFA-1	Sample Measurement			6.2	6.2	0	Monthly	Grab
	Permit Measurement			Report (Mo. Avg.)	60.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	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: Venetian Village WWTP

Permit Number: FLA010567

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
pH PARM Code 00400 I Mon. Site No. EFA-1	Sample Measurement				7.4	7.7	s.u.	0	5 Days/week	Grab
	Permit Measurement				8.0 (Min.)	8.6 (Max.)	s.u.		5 Days/week	Grab
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-1	Sample Measurement				2.33		#/100ml	0	Monthly	Grab
	Permit Measurement				200 (Ar. Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal PARM Code 74055 I Mon. Site No. EFA-1	Sample Measurement				1U	1U	#/100ml	0	Monthly	Grab
	Permit Measurement				Report (Mo. Geo. Mean)	800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50080 I Mon. Site No. EFA-1	Sample Measurement				2.2		mg/L	0	5 Days/week	Grab
	Permit Measurement				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	0	Annually	Grab
	Permit Measurement					12.0 (Max.)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80092 G Mon. Site No. INF-1	Sample Measurement				110		mg/L	0	Annually	Grab
	Permit Measurement				Report		mg/L		Annually	Grab
Solids, Total Suspended PARM Code 00530 G Mon. Site No. INF-1	Sample Measurement				110		mg/L	0	Annually	Grab
	Permit Measurement				Report		mg/L		Annually	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

E RESULTS - PART B

Permit Number: FLA010567
 Month/Year: February-08

Facility: Venetian Village WWTP

WWTF Three-month Average Daily Flow 0.033

(TMADF/Permitted Capacity)x100: 91%

Code	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N)(mg/L)				
50050	80082	00530	00400	74055	50060	620					
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1				
1	0.040			7.6		2.2					
2	0.027	2U	6.20	7.5	1U	2.2					
3	0.042			7.5		2.2					
4	0.062										
5	0.062					2.2					
6	0.060			7.6		2.2					
7	0.043			7.7		2.2					
8	0.036			7.6		2.2					
9	0.047			7.6		2.2					
10	0.034			7.5		2.2					
11	0.027					2.2+					
12	0.045										
13	0.045			7.5		2.2					
14	0.032			7.6		2.2					
15	0.038			7.5		2.2					
16	0.030			7.4		2.2					
17	0.031			7.4		2.2					
18	0.026					2.2					
19	0.035										
20	0.035			7.4		2.2					
21	0.034			7.5		2.2					
22	0.032			7.4		2.2					
23	0.027			7.4		2.2					
24	0.033			7.5		2.2					
25	0.028					2.2					
26	0.041										
27	0.040			7.4		2.2					
28	0.036			7.5		2.2					
29											
30											
31											

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse: _____

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: FLA010567
 LIMIT: Final
 CLASS SIZE:
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE:

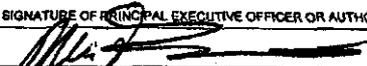
REPORT: Monthly
 GROUP: Domestic
 WAFR MON SITE NO 3929

FACILITY: Venetian Village WWTP
 LOCATION: 31 Tammi Drive
 Lake Jem, FL
 COUNTY: Lake

MONITORING PERIOD—From: 03/01/06 To: 03/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.032	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 Mon Site No. EFA-1	Permit Measurement	0.38 (An Avg)	MGD				5 Days/Week	Flow Meter
Flow	Sample Measurement	0.026	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 Mon Site No. EFA-1	Permit Measurement	Report (Mo Avg)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.02		0	Monthly	Grab
PARM Code 80082 Mon Site No. EFA-1	Permit Measurement			20.0 (An Avg)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2U	2U	0	Monthly	Grab
PARM Code 80082 Mon Site No. EFA-1	Permit Measurement			Report (Mo Avg)	60.0 (Max)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.43		0	Monthly	Grab
PARM Code 00530 Mon Site No. EFA-1	Permit Measurement			20.0 (An Avg)			Monthly	Grab
Solids, Total Suspended	Sample Measurement			4.6	4.6	0	Monthly	Grab
PARM Code 00530 Mon Site No. EFA-1	Permit Measurement			Report (Mo Avg)	60.0 (Max)		Monthly	Grab

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

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

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Venetian Village WWTP

Permit Number: FLA010567

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.3	7.6		s.u.	0	5 Days/week	Grab
PARM Code 00400 Mon. Site No. EFA-1	Permit Measurement			6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/week	Grab
Coliform, Fecal	Sample Measurement			2.92			#/100ml	0	Monthly	Grab
PARM Code 74055 Mon. Site No. EFA-1	Permit Measurement			200 (An. Avg.)			#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			8	8		#/100ml	0	Monthly	Grab
PARM Code 74055 Mon. Site No. EFA-1	Permit Measurement			Report (No. 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 Measurement			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 Measurement				12.0 (Max.)		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			110			mg/L	0	Annually	Grab
PARM Code 80082 Mon. Site No. INF-1	Permit Measurement			Report			mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			92			mg/L	0	Annually	Grab
PARM Code 00630 Mon. Site No. INF-1	Permit Measurement			Report			mg/L		Annually	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

E RESULTS - PART B

Permit Number: FLA010567
 Month/Year: March-06

Facility: Venetian Village WWTP

WWTF Three-month Average Daily Flow 0.030

(TMADF/Permitted Capacity)x100: 85%

Code	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N)(mg/L)	CBOD ₅ (mg/L)	TSS (mg/L)		
Mon. Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	INF-1		
1	0.029			7.4		2.2					
2	0.032			7.5		2.2					
3	0.025			7.4		2.2					
4	0.022					2.2					
5	0.034										
6	0.034			7.4		2.2					
7	0.034			7.5		2.2					
8	0.025			7.5		2.2					
9	0.028	2U V	4.60	7.5	8	2.2		110V	92		
10	0.030			7.4		2.2					
11	0.021					2.2					
12	0.023										
13	0.022			7.5		2.2					
14	0.021			7.4		2.2					
15	0.024			7.4		2.2					
16	0.031			7.5		2.2					
17	0.024			7.5		2.2					
18	0.022					2.2					
19	0.025										
20	0.025			7.3		2.2					
21	0.023			7.3		2.2					
22	0.024			7.4		2.2					
23	0.025			7.4		2.2					
24	0.028			7.5		2.2					
25	0.028										
26	0.028					2.2					
27	0.036			7.4		2.2					
28	0.023			7.6		2.2					
29	0.028			7.5		2.2					
30	0.023			7.5		2.2					
31	0.022			7.4		2.2					

PLANT STAFFING:

Day Shift Operator	Class: <u> B </u>	Certification No.:	<u> 7243 </u>	Name:	<u> John Worrell </u>
Day Shift Operator	Class: <u> C </u>	Certification No.:	<u> 13814 </u>	Name:	<u> Adam Michaelson </u>
Day Shift Operator	Class: <u> </u>	Certification No.:	<u> </u>	Name:	<u> </u>
Lead Operator	Class: <u> B </u>	Certification No.:	<u> 7113 </u>	Name:	<u> Will Fontaine </u>

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable:

If yes, cumulative days of wet weather discharge _____

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: FLA010567
 LIMIT: Final
 CLASS SIZE:
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE:

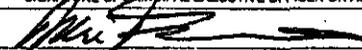
REPORT: Monthly
 GROUP: Domestic
 WAFR MON SITE NO 3929

FACILITY: Venetian Village WWTP
 LOCATION: 31 Tammi Drive
 Lake Jem, FL
 COUNTY: Lake

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

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.032	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 Mon Site No EPA	Permit Measurement	0.030 (An Avg.)	MGD				5 Days/Week	Flow Meter
Flow	Sample Measurement	0.019	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 Mon Site No EPA	Permit Measurement	Report (MG Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.04		0	Monthly	Grab
PARM Code 80082 Mon Site No EPA	Permit Measurement			20.0 (An Avg.)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.3	2.3	0	Monthly	Grab
PARM Code 80082 Mon Site No EPA	Permit Measurement			Report (MG Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			5.61		0	Monthly	Grab
PARM Code 00530 Mon Site No EPA	Permit Measurement			20.0 (An Avg.)			Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.1	3.1	0	Monthly	Grab
PARM Code 00530 Mon Site No EPA	Permit Measurement			Report (MG Avg.)	60.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	06/05/09

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Venetian Village WWTP

Permit Number: FLA010567

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	7.8	s.u.	0	5 Days/week	Grab
PARM Code 00400 Mon. Site No. EFA-1	Permit Measurement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/week	Grab
Coliform, Fecal	Sample Measurement				2.17		#/100ml	0	Monthly	Grab
PARM Code 74055 Mon. Site No. EFA-1	Permit Measurement				200 (Ar. Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				1U	1U	#/100ml	0	Monthly	Grab
PARM Code 74055 Mon. Site No. EFA-1	Permit Measurement				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 80080 Mon. Site No. EFA-1	Permit Measurement				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 Measurement					120 (Max.)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				120		mg/L	0	Annually	Grab
PARM Code 80082 Mon. Site No. INF-1	Permit Measurement				Report		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement				130		mg/L	0	Annually	Grab
PARM Code 00530 Mon. Site No. INF-1	Permit Measurement				Report		mg/L		Annually	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

E RESULTS - PART B

Permit Number: FLA010567
 Month/Year: April-06

Facility: Venetian Village WWTP

WWTF Three-month Average Daily Flow 0.026

(TMADF/Permitted Capacity)x100: 73%

Code	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N)(mg/L)				
Mon. Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1				
1	0.023										
2	0.022					2.2					
3	0.023			7.4		2.2					
4	0.018			7.6		2.2					
5	0.022			7.5		2.2					
6	0.020			7.5		2.2					
7	0.021			7.5		2.2					
8	0.017			7.5		2.2					
9	0.027										
10	0.027			7.7		2.2					
11	0.022			7.6		2.2					
12	0.021	2.30	3.10	7.6	1U	2.2					
13	0.027			7.6		2.2					
14	0.019			7.5		2.2					
15	0.022					2.2					
16	0.021										
17	0.021			7.5		2.2					
18	0.021			7.5		2.2					
19	0.019			7.6		2.2					
20	0.015			7.6		2.2					
21	0.016			7.7		2.2					
22	0.019					2.2					
23	0.017										
24	0.017			7.7		2.2					
25	0.016			7.6		2.2					
26	0.014			7.8		2.2					
27	0.015			7.5		2.2					
28	0.018			7.5		2.2					
29	0.013					2.2					
30	0.023										
31											

PLANT STAFFING:

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

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: FLA010567
 LIMIT: Final
 CLASS SIZE:
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic
 WAFR MON SITE NO 3929

FACILITY: Venetian Village WWTP
 LOCATION: 31 Tammi Drive
 Lake Jem, FL
 COUNTY: Lake

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

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.031	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 Mon Site No EFF-1	Permit Measurement	0.38 (An.Avg.)	MGD				5 Days/Week	Flow Meter
Flow	Sample Measurement	0.016	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 Mon Site No EFF-1	Permit Measurement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.33	mg/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Measurement			20.0 (An.Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			5.4	mg/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EFA-1	Permit Measurement			Report (Mo.Avg.)	mg/L		Monthly	Grab
				60.0 (Max.)				
Solids, Total Suspended	Sample Measurement			5.11	mg/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Measurement			20.0 (An.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.1	mg/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EFA-1	Permit Measurement			Report (Mo.Avg.)	mg/L		Monthly	Grab
				60.0 (Max.)				

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)
Will Fontaine (Field Coordinator)		352-787-0980	06/06/07
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)			

Discharge Monitoring Report - Part A (Continued)

Facility Name: Venetian Village WWTP

Permit Number: FLA010567

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type	
pH	Sample Measurement				7.4	7.7		s.u.	0	5 Days/week	Grab
	Permit Measurement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/week	Grab
Coliform, Fecal PARM Code 00400 Mon. Site No. EPA-1	Sample Measurement				2.33			#/100ml	0	Monthly	Grab
	Permit Measurement				200 (An. Avg.)			#/100ml		Monthly	Grab
Coliform, Fecal PARM Code 74055 Mon. Site No. EPA-1	Sample Measurement				3	3		#/100ml	0	Monthly	Grab
	Permit Measurement				Report (Mo. Geo. Mean)	800 (Max.)		#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 Mon. Site No. EPA-1	Sample Measurement				1.7			mg/L	0	5 Days/week	Grab
	Permit Measurement				0.5 (Min.)			mg/L		5 Days/week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 Mon. Site No. EPA-1	Sample Measurement					MNR		mg/L	0	Annually	Grab
	Permit Measurement					12.0 (Max.)		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon. Site No. INF-1	Sample Measurement				210			mg/L	0	Annually	Grab
	Permit Measurement				Report			mg/L		Annually	Grab
Solids, Total Suspended PARM Code 00530 Mon. Site No. INF-1	Sample Measurement				270			mg/L	0	Annually	Grab
	Permit Measurement				Report			mg/L		Annually	Grab
	Sample Measurement										
	Permit Measurement										
	Sample Measurement										
	Permit Measurement										
	Sample Measurement										
	Permit Measurement										
	Sample Measurement										
	Permit Measurement										

E RESULTS - PART B

Permit Number: FLA010587
 Month/Year: May-06

Facility: Venetian Village WWTP

WWTF Three-month Average Daily Flow 0.020

(TMADF/Permitted Capacity)x100: 56%

Code	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N)(mg/L)
Mon. Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.023			7.5		2.2	
2	0.021			7.5		2.2	
3	0.016			7.7		2.2	
4	0.011			7.7		2.2	
5	0.017			7.6		2.2	
6	0.014					2.2	
7	0.013						
8	0.013			7.7		2.2	
9	0.015			7.7		2.2	
10	0.015			7.5		1.9	
11	0.010			7.5		2.2	
12	0.024			7.4		1.7	
13	0.020					2.2	
14	0.018						
15	0.016			7.5		2.2	
16	0.014			7.5		2.2	
17	0.018			7.6		2.2	
18	0.012	5.40	1.10	7.6	3	2.2	
19	0.027			7.5		2.2	
20	0.014					2.2	
21	0.014						
22	0.014			7.5		2.2	
23	0.018			7.5		2.2	
24	0.013			7.6		2.2	
25	0.014			7.6		2.2	
26	0.013			7.6		2.2	
27	0.014					2.2	
28	0.014						
29	0.014			7.5		2.2	
30	0.013			7.5		2.2	
31	0.012			7.7		1.9	

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: FLA010567
 LIMIT: Final
 CLASS SIZE:
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE:

REPORT: Monthly
 GROUP: Domestic
 WAFR MON SITE NO 3929

FACILITY: Venetian Village WWTP
 LOCATION: 31 Tammi Drive
 Lake Jern, FL
 COUNTY: Lake

MONITORING PERIOD--From: 06/01/06 To: 06/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.029	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 Mon.Site No EFF-1	Y Permit Measurement	0.36 (An.Avg.)	MGD				5 Days/Week	Flow Meter
Flow	Sample Measurement	0.016	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 Mon.Site No EFF-1	I Permit Measurement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.39	mg/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No EFA-1	Y Permit Measurement			20.0 (An.Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.8	mg/L	0	Monthly	Grab
PARM Code 80082 Mon.Site No EFA-1	I Permit Measurement			Report (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			4.66	mg/L	0	Monthly	Grab
PARM Code 00530 Mon.Site No EFA-1	Y Permit Measurement			20.0 (An.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			1.1	mg/L	0	Monthly	Grab
PARM Code 00530 Mon.Site No EFA-1	I Permit Measurement			Report (Mo.Avg.)	mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)

Will Fontaine (Field Coordinator)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE NO.

352-787-0980

DATE (YY/MM/DD)

06/07/06

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

E RESULTS - PART B

Permit Number: FLA010567
 Month/Year: June-06

Facility: Venetian Village WWTP

WWTF Three-month Average Daily Flow 0.017

(TMADF/Permitted Capacity)x100: 47%

Code	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N)(mg/L)
Mon. Site	50050	80082	00530	00400	74055	50060	620
	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.013			7.7		2.2	
2	0.014			7.5		2.2	
3	0.013					2.2	
4	0.013						
5	0.013			7.5		2.2	
6	0.020			7.4		2.0	
7	0.015			7.4		2.2	
8	0.019	2.8V	1.1U	7.5	1	2.2	0.41
9	0.017			7.4		2.2	
10	0.016					2.2	
11	0.019						
12	0.019			7.5		2.2	
13	0.023			7.4		2.2	
14	0.017			7.3		2.2	
15	0.016			7.2		2.2	
16	0.017			7.3		2.2	
17	0.013			7.4		2.2	
18	0.016						
19	0.017			7.5		2.2	
20	0.016			7.5		2.2	
21	0.016			7.5		2.2	
22	0.017			7.5		2.2	
23	0.014			7.4		2.2	
24	0.015			7.3		2.2	
25	0.015						
26	0.016			7.4		2.2	
27	0.017			7.5		2.2	
28	0.020			7.5		2.2	
29	0.014			7.3		2.2	
30	0.016			7.3		2.2	
31							

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: FLA010567
 LIMIT: Final
 CLASS SIZE:
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:

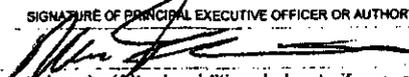
REPORT: Monthly
 GROUP: Domestic
 WAFR MON SITE NO 3929

FACILITY: Venetian Village WWTP
 LOCATION: 31 Tammi Drive
 Lake Jem, FL
 COUNTY: Lake

MONITORING PERIOD--From: 07/01/06 To: 07/31/06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.027		MGD				0	5 Days/Week	Flow Meter
PARM Code 50050 Mon. Site No EFF-1	Permit Measurement	0.38 (An. Avg.)		MGD					5 Days/Week	Flow Meter
Flow	Sample Measurement	0.018		MGD				0	5 Days/Week	Flow Meter
PARM Code 50050 Mon. Site No EFF-1	Permit Measurement	Report (Mo. Avg.)		MGD					5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.39		mg/L	0	Monthly	Grab
PARM Code 80082 Mon. Site No EPA-1	Permit Measurement				20.0 (An. Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2U	2U	mg/L	0	Monthly	Grab
PARM Code 80082 Mon. Site No EPA-1	Permit Measurement				Report (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				4.28		mg/L	0	Monthly	Grab
PARM Code 00530 Mon. Site No EPA-1	Permit Measurement				20.0 (An. Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				1.4	1.4	mg/L	0	Monthly	Grab
PARM Code 00530 Mon. Site No EPA-1	Permit Measurement				Report (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	06/08/06
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)			

Discharge Monitoring Report - Part A (Continued)

Facility Name: Venetian Village WWTP

Permit Number: FLA010567

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.4	7.8		s.u.	0	5 Days/week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/week	Grab
Coliform, Fecal	Sample Measurement			1.92			#/100ml	0	Monthly	Grab
	Permit Measurement			200 (An.Avg.)			#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	1U		#/100ml	0	Monthly	Grab
	Permit Measurement			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
	Permit Measurement			0.5 (Min.)			mg/L		5 Days/week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR		mg/L	0	Annually	Grab
	Permit Measurement				12.0 (Max.)		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			120			mg/L	0	Annually	Grab
	Permit Measurement			Report			mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			120			mg/L	0	Annually	Grab
	Permit Measurement			Report			mg/L		Annually	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

E RESULTS - PART B

Permit Number: FLA010567
 Month/Year: July-06

Facility: Venetian Village WWTP

WWTF Three-month Average Daily Flow 0.017

(TMADF/Permitted Capacity)x100: 46%

Code	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N)(mg/L)
50050	80082	00530	00400	74055	50060	620	
Mon Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	
1	0.019					2.2	
2	0.019						
3	0.015			7.4		2.2	
4	0.021			7.6		2.2	
5	0.018			7.6		2.2	
6	0.018			7.8		2.2	
7	0.019			7.8		2.2	
8	0.016					2.2	
9	0.019						
10	0.019			7.5		2.2	
11	0.020			7.5		2.2	
12	0.021			7.5		2.2	
13	0.016			7.7		2.2	
14	0.017			7.7		2.2	
15	0.020					2.2	
16	0.015						
17	0.015			7.8		2.2	
18	0.022			7.6		2.2	
19	0.017			7.8		2.2	
20	0.015			7.7		2.2	
21	0.019	2U	1.40	7.7	1U	2.2	
22	0.020					2.2	
23	0.021						
24	0.021			7.6		2.2	
25	0.017			7.6		2.2	
26	0.017			7.6		2.2	
27	0.019			7.8		2.2	
28	0.015			7.7		2.2	
29	0.013					2.2	
30	0.020						
31	0.020			7.6		2.2	

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 7243 Name: John Worrell
 Day Shift Operator Class: C Certification No.: 13614 Name: Adam Michaelson
 Day Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: B Certification No.: 7113 Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: FLA010567
 LIMIT: Final
 CLASS SIZE:
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE:

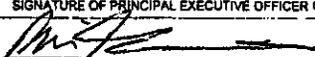
REPORT: Monthly
 GROUP: Domestic
 WAFR MON SITE NO 3929

FACILITY: Venetian Village WWTP
 LOCATION: 31 Tammi Drive
 Lake Jem, FL
 COUNTY: Lake

MONITORING PERIOD--From: 08/01/06 To: 08/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site No EFA-1	Sample Measurement	0.025	MGD			0	5 Days/Week	Flow Meter
	Permit Measurement	0.38 (An.Avg.)	MGD				5 Days/Week	Flow Meter
Flow PARM Code 50050 I Mon. Site No EFA-1	Sample Measurement	0.019	MGD			0	5 Days/Week	Flow Meter
	Permit Measurement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No EFA-1	Sample Measurement			2.53	mg/L	0	Monthly	Grab
	Permit Measurement			20.0 (An.Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon. Site No EFA-1	Sample Measurement			3.6	mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Y Mon. Site No EFA-1	Sample Measurement			4.06	mg/L	0	Monthly	Grab
	Permit Measurement			20.0 (An.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 I Mon. Site No EFA-1	Sample Measurement			1.5	mg/L	0	Monthly	Grab
	Permit Measurement			Report (Mo.Avg.)	mg/L		Monthly	Grab

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

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

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Venetian Village WWTP

Permit Number: FLA010567

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.3	7.8	s.u.	0	5 Days/week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/week	Grab
Coliform, Fecal PARM Code 00400 Mon. Site No EFA-1	Sample Measurement			1.92		#/100ml	0	Monthly	Grab
	Permit Measurement			200 (An. Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal PARM Code 74055 Mon. Site No EFA-1	Sample Measurement			1U	1U	#/100ml	0	Monthly	Grab
	Permit Measurement			Report (No. Geo. Mean)	800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 Mon. Site No EFA-1	Sample Measurement			1.3		mg/L	0	5 Days/week	Grab
	Permit Measurement			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 Measurement				12.0 (Max.)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon. Site No INF-1	Sample Measurement			130		mg/L	0	Annually	Grab
	Permit Measurement			Report		mg/L		Annually	Grab
Solids, Total Suspended PARM Code 00530 Mon. Site No INF-1	Sample Measurement			130		mg/L	0	Annually	Grab
	Permit Measurement			Report		mg/L		Annually	Grab
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								
	Sample Measurement								
	Permit Measurement								

E RESULTS - PART B

Permit Number: FLA010567
 Month/Year: August-08

Facility: Venetian Village WWTP

WWTF Three-month Average Daily Flow 0.018

(TMADF/Permitted Capacity)x100: 49%

	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N)(mg/L)				
Code	50050	80082	00530	00400	74055	50060	620				
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1				
1	0.021			7.6		2.2					
2	0.019			7.7		2.2					
3	0.017			7.7		2.2					
4	0.020			7.8		2.2					
5	0.020					2.2					
6	0.020										
7	0.019			7.7		2.2					
8	0.019			7.7		2.2					
9	0.019			7.6		2.2					
10	0.018			7.7		2.2					
11	0.019			7.7		2.2					
12	0.023			7.6		1.3					
13	0.022					2.2					
14	0.022			7.3		2.2					
15	0.021			7.6		2.2					
16	0.019			7.5		2.2					
17	0.018			7.7		2.2					
18	0.018			7.7		2.2					
19	0.018					2.2					
20	0.020										
21	0.020			7.6		2.2					
22	0.015	3.60	1.50	7.6	10	2.2					
23	0.017			7.3		2.2					
24	0.019			7.5		2.2					
25	0.019			7.5		2.2					
26	0.019					2.2					
27	0.020										
28	0.019			7.5		2.2					
29	0.017			7.3		2.2					
30	0.017			7.5		2.2					
31	0.021			7.6		2.2					

PLANT STAFFING:

Day Shift Operator	Class: <u> B </u>	Certification No.:	<u> 7243 </u>	Name:	<u> John Worrell </u>
Day Shift Operator	Class: <u> C </u>	Certification No.:	<u> 13614 </u>	Name:	<u> Adam Michaelson </u>
Day Shift Operator	Class: <u> </u>	Certification No.:	<u> </u>	Name:	<u> </u>
Lead Operator	Class: <u> B </u>	Certification No.:	<u> 7113 </u>	Name:	<u> Will Fontaine </u>

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: FLA010567
 LIMIT: Final
 CLASS SIZE:
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE:

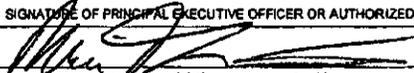
REPORT: Monthly
 GROUP: Domestic
 WAFR MON SITE NO 3929

FACILITY: Venetian Village WWTP
 LOCATION: 31 Tammi Drive
 Lake Jem, FL
 COUNTY: Lake

MONITORING PERIOD--From: 09/01/06 To: 09/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.023	MGD			0	5 Days/Week	Flow Meter
PARM Code 50060 Mon Site No EPA-1	Permit Measurement	0.30 (An Avg)	MGD				5 Days/Week	Flow Meter
Flow	Sample Measurement	0.019	MGD			0	5 Days/Week	Flow Meter
PARM Code 50060 Mon Site No EPA-1	Permit Measurement	Report (Mo Avg)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.53		0	Monthly	Grab
PARM Code 80082 Mon Site No EPA-1	Permit Measurement			20.0 (An Avg)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2U	2U	0	Monthly	Grab
PARM Code 80082 Mon Site No EPA-1	Permit Measurement			Report (Mo Avg)	60.0 (Max)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.73		0	Monthly	Grab
PARM Code 00530 Mon Site No EPA-1	Permit Measurement			20.0 (An Avg)			Monthly	Grab
Solids, Total Suspended	Sample Measurement			2.6	2.6	0	Monthly	Grab
PARM Code 00530 Mon Site No EPA-1	Permit Measurement			Report (Mo Avg)	60.0 (Max)		Monthly	Grab

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

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

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Venetian Village WWTP

Permit Number: FLA010567

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.4	7.7		s.u.	0	5 Days/week	Grab
PARM Code 00400 Mon. Site No. EFA-1	Permit Measurement			6.0 (Min.)	8.0 (Max.)		s.u.		5 Days/week	Grab
Coliform, Fecal	Sample Measurement			1.92			#/100ml	0	Monthly	Grab
PARM Code 74055 Mon. Site No. EFA-1	Permit Measurement			200 (Ar. Avg.)			#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			3	3		#/100ml	0	Monthly	Grab
PARM Code 74055 Mon. Site No. EFA-1	Permit Measurement			Report (Mo. Geo. Mean)	600 (Max.)		#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.2			mg/L	0	5 Days/week	Grab
PARM Code 60080 Mon. Site No. EFA-1	Permit Measurement			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 Measurement				12.0 (Max.)		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			120			mg/L	0	Annually	Grab
PARM Code 60082 Mon. Site No. INF-1	Permit Measurement			Report			mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			210			mg/L	0	Annually	Grab
PARM Code 00530 Mon. Site No. INF-1	Permit Measurement			Report			mg/L		Annually	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

E RESULTS - PART B

Permit Number: FLA010567
 Month/Year: September-06

Facility: Venetian Village WWTP

WWTF Three-month Average Daily Flow 0.019

(TMADF/Permitted Capacity)x100: 52%

Code	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N)(mg/L)						
50050	80082	00530	00400	74055	50060	620							
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1						
1	0.020			7.6		2.2							
2	0.017					2.2							
3	0.017												
4	0.019			7.5		2.2							
5	0.021			7.6		2.2							
6	0.019			7.7		2.2							
7	0.019			7.7		2.2							
8	0.019			7.6		2.2							
9	0.019					2.2							
10	0.021												
11	0.021			7.6		2.2							
12	0.020			7.7		2.2							
13	0.015			7.7		2.2							
14	0.025	2U	2.60	7.6	3	2.2							
15	0.022			7.6		2.2							
16	0.021					2.2							
17	0.019												
18	0.019			7.4		2.2							
19	0.020			7.5		2.2							
20	0.020			7.7		2.2							
21	0.019			7.7		2.2							
22	0.017			7.5		2.2							
23	0.018					2.2							
24	0.021												
25	0.019			7.7		2.2							
26	0.017			7.7		2.2							
27	0.017			7.6		2.2							
28	0.020			7.7		2.2							
29	0.019			7.7		2.2							
30	0.019					2.2							
31													

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 7243 Name: John Worrell
 Day Shift Operator Class: C Certification No.: 13614 Name: Adam Michaelson
 Day Shift Operator Class: Certification No.: Name:
 Lead Operator Class: B Certification No.: 7113 Name: Will Fontaine

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: FLA010567
 LIMIT: Final
 CLASS SIZE:
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIIC
 NO DISCHARGE FROM SITE:

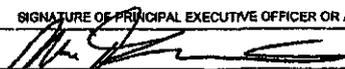
REPORT: Monthly
 GROUP: Domestic
 WAFR MON SITE NO 3929

FACILITY: Venetian Village WWTP
 LOCATION: 31 Tammi Drive
 Lake Jem, FL
 COUNTY: Lake

MONITORING PERIOD—From: 10/01/06 To: 10/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.023	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 Mon. Site No. EPA-1	Permit Measurement	0.038 (An. Avg.)	MGD				5 Days/Week	Flow Meter
Flow	Sample Measurement	0.016	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 Mon. Site No. EPA-1	Permit Measurement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.51		0	Monthly	Grab
PARM Code 80082 Mon. Site No. EPA-1	Permit Measurement			20.0 (An. Avg.)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2U	2U	0	Monthly	Grab
PARM Code 80082 Mon. Site No. EPA-1	Permit Measurement			Report (Mo. Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.59		0	Monthly	Grab
PARM Code 00530 Mon. Site No. EPA-1	Permit Measurement			20.0 (An. Avg.)			Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.9	3.9	0	Monthly	Grab
PARM Code 00530 Mon. Site No. EPA-1	Permit Measurement			Report (Mo. Avg.)	60.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	06/11/06

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

Discharge Monitoring Report - Part A (Continued)

Facility Name: Venetian Village WWTP

Permit Number: FLA010567

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.6	7.8		s.u.	0	5 Days/week	Grab
	Permit Measurement			8.0 (Min.)	8.5 (Max.)		s.u.		5 Days/week	Grab
Coliform, Fecal	Sample Measurement			1.92			#/100ml	0	Monthly	Grab
	Permit Measurement			200 (Ar. Avg.)			#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement			1U	1U		#/100ml	0	Monthly	Grab
	Permit Measurement			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
	Permit Measurement			0.5 (Min.)			mg/L		5 Days/week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				MNR		mg/L	0	Annually	Grab
	Permit Measurement				12.0 (Max.)		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			270			mg/L	0	Annually	Grab
	Permit Measurement			Report			mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement			550			mg/L	0	Annually	Grab
	Permit Measurement			Report			mg/L		Annually	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

E RESULTS - PART B

Permit Number: FLA010567
 Month/Year: October-06

Facility: Venetian Village WWTP

WWTF Three-month Average Daily Flow 0.018

(TMADF/Permitted Capacity)x100: 50%

Code	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N)(mg/L)				
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1				
1	0.015										
2	0.015			7.7		2.2					
3	0.012			7.8		2.2					
4	0.017			7.7		2.2					
5	0.015	2U	3.90	7.8	1	2.2					
6	0.015			7.8		2.2					
7	0.019					2.2					
8	0.017										
9	0.015			7.8		2.2					
10	0.015			7.8		2.2					
11	0.017			7.7		2.2					
12	0.015			7.8		2.2					
13	0.016			7.8		2.2					
14	0.015					2.2					
15	0.019										
16	0.012			7.7		2.2					
17	0.019			7.8		2.2					
18	0.021			7.7		2.2					
19	0.017			7.8		2.2					
20	0.017			7.8		2.2					
21	0.017					2.2					
22	0.019										
23	0.021			7.7		2.2					
24	0.015			7.7		2.2					
25	0.012			7.6		2.2					
26	0.012			7.7		2.2					
27	0.012			7.8		2.2					
28	0.009					2.2					
29	0.019										
30	0.019			7.8		2.2					
31	0.011			7.7		2.2					

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Aqua Utilities Florida	PERMIT NUMBER: FLA010567	
MAILING ADDRESS: PO Box 490310	LIMIT: Final	
Leesburg, FL 34749	CLASS SIZE:	REPORT: Monthly
	MONITORING GROUP NUMBER: R-001	GROUP: Domestic
FACILITY: Venetian Village WWTP	PLANT SIZE/TREATMENT TYPE: IIC	WAFR MON SITE NO 3929
LOCATION: 31 Tammi Drive	NO DISCHARGE FROM SITE: <input type="checkbox"/>	
Lake Jem, FL		
COUNTY: Lake	MONITORING PERIOD—From: 11/01/06	To: 11/30/06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.022	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 Mon. Site No EFF-1	Permit Measurement	0.36 (An. Avg.)	MGD				5 Days/Week	Flow Meter
Flow	Sample Measurement	0.012	MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 Mon. Site No EFF-1	Permit Measurement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.52		0	Monthly	Grab
PARM Code 80082 Mon. Site No EFA-1	Permit Measurement			20.0 (An. Avg.)			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1	2.1	0	Monthly	Grab
PARM Code 80082 Mon. Site No EFA-1	Permit Measurement			Report (Mo. Avg.)	60.0 (Max.)		Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.52		0	Monthly	Grab
PARM Code 00530 Mon. Site No EFA-1	Permit Measurement			20.0 (An. Avg.)			Monthly	Grab
Solids, Total Suspended	Sample Measurement			4.0	4.0	0	Monthly	Grab
PARM Code 00530 Mon. Site No EFA-1	Permit Measurement			Report (Mo. Avg.)	60.0 (Max.)		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print) Will Fontaine (Field Coordinator)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO. 352-787-0980	DATE (YY/MM/DD) 06/12/20
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)			

Discharge Monitoring Report - Part A (Continued)

Facility Name: Venetian Village WWTP

Permit Number: FLA010567

MONITORING GROUP NUMBER: R-001

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			7.7	7.8		s.u.	0	5 Days/week	Grab
	Permit Measurement			6.0 (Min.)	8.5 (Max.)		s.u.		6 Days/week	Grab
Coliform, Fecal PARM Code 74055 Mon. Site No EFA-1	Sample Measurement			1.92			#/100ml	0	Monthly	Grab
	Permit Measurement			200 (An. Avg.)			#/100ml		Monthly	Grab
Coliform, Fecal PARM Code 74055 Mon. Site No EFA-1	Sample Measurement			1U	1U		#/100ml	0	Monthly	Grab
	Permit Measurement			Report (Mo. Geo. Mean)	900 (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 Measurement			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 Measurement				12.0 (Max.)		mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon. Site No INF-1	Sample Measurement			130			mg/L	0	Annually	Grab
	Permit Measurement			Report			mg/L		Annually	Grab
Solids, Total Suspended PARM Code 00530 Mon. Site No INF-1	Sample Measurement			94			mg/L	0	Annually	Grab
	Permit Measurement			Report			mg/L		Annually	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

E RESULTS - PART B

Permit Number: FLA010567
 Month/Year: November-06

Facility: Venetian Village WWTP

WWTF Three-month Average Daily Flow 0.016

(TMADF/Permitted Capacity)x100: 44%

Code	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N)(mg/L)
50050	80082	00530	00400	74055	50060	620	
Mon. Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.013			7.8		2.2+	
2	0.012			7.7		2.2+	
3	0.012			7.8		2.2+	
4	0.011					2.2+	
5	0.014						
6	0.013			7.7		2.2+	
7	0.012			7.8		2.2+	
8	0.014			7.8		2.2+	
9	0.015			7.7		2.2+	
10	0.012			7.7		2.2+	
11	0.012					2.2+	
12	0.013						
13	0.014			7.7		2.2+	
14	0.014			7.8		2.2+	
15	0.008			7.7		2.2+	
16	0.014	2.10	4.00	7.8	1U	2.2+	
17	0.011			7.8		2.2+	
18	0.011					2.2+	
19	0.014						
20	0.014			7.7		2.2+	
21	0.013			7.8		2.2+	
22	0.014			7.7		2.2	
23	0.010			7.8		2.2	
24	0.018			7.8		2.2	
25	0.012					2.2	
26	0.014						
27	0.014			7.7		2.2	
28	0.012			7.8		2.2	
29	0.012			7.7		2.2	
30	0.014			7.8		2.2	
31							

PLANT STAFFING:

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

Type of Effluent Disposal or Reclaimed Water Reuse: _____

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail This Report To: Department of Environmental Protection, Central District, 3319 Maguire Blvd Suite 232, Orlando, Florida 32803-3767

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

PERMIT NUMBER: FLA010567
 LIMIT: Final
 CLASS SIZE:
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:

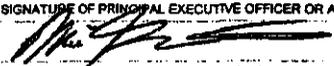
REPORT: Monthly
 GROUP: Domestic
 WAFR MON SITE NO 3929

FACILITY: Venetian Village WWTP
 LOCATION: 31 Tammi Drive
 Lake Jern, FL
 COUNTY: Lake

MONITORING PERIOD—From: 12/01/06 To: 12/31/06

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.020	MGD				0	5 Days/Week	Flow Meter
PARM Code 50050 Mon Site No EPA-1	Permit Measurement	0.36 (An.Avg.)	MGD					5 Days/Week	Flow Meter
Flow	Sample Measurement	0.014	MGD				0	5 Days/Week	Flow Meter
PARM Code 50050 Mon Site No EPA-1	Permit Measurement	Report (Mo.Avg.)	MGD					5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.55		mg/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EPA-1	Permit Measurement			20.0 (An.Avg.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.4	2.4	mg/L	0	Monthly	Grab
PARM Code 80082 Mon Site No EPA-1	Permit Measurement			Report (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.42		mg/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EPA-1	Permit Measurement			20.0 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			7.3	7.3	mg/L	0	Monthly	Grab
PARM Code 00530 Mon Site No EPA-1	Permit Measurement			Report (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Will Fontaine (Field Coordinator)		352-787-0980	07/01/22
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)			

Discharge Monitoring Report - Part A (Continued)

Facility Name: Venetian Village WWTP

Permit Number: FLA010567

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.6	7.8	s.u.	0	5 Days/week	Grab
PARM Code 00400 Mon Site No EFA-1	Permit Measurement				8.0 (Min.)	8.5 (Max.)	s.u.		5 Days/week	Grab
Coliform, Fecal	Sample Measurement				1.92		#/100ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Permit Measurement				200 (An.Avg.)		#/100ml		Monthly	Grab
Coliform, Fecal	Sample Measurement				1U	1U	#/100ml	0	Monthly	Grab
PARM Code 74055 Mon Site No EFA-1	Permit Measurement				Report (Mo,Geo,Mean)	800 (Max.)	#/100ml		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.2		mg/L	0	5 Days/week	Grab
PARM Code 50060 Mon Site No EFA-1	Permit Measurement				0.5 (Min.)		mg/L		5 Days/week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					MNR	mg/L	0	Annually	Grab
PARM Code 00820 Mon Site No EFA-1	Permit Measurement					12.0 (Max.)	mg/L		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				140		mg/L	0	Annually	Grab
PARM Code 80082 Mon Site No INF-1	Permit Measurement				Report		mg/L		Annually	Grab
Solids, Total Suspended	Sample Measurement				120		mg/L	0	Annually	Grab
PARM Code 00530 Mon Site No INF-1	Permit Measurement				Report		mg/L		Annually	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Permit Measurement									

E RESULTS - PART B

Permit Number: FLA010567
 Month/Year: December-06

Facility: Venetian Village WWTP

WWTF Three-month Average Daily Flow 0.014

(TMADF/Permitted Capacity)x100: 39%

Code	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)	Ph (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N)(mg/L)
50050	80082	00530	00400	74055	50060	620	
Mon.Site	EFF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1
1	0.013			7.8		2.2	
2	0.011					2.2	
3	0.013						
4	0.014			7.8		2.2	
5	0.011			7.7		2.2	
6	0.013			7.7		2.2	
7	0.010	2.40	7.30	7.7	1U	2.2	
8	0.013			7.7		2.2	
9	0.010					2.2	
10	0.017						
11	0.016			7.8		2.2	
12	0.012			7.7		2.2	
13	0.014			7.7		2.2	
14	0.011			7.8		2.2	
15	0.013			7.7		2.2	
16	0.014					2.2	
17	0.015						
18	0.015			7.6		2.2	
19	0.012			7.7		2.2	
20	0.015			7.8		2.2	
21	0.013			7.8		2.2	
22	0.012			7.8		2.2	
23	0.015					2.2	
24	0.019						
25	0.019						
26	0.019			7.8		1.2	
27	0.021			7.8		2.2+	
28	0.015			7.8		2.2+	
29	0.015			7.7		2.2	
30	0.013			7.7		2.2	
31	0.018					2.2	

PLANT STAFFING:

Day Shift Operator Class: B Certification No.: 7243 Name: John Worrell
 Day Shift Operator Class: C Certification No.: 13614 Name: Adam Michaelson
 Day Shift Operator Class: _____ Certification No.: _____ Name: _____
 Lead Operator Class: B Certification No.: 7113 Name: Will Fontaine

Type of Effluent Disposal or Reclaimed Water Reuse: _____

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

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



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: FLA010567
PA FILE NUMBER: FLA010567-003-DW3P
ISSUANCE DATE: October 4, 2004
EXPIRATION DATE: October 3, 2009

RESPONSIBLE AUTHORITY:

Mr. Glenn Labrecque
Vice President
6960 Professional Pkwy E, Suite 400
Sarasota, FL 34240

FACILITY:

Venetian Village WWTF
31 Tammi Drive
Lake Jem, FL
Lake County
Latitude: 28° 45' 32" N Longitude: 81° 41' 16" W

This permit is issued under the provisions of Chapter 403, Florida Statutes, and applicable rules of the Florida Administrative Code. The above named permittee is hereby authorized to 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 0.036 mgd annual average daily flow (AADF) permitted capacity extended aeration domestic wastewater treatment plant consisting of aeration, secondary clarification, chlorination, and aerobic digestion of residuals.

REUSE:

Land Application: An existing 0.036 MGD AADF permitted capacity rapid infiltration basin system (R-001). R-001 consists of two percolation ponds with a total wetted area of 2.25 acres located approximately at latitude 28° 45' 32" N, longitude 81° 41' 16" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 13 of the permit.

DOCUMENT NUMBER - 04315
04315 MAY 28 2009

FPSC-COMMISSION CLERK

FACILITY: Venetian Village WWTF
 PERMITTEE: Aqua Utilities Florida Inc

PERMIT NUMBER: FLA010567
 EXPIRATION DATE: October 3, 2009

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 use reclaimed water for System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below:

Parameter	Units	Limitation	Reclaimed Water Limitations				Monitoring Requirements	
			Annual	Monthly	Weekly	Single Sample	Frequency	Monitoring Type
Flow	MGD	Maximum	0.036	-	-	-	5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	45.0	60.0	Monthly	Grab
Solids, Total Suspended	MG/L	Maximum	20.0	30.0	45.0	60.0	Monthly	Grab
pH	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab
Coliform, Fecal	#/100 ML	Maximum	See Permit Condition I.A.4.				Monthly	Grab
Total Residual Chlorine (For Disinfection)	MG/L	Minimum	-	-	-	0.5	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	MG/L	Maximum	-	-	-	12.0	Annually	Grab

FACILITY: Venetian Village WWTF
PERMITTEE: Aqua Utilities Florida Inc

PERMIT NUMBER: FLA010567
EXPIRATION DATE: October 3, 2009

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-1	Effluent Flow Meter

3. An Effluent Flow Meter will be utilized to measure flow and shall be 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. [62-610.510 and 62-600.440(4)(c)]
5. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. [62-610.510 and 62-600.440(4)(b)]
6. Nitrate nitrogen (NO₃) concentration in the water discharged to the rapid rate reuse 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: Venetian Village WWTF
 PERMITTEE: Aqua Utilities Florida Inc

PERMIT NUMBER: FLA010567
 EXPIRATION DATE: October 3, 2009

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 permittee as specified below:

Parameter	Limitations						Monitoring Requirements	
	Unit	Limit	Frequency	Method	Standard	Frequency	Method	
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	Report	-	-	-	Annually	Grab
Solids, Total Suspended	MG/L	Maximum	Report	-	-	-	Annually	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	PER CENT	Maximum	-	Report	-	-	Monthly	Calculated

FACILITY: Venetian Village WWTF
PERMITTEE: Aqua Utilities Florida Inc

PERMIT NUMBER: FLA010567
EXPIRATION DATE: October 3, 2009

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
CAL-1	Calculated from daily flows
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 in accordance with 40 CFR Part 136. Parameters which must be monitored as a result of a ground water discharge (i.e., underground injection or land application system) shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18)]
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]

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PERMITTEE: Aqua Utilities Florida Inc

PERMIT NUMBER: FLA010567
EXPIRATION DATE: October 3, 2009

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 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

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

Residuals Management Facility or Treatment Facility

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

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

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 IV Rapid Infiltration Basins (R-001)

1. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518]
2. The annual average hydraulic loading rate to the two percolation ponds with a total wetted area of 2.25 acres shall be limited to a maximum of 5.89 inches per day (as applied to the entire bottom area). [62-610.523(3)]

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3. The two percolation ponds with a total wetted area of 2.25 acres 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)]
4. 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)]
5. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.514 and 62-610.414]
6. 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. 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)]
3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5)]
4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. [62-600.735(1)]
5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
 - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
 - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
 - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
 - e. A copy of the current permit;
 - f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
 - g. A copy of the facility record drawings;

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- 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

Section VI is not applicable to this facility.

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. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal, using Department Forms 62-620.910(1) and (2), no later than one-hundred and eighty days (180) prior to the expiration date of this permit. [62-620.410(5)]
2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-610.850(1)(a) and (2)(a)]
3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8) and 62-640.400(6)]
4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. [62-604.130(3)]
5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550] [62-620.610(20)]
6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
 - d. Which result in treatment plant discharges having temperatures above 40°C.

[62-604.130(4)]

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7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. [62-610.518(1)] [and 62-600.400(2)(b)]
8. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. [62-701.300(1)(a)]
9. The permittee shall provide 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(6), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3)]
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)]

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7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8)]
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
 - b. Have access to and copy any records that shall be kept under the conditions of this permit;
 - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
 - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

[62-620.610(9)]

10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. [62-620.610(10)]
11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. [62-620.610(11)]
12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. [62-620.610(12)]
13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. [62-620.610(13)]
14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. [62-620.610(14)]
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)]

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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).
- b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
- c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
- d. Any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health (DOH) under Chapter 64E-1, F.A.C., where such certification is required by Rule 62-160.300, F.A.C. The laboratory must be certified for any specific method and analyte combination that is used to comply with this permit. For domestic wastewater facilities, the on-site test procedures specified in Rule 62-160.300(4), F.A.C., shall be performed by a laboratory certified test for those parameters or under the direction of an operator certified under Chapter 62-602, F.A.C.
- e. Field activities including on-site tests and sample collection, whether performed by a laboratory or a certified operator, must follow the applicable procedures described in DEP-SOP-001/01 (January 2002). Alternate field procedures and laboratory methods may be used where they have been approved according to the requirements of Rules 62-160.220, and 62-160.330, F.A.C.

[62-620.610(18)]

19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. [62-620.610(19)]

20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.

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

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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. 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. [62-620.610(21)]
22. Bypass Provisions.
 - a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and

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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 permittee seeking to establish the occurrence of an upset has the burden of proof.
- c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION


Dennise Judy
Program Manager
Domestic Waste

DATE: October 4, 2004

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: 6960 Professional Pkwy E, Suite 400
 Sarasota, FL 34240

PERMIT NUMBER: FLA010567

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Venetian Village WWTF
 LOCATION: 31 Tammi Drive
 Lake Jern, FL

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: percolation ponds, including Influent

COUNTY: Lake

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

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, Total Through Plant	Sample Measurement							
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.036 (An.Avg.)	MGD				5 Days/Week	Meter
Flow	Sample Measurement							
PARM Code 50050 I Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
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							
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							
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/l		Monthly	Grab
Solids, Total Suspended	Sample Measurement							
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)

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

DISCHARGE MONITORING LOG - PART A (Continued)

FACILITY: Venetian Village WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010567

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement									
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									
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			200 (Ar.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement									
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									
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									
PARM Code 00180 P Mon.Site No. CAL-1	Permit Requirement			Report			PER-CENT		Monthly	Calculated
Nitrogen, Nitrate, Total (as N)	Sample Measurement									
PARM Code 00620 A Mon.Site No. EFA-1	Permit Requirement			12.0 (Max.)			mg/l		Annually	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report			mg/l		Annually	Grab
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report			mg/l		Annually	Grab

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010567
 Monitoring Period From: _____ To: _____

Facility: Venetian Village WWTF

	CBOD5 (mg/l)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TSS (mg/l)	TRC (For Disinfect.) (mg/l)	Flow (MGD)				
Code	80082	74055	00400	00530	50060	50050				
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1				
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
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20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
Total										
Mo. Avg.										

PLANT STAFFING:

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

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

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

Lead Operator Class: _____ Certificate No: _____ Name: _____

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

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

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

When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.
DRY	Dry Well
FLD	Flood disaster.
IFS	Insufficient flow for sampling.
LS	Lost sample.
MNR	Monitoring not required this period.

CODE	DESCRIPTION/INSTRUCTIONS
NOD	No discharge from/to site.
OPS	Operations were shutdown so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEF	Sampling equipment failure.

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used:

1. Results greater than or equal to the PQL shall be reported as the measured quantity.
2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
3. Results less than the MDL shall be reported by entering a less than sign (" $<$ ") followed by the laboratory's MDL value, e.g. <0.001 . A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

PART A -DISCHARGE MONITORING REPORT (DMR)

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or authorized representative:

No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units.

No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

PART B - DAILY MONITORING RESULTS

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
J	Estimated value, value not accurate.
Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

Add the results to get the Total and divide by the number of days in the month to get the Monthly Average.

Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

Time Sample Obtained: Enter the time the sample was taken.

Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that.

Detection Limits: Record the detection limits of the analytical methods used.

Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

Sampling Equipment Used: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comments and Explanation: Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

Flow (Limited Wet Weather Discharge): Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

Flow (Upstream): Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements, one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

Actual Stream Dilution Ratio: To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

No. of Days the SDF > Stream Dilution Ratio: For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.

CBOD₅: Enter the average CBOD₅ of the reclaimed water discharged during the period shown in duration of discharge.

TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

Actual Rainfall: Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

Rainfall During Average Rainfall Year: On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

No. of Days LWWD Activated During Calendar Year: Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.

Reason for Discharge: Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.



Jeb Bush
Governor

Department of Environmental Protection

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

Colleen Castille
Secretary

NOTICE OF PERMIT ISSUANCE

Sent via e-mail: gplabrecque@aquaamerica.com

AQUA UTILITIES FLORIDA INC
6960 PROFESSIONAL PKWY E, SUITE 400
SARASOTA FL 34240

ATTENTION GLENN LABRECQUE
VICE PRESIDENT

Lake County - DW
Venetian Village WWTF

Enclosed is Permit Number FLA010567 to operate a domestic wastewater facility issued under Section(s) 403.087 and 403.0885 of the Florida Statutes.

The Department's proposed agency action shall become final unless a timely petition for an administrative hearing is filed under sections 120.569 and 120.57 of the Florida Statutes before the deadline for filing a petition. The procedures for petitioning for a hearing are set forth below.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative proceeding (hearing) under sections 120.569 and 120.57 of the Florida Statutes. The petition must contain the information set forth below and must be filed (received by the clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Petitions by the applicant or any of the parties listed below must be filed within fourteen days of receipt of this written notice. Petitions filed by any persons other than those entitled to written notice under section 120.60(3) of the Florida Statutes must be filed within fourteen days of publication of the notice or within fourteen days of receipt of the written notice, whichever occurs first.

Under section 120.60(3) of the Florida Statutes, however, any person who has asked the Department for notice of agency action may file a petition within fourteen days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under sections 120.569 and 120.57 of the Florida Statutes. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with rule 28-106.205 of the Florida Administrative Code.

A petition that disputes the material facts on which the Department's action is based must contain the following information:

- (a) The name, address, and telephone number of each petitioner; the name, address, and telephone number of the petitioner's representative, if any; the Department permit identification number and the county in which the subject matter or activity is located;
- (b) A statement of how and when each petitioner received notice of the Department action;
- (c) A statement of how each petitioner's substantial interests are affected by the Department action;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A statement of facts that the petitioner contends warrant reversal or modification of the Department action;
- (f) A concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle the petitioner to relief; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wants the Department to take.

A petition that does not dispute the material facts on which the Department's action is based shall state that no such facts are in dispute and otherwise shall contain the same information as set forth above, as required by rule 28-106.301.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the Department have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

Mediation under section 120.573 of the Florida Statutes is not available for this proceeding.

This action is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above. Upon the timely filing of a petition this order will not be effective until further order of the Department.

Any party to the order has the right to seek judicial review of the order under section 120.68 of the Florida Statutes, by the filing of a notice of appeal under rule 9.110 of the Florida Rules of Appellate Procedure with the Clerk of the Department in the Office of General Counsel, Mail Station 35, 3900 Commonwealth Boulevard, Tallahassee, Florida, 32399-3000; and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when the final order is filed with the Clerk of the Department.

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Dennise Judy
Program Manager
Domestic Waste
3319 Maguire Boulevard, Suite 232
Orlando, FL 32803-3767
Phone: (407) 894-7555

Date: _____

FILING AND ACKNOWLEDGMENT FILED,
on this date, under Section 120.52(7), Florida
Statutes, with the designated Department Clerk,
receipt of which is hereby acknowledged.

Theresa Bouddin

Clerk

Oct. 4, 2004
Date

DJ/kpc/cs/ply

Enclosures: Permit and DMR

Copies furnished to:

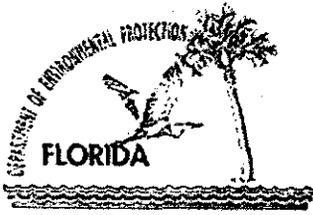
Compliance Section (via e-mail)

Groundwater Section (via e-mail)

Lake County Water Resource Management (via e-mail: ahewitt@co.lake.fl.us)

CERTIFICATE OF SERVICE

This is to certify that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before close of
business on October 4, 2004 to the listed persons, by *Theresa Bouddin*.



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 EMAIL TO: jmlihvarcik@aquaamerica.com

June 25, 2007

AQUA UTILITIES FLORIDA INC
1100 THOMAS AVENUE
LEESBURG FL 34749

OCD-C-WW-07-0574

ATTENTION JOHN LIHVARCIK
PRESIDENT

Lake County - DW
Morningview WWTF
Wastewater Facility - Permit No. FLA010610

Summit Chase WWTF
Wastewater Facility - Permit No. FLA010533

Venetian Village WWTF
Wastewater Facility - Permit No. FLA010567

Dear Mr. Lihvarik:

On June 6, 2007, Department personnel conducted routine inspections of the listed wastewater facilities. At the time of the inspections, the overall operations of your facilities were found to be in substantial compliance with the terms and conditions in each facility's permit. Please review the enclosed inspection reports and correct any deficiencies, which have been noted.

Your continued cooperation with our wastewater program is appreciated. If you have any questions, please contact me at the above address or at (407) 893-3313.

Sincerely,

Blake Vahlsing
Environmental Specialist
Wastewater Compliance/Enforcement

BV/ar

Enclosure: Inspection Reports

cc: Lake County Water Resource Management, scatusus@co.lake.fl.us

DOCUMENT NUMBER-DATE

04315 MAY 22 08

FPSC-COMMISSION CLERK

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility Venetian Village WWTF 31 Tammi Drive Lake Jesu, FL	WAFR ID: FLA010567	County Lake	Entry Date/Time 06/07/2007 @ 8:55:00 AM
		Phone	@ Exit Date/Time 06/07/2007 @ 9:15:00 AM
Name(s) of Field Representatives(s) Patrick Farris Will Fontaine	Title Environmental Compliance Specialist Field Coordinator	Phone (407) 947-1285 (352) 787-0980	
Name and Address of Permittee or Designated Representative John Lihvarcik Aqua Utilities Florida Inc. 1100 Thomas Avenue Lecsburg, FL 34749	Title President Email jmlibvarcik@aquaamerica.com	Phone	@ Operator Certification #

Inspection Type	<input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> I	Samples Taken(Y/N): N	@ Sample ID#:	Samples Split (Y/N):
<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Industrial	Were Photos Taken(Y/N): N	@ Log book Volume : VI	@ Page 118

FACILITY COMPLIANCE AREAS EVALUATED

IC: In Compliance; NC: Out of Compliance; SC: Significant out of Compliance; NA: Not Applicable; NE or Blank: Not Evaluated
 Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "♦"

	PERMITS/ORDERS	MONITORING	FACILITY OPERATIONS	EFFLUENT/DISPOSAL
IC	1. ♦ Permit	NE 3. Laboratory	IC 6. Facility Site Review	IC 9. ♦ Effluent Quality
NA	2. ♦ Compliance Schedules	NE 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:	<input checked="" type="checkbox"/> In-Compliance	<input type="checkbox"/> Out-Of-Compliance	<input type="checkbox"/> Significant-Out-Of-Compliance
Recommended Actions:	Letter		

Name(s) and Signature(s) of Inspector(s) Blake W. Vahlsing <i>BWV</i>	District Office/Phone Number Central District Office 407 - 893-3313	Date June 21, 2007
@ Signature of Reviewer Kalina Warren <i>KWarren</i>	District Office/Phone Number Central District Office 407 - 893-3313	Date June 25, 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 S			1	2	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 FINDINGS

Facility Name: Venetian Villas WWTF
Facility ID: FLA010567
Inspection Type: CEI
Date: 6/7/2007 8:55:00 AM

FACILITY BACKGROUND:

Address: 31 Tammi Drive, Lake Jem, FL, LAKE COUNTY
Permit Information: Wastewater Permit issued: 10/4/2004, and expires: 10/3/2009.
Treatment Summary: Extended aeration treatment plant with effluent to one percolation pond.
Permitted Capacity: 0.036 MGD

1. **Permit:** IN COMPLIANCE

1.1 Observation: A copy of the permit was on-site. It expires October 3, 2009.

2. **Compliance Schedules:** NOT APPLICABLE

3. **Laboratory:** NOT EVALUATED

4. **Sampling:** NOT EVALUATED

5. **Records and Reports:** OUT OF COMPLIANCE

5.1 Observation: The operator log was bound and had numbered pages.

5.2 Observation: Entries in the operator log were clear, concise, informative, and relevant.

5.3 Observation: A copy of the current laboratory certification was on-site (Harbor Branch). It expires June 30, 2007.

5.4 Observation: A copy of the operator certifications were kept on-site.

5.5 Observation: A copy of the Operation and Maintenance manual was kept on-site.

5.6 DMR review: May 2006 – April 2007: All DMRs were received by the Department on time.

5.7 DMR review: Throughout the review period, the qualifier "U" was being reported on Part A of the DMR instead of a "<" sign.

5.8 DMR review: Annual TSS and CBOD₅ samples have been taken each month. Annual Nitrate samples were taken in February 2007 (1.7 mg/L) and April 2007 (0.4 mg/L).

6. **Facility Site Review:** IN COMPLIANCE

6.1 Observation: The facility grounds were clean and well maintained.

6.2 Observation: The facility grounds were secured properly, and an advisory sign was posted on the gate.

6.3 Observation: *Aeration Basins/Act. Sludge* - The contents in the aeration chambers appeared to be adequately mixed.

6.4 Observation: *Blowers/Motors* – Working well.

6.5 Observation: *Clarifiers* - The clarifier had a little pin floc, but had good settling and clear effluent. The skimmer and weir were in good condition.

6.6 Observation: *Disinfection* - The chlorine contact chamber was extremely clean and the effluent leaving the plant was clear.

6.7 Observation: *RPZ* - The RPZ was certified, and appeared in good condition.

7. **Flow Measurement:** IN COMPLIANCE

7.1 Observation: The effluent flow meter was last calibrated October 24, 2006.

8. **Operation and Maintenance:** IN COMPLIANCE

8.1 Observation: No problems or deficiencies were observed.

8.2 Observation: Based on the operator log, the facility is visited at least six days a week for at least 30 minutes at a time.

9. **Effluent Quality:** IN COMPLIANCE

9.1 DMR review: No violations were reported during the review period.

10. **Effluent Disposal:** IN COMPLIANCE

10.1 Observation: The percolation/evaporation ponds appeared to be well maintained.

10.2 Observation: Advisory signs were posted around the fence.

11. **Residuals/Sludge:** IN COMPLIANCE

11.1 Observation: *General* - No problems or deficiencies were observed.

11.2 Observation: Hauling contract is with American Pipe & Tank.

12. **Groundwater Quality:** NOT APPLICABLE

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:	Western Shores	PWS Identification Number:	3351464
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:	416	Total Population Served at End of Month:	1,456
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:	Western Shores	Plant Telephone Number:	352-787-0980
Plant Address:	34210 Carl Rd	City:	Leesburg
		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:	432,000		
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 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.

Will Fontaine 2-9-07
Signature and Date

Will Fontaine
Printed or Typed Name

C-6813
License Number

DOCUMENT NUMBER-DATE

04315 MAY 22 08

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

PWS Identification Number: 3351464 Plant Name: Western Shores

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 Operated (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 Flows, mg/L	Disinfectant Contact Time (T) in Minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	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	12,600		1.4									1.2	
2	X	24.0	2,000		1.5									1.2	
3	X	24.0	50,700		1.5									1.4	
4	X	24.0	13,200		1.4									1.3	
5	X	24.0	100		1.4									1.2	
6	X	24.0	26,000		1.5										
7		24.0	3,700												
8	X	24.0	3,700		1.4									1.3	
9	X	24.0	100		1.4									1.3	
10	X	24.0	15,000		1.4									1.3	
11	X	24.0	14,200		1.5									1.4	
12	X	24.0	900		1.4									1.4	
13	X	24.0	22,500		1.5										
14		24.0	7,200												
15	X	24.0	7,200		1.4									1.2	
16	X	24.0	100		1.4									1.2	
17	X	24.0	24,100		1.4									1.3	
18	X	24.0	11,000		1.5									1.4	
19	X	24.0	900		1.5									1.2	
20	X	24.0	22,700		1.6										
21		24.0	7,200												
22	X	24.0	7,200		1.6									1.3	
23	X	24.0	200		1.5									1.3	
24	X	24.0	17,500		1.6									1.4	
25	X	24.0	6,800		1.6									1.3	
26	X	24.0	100		1.4									1.2	
27	X	24.0	13,700		1.5										
28		24.0	2,200												
29	X	24.0	2,200		1.5									1.2	
30	X	24.0	1,000		1.4									1.2	
31	X	24.0	12,100		1.5									1.2	
			309,100												
Average			9,971												
Maximum			50,700												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Western Shores	PWS Identification Number: 3351464
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: 416	Total Population Served at End of Month: 1,456
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	

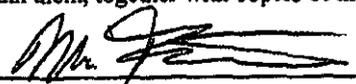
B. Water Treatment Plant Information

Plant Name: Western Shores	Plant Telephone Number: 352-787-0980
Plant Address: 34210 Carl Rd	City: Leesburg State: Florida Zip Code: 34788
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: 432,000	
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.

 3-8-07
 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: March, 2007

A. Public Water System (PWS) Information

PWS Name:	Western Shores	PWS Identification Number:	3351464
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:	416	Total Population Served at End of Month:	1,456
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:	Western Shores	Plant Telephone Number:	352-787-0980
Plant Address:	34210 Carl Rd	City:	Leesburg
		State:	Florida
		Zip Code:	34788
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:	432,000		
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: 3331464 Plant Name: Western Shores

III. Daily Data for the Month/Year of: March, 2007

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24.0	24,300		1.6										1.4	
2	X	24.0	2,800		1.5										1.4	
3		24.0	7,300													
4	X	24.0	7,300		1.5											
5	X	24.0	100		1.5										1.3	
6	X	24.0	100		1.4										1.2	
7	X	24.0	31,600		1.6										1.5	
8	X	24.0	27,400		1.6										1.4	
9	X	24.0	1,000		1.5										1.3	
10		24.0	27,800													
11	X	24.0	27,800		1.6											
12	X	24.0	7,800		1.5										1.4	
13	X	24.0	2,600		1.5										1.3	
14	X	24.0	31,200		1.6										1.5	
15	X	24.0	50,800		1.6										1.4	
16	X	24.0	6,500		1.5										1.3	
17	X	24.0	16,300		1.5											
18		24.0	15,500													
19	X	24.0	15,500		1.5										1.3	
20	X	24.0	4,100		1.6										1.5	
21	X	24.0	38,700		1.6										1.4	
22	X	24.0	48,200		1.6										1.3	
23	X	24.0	26,600		1.6										1.3	
24	X	24.0	65,700		1.5											
25		24.0	29,900													
26	X	24.0	29,900		1.6										1.4	
27	X	24.0	19,800		1.5										1.3	
28	X	24.0	67,600		1.5										1.4	
29	X	24.0	58,400		1.6										1.4	
30	X	24.0	18,900		1.5										1.3	
31	X	24.0	59,200		1.5											
Total			770,700													
Average			24,861													
Maximum			67,600													

* 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: April, 2007

A. Public Water System (PWS) Information

PWS Name:	Western Shores	PWS Identification Number:	3351464
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:	472	Total Population Served at End of Month:	1,652
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquamerica.com		

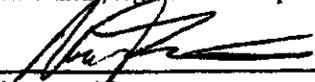
B. Water Treatment Plant Information

Plant Name:	Western Shores	Plant Telephone Number:	352-787-0980
Plant Address:	34210 Carl Rd	City:	Leesburg
		State:	Florida
		Zip Code:	34788
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:	432,000		
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.

 5-4-07
 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: 3351464 Plant Name: Western Shores

III. Daily Data for the Month/Year of: April, 2007

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair, 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	29,900												
2	X	24.0	29,900		1.5										1.3
3	X	24.0	24,000		1.5										1.3
4	X	24.0	56,600		1.5										1.4
5	X	24.0	57,500		1.5										1.3
6	X	24.0	6,600		1.4										1.3
7	X	24.0	63,500		1.5										
8		24.0	33,850												
9	X	24.0	33,850		1.7										1.4
10	X	24.0	100		1.7										1.4
11	X	24.0	13,000		1.5										1.3
12	X	24.0	14,300		1.5										1.3
13	X	24.0	2,400		1.5										1.3
14	X	24.0	29,800		1.5										
15		24.0	3,400												
16	X	24.0	3,400		1.4										1.2
17	X	24.0	100		1.4										1.2
18	X	24.0	33,200		1.4										1.3
19	X	24.0	23,200		1.5										1.3
20	X	24.0	12,000		1.4										1.3
21	X	24.0	32,700		1.5										
22		24.0	32,750												
23	X	24.0	32,750		1.4										1.4
24	X	24.0	22,700		1.4										1.3
25	X	24.0	59,900		1.4										1.4
26	X	24.0	45,200		1.5										1.5
27	X	24.0	23,300		1.3										1.4
28	X	24.0	61,100		1.3										
29		24.0	38,100												
30	X	24.0	38,100		1.6										1.5
31		24.0	0												
Total			857,200												
Average			28,573												
Maximum			63,500												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

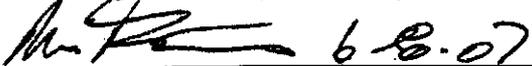
PWS Name:	Western Shores			PWS Identification Number:	3351464
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	472			Total Population Served at End of Month:	1,652
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:	Western Shores			Plant Telephone Number:	352-787-0980	
Plant Address:	34210 Carl Rd	City:	Leesburg	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:	432,000					
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 Operators	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.

 6-8-07
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 Identificaiton Number: 3351464 Plant Name: Western Shores

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	23,000		1.6										1.4
2	X	24.0	67,300		1.6										1.5
3	X	24.0	64,600		1.6										1.4
4	X	24.0	28,300		1.6										1.2
5	X	24.0	62,200		1.6										
6		24.0	42,600												
7	X	24.0	42,600		1.6										1.5
8	X	24.0	11,800		1.6										1.5
9	X	24.0	73,000		1.6										1.5
10	X	24.0	61,400		1.6										1.5
11	X	24.0	35,400		1.6										1.4
12	X	24.0	71,800		1.5										
13		24.0	45,850												
14	X	24.0	45,850		1.5										1.5
15	X	24.0	20,000		1.5										1.4
16	X	24.0	48,300		1.5										1.5
17	X	24.0	65,500		1.6										1.5
18	X	24.0	21,100		1.5										1.4
19	X	24.0	48,700		1.6										
20		24.0	34,500												
21	X	24.0	34,500		1.5										1.4
22	X	24.0	33,100		1.6										1.4
23	X	24.0	63,800		1.6										1.5
24	X	24.0	52,300		1.7										1.5
25	X	24.0	16,500		1.6										1.4
26	X	24.0	41,300		1.7										
27		24.0	32,800												
28	X	24.0	32,800		1.6										1.5
29	X	24.0	17,000		1.5										1.5
30	X	24.0	66,600		1.6										1.5
31	X	24.0	57,400		1.6										1.5
Total			1,361,900												
Average			43,932												
Maximum			73,000												

* 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, 2007

A. Public Water System (PWS) Information

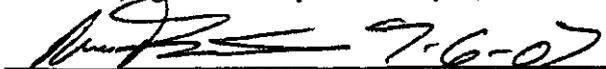
PWS Name:	Western Shores			PWS Identification Number:	3351464
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	472			Total Population Served at End of Month:	1,652
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:	Western Shores			Plant Telephone Number:	352-787-0980	
Plant Address:	34210 Carl Rd	City:	Leesburg	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:	432,000					
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		
Others 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: 3351464 Plant Name: Western Shores

III. Daily Data for the Month/Year of: June, 2007

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24.0	21,600		1.5									1.4	
2	X	24.0	10,700		1.6										
3		24.0	8,500												
4	X	24.0	8,500		1.5									1.4	
5	X	24.0	8,800		1.5									1.4	
6	X	24.0	49,200		1.6									1.4	
7	X	24.0	15,900		1.5									1.4	
8	X	24.0	1,400		1.6									1.5	
9	X	24.0	31,300		1.5										
10		24.0	18,200												
11	X	24.0	18,200		1.5									1.5	
12	X	24.0	500		1.3									1.4	
13	X	24.0	39,000		1.7									1.4	
14	X	24.0	18,100		1.7									1.2	
15	X	24.0	3,400		1.4									1.5	
16		24.0	42,600												
17	X	24.0	42,600		1.8										
18	X	24.0	13,500		1.6									1.5	
19	X	24.0	7,600		1.5									1.5	
20	X	24.0	22,000		1.4									1.4	
21	X	24.0	23,700		1.6									1.4	
22	X	24.0	7,100		1.4									1.0	
23	X	24.0	50,500		1.3										
24		24.0	29,600												
25	X	24.0	29,600		1.5									1.3	
26	X	24.0	7,000		1.5									1.3	
27	X	24.0	54,200		1.6									1.5	
28	X	24.0	40,200		1.5									1.4	
29	X	24.0	400		1.4									1.5	
30	X	24.0	31,500		1.5										
31		24.0	0												
Total			655,400												
Average			21,847												
Maximum			54,200												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Western Shores		PWS Identification Number: 3351464	
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: 472		Total Population Served at End of Month: 1,652	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: Florida
		Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquamerica.com			

B. Water Treatment Plant Information

Plant Name: Western Shores		Plant Telephone Number: 352-787-0980		
Plant Address: 34210 Carl Rd		City: Leesburg	State: Florida	
		Zip Code: 34788		
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: 432,000		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Plant Category (per subsection 62-699.310(4), F.A.C.): V				
Licensed Operators		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.

8-8-07

 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: 3351464 Plant Name: Western Shores

III. Daily Data for the Month/Year of: July, 2007

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair, 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		24.0	22,900													
2	X	24.0	22,900			1.3									1.5	
3	X	24.0	100			1.3									1.5	
4	X	24.0	16,000			1.6									1.5	
5	X	24.0	15,600			1.6									1.4	
6	X	24.0	1,200			1.5									1.5	
7	X	24.0	19,800			1.5										
8		24.0	23,000													
9	X	24.0	23,000			1.7									1.5	
10	X	24.0	6,900			1.5									1.4	
11	X	24.0	50,500			1.5									1.3	
12	X	24.0	40,800			1.5									1.3	
13	X	24.0	7,100			1.5									1.2	
14	X	24.0	26,100			1.5										
15		24.0	11,400													
16	X	24.0	11,400			1.4									1.4	
17	X	24.0	1,200			1.4									1.4	
18	X	24.0	30,800			1.6									1.5	
19	X	24.0	26,600			1.6									1.4	
20	X	24.0	100			1.5									1.4	
21	X	24.0	18,100			1.5										
22		24.0	100													
23	X	24.0	100			1.6									1.4	
24	X	24.0	100			1.5									1.4	
25	X	24.0	27,200			1.3									1.3	
26	X	24.0	25,900			1.5									1.3	
27	X	24.0	1,300			1.5									1.4	
28	X	24.0	16,600			1.6										
29		24.0	4,500													
30	X	24.0	4,500			1.5									1.5	
31	X	24.0	100			1.4									1.5	
Total			455,900													
Average			14,706													
Maximum			50,500													

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Western Shores	PWS Identification Number: 3351464
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: 472	Total Population Served at End of Month: 1,652
PWS Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: Florida Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquamerica.com	

B. Water Treatment Plant Information

Plant Name: Western Shores	Plant Telephone Number: 352-787-0980
Plant Address: 34210 Carl Rd	City: Leesburg State: Florida Zip Code: 34788
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: 432,000	
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
Operator	Marty Neal	C	10027	Days 1st Shift
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.

Will Fontaine 9-7-07
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: 3351464 Plant Name: Western Shores

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 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	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24.0	16,300		1.5									1.5	
2	X	24.0	1,200		1.4									1.4	
3	X	24.0	100		1.4									1.5	
4		24.0	17,950												
5	X	24.0	17,950		1.5										
6	X	24.0	700		1.5									1.5	
7	X	24.0	500		1.5									1.3	
8	X	24.0	49,800		1.7									1.5	
9	X	24.0	34,300		1.7									1.5	
10	X	24.0	17,400		1.6									1.7	
11	X	24.0	32,900		1.6										
12		24.0	1,200												
13	X	24.0	1,200		1.4									1.1	
14	X	24.0	7,700		1.4									1.0	
15	X	24.0	34,800		1.6									1.5	
16	X	24.0	37,600		1.5									1.3	
17	X	24.0	1,800		1.5									1.3	
18	X	24.0	50,200		1.5										
19		24.0	28,600												
20	X	24.0	28,600		1.4									1.3	
21	X	24.0	13,900		0.6									1.5	
22	X	24.0	54,300		1.7									1.4	
23	X	24.0	58,800		1.8									1.6	
24	X	24.0	21,600		1.7									1.5	
25	X	24.0	27,300		1.5										
26		24.0	8,750												
27	X	24.0	8,750		1.7									1.6	
28	X	24.0	1,600		1.6									1.5	
29	X	24.0	50,900		1.8									1.5	
30	X	24.0	43,200		1.7									1.3	
31	X	24.0	12,900		1.6									1.5	
Total			682,800												
Average			22,026												
Maximum			58,800												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: <u>Western Shores</u>	PWS Identification Number: <u>3351464</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>472</u>	Total Population Served at End of Month: <u>1,652</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> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>	Contact Person's Fax Number: <u>(352) 787-6333</u>
Contact Person's E-Mail Address: <u>beheath@aquamerica.com</u>	

B. Water Treatment Plant Information

Plant Name: <u>Western Shores</u>	Plant Telephone Number: <u>352-787-0980</u>
Plant Address: <u>34210 Carl Rd</u>	City: <u>Leesburg</u> State: <u>Florida</u> Zip Code: <u>34788</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>432,000</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 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: 3351464 Plant Name: Western Shores

III. Daily Data for the Month/Year of: September, 2007

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm	Minimum UV Dose Required, mW-sec/cm	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
30	X	24.0	34,100		1.5										
31		24.0	17,000												
1	X	24.0	17,000		1.5									1.5	
2	X	24.0	400		1.5									1.5	
3	X	24.0	46,100		1.9									1.6	
4	X	24.0	40,300		1.7									1.6	
5	X	24.0	19,700		1.7									1.5	
6	X	24.0	39,100		1.6										
7		24.0	20,600												
8	X	24.0	20,600		1.6									1.5	
9	X	24.0	100		1.5									1.5	
10	X	24.0	7,700		1.3									1.4	
11	X	24.0	29,100		1.7									1.5	
12	X	24.0	400		1.6									1.6	
13	X	24.0	26,700		1.5										
14		24.0	25,300												
15	X	24.0	25,300		1.6									1.5	
16	X	24.0	1,700		1.5									1.4	
17	X	24.0	16,500		1.5									1.4	
18	X	24.0	9,500		1.5									1.5	
19	X	24.0	100		1.5									1.5	
20	X	24.0	1,700		1.4										
21		24.0	3,300												
22	X	24.0	3,300		1.0									1.4	
23	X	24.0	300		1.0									1.4	
24	X	24.0	23,800		0.6									1.4	
25	X	24.0	20,400		1.5									1.4	
26	X	24.0	1,300		1.5									1.3	
27		24.0	34,500		1.5										
28		24.0	21,600												
29		24.0	0												
30		24.0	507,500												
31		24.0	16,917												
Total			46,100												
Average															
Maximum															

* 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: 3351464 Plant Name: Western Shores

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.	CT Calculations, or DV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L ⁵	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					DV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (D) - C Measurement Point During Peak Flow, minutes	Lowest CT Product (C x D) - 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 DV Dose, mW-sec/cm ²	Minimum DV Dose Required, mW-sec/cm ²			
1	X	24.0	21,700		1.6									1.4	
2	X	24.0	2,200		1.5									1.4	
3	X	24.0	13,500		1.6									1.2	
4	X	24.0	14,300		1.7									1.3	
5	X	24.0	100		1.3									1.4	
6	X	24.0	300		1.4									1.4	
7		24.0	3,100												
8	X	24.0	3,100		1.0									1.3	
9	X	24.0	600		1.1									1.3	
10	X	24.0	24,900		0.6									1.1	
11	X	24.0	2,900		1.3									1.3	
12	X	24.0	42,800		1.5									1.3	
13	X	24.0	38,500		1.5										
14		24.0	26,500												
15	X	24.0	26,500		1.5									1.2	
16	X	24.0	34,300		1.5									1.2	
17	X	24.0	17,100		1.5									1.1	
18	X	24.0	36,500		1.6									1.2	
19	X	24.0	4,400		1.4									1.1	
20	X	24.0	20,400		1.6										
21		24.0	10,500												
22	X	24.0	10,500		1.5									1.3	
23	X	24.0	900		1.3									1.3	
24	X	24.0	21,000		1.4									1.3	
25	X	24.0	8,300		1.5									1.2	
26	X	24.0	100		1.5									1.2	
27	X	24.0	16,300		1.5										
28		24.0	8,000												
29	X	24.0	8,000		1.5									1.0	
30	X	24.0	100		1.5									1.3	
31	X	24.0	16,400		1.4									1.0	
Total			433,800												
Average			13,994												
Maximum			42,800												

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Western Shores			PWS Identification Number:	3351464
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:	472			Total Population Served at End of Month:	1,652
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:	Western Shores			Plant Telephone Number:	352-787-0980	
Plant Address:	34210 Carl Rd	City:	Leesburg	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:	432,000					
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 12-6-07
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: 3351464 Plant Name: Western Shores

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

Month	Days Plant Operated by Operation Plate (X)	Hours plant in operation	Net Quantity of Water Produced (gals)	GT Calculations, or UV Dose, to Demstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L ¹	Emergency or Abnormal Operating Conditions (e.g., on Maintenance Work that Involves Taking Water System Components Out of Operation)	
				GT 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	Minimum UV Dose Required, mW-sec/cm ²			Lowest Operating UV Dose, mW-sec/cm ²
	X	24.0	4,500		1.5								1.1	
	X	24.0	300		1.5								1.2	
	X	24.0	15,000		1.6									
		24.0	12,000											
	X	24.0	12,000		1.5								1.2	
	X	24.0	100		1.5								1.2	
	X	24.0	24,900		1.4								1.0	
	X	24.0	22,500		1.4								1.0	
	X	24.0	500		1.5								1.2	
		24.0	23,350											
	X	24.0	23,350		1.4									
	X	24.0	100		1.5								1.2	
	X	24.0	500		1.5								1.1	
	X	24.0	29,600		1.0								1.0	
	X	24.0	27,300		1.7								1.5	
	X	24.0	100		1.6								1.2	
	X	24.0	27,600		1.3									
		24.0	10,500											
	X	24.0	10,500		1.5								1.1	
	X	24.0	100		1.3								1.1	
	X	24.0	100		1.3								1.1	
	X	24.0	56,900		1.3								1.0	
	X	24.0	100		1.3								1.0	
	X	24.0	27,700		1.3									
		24.0	9,200											
	X	24.0	9,200		1.4								1.2	
	X	24.0	1,200		1.5								1.1	
	X	24.0	100		1.4								1.1	
	X	24.0	68,100		1.4								1.1	
	X	24.0	1,100		1.4								1.1	
		24.0	0											
			418,500											
			13,950											
			68,100											

* 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: 3351464 Plant Name: Western Shores

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	30,600		1.3										
2		24.0	20,000												
3	X	24.0	20,000		1.3									1.1	
4	X	24.0	100		1.5									1.2	
5	X	24.0	27,400		1.3									1.1	
6	X	24.0	26,000		1.2									1.0	
7	X	24.0	1,200		1.3									1.0	
8	X	24.0	26,700		1.3										
9		24.0	9,500												
10	X	24.0	9,500		1.2									1.0	
11	X	24.0	1,100		1.3									1.0	
12	X	24.0	32,300		1.3									1.0	
13															
14	X	24.0	24,900		1.5									1.1	
15	X	24.0	100		1.3									1.1	
16	X	24.0	24,800		1.6										
17		24.0	4,500												
18	X	24.0	4,500		1.5									1.2	
19	X	24.0	100		1.5									1.2	
20	X	24.0	13,600		1.4									1.0	
21	X	24.0	12,400		1.4									1.0	
22	X	24.0	100		1.3									1.0	
23	X	24.0	19,600		1.5										
24		24.0	13,000												
25	X	24.0	13,000		1.5									1.2	
26		24.0	1,000												
27	X	24.0	1,000		1.3									1.0	
28	X	24.0	2,000		1.4									1.0	
29	X	24.0	100		1.4									1.1	
30	X	24.0	24,200		1.5										
31		24.0	8,000												
31	X	24.0	8,000		1.5									1.2	
Total			379,300												
Average			12,235												
Maximum			32,300												

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

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

PWS ID:	3351464	Plant Name:	Western Shores
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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:	Western Shores	PWS Identification Number:	3351464
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:	416	Total Population Served at End of Month:	1,456
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		

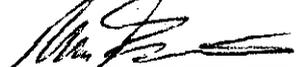
B. Water Treatment Plant Information

Plant Name:	Western Shores	Plant Telephone Number:	352-787-0980
Plant Address:	41 Carl Road	City:	Leesburg
		State:	Florida
		Zip Code:	34788
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:	432,000		
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.


2-6-06
 Signature and Date DOCUMENT NUMBER - DATE Will Fontaine C-6813
04315 MAY 22 8 Printed or Typed Name License Number

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

PWS Identification Number: 3351464 Plant Name: Western Shores

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*										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		24.0	2,400												
2	X	24.0	2,400		1.4									1.2	
3	X	24.0	3,500		1.4									1.1	
4	X	24.0	3,600		1.4									1.3	
5	X	24.0	5,500		1.4									1.3	
6	X	24.0	2,600		1.4									1.2	
7	X	24.0	2,600		1.5										
8		24.0	3,550												
9	X	24.0	3,550		1.4									1.2	
10	X	24.0	7,600		1.4									1.2	
11	X	24.0	7,600		1.4									1.3	
12	X	24.0	3,500		1.4									1.3	
13	X	24.0	5,400		1.4									1.2	
14	X	24.0	4,500		1.5										
15		24.0	3,800												
16	X	24.0	3,800		1.4									1.3	
17	X	24.0	800		1.4									1.2	
18	X	24.0	9,600		1.4									1.3	
19	X	24.0	2,500		1.4									1.2	
20	X	24.0	6,600		1.4									1.2	
21	X	24.0	6,700		1.5										
22		24.0	6,550												
23	X	24.0	6,550		1.4									1.3	
24	X	24.0	900		1.4									1.2	
25	X	24.0	19,600		1.4									1.3	
26	X	24.0	8,600		1.4									1.3	
27	X	24.0	5,100		1.4									1.2	
28	X	24.0	16,600		1.5										
29		24.0	5,300												
30	X	24.0	5,300		1.5									1.3	
31	X	24.0	100		1.5									1.2	
Total			166,700												
Average			5,377												
Maximum			19,600												

* 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: February, 2006

A. Public Water System (PWS) Information

PWS Name: Western Shores		PWS Identification Number: 3351464	
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: 416		Total Population Served at End of Month: 1,456	
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: Western Shores		Plant Telephone Number: 352-787-0980	
Plant Address: 34210 Carl Rd		City: Leesburg	State: Florida
		Zip Code: 34788	
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: 432,000			

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 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: 3351464 Plant Name: Western Shores

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

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

Ultraviolet Radiation Other (Describe):

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

Day of the Month	Plant in Operation	Flow (MGD)	Flow (MGD)	CFC Calculations				CFC Calculations				CFC Residual (mg/L)	Remarks	
				Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)			
1	X	24.0	11,400			1.5							1.3	
2	X	24.0	4,300			1.5							1.3	
3	X	24.0	100			1.4							1.2	
4	X	24.0	3,400			1.4								
5		24.0	2,550											
6	X	24.0	2,550			1.4							1.3	
7	X	24.0	100			1.4							1.2	
8	X	24.0	6,000			1.4							1.3	
9	X	24.0	11,000			1.4							1.2	
10	X	24.0	100			1.4							1.3	
11	X	24.0	8,800			1.5								
12		24.0	3,750											
13	X	24.0	3,750			1.3							1.2	
14	X	24.0	100			1.4							1.2	
15	X	24.0	9,300			1.5							1.3	
16	X	24.0	8,600			1.5							1.4	
17	X	24.0	3,400			1.4							1.3	
18	X	24.0	21,400			1.5								
19		24.0	10,750											
20	X	24.0	10,750			1.5							1.3	
21	X	24.0	100			1.4							1.3	
22	X	24.0	22,600			1.4							1.4	
23	X	24.0	25,100			1.5							1.4	
24	X	24.0	4,600			1.4							1.2	
25	X	24.0	11,100			1.5								
26		24.0	5,850											
27	X	24.0	5,850			1.4							1.3	
28	X	24.0	100			1.4							1.2	
29		24.0	0											
30		24.0	0											
31		24.0	0											
Total			197,400											
Minimum			7,050											
Maximum			25,100											

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Western Shores		PWS Identification Number: 3351464	
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: 416		Total Population Served at End of Month: 1,456	
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: Western Shores		Plant Telephone Number: 352-787-0980		
Plant Address: 34210 Carl Rd		City: Leesburg	State: Florida	
		Zip Code: 34788		
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: 432,000				
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 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.

4.6.06
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: 3351464 Plant Name: Western Shores

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	Free Chlorine Residual (mg/L)	Flow (MGD)	Volume of Water (MG)	Calculations to Demonstrate Four-Log Virus Inactivation (Applicable)										System Inactivation Verification (mg/L)	Remarks or Abnormal Operations (Indicates Repair or Maintenance Work that Involves Treating Water System Components or Distribution)	
				Free Chlorine Residual (mg/L)	Flow (MGD)	Volume of Water (MG)	Free Chlorine Residual (mg/L)	Flow (MGD)	Volume of Water (MG)	Free Chlorine Residual (mg/L)	Flow (MGD)	Volume of Water (MG)	Free Chlorine Residual (mg/L)			Flow (MGD)
X	24.0	16,600	1.5												1.3	
X	24.0	18,000	1.5												1.4	
X	24.0	3,500	1.4												1.2	
X	24.0	24,800	1.5													
	24.0	16,400														
X	24.0	16,400	1.4												1.3	
X	24.0	2,400	1.4												1.3	
X	24.0	22,300	1.5												1.3	
X	24.0	32,400	1.5												1.4	
X	24.0	20,800	1.5												1.3	
X	24.0	29,400	1.5													
	24.0	16,450														
X	24.0	16,450	1.4												1.3	
X	24.0	10,100	1.4												1.3	
X	24.0	31,500	1.4												1.2	
X	24.0	35,600	1.5												1.4	
X	24.0	16,100	1.4												1.3	
X	24.0	35,000	1.5													
	24.0	23,000														
X	24.0	23,000	1.4												1.3	
X	24.0	18,500	1.4												1.2	
X	24.0	34,400	1.4												1.3	
X	24.0	27,300	1.4												1.3	
X	24.0	5,900	1.4												1.3	
	24.0	30,000														
X	24.0	30,000	1.5													
X	24.0	4,400	1.3												1.3	
X	24.0	8,400	1.3												1.2	
X	24.0	51,900	1.4												1.4	
X	24.0	51,500	1.4												1.3	
X	24.0	18,900	1.3												1.3	
		691,400														
		22,303														
		51,900														

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Western Shores	PWS Identification Number:	3351464
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:	416	Total Population Served at End of Month:	1,456
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
		State:	Florida
		Zip Code:	34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aguaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Western Shores	Plant Telephone Number:	352-787-0980
Plant Address:	34210 Carl Rd	City:	Leesburg
		State:	Florida
		Zip Code:	34788
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:	432,000		
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 Operator	Name	License Class	License Number	Day(s) Shift(s) 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 5-5-06
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 Identification Number: 3351464 Plant Name: Western Shores

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	Plant Number	Flow (MGD)	Chlorine Applied (LBS)	Chlorine Residual (mg/L)				Minimum Required (mg/L)	Operational Range (mg/L)	Remarks
				Before Chlorination	After Chlorination	At Plant	At Distribution System			
	X	24.0	44,300		1.4					
		24.0	37,600							
	X	24.0	37,600		1.0			1.1		
	X	24.0	33,500		1.5			1.3		
	X	24.0	66,500		1.4			1.4		
	X	24.0	42,900		1.5			1.4		
	X	24.0	26,600		1.5			1.3		
	X	24.0	53,800		1.5					
		24.0	11,250							
	X	24.0	11,250		1.4			1.3		
	X	24.0	100		1.4			1.2		
	X	24.0	36,000		1.5			1.3		
	X	24.0	31,000		1.5			1.4		
	X	24.0	13,000		1.5			1.3		
	X	24.0	37,400		1.5					
		24.0	73,250							
	X	24.0	73,250		1.5			1.4		
	X	24.0	4,800		1.5			1.3		
	X	24.0	31,800		1.5			1.3		
	X	24.0	59,300		1.6			1.4		
	X	24.0	26,500		1.5			1.4		
	X	24.0	11,700		1.5					
		24.0	20,250							
	X	24.0	20,250		1.5			1.3		
	X	24.0	5,900		1.5			1.3		
	X	24.0	56,900		1.4			1.3		
	X	24.0	35,300		1.5			1.4		
	X	24.0	17,800		1.5			1.4		
	X	24.0	41,500		1.5					
		24.0	27,400							
		24.0	0							
			988,700							
			32,957							
			73,250							

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

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: <u>Western Shores</u>		PWS Identification Number: <u>3351464</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>416</u>		Total Population Served at End of Month: <u>1,456</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> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Western Shores</u>		Plant Telephone Number: <u>352-787-0980</u>	
Plant Address: <u>34210 Carl Rd</u>		City: <u>Leesburg</u>	State: <u>Florida</u> Zip Code: <u>34788</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>432,000</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 Worked
<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 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.

Signature and Date	Will Fontaine Printed or Typed Name	C-6813 License Number
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MONTHLY OPERATION REPORT FOR PW'Ss TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3351464 Plant Name: Western Shores

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm 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	57,000		1.4									1.3	
2	X	24.0	3,600		1.4									1.3	
3	X	24.0	33,600		1.4										
4		24.0	20,700												
5	X	24.0	20,700		1.4									1.2	
6	X	24.0	5,800		1.4									1.2	
7	X	24.0	55,700		1.5									1.3	
8	X	24.0	54,600		1.5									1.4	
9	X	24.0	20,900		1.4									1.3	
10	X	24.0	47,600		1.5										
11		24.0	25,350												
12	X	24.0	25,350		1.4									1.3	
13	X	24.0	200		1.4									1.2	
14	X	24.0	11,300		1.6									1.4	
15	X	24.0	21,700		1.4									1.3	
16	X	24.0	5,700		1.4									1.2	
17	X	24.0	42,400		1.5										
18		24.0	16,750												
19	X	24.0	16,750		1.4									1.2	
20	X	24.0	100		1.4									1.1	
21	X	24.0	30,600		1.6									1.3	
22	X	24.0	22,800		1.6									1.4	
23	X	24.0	4,900		1.5									1.3	
24	X	24.0	35,100		1.5										
25		24.0	5,100												
26	X	24.0	5,100		1.3									1.2	
27	X	24.0	100		1.4									1.2	
28	X	24.0	4,100		1.5									1.4	
29	X	24.0	11,900		1.6									1.4	
30	X	24.0	100		1.5									1.3	
31		24.0	0												
Total			605,600												
Average			20,187												
Maximum			57,000												

* 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: July, 2006

A. Public Water System (PWS) Information

PWS Name: Western Shores	PWS Identification Number: 3351464
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: 416	Total Population Served at End of Month: 1,456
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	

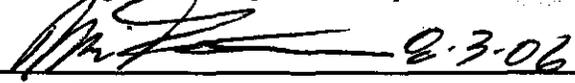
B. Water Treatment Plant Information

Plant Name: Western Shores	Plant Telephone Number: 352-787-0980
Plant Address: 34210 Carl Rd	City: Leesburg State: Florida Zip Code: 34788
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: 432,000	
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.

 7-3-06
 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: 3351464 Plant Name: Western Shores

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 Month	Plant in Operation	Flow (mgd)	Net Volume of Water Produced (MG)	CT Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation if Applicable								Minimum UV Dose Required (mW-sec/cm ²)	Disinfection Requirements Distribution System (mg/L)	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Staking Water System Components Out of Operation
				CT Calculation				UV Dose						
				Residual at Point of Disinfection (mg/L)	Disinfection Time (minutes)	Flow (mgd)	Volume of Water (MG)	Minimum UV Dose (mW-sec/cm ²)	Flow (mgd)	Volume of Water (MG)	Minimum UV Dose (mW-sec/cm ²)			
1	X	24.0	14,500		1.5									
2		24.0	10,650											
3	X	24.0	10,650		1.4							1.3		
4	X	24.0	100		1.4							1.2		
5	X	24.0	28,600		1.6							1.5		
6	X	24.0	23,500		1.6							1.4		
7	X	24.0	2,400		1.5							1.2		
8	X	24.0	11,000		1.5									
9		24.0	10,850											
10	X	24.0	10,850		1.2							1.1		
11	X	24.0	100		1.3							1.3		
12	X	24.0	18,700		1.5							1.3		
13	X	24.0	7,700		1.5							1.2		
14	X	24.0	1,000		1.5							1.2		
15	X	24.0	27,600		1.4									
16		24.0	15,250											
17	X	24.0	15,250		1.5							1.2		
18	X	24.0	100		1.4							1.1		
19	X	24.0	30,500		1.4							1.1		
20	X	24.0	37,400		1.5							1.3		
21	X	24.0	11,600		1.4							1.2		
22	X	24.0	38,200		1.5									
23		24.0	30,100											
24	X	24.0	30,100		1.4							1.1		
25	X	24.0	100		1.3							1.1		
26	X	24.0	38,300		1.4							1.3		
27	X	24.0	33,100		1.5							1.3		
28	X	24.0	100		1.4							1.2		
29	X	24.0	36,000		1.5									
30		24.0	19,400											
31	X	24.0	19,400		1.4							1.3		
Total			533,100											
Average			17,197											
Maximum			38,300											

* 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 Identificaiton Number: 3351464 Plant Name: Western Shores

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

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

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

Day of the Month	Plant Number as of the Month	Hours of Operation	Quantity of Finished Water Produced (gals)	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 (Gals/gal)	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 Provided Before-plant First Customer During Peak Flow, mg/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			
	X	24.0	2,000		1.4										1.3	
	X	24.0	48,900		1.6										1.4	
	X	24.0	61,000		1.6										1.5	
	X	24.0	16,900		1.5										1.4	
	X	24.0	17,300		1.5											
		24.0	24,250													
	X	24.0	24,250		1.4										1.2	
	X	24.0	100		1.4										1.2	
	X	24.0	23,200		1.7										1.3	
	X	24.0	29,800		1.5										1.4	
	X	24.0	11,700		1.5										1.3	
	X	24.0	40,700		1.6											
		24.0	17,950													
	X	24.0	17,950		1.4										1.3	
	X	24.0	600		1.4										1.2	
	X	24.0	37,000		1.5										1.2	
	X	24.0	30,400		1.5										1.3	
	X	24.0	100		1.4										1.2	
	X	24.0	23,100		1.5											
		24.0	14,900													
	X	24.0	14,900		1.5										1.2	
	X	24.0	700		1.4										1.2	
	X	24.0	44,300		1.5										1.3	
	X	24.0	39,900		1.6										1.4	
	X	24.0	4,900		1.6										1.4	
	X	24.0	6,800		1.5											
		24.0	4,850													
	X	24.0	4,850		1.5										1.3	
	X	24.0	100		1.4										1.2	
	X	24.0	17,100		1.6										0.4	
	X	24.0	12,400		1.5										1.2	
			592,900													
			19,126													
			61,000													

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



See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Western Shores	PWS Identification Number: 3351464		
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: 416	Total Population Served at End of Month: 1,456		
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath	Contact Person's Title: Area Manager		
Contact Person's Mailing Address: PO Box 490310	City: Leesburg	State: Florida	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333		
Contact Person's E-Mail Address: beheath@aquamerica.com			

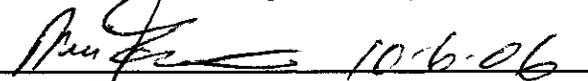
B. Water Treatment Plant Information

Plant Name: Western Shores	Plant Telephone Number: 352-787-0980		
Plant Address: 34210 Carl Rd	City: Leesburg	State: Florida	Zip Code: 34788
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: 432,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Name	License Class	License Number	Day(s) Shift(s) 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.


 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: October, 2006

A. Public Water System (PWS) Information

PWS Name:	<u>Western Shores</u>	PWS Identification Number:	<u>3351464</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>436</u>	Total Population Served at End of Month:	<u>1,456</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> Zip Code: <u>34749</u>
Contact Person's Telephone Number:	<u>(352) 787-0980</u>	Contact Person's Fax Number:	<u>(352) 787-6333</u>
Contact Person's E-Mail Address:	<u>bheath@aquaaamerica.com</u>		

B. Water Treatment Plant Information

Plant Name:	<u>Western Shores</u>	Plant Telephone Number:	<u>352-787-0980</u>
Plant Address:	<u>34200 Carl Rd</u>	City:	<u>Leesburg</u> State: <u>Florida</u> Zip Code: <u>34788</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>432,000</u>		
Plant Category (per subsection 62-699.310(4), F.A.C.):	<u>C</u>		

Name	License Class	License Number	Days/Shift Worked
<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 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.

 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: Western Shores		PWS Identification Number: 3351464	
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: 416		Total Population Served at End of Month: 1,456	
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: Western Shores		Plant Telephone Number: 352-787-0980	
Plant Address: 34210 Carl Rd		City: Leesburg	State: Florida
		Zip Code: 34788	
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: 432,000			
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
Lead/Chief Operator	Will Fontaine	C	6813
Other Operators	Marty Neal	C	10027
	John Worrell	C	6597

II. Certification by Lead/Chief Operator

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

12-8-06
 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: 3351464 Plant Name: Western Shores

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 Month	Plant Started or Visited by Operator (Date)	Hours plant in Operation	Net Quantity of Finished Water Produced (gall)	CF Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CF 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 (D) (minutes)	Lowest CF Provided Before or at First Customer During Peak Flow (min/L)	Temp of Water (°C) if Applicable	pH of Water if Applicable	Minimum CF 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	38,700		1.5									1.4	
2	X	24.0	30,600		1.5									1.3	
3	X	24.0	100		1.4									1.2	
4	X	24.0	31,000		1.5										
5		24.0	21,700												
6	X	24.0	21,700		1.5									1.1	
7	X	24.0	100		1.5									1.1	
8	X	24.0	14,400		1.3									1.1	
9	X	24.0	20,200		1.6									1.3	
10	X	24.0	900		1.5									1.2	
11		24.0	30,000												
12	X	24.0	30,000		1.5										
13	X	24.0	200		1.4									1.2	
14	X	24.0	100		1.4									1.2	
15	X	24.0	41,500		1.5									1.3	
16	X	24.0	10,600		1.5									1.5	
17	X	24.0	100		1.4									1.2	
18	X	24.0	30,000		1.5										
19		24.0	10,500												
20	X	24.0	10,500		1.4									1.3	
21	X	24.0	100		1.4									1.3	
22	X	24.0	32,600		1.5									1.4	
23	X	24.0	27,600		1.5									1.3	
24	X	24.0	100		1.4									1.4	
25	X	24.0	45,000		1.5										
26		24.0	11,100												
27	X	24.0	11,100		1.4									1.2	
28	X	24.0	100		1.4									1.2	
29	X	24.0	28,000		1.5									1.2	
30	X	24.0	5,800		1.5									1.4	
31		24.0	0												
Total			504,400												
Average			16,813												
Maximum			45,000												

* 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



Polymer Page 3 Due in December

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Western Shores		PWS Identification Number: 3351464	
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: 416		Total Population Served at End of Month: 1,456	
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: Western Shores		Plant Telephone Number: 352-787-0980		
Plant Address: 34210 Carl Rd		City: Leesburg	State: Florida	
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 34788		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 432,000				
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

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1-5-07
 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

PWS ID: 3351464 Plant Name: Western Shores

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

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

Polymer Dose ppm =	Acrylamide Level, % ^t =
--------------------	------------------------------------

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, % ^t =
--------------------	---

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.

^t 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.

May 9, 2006

Aqua Utilities Florida
6960 Professional Parkway East, Suite 400
Sarasota, FL 34240

SUBJECT: Consumptive Use Permit Number 2644
Silver Lakes/Western Shores

Dear Sir/Madam:

Enclosed is your permit and the forms necessary for submitting information to comply with conditions of the permit as authorized by the St. Johns River Water Management District on May 09, 2006.

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
Permit Data Services Division

Enclosures: Permit, Conditions for Issuance, Compliance Forms, Map, Well Tags

cc: District Permit File

Agent: Andreyev Engineering Inc
4055 St John Parkway
Sanford, FL 32771

GOVERNING BOARD

David G. Graham, CHAIRMAN JACKSONVILLE	John G. Sowinski, VICE CHAIRMAN ORLANDO	Ann T. Moore, SECRETARY BUNNELL	Duane L. Ottenstroff, TREASURER JACKSONVILLE
R. Clay Albright OCALA	Susan N. Hughes PONTEVEDRA	William W. Kerr MELBOURNE BEACH	Omelias D. Long APOPKA
			W. Leonard Wood FERNANDINA BEACH

DOCUMENT NUMBER-DATE

04315 MAY 22 06

FPSC-COMMISSION CLERK

PERMIT NO. 2644
PROJECT NAME: Silver Lakes/Western Shores

DATE ISSUED: May 9, 2006

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 251.08 million gallons per year (0.6879 mgd average) in 2006, 242.14 million gallons per year (0.6634mgd average) in 2007 and 227.03 million gallons per year (0.6220 mdg average) million gallons per day in 2008 to 2011 of ground water from the Floridan aquifer for household, commercial and essential uses for an estimated built out population of 4140.

LOCATION:

Site: Silver Lake/Western Shores
Lake County

Section(s):	14	Township(s):	19S	Range(s):	25E
	7		19S		26E

ISSUED TO:

Aqua Utilities Florida
6960 Professional Parkway East, Suite 400
Sarasota, FL 34240

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all maps and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights of privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

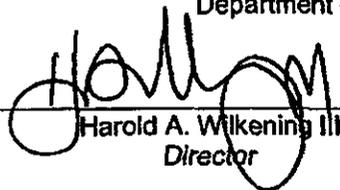
This permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes and 40C-1, Florida Administrative Code.

PERMIT IS CONDITIONED UPON:

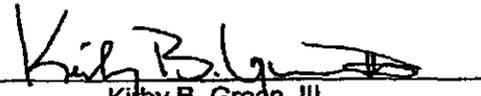
See conditions on attached "Exhibit A", dated May 9, 2006

AUTHORIZED BY: St. Johns River Water Management District
Department of Resource Management

By:


Harold A. Wilkening III
Director

By:


Kirby B. Green, III
Executive Director

"EXHIBIT A"
CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2644
AQUA UTILITIES FLORIDA
DATED MAY 9, 2006

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. All submittals made to demonstrate compliance with this permit must include the CUP number 2644 plainly labeled.
10. This permit will expire May 10, 2011.

11. Maximum annual ground water withdrawals from the Floridan aquifer for household, light commercial and water utility use must not exceed:
 - a. 251.08 million gallons per year or 0.6879 million gallons per day in 2006
 - b. 242.14 million gallons per year or 0.6634 million gallons per day in 2007
 - c. 227.03 million gallons per year or 0.6220 million gallons per day in 2008 to 2011

If the Permittee has not complied with all the conditions of this permit, the maximum annual groundwater withdrawals for household, commercial/industrial, water utility, unaccounted loss, and essential uses must not exceed the allocation for the year during which the violation first took place until the Permittee is in compliance with all the conditions of this permit.

12. If, during any year, the actual volume of water withdrawn by the Permittee equals 95 percent or more of the amount of water allocated for use by this permit, the Permittee must submit a report to the District explaining why the withdrawal of water by the Permittee equals 95 percent or more of the amount of water allocated by the permit. The report must evaluate the effect of the following items on the volume of water withdrawn by the Permittee:

Climatic shortfalls (drought);

Greater than anticipated growth in the Permittee's service area;

Inefficient usage within the service area;

Other factors that account for the withdrawal volume equaling 95 percent or more of the allocation.

The report must include a breakdown of the population currently being served by the Permittee, an updated projection of the anticipated population that will be served for the following year, an evaluation as to whether the Permittee anticipates it will be able to meet the water needs of the revised projected population without violating the allocations set forth in this permit, and a corrective action plan setting actions that the Permittee intends to take if the evaluation indicates that allocations will be exceeded during the following year. The report must be submitted to the District by February 15th of the year following the year wherein the Permittee experienced withdrawals of water the equal 95 percent or more of the amount of water allocated for use by this permit.

13. Well no. 2WS (station ID 9753), Well no. 3SL (station ID 9754) and Well no. 4SL (station ID 9755) must continue to be monitored with the totalizing flowmeter. These meters must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications.
14. Total withdrawals from Well no. 2WS (station ID 9753), Well no. 3SL (station ID 9754) and Well no. 4SL (station ID 9755) must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of the monitoring using Form No. EN-50.
15. 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.
16. The permittee must have all flowmeters checked for accuracy at least once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/calibration.

17. The permittee must have in place a process for reporting, recording and documenting unmetered water uses including, but not limited to, main breaks, sewer cleaning, and water quality flushing.
18. The permittee must conduct and submit an annual water audit to the District. The audit must cover a period of at least one calendar year, and must identify all system losses (water utility) and all sources of unaccounted for water.
19. The permittee must implement the Water Conservation Plan submitted to the District on February 26, 2006, in accordance with the schedule contained therein.
20. The lowest quality water source, such as reclaimed water or surface/stormwater, must be used as irrigation water when deemed feasible pursuant to District rules and applicable state law.
21. The District must be notified, in writing, within 30-days of the transfer of this permit. All transfers are subject to the provisions of Section 40C-2.351, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding to the transferee.
22. In the event that any unforeseen impacts occur to presently existing legal uses of water, the impacts must be mitigated either by the permittee or through a cooperative mitigation effort with other permittees.
23. The permittee shall submit, to the District, a copy of the approved water conservation rate structure, within 6 months of issuance of this permit (November 2006). The permittee shall propose adoption of the proposed rate structure by the next rate related or no later than the October 2007 Public Service Commission hearing.

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 Coollidge 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) 467-5884

HBEL Report Number: 2130135 Sub-Contract Lab ID: _____

Analysis Method Requested:
 Colliert Membrane Filtration PWS I.D. 3351464

System Name: 6427 Western shores

System Address: 34210 Carl Rd

City: Tavares System or Owner's Phone #: 352-787-0980 Fax #: 352-787-6333

Collector: Will Fontaine Collector's Phone #: 352-266-2953

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

Date/Time: 12/6/07 Date/Time: 12/6/07 Date/Time: 12/6/07 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

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

Sample Collection Date(s): 12-6-07

Lab Receipt Date and Time: 12/6/07 12:15

Received for Laboratory By: PAJ

Analysis Date and Time: 12/6/07 1505

Sample Acceptance Criteria:

Sample Preservation On Ice Not On Ice 6.7c
 Disinfectant Check Not Detected >0.1 mg/l

LABORATORY CERTIFICATE OF ANALYSIS

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

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

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. ²	Lab Sample Number
	A			2130135001
	A			002
	A			2130135003

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
W-1	WCM #1	8:05 AM	R	-	-
R-1	33826 Lindalane	8:25 AM	D	1.0	-
R-2	11742 Layton St	8:15 AM	D	1.0	-

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.0

Disinfectant Residual Analysis Method: DPD Colorimetric Other
 Person performing analysis is:
 A certified operator (# 6813) Employed by a certified lab
 Supervised by a certified operator (# _____) Employed by DEP or DOH

Name and Mailing Address of Person/Firm to Receive Report

Aqua Utilities Florida, Inc.
 1100 Thomas Avenue
 Leesburg, FL 34748



Page 1 of 1

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

Report authorized by: [Signature] Technical Director or Designer

Date: 12/9/07
 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.

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

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: March 7, 2007

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

Client: Aqua Utilities Florida, Inc.
Workorder ID: Western Shores 6427 NO2/NO3 [2128030]
Received: 3/01/07 13:10

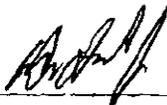
Dear Brian Heath;

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.

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: 3/7/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Western Shores 6427 NO2/NO3
Received: 3/01/07 13:10

[2128030]

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

HBEL Sample

Method Narratives (If Applicable)

Number Sample ID Analytical Method Description

Quality Control Summary

Method HBEL Batch Analyte

Analytical Issue

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 3/7/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

CERTIFICATE OF ANALYSIS

[2128030]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Western Shores 6427 NO2/NO3

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID:		2128030001		Sampled: 03/01/07 9:45		Received: 03/01/07 13:10				
Sample ID:		Point of Entry Grab		Matrix: Water		Results reported on Wet Weight Basis				
Nitrate as N		0.010	mg/L	0.0030	EPA 300.0	IC7138		03/2/07 15:06	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC7138		03/2/07 15:06	JL	E96080

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

5600 US 1 North
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FDOH # E96080

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FDOH # E84418



Printed: 3/7/07

Page 3 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

Date issued: November 8, 2006

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

Client: Aqua Utilities Florida, Inc.
Workorder ID: Western Shore 6427 Tri-Annual [2127080]
Received: 10/12/06 13:30

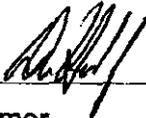
Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:
E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

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Printed: 11/8/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Western Shore 6427 Tri-Annual
Received: 10/12/06 13:30

[2127080]

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>
2127080001	POE Grab	EPA 525.2	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
		EPA 548.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

Quality Control Summary

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
EPA 505	PEST4810		
2127080001	Decachlorobiphenyl		Surrogate - Outside acceptance Limits.
2127080001	Tetrachlorometaxylene		Surrogate - Outside acceptance Limits.

EPA 515.1

<u>PEST4815</u>		
2127080001	Dalapon	Accuracy - Outside acceptance limits in the MS.
2127080001	Dalapon	Accuracy - Outside acceptance limits in the MSD.
2127080001	Dinoseb	Accuracy - Outside acceptance limits in the MS.
2127080001	Dinoseb	Accuracy - Outside acceptance limits in the MSD.
2127080001	Dinoseb	Precision - Outside acceptance limits between the MS and MSD.
2127080001	Pentachlorophenol	Accuracy - Outside acceptance limits in the MSD.
2127080001	Picloram	Accuracy - Outside acceptance limits in the MSD.

The above due to matrix effects. Accuracy/Precision demonstrated with other QC samples.

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FDOH # E98080

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FDOH # E85370

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FDOH # E84418



Printed: 11/8/06

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

1600 U.S. 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

CERTIFICATE OF ANALYSIS

[2127080]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Western Shore 6427 Tri-Annual

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2127080001					Sampled: 10/12/06 9:30		Received: 10/12/06 13:30			
Sample ID: POE Grab					Matrix: Water		Results reported on Wet Weight Basis			
Odor		1.0	T.O.N.	1.0	EPA 140.1	WCDE15248		10/12/06 15:45	RM	E83509
pH [6.5-8.5]	Q	8.05	SU	0.200	EPA 150.1	WCGE26433		10/14/06 19:18	GS	E96080
Aluminum		0.012	mg/L	0.0030	EPA 200.7	META8185		10/28/06 14:50	DM	E96080
Barium		0.0077	mg/L	0.0018	EPA 200.7	META8185		10/28/06 14:14	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8185		10/26/06 14:14	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8185		10/26/06 14:14	DM	E96080
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8185		10/26/06 14:14	DM	E96080
Copper		0.0049	mg/L	0.0014	EPA 200.7	META8185		10/26/06 14:14	DM	E96080
Iron		0.025 U	mg/L	0.025	EPA 200.7	META8185		10/26/06 14:14	DM	E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META8185		10/26/06 14:14	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8185		10/26/06 14:14	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8185		10/26/06 14:14	DM	E96080
Sodium		3.7	mg/L	0.50	EPA 200.7	META8185		10/26/06 14:14	DM	E96080
Zinc		0.010 U	mg/L	0.010	EPA 200.7	META8185		10/26/06 14:14	DM	E96080
Antimony		0.0042 U	mg/L	0.0042	EPA 200.9	META8175		10/17/06 15:15	DM	E96080
Lead		0.00061 U	mg/L	0.00061	EPA 200.9	META8191		10/31/06 13:54	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8185		10/26/06 15:27	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8177		10/18/06 18:45	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8175	10/16/06 9:34	10/17/06 13:25	DM	E96080
Chloride		11	mg/L	5.0	EPA 300.0	IC6983		10/13/06 14:34	JL	E96080
Fluoride		0.11	mg/L	0.011	EPA 300.0	IC6982		10/13/06 15:26	JL	E96080
Nitrate as N		0.0092	mg/L	0.0030	EPA 300.0	IC6982		10/13/06 15:26	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6982		10/13/06 15:26	JL	E96080
Sulfate		3.7	mg/L	1.4	EPA 300.0	IC6983		10/13/06 14:34	JL	E96080
1,2-Dibromo-3-chloropropane		0.0020 U	ug/L	0.0020	EPA 504.1	PEST4806	10/20/06 11:56	10/20/06 17:00	JL	E96080
1,2-Dibromoethane		0.0048 U	ug/L	0.0048	EPA 504.1	PEST4806	10/20/06 11:56	10/20/06 17:00	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4810	10/16/06 9:14	10/17/06 0:06	JL	E96080
Endrin		0.099 U	ug/L	0.099	EPA 505	PEST4810	10/16/06 9:14	10/17/06 0:06	JL	E96080
gamma-BHC (Lindane)		0.019 U	ug/L	0.019	EPA 505	PEST4810	10/16/06 9:14	10/17/06 0:06	JL	E96080
Heptachlor		0.035 U	ug/L	0.035	EPA 505	PEST4810	10/16/06 9:14	10/17/06 0:06	JL	E96080
Heptachlor epoxide		0.027 U	ug/L	0.027	EPA 505	PEST4810	10/16/06 9:14	10/17/06 0:06	JL	E96080
Methoxychlor		0.043 U	ug/L	0.043	EPA 505	PEST4810	10/16/06 9:14	10/17/06 0:06	JL	E96080
PCB		0.13 U	ug/L	0.13	EPA 505	PEST4810	10/16/06 9:14	10/17/06 0:06	JL	E96080
Toxaphene		0.59 U	ug/L	0.59	EPA 505	PEST4810	10/16/06 9:14	10/17/06 0:06	JL	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4815	10/23/06 6:31	11/3/06 16:46	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4815	10/23/06 6:31	11/3/06 16:46	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4815	10/23/06 6:31	11/3/06 16:46	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4815	10/23/06 6:31	11/3/06 16:46	JL	E96080
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4815	10/23/06 6:31	11/3/06 16:46	JL	E96080
icloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4815	10/23/06 6:31	11/3/06 16:46	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2713		10/20/06 5:17	WR	E96080

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 Fort Pierce, FL 34946
 FDOH # E96080

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

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 Brooksville, FL 34601
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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

[2127080]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Western Shore 6427 Tri-Annual

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2713		10/20/06 5:17	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2713		10/20/06 5:17	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2713		10/20/06 5:17	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2713		10/20/06 5:17	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2713		10/20/06 5:17	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2713		10/20/06 5:17	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2713		10/20/06 5:17	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2713		10/20/06 5:17	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2713		10/20/06 5:17	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2713		10/20/06 5:17	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2713		10/20/06 5:17	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2713		10/20/06 5:17	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2713		10/20/06 5:17	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2713		10/20/06 5:17	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2713		10/20/06 5:17	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2713		10/20/06 5:17	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2713		10/20/06 5:17	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2713		10/20/06 5:17	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2713		10/20/06 5:17	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2713		10/20/06 5:17	WR	E96080
Alachlor		0.63 U	ug/L	0.63	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 2:24	WR	E96080
Atrazine		0.49 U	ug/L	0.49	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 2:24	WR	E96080
Benzof(a)pyrene		0.072 U	ug/L	0.072	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 2:24	WR	E96080
bis(2-ethylhexyl)phthalate		0.87 U	ug/L	0.87	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 2:24	WR	E96080
Di(2-ethylhexyl)adipate		0.70 U	ug/L	0.70	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 2:24	WR	E96080
Hexachlorobenzene		0.31 U	ug/L	0.31	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 2:24	WR	E96080
Hexachlorocyclopentadiene		0.24 U	ug/L	0.24	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 2:24	WR	E96080
Simazine		0.65 U	ug/L	0.65	EPA 525.2	SVOC2451	10/24/06 6:26	10/26/06 2:24	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2343		10/25/06 15:32	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2343		10/25/06 15:32	JJM	E96080
Glyphosate		29 U	ug/L	29	EPA 547	HPLC2341		10/16/06 13:58	JJM	E96080
Endothal		2.8 U	ug/L	2.8	EPA 548.1	SVOC2448	10/18/06 9:23	10/23/06 20:56	WR	E96080
Diquat		1.9 U	ug/L	1.9	EPA 549.2	HPLC2346	10/16/06 9:24	10/31/06 11:18	JJM	E96080
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1033		10/13/06 15:27	SAL	E84129
Color		4.0	CU	1.8	SM2120 B	WCGE26430		10/13/06 14:50	TCL	E96080
Total Dissolved Solids		110	mg/L	16	SM2540 C	WCGE26435		10/15/06 14:00	EE	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26500	10/19/06 12:00	10/23/06 11:25	GG	E96080
Surfactants as LAS, Mol.wt.340		0.022 U	mg/L	0.022	SM5540 C	WCGE26437	10/13/06 13:30	10/13/06 17:04	GG	E96080

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Printed: 11/8/06



Page 4 of 6

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

CERTIFICATE OF ANALYSIS

[2127080]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Western Shore 6427 Tri-Annual

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID										
Laboratory ID: 2127080002						<table border="1"> <tr> <td>Sampled:</td> <td colspan="4">Received: 10/12/06 13:30</td> </tr> <tr> <td>Matrix: Water</td> <td colspan="4">Results reported on Wet Weight Basis</td> </tr> </table>					Sampled:	Received: 10/12/06 13:30				Matrix: Water	Results reported on Wet Weight Basis			
Sampled:	Received: 10/12/06 13:30																			
Matrix: Water	Results reported on Wet Weight Basis																			
Sample ID: TRIP BLANK																				
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2713		10/20/06 5:50	WR	E96080										
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2713		10/20/06 5:50	WR	E96080										
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2713		10/20/06 5:50	WR	E96080										
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2713		10/20/06 5:50	WR	E96080										
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2713		10/20/06 5:50	WR	E96080										
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2713		10/20/06 5:50	WR	E96080										
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2713		10/20/06 5:50	WR	E96080										
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2713		10/20/06 5:50	WR	E96080										
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2713		10/20/06 5:50	WR	E96080										
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2713		10/20/06 5:50	WR	E96080										
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2713		10/20/06 5:50	WR	E96080										
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2713		10/20/06 5:50	WR	E96080										
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2713		10/20/06 5:50	WR	E96080										
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2713		10/20/06 5:50	WR	E96080										
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2713		10/20/06 5:50	WR	E96080										
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2713		10/20/06 5:50	WR	E96080										
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2713		10/20/06 5:50	WR	E96080										
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2713		10/20/06 5:50	WR	E96080										
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2713		10/20/06 5:50	WR	E96080										
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2713		10/20/06 5:50	WR	E96080										
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2713		10/20/06 5:50	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: 11/8/06

Page 5 of 6

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: October 3, 2006

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

Client: Aqua Utilities Florida, Inc.
Workorder ID: Western Shores THM/HAA5 Grab [2126775]
Received: 9/12/06 13:00

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2002 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:
E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

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Brooksville, FL 34801
FDOH # E84418

Printed: 10/3/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 205 Fax: (772) 467-1584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Western Shores THM/HAA5 Grab
Received: 9/12/06 13:00

[2126775]

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

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

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

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Brooksville, FL 34601
FDOH # E84418



Printed: 10/3/06

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

CERTIFICATE OF ANALYSIS

[2126775]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Western Shores THM/HAA5 Grab

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Prep Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126775001					Sampled: 09/12/06 9:00		Received: 09/12/06 13:00			
Sample ID: 11312 Layton MRT Location					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		1.5	ug/L	0.25	EPA 524.2	VOC2696		09/25/06 17:00	WR	E96080
Bromoform		0.52	ug/L	0.41	EPA 524.2	VOC2696		09/25/06 17:00	WR	E96080
Chloroform		1.0	ug/L	0.25	EPA 524.2	VOC2696		09/25/06 17:00	WR	E96080
Dibromochloromethane		1.7	ug/L	0.30	EPA 524.2	VOC2696		09/25/06 17:00	WR	E96080
Total THMs		4.7	ug/L	0.50	EPA 524.2	VOC2696		09/25/06 17:00	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.

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FDOH # E85370

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Brooksville, FL 34601
FDOH # E84418

Printed: 10/3/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: March 20, 2006

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

Client: Aqua Utilities Florida, Inc.
Workorder ID: Western Shores 6427 NO2/NO3
Received: 3/16/06 13:45

[2125113]

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:
E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

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FDOH # E85370

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. 285 Fax: (772) 467-584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Western Shores 6427 NO2/NO3
Received: 3/16/06 13:45

[2125113]

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
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FDOH # E83509

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FDOH # E85370

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Spring Hill, FL 34607
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Printed: 3/20/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

CERTIFICATE OF ANALYSIS

[2125113]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Western Shores 6427 NO2/NO3

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID:		2125113001		Sampled: 03/15/06 10:50		Received: 03/16/06 13:45					
Sample ID:		POE Grab		Matrix: Water		Results reported on Wet Weight Basis					
Nitrate as N		0.025	mg/L	0.0030	EPA 300.0	1C6725		03/17/06 10:55	RS	E96080	
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	1C6725		03/17/06 10:55	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.

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FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

Printed: 3/20/06



Page 3 of 4



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@aquaamerica.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

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name WESTERN SHORES SUBDIVISION County Lake PWS ID # 3351464
Plant Location 34210 Carl Road, Leesburg, FL 34788 Phone (352) 435-4028
Owner Name Aqua Utilities Florida, Inc. Phone (352) 435-4028
Owner Address 1100 Thomas Avenue, 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 8/24/99

PWS TYPE & CLASS

- Community (5C)
 Non-transient Non-community
 Non-Community

PWS STATUS

- Approved system with approval number & date
HRS #10900, 7/2/69, WC35-2077, 8/23/83
WC35-266209, 3/28/95, cleared 12/12/95
 Unapproved system

SERVICE AREA CHARACTERISTICS

Mobile Home Park

Food Service: Yes No N/A

OPERATION & MAINTENANCE

Certified Operator: Yes No Not required
Operator(s) & Certification Class-Number
Will Fontaine C-6813 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 472

Population Served 1,652 Basis Operator

Average Day (from MORs) 19,344 gpd

Max. Day (from MORs) 73,250 gpd 04/06

Max-day Design Capacity 432,000 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 1
 SURFACE/UDI; Source _____
 PURCHASED from PWS ID # _____
 Emergency Water Source Silver Lake Estates
Emergency Water Capacity 2,202,000 gpd

AUXILIARY POWER SOURCE

- Yes None Not Required
Source Interconnected with Silver Lake Estates
Capacity of Standby (kW) _____
Switchover: Automatic Manual
Standby Plan: Yes No
Hrs Operated Under Load _____
What equipment does it operate?
 Well pumps _____
 High Service Pumps _____
 Treatment Equipment _____
Satisfy average day demand? Yes No Unk
Comments interconnected with Silver Lake Estates PWD #3351182

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 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 _____

GROUND WATER SOURCE

Well Number (FLUWID No.)	1(Abandoned)	2 (AAC3237)		
Year Drilled		1982		
Depth Drilled		423'		
Drilling Method		Cable tool		
Type of Grout		Neat cement		
Static Water Level		11'		
Pumping Water Level		Unknown		
Design Well Yield		Unknown		
Test Yield		Unknown		
Actual Yield (if different than rated capacity)		Unknown		
Strainer		Open		
Length (outside casing)		20'/175'		
Diameter (outside casing)		14"/ 8"		
Material (outside casing)		Black steel		
Well Contamination History		None		
Is inundation of well possible?		No		
6' X 6' X 4" Concrete Pad		Yes		
SET BACKS	Septic Tank		>200'	
	Reuse Water		N/A	
	WW Plumbing		>100'	
	Other Sanitary Hazard		None observed	
PUMP	Type		Vertical turbine	
	Manufacturer Name		Goulds	
	Model Number		8DHH	
	Rated Capacity (gpm)		600	
	Motor Horsepower		40	
Well casing 12" above grade?		Yes		
Well Casing Sanitary Seal		Ok		
Raw Water Sampling Tap		Yes		
Above Ground Check Valve		Yes		
Fence/Housing		Fence		
Well Vent Protection		Yes		

COMMENTS Well #1 properly abandoned in 02/96.

Provide information for all items marked "unknown."

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Regal Capacity 25 ppd
 Chlorine Feed Rate 12 ppd
 Avg. Amount of Cl₂ gas used .5 ppd
 Chlorine Residuals: Plant >2.2 Remote 1.23
 Remote tap location 640 N. Abbey
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hydropneumatic tank
 Booster Pump Info 1 HP Goulds mod 25GBC10
 Comments _____

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
 (B) Bladder (C) Clearwell

Tank Type/Number	H/1		
Capacity (gal)	15,000		
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	PRV		
On/Off Pressure	60/80		
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 checked="" type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl ₂ capability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl ₂ residual	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Cl ₂ leak detection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Scale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kept at office
Sign of Leaks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fresh Ammonia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

~~**AERATION (Gases, Fe, & Mn Removal)**~~

~~Type _____ Capacity _____
 Aerator Condition _____
 Bloodworm Presence _____
 Visible Algae Growth _____
 Protective Screen Condition _____
 Comments _____~~

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments _____

DEFICIENCIES:

1. **Failure to provide a self-contained breathing apparatus (SCBA) meeting the requirements of the National Institute for Occupational Safety and Health.**

At each treatment plant with gas chlorination facilities, the supplier of water shall provide in a convenient location, but not inside any room where chlorine is stored or handled, a self-contained breathing apparatus (SCBA) meeting the requirements of the National Institute for Occupational Safety and Health. [Rule 62-555.320(13)(a)10a, F.A.C.]

2. **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

3. **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.]

4. **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.]

5. **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.]

COMMENTS/REMINDERS (continued):

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.]

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 *Janell D. Owens* Title Environmental Specialist I Date 05/10/07

Approved by *Kate Dodson* Title Environmental Manager Date 05/17/07



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

