

PASCO COUNTY

**Palm Terrace WTF
Palm Terrace WWTF
Zephyr Shores WTF**

Docket No. 080121-WS

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

Florida

**Volume 5
Book 2
Set 10 of 16**

Part 2 of 2

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

DOCUMENT NUMBER-DATE

04323 MAY 22 88

FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc.



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of		January, 2007	
Consecutive System Name: Palm Terrace		PWS Identification Number: 6511331	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 1183		Total Population Served at End of Month: 2543	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Don Hostetler		Contact Person's Title: Senior Facilities Operator	
Contact Person's Mailing Address: 7616 Arbordale Drive		City: Port Richey	State: FL Zip Code: 34668
Contact Person's Telephone Number: (727)9190674		Contact Person's Fax Number: (727) 697-3137	
Contact Person's E-Mail Address:			

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

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

III. Certification by Authorized Representative

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

Signature and Date

 4-24-07
 Don Hostetler
 Printed or Typed Name

 Senior Facilities Operator
 License Number or Title

DOCUMENT NUMBER - DATE

04323 MAY 22 08

FPSC-COMMISSION CLERK



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month Year of February, 2007

Consecutive System Name: Palm Terrace PWS Identification Number: 6511331

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

Number of Service Connections at End of Month: 1183 Total Population Served at End of Month: 2543

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Don Hostetler Contact Person's Title: Vice President Environmental Services

Contact Person's Mailing Address: 7616 Arbordale Drive City: Port Richey State: FL Zip Code: 34668

Contact Person's Telephone Number: (727)9190674 Contact Person's Fax Number: 727-697-3137

Contact Person's E-Mail Address: _____

II. Daily Distribution System Disinfectant Residual Data for the Month Year of February, 2007

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

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

III. Certification by Authorized Representative

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

Don Hostetler 4-24-08
Signature and Date

Don hostetler
Printed or Typed Name

Senior Facilities Operator
License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of March, 2007	
Consecutive System Name: Palm Terrace	PWS Identification Number: 6511331
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 1183	Total Population Served at End of Month: 2543
Consecutive System Owner: Aqua Utilities Florida	
Contact Person: Don Hostetler	Contact Person's Title: Senior Facilities Operator
Contact Person's Mailing Address: 7616 Arbordale Drive	City: Port Richey State: FL Zip Code: 34668
Contact Person's Telephone Number: (727)919-0674	Contact Person's Fax Number: (727) 697-3137
Contact Person's E-Mail Address:	

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
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16	3.5				

III. Certification by Authorized Representative

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

Don Hostetler 4-3-07
 Signature and Date

Don Hostetler
 Printed or Typed Name

Senior Facilities Operator
 License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

General Water System Information for the Month/Year of		April, 2007	
Consecutive System Name: Palm Terrace		PWS Identification Number: 6511331	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 1183		Total Population Served at End of Month: 2543	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Don Hostetler		Contact Person's Title: Vice President Environmental Services	
Contact Person's Mailing Address: 7616 Arbdale Drive		City: Port Richey	State: FL Zip Code: 34668
Contact Person's Telephone Number: (727) 919-0674		Contact Person's Fax Number: 727-697-3137	
Contact Person's E-Mail Address:			

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
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8			24		
9	3.5		25	3.5	
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15			31		
16	3.5				

III. Certification by Authorized Representative

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

Don Hostetler 5-7-07
 Signature and Date

Don Hostetler
 Printed or Typed Name

Senior Facilities Operator
 License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of		May, 2007	
Consecutive System Name: Palm Terrace		PWS Identification Number: 6511331	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 1183		Total Population Served at End of Month: 2543	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Don Hostetler		Contact Person's Title: Senior Facilities Operator	
Contact Person's Mailing Address: 7616 Arbdale Drive		City: Port Richey	State: FL Zip Code: 34668
Contact Person's Telephone Number: (727) 919-0674		Contact Person's Fax Number: (727) 697-3137	
Contact Person's E-Mail Address:			

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

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

III. Certification by Authorized Representative

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

 6-6-07
Signature and Date

Don Hostetler
Printed or Typed Name

Senior Facilities Operator
License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

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

Consecutive System Name: Palm Terrace PWS Identification Number: 6511331

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

Number of Service Connections at End of Month: 1183 Total Population Served at End of Month: 2543

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Don Hostetter Contact Person's Title: Vice President Environmental Services

Contact Person's Mailing Address: 7616 Arbdorale Drive City: Port Richey State: FL Zip Code: 34668

Contact Person's Telephone Number: (727) 919-0674 Contact Person's Fax Number: 727-697-3137

Contact Person's E-Mail Address: _____

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

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

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

III. Certification by Authorized Representative

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

Don Hostetter 7-5-07
Signature and Date

Don Hostetter
Printed or Typed Name

Senior Facilities Operator
License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of **July, 2007**

Consecutive System Name: Palm Terrace PWS Identification Number: 6511331

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

Number of Service Connections at End of Month: 1183 Total Population Served at End of Month: 2543

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Don Hostetler Contact Person's Title: Senior Facilities Operator

Contact Person's Mailing Address: 7616 Arbordale Drive City: Port Richey State: FL Zip Code: 34668

Contact Person's Telephone Number: (727) 919-0674 Contact Person's Fax Number: (727) 697-3137

Contact Person's E-Mail Address: _____

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

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

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

III. Certification by Authorized Representative:

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

Signature and Date

8-6-07
 Date

 Don Hostetler
 Printed or Typed Name

 Senior Facilities Operator
 License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

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

Consecutive System Name: Palm Terrace PWS Identification Number: 6511331

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

Number of Service Connections at End of Month: 1183 Total Population Served at End of Month: 2543

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Don Hostetler Contact Person's Title: Senior Facilities Operator

Contact Person's Mailing Address: 7616 Arbordale Drive City: Port Richey State: FL Zip Code: 34668

Contact Person's Telephone Number: (727) 919-0674 Contact Person's Fax Number: (727) 697-3137

Contact Person's E-Mail Address: _____

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

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

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

III. Certification by Authorized Representative

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

 Signature and Date

Don Hostetler

 Printed or Typed Name

Senior Facilities Operator

 License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

General Water System Information for the Month/Year of		September, 2007	
Consecutive System Name: Palm Terrace		PWS Identification Number: 6511331	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 1183		Total Population Served at End of Month: 2543	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Don Hostetler		Contact Person's Title: Vice President Environmental Services	
Contact Person's Mailing Address: 7616 Arbordale Drive		City: Port Richey	State: FL Zip Code: 34668
Contact Person's Telephone Number: (727) 919-0674		Contact Person's Fax Number: 727-697-3137	
Contact Person's E-Mail Address:			

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
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14	3.5		30		
15			31		
16					

III. Certification by Authorized Representative

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

Don Hostetler 10-8-07
 Signature and Date

Don Hostetler
 Printed or Typed Name

Senior Facilities Operator
 License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of **October, 2007**

Consecutive System Name: Palm Terrace PWS Identification Number: 6511331

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

Number of Service Connections at End of Month: 1183 Total Population Served at End of Month: 2543

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Don Hostetler Contact Person's Title: Senior Facilities Operator

Contact Person's Mailing Address: 7616 Arbordale Drive City: Port Richey State: FL Zip Code: 34668

Contact Person's Telephone Number: (727) 919-0674 Contact Person's Fax Number: (727) 697-3137

Contact Person's E-Mail Address: _____

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

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
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I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date

Don Hostetler
Printed or Typed Name

Senior Facilities Operator
License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

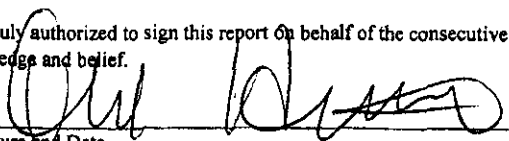
I. General Water System Information for the Month/Year of		November, 2007	
Consecutive System Name: Palm Terrace		PWS Identification Number: 6511331	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 1183		Total Population Served at End of Month: 2543	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Don Hostetler		Contact Person's Title: Vice President Environmental Services	
Contact Person's Mailing Address: 7616 Arbordale Drive		City: Port Richey	State: FL Zip Code: 34668
Contact Person's Telephone Number: (727) 919-0674		Contact Person's Fax Number: 727-697-3137	
Contact Person's E-Mail Address:			

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
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 Signature and Date

Don Hostetler
 Printed or Typed Name

Senior Facilities Operator
 License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		December, 2007	
Consecutive System Name: Palm Terrace		PWS Identification Number: 6511331	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 1183		Total Population Served at End of Month: 2543	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Don Hostetler		Contact Person's Title: Senior Facilities Operator	
Contact Person's Mailing Address: 7616 Arbordale Drive		City: Port Richey	State: FL Zip Code: 34668
Contact Person's Telephone Number: (727) 919-0674		Contact Person's Fax Number: (727) 697-3137	
Contact Person's E-Mail Address:			

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	3.5	
2			18		
3	3.5		19	3.5	
4			20		
5	3.5		21	3.5	
6			22		
7	3.4		23		
8			24	3.2	
9			25		
10	3.5		26	3.4	
11			27		
12	3.5		28	3.3	
13			29		
14	3.4		30		
15			31	3.5	
16					

III. Certification by Authorized Representative

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

 Signature and Date

Don Hostetler

 Printed or Typed Name

Senior Facilities Operator

 License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: January, 2006	
Consecutive System Name: Palm Terrace	PWS Identification Number: 6511331
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 1183	Total Population Served at End of Month: 2543
Consecutive System Owner: Aqua Utilities Florida	
Contact Person: Dennis Muldoon	Contact Person's Title: Senior Facilities Operator
Contact Person's Mailing Address: 7616 Arbordale Drive	City: Port Richey State: FL Zip Code: 34668
Contact Person's Telephone Number: (352) 302-9713	Contact Person's Fax Number: (727) 697-3137
Contact Person's E-Mail Address: dmuldoon@aquaaamerica.com	

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

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

III. Certification by Authorized Representative

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

Signature and Date	<u>Dennis Muldoon</u> Printed or Typed Name	<u>Senior Facilities Operator</u> License Number or Title
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DOCUMENT NUMBER - DATE

04323 MAY 22 8



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		February, 2006	
Consecutive System Name:	Palm Terrace	PWS Identification Number: 6511331	
Consecutive System Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month:	1183	Total Population Served at End of Month: 2543	
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Dennis Muldoon	Contact Person's Title: Vice President Environmental Services	
Contact Person's Mailing Address:	7616 Arbordale Drive	City: Port Richey	State: FL Zip Code: 34668
Contact Person's Telephone Number:	352-302-9713	Contact Person's Fax Number: 727-697-3137	
Contact Person's E-Mail Address:	dmuldoon@aquaaamerica.com		

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

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

III. Certification by Authorized Representative

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

Signature and Date	Dennis Muldoon Printed or Typed Name	Senior Facilities Operator License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

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

Consecutive System Name: Palm Terrace

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community PWS Identification Number: 6511331

Number of Service Connections at End of Month: 1183 Total Population Served at End of Month: 2543

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Dennis Muldoon

Contact Person's Mailing Address: 7616 Arbordale Drive Contact Person's Title: Senior Facilities Operator

Contact Person's Telephone Number: (352) 302-9713 City: Port Richey State: FL Zip Code: 34668

Contact Person's E-Mail Address: dmuldoon@aquaamerica.com Contact Person's Fax Number: (727) 697-3137

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

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

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

III. Certification by Authorized Representative

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

Signature and Date

Dennis Muldoon
Printed or Typed Name

Senior Facilities Operator
License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: April, 2006	
Consecutive System Name: Palm Terrace	PWS Identification Number: 6511331
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 1183	Total Population Served at End of Month: 2543
Consecutive System Owner: Aqua Utilities Florida	
Contact Person: Dennis Muldoon	Contact Person's Title: Vice President Environmental Services
Contact Person's Mailing Address: 7616 Arbordale Drive	City: Port Richey State: FL Zip Code: 34668
Contact Person's Telephone Number: 352-302-9713	Contact Person's Fax Number: 727-697-3137
Contact Person's E-Mail Address: dmuldoon@aguaamerica.com	

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

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

III. Certification by Authorized Representative

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

Signature and Date	Dennis Muldoon Printed or Typed Name	Senior Facilities Operator License Number or Title
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**MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER
ORIGINATING FROM A SUBPART H SYSTEM**

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		May, 2006	
Consecutive System Name:	Palm Terrace	PWS Identification Number:	6511331
Consecutive System Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
Number of Service Connections at End of Month:	1183	Total Population Served at End of Month:	2543
Consecutive System Owner:	Aqua Utilities Florida		
Contact Person:	Dennis Muldoon	Contact Person's Title:	Senior Facilities Operator
Contact Person's Mailing Address:	7616 Arbordale Drive	City:	Port Richey
		State:	FL
		Zip Code:	34668
Contact Person's Telephone Number:	(352) 302-9713	Contact Person's Fax Number:	(727) 697-3137
Contact Person's E-Mail Address:	dmuldoon@aquaaamerica.com		

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

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

III. Certification by Authorized Representative

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

Signature and Date	Dennis Muldoon Printed or Typed Name	Senior Facilities Operator License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

General Water System Information for the Month/Year of:		June, 2006	
Consecutive System Name: Palm Terrace		PWS Identification Number: 6511331	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 1183		Total Population Served at End of Month: 2543	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Dennis Muldoon		Contact Person's Title: Vice President Environmental Services	
Contact Person's Mailing Address: 7616 Arbdale Drive		City: Port Richey	State: FL Zip Code: 34668
Contact Person's Telephone Number: 352-302-9713		Contact Person's Fax Number: 727-697-3137	
Contact Person's E-Mail Address: dmuldoon@aguaamerica.com			

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	3.4		18		
3			19	3.5	
4			20		
5	3.5		21	3.5	
6			22		
7	3.5		23	3.4	
8			24		
9	3.4		25		
10			26	3.5	
11			27		
12	2.9		28	3.5	
13			29		
14	3.5		30	3.4	
15			31		
16	3.4				

III. Certification by Authorized Representative

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

Signature and Date	Dennis Muldoon Printed or Typed Name	Senior Facilities Operator License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: July, 2006	
Consecutive System Name: Palm Terrace	PWS Identification Number: 6511331
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 1183	Total Population Served at End of Month: 2543
Consecutive System Owner: Aqua Utilities Florida	
Contact Person: Dennis Muldoon	Contact Person's Title: Senior Facilities Operator
Contact Person's Mailing Address: 7616 Arbordale Drive	City: Port Richey State: FL Zip Code: 34668
Contact Person's Telephone Number: (352) 302-9713	Contact Person's Fax Number: (727) 697-3137
Contact Person's E-Mail Address: dmuldoon@aquaamerica.com	

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: July, 2006					
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	3.5	
2			18		
3	3.4		19	3.4	
4			20		
5	3.5		21	3.4	
6			22		
7	3.5		23		
8			24	3.5	
9			25		
10	3.5		26	3.5	
11			27		
12	3.5		28	3.4	
13			29		
14	3.4		30		
15			31	3.5	
16					

III. Certification by Authorized Representative

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

Signature and Date	Dennis Muldoon Printed or Typed Name	Senior Facilities Operator License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

General Water System Information for the Month/Year of: August, 2006	
Consecutive System Name: Palm Terrace	PWS Identification Number: 6511331
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 1183	Total Population Served at End of Month: 2543
Consecutive System Owner: Aqua Utilities Florida	
Contact Person: Dennis Muldoon	Contact Person's Title: Senior Facilities Operator
Contact Person's Mailing Address: 7616 Arbordale Drive	City: Port Richey State: FL Zip Code: 34668
Contact Person's Telephone Number: (352) 302-9713	Contact Person's Fax Number: (727) 697-3137
Contact Person's E-Mail Address: dmuldoon@aquaaamerica.com	

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

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

III. Certification by Authorized Representative

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

Signature and Date	Dennis Muldoon Printed or Typed Name	Area Coordinator License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: September, 2006	
Consecutive System Name: Palm Terrace	PWS Identification Number: 6511331
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 1183	Total Population Served at End of Month: 2543
Consecutive System Owner: Aqua Utilities Florida	
Contact Person: Dennis Muldoon	Contact Person's Title: Vice President Environmental Services
Contact Person's Mailing Address: 7616 Arbordale Drive	City: Port Richey State: FL Zip Code: 34668
Contact Person's Telephone Number: 352-302-9713	Contact Person's Fax Number: 727-697-3137
Contact Person's E-Mail Address: dmuldoon@aquaaamerica.com	

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

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

III. Certification by Authorized Representative

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

Signature and Date	Dennis Muldoon Printed or Typed Name	Senior Facilities Operator License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: October, 2006	
Consecutive System Name: Palm Terrace	PWS Identification Number: 6511331
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 1183	Total Population Served at End of Month: 2543
Consecutive System Owner: Aqua Utilities Florida	
Contact Person: Dennis Muldoon	Contact Person's Title: Senior Facilities Operator
Contact Person's Mailing Address: 7616 Arbordale Drive	City: Port Richey State: FL Zip Code: 34668
Contact Person's Telephone Number: (352) 302-9713	Contact Person's Fax Number: (727) 697-3137
Contact Person's E-Mail Address: dmuldoon@aquaaamerica.com	

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: October, 2006	
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Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	
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Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	3.5		18	3.5	
3			19		
4	3.5		20	3.5	
5			21		
6			22		
7	3.5		23	3.5	
8			24		
9	3.5		25	3.5	
10			26		
11			27	3.5	
12			28		
13	3.5		29		
14			30	3.5	
15			31		
16	3.5				

III. Certification by Authorized Representative

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

Signature and Date	Donald Hostetler Printed or Typed Name	Senior Facilities Operator License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: November, 2006	
Consecutive System Name: Palm Terrace	PWS Identification Number: 6511331
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 1183	Total Population Served at End of Month: 2543
Consecutive System Owner: Aqua Utilities Florida	
Contact Person: Don Hostetler	Contact Person's Title: Vice President Environmental Services
Contact Person's Mailing Address: 7616 Arbordale Drive	City: Port Richey State: FL Zip Code: 34668
Contact Person's Telephone Number: 727-919-0674	Contact Person's Fax Number: 727-697-3137
Contact Person's E-Mail Address: dmuldoon@aquaamerica.com	

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

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

III. Certification by Authorized Representative

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

Signature and Date	Donald Hostetler Printed or Typed Name	Senior Facilities Operator License Number or Title
--------------------	---	---



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

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

Consecutive System Name: Palm Terrace PWS Identification Number: 6511331

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

Number of Service Connections at End of Month: 1183 Total Population Served at End of Month: 2543

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Don Hostetler Contact Person's Title: Senior Facilities Operator

Contact Person's Mailing Address: 7616 Arbordale Drive City: Port Richey State: FL Zip Code: 34668

Contact Person's Telephone Number: 727-919-0674 Contact Person's Fax Number: (727) 697-3137

Contact Person's E-Mail Address: _____

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

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

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

III. Certification by Authorized Representative

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

Signature and Date

Don Hostetler
Printed or Typed Name

Senior Facilities Operator
License Number or Title

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

5600 US 1 North Fort Pierce, FL 34948 FDOH # E96080
 255 Enterprise Rd, Suite 1 Deltona, FL 32725 FDOH # E83509
 307 Coolidge Ave. Lehigh Acres, FL 33936 FDOH # E85370
 2514 Osceola Blvd. Spring Hill, FL 34607 FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce FL 3494
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

HBEL Report Number: 2407724 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

Standard Coliform Test Other: _____ PWS I.D. 0511331

System Name: PAUM TERRACE

System Address: 2616 APPLEDALE DR.

City: PORT RICHIE FL 34668 System or Owner's Phone # 772-919-0674 Fax #: 772-849-1929

Collector: Don Hostetler Collector's Phone #: 772-919-0674

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

Date/Time: 12-5-07 Date/Time: 12-6-07 Date/Time: 12-6-07 09:10

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 (Coliert) SM9223B
 Fecal or E. coli Analysis Method: (MF) SM9222B (Coliert) 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
1	10911 STAMFORD AVE	3:52P 12-5-07	D	3.3	
2	7504 HAWTHORNE DR	3:30P 12-5-07	D	3.4	
3	10928 HILL CREST AVE	3:48P 12-5-07	D	3.3	

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. ²	Lab Sample Number
	A			2407724 001
	A			002
	A			003

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

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

Disinfectant Residual Analysis Method: DPD Colorimetric Other
 Person performing analysis is:
 A certified operator (# 04147) Employed by a certified lab
 Supervised by a certified operator (# _____) Employed by DEP or DOH

Report authorized by: [Signature]
 Technical Director or Designee
 Date: 12/7/07

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
AUF
7612 PAUM APPLE LN
PORT RICHIE FL 34668



Page 1 of 1

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

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

DOCUMENT NUMBER - DATE
 04323 MAY 22 88
 FPSC-COMMISSION CLERK

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: July 27, 2007

To: Bill Dean
Aqua Utilities Florida, Inc.
7612 Pineapple Lane
Port Richey, FL 346682204

Client: Aqua Utilities Florida, Inc.
Workorder ID: Palm Terrace DW THM/HAA5
Received: 7/17/07 9:15

[2407601]

Dear Bill Dean;

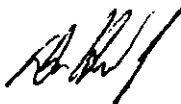
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory 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: 7/27/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Palm Terrace DW THM/HAA5
Received: 7/17/07 9:15

[2407601]

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>
---------------	-------------------	----------------

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: 7/27/07

**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

[2407601]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Palm Terrace DW THM/HAA5

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2407601001					Sampled: 07/16/07 15:00		Received: 07/17/07 9:15			
Sample ID: 7012 Palsade Dr grab					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		0.56	ug/L	0.25	EPA 524.2	VOC2814		07/23/07 23:04	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2814		07/23/07 23:04	WR	E96080
Chloroform		12	ug/L	0.25	EPA 524.2	VOC2814		07/23/07 23:04	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2814		07/23/07 23:04	WR	E96080
Total THMs		12	ug/L	0.25	EPA 524.2	VOC2814		07/23/07 23:04	WR	E96080
Dibromoacetic Acid		0.26	ug/L	0.18	EPA 552.1	PEST4961	07/25/07 11:00	07/25/07 19:16	JL	E96080
Dichloroacetic Acid		9.7	ug/L	0.66	EPA 552.1	PEST4961	07/25/07 11:00	07/25/07 19:16	JL	E96080
Monobromoacetic Acid		0.29	ug/L	0.28	EPA 552.1	PEST4961	07/25/07 11:00	07/25/07 19:16	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	EPA 552.1	PEST4961	07/25/07 11:00	07/25/07 19:16	JL	E96080
Total HAAs		12	ug/L	0.18	EPA 552.1	PEST4961	07/25/07 11:00	07/25/07 19:16	JL	E96080
Trichloroacetic acid		1.7	ug/L	0.20	EPA 552.1	PEST4961	07/25/07 11:00	07/25/07 19:16	JL	E96080

Laboratory ID: 2407601002					Sampled:		Received: 07/17/07 9:15			
Sample ID: Trip Blank					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2814		07/23/07 23:39	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2814		07/23/07 23:39	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2814		07/23/07 23:39	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2814		07/23/07 23:39	WR	E96080
Total THMs		0.25 U	ug/L	0.25	EPA 524.2	VOC2814		07/23/07 23:39	WR	E96080

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

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

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



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 7/27/07

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

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

System Name: PLAZA TERRACE PWS I.D. #: 6511331

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: 7612 PINE APPLE LN

City: PORT RICKEY State: FL ZIP Code: 34668

Phone #: 727-919-0674 Fax #: 727-849-1929

E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 07/16/07 Sample Time: 3:00 PM

Sample Location (be specific): 7012 Palisade Dr grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 3.0 mg/L Field pH: 8.0

Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)

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

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: DON HOSTETTER

Sampler's Phone #: 727-919-0674 Sampler's Fax #: 727-849-1929

Sampler's E-Mail Address:

CERTIFICATION (to be completed by sampler)

I, DON HOSTETTER SR FACILITY OPERATOR
Print Name Print Title

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

Signature: [Signature] Date: 8-6-07



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

Chain-of-Custody

and
 Agreement to Perform Services

USE BALL POINT PEN
 PRESS HARD
 COMPLETELY FILL OUT
 ALL NON GREYED AREAS
 PRINT LEGIBLY

Laboratory not responsible for omitted information
 FDOH # E96080 FDOH # E85370
 5600 U.S. 1 North 307 Coolidge Avenue
 Fort Pierce, FL 34946 Lehigh Acres, FL 33936
 FDOH # E83509 FDOH # E84418
 4155 St. Johns Pkwy. 16331 Cortez Blvd.
 Suite 1300 Brooksville, FL 34801
 Sanford, FL 32771

Company: DUF
 Address: 2612 PALM TERRACE LN
Palm Beach FL Zip: 34668

Method(s) of Shipment: FedEx



Phone: 772-919-0614 Fax: 772-819-1929

e-mail: _____
 Standard Laboratory Turn Around Time _____
 Or _____
 Rush in _____ Business Days
 Requires Laboratory Approval

Client Contact: Dan Hostetler

Project Name: PALM TERRACE

Sampled By: Dan Hostetler

For Lab Use Only											
Temperature Checked		Custody Seals Intact		pH Checked		LAB # <u>2407601</u>					
<input checked="" type="checkbox"/>	N	<input checked="" type="checkbox"/>	N	<input checked="" type="checkbox"/>	N						
PRESERVATIVE											
<input checked="" type="checkbox"/>	N	<input checked="" type="checkbox"/>	N	<input checked="" type="checkbox"/>	N	<input checked="" type="checkbox"/>	N	<input checked="" type="checkbox"/>	N	<input checked="" type="checkbox"/>	N
ANALYSES REQUESTED											
<input checked="" type="checkbox"/>	N	<input checked="" type="checkbox"/>	N	<input checked="" type="checkbox"/>	N	<input checked="" type="checkbox"/>	N	<input checked="" type="checkbox"/>	N	<input checked="" type="checkbox"/>	N
COMMENTS											
<u>70'</u>											

LAB ID	COLLECTION		Sample Type	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	THW	HAAS
	DATE	TIME						
001	7/16/07	300P.	G	W	3	THW		
	7/16/07	300P.	G	W	1	HAAS	X	
002					3	TRIP BLANK	X	
						PALM TERRACE		
						7012 PALASIDE DR		
						CI 30-PA 80		

* Sample Type: G-Grab O-Composite ** Matrix: S-Solid SL-Sludge DW-Drinking Water GW-Ground Water SW-Surface Water WW-Wastewater M-Marine

Report Page 4 of 4	RELINQUISHED BY	<u>[Signature]</u>	RELINQUISHED BY	<u>[Signature]</u>	RELINQUISHED BY	<u>[Signature]</u>
	DATE/TIME	<u>7-17-07</u>	DATE/TIME	<u>7-17-07 09:15</u>	DATE/TIME	<u>7/17/07 to Fed Ex</u>
	RECEIVED BY	<u>[Signature]</u>	RECEIVED BY	<u>[Signature]</u>	RECEIVED FOR HBEL CUSTODY BY	<u>[Signature]</u>
	DATE/TIME	<u>7-17-07</u>	DATE/TIME	<u>7/17/07 0915</u>	DATE/TIME	<u>7-18-07 1010</u>

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007
 Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 7/17/07

PWS ID (From Page 1): Sample Number (From Page 1):

Lab Assigned Report Number or Job ID: 2407601001

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers:
 ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 27-Jul-07

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other:

Person Notified: Date Notified:

Comments:

Date Reviewed: DEP/DOH Reviewing Official:

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

**DISINFECTION BYPRODUCTS ANALYSES
62-550.310(3)**

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Palm Terrace DW THM/HAA5
Sample Location: 7012 Palisade Dr grab Disinfectant Residual (mg/L)
Sample Number: 2407601001 PWS ID
Sampling Date: 7/16/07 15:00
Date Received: 7/17/07 9:15

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH La Cert #
2450	Monochloroacetic Acid	[NA]	ug/L	0.88	U	EPA 552.1	0.88	7/25/07	7:16 PM	E96080
2451	Dichloroacetic Acid	[NA]	ug/L	9.7		EPA 552.1	0.66	7/25/07	7:16 PM	E96080
2452	Trichloroacetic acid	[NA]	ug/L	1.7		EPA 552.1	0.20	7/25/07	7:16 PM	E96080
2453	Monobromoacetic Acid	[NA]	ug/L	0.29		EPA 552.1	0.28	7/25/07	7:16 PM	E96080
2454	Dibromoacetic Acid	[NA]	ug/L	0.26		EPA 552.1	0.18	7/25/07	7:16 PM	E96080
2456	Total Haloacetic Acids (HAAs)	[60]	ug/L	11.95		EPA 552.1	0.18	7/25/07	7:16 PM	E96080
2941	Chloroform	[NA]	ug/L	12		EPA 524.2	0.25	7/23/07	11:04 PM	E96080
2942	Bromoform	[NA]	ug/L	0.41	U	EPA 524.2	0.41	7/23/07	11:04 PM	E96080
2943	Bromodichloromethane	[NA]	ug/L	0.56		EPA 524.2	0.25	7/23/07	11:04 PM	E96080
2944	Dibromochloromethane	[NA]	ug/L	0.30	U	EPA 524.2	0.30	7/23/07	11:04 PM	E96080
2950	Total Trihalomethanes	[80]	ug/L	12.56		EPA 524.2	0.25	7/23/07	11:04 PM	E96080

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

Reporting Format 62-550.730
Effective January 1995, Revised January 2007

Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are acceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

1600 U.S. 1 North
Fort Pierce, FL 34946
Phone # E96080
Reported: 7/27/07

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.**

5500 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 255 Fax: (772) 467-584

**DISINFECTION BYPRODUCTS ANALYSES
62-550.310(3)**

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Palm Terrace DW THM/HAA5
Sample Location: Trip Blank Disinfectant Residual (mg/L
Sample Number: 2407601002 PWS ID
Sampling Date:
Date Received: 7/17/07 9:15

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH La Cert. #
2941	Chloroform	[N/A]	ug/L	0.25 U		EPA 524.2	0.25	7/23/07	11:39 PM	E96080
2942	Bromoform	[N/A]	ug/L	0.41 U		EPA 524.2	0.41	7/23/07	11:39 PM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	0.25 U		EPA 524.2	0.25	7/23/07	11:39 PM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	0.30 U		EPA 524.2	0.30	7/23/07	11:39 PM	E96080
2950	Total Trihalomethanes	[80]	ug/L	0.25 U		EPA 524.2	0.25	7/23/07	11:39 PM	E96080

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

Reporting Format 62-550.730
Effective January 1995, Revised January 2007

Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are acceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

10 US 1 North
Fort Pierce, FL 34946
DOH # 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

dated: 7/27/07



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

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

System Name: PAUM TERRACE PWS I.D. #: 6511331
 System Type (check one) Community Nontransient Noncommunity Transient Noncommunity
 Address: 7616 ARBORDALE DR.

City: PANT RICHY State: FL ZIP Code: 32668
 Phone #: 727-919-0674 Fax #: 727-849-1929
 E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
 Sample Date: 7-16-07 Sample Time: 3:00 PM
 Sample Location (be specific): Trip Blank
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)	
<input checked="" type="checkbox"/> Distribution	<input type="checkbox"/> Routine Compliance (with 62-550)	<input type="checkbox"/> Quarterly (Which Qtr? _____)
<input type="checkbox"/> Entry Point (to Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedence*	<input type="checkbox"/> Special (not for compliance with 62-550)
<input type="checkbox"/> Plant Tap not for compliance with 62-550	<input type="checkbox"/> Composite of Multiple Sites**	<input type="checkbox"/> Violation Resolution
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Clearance (permitting)	<input type="checkbox"/> Replacement (of Invalidated Sample)
<input type="checkbox"/> Max Residence Time	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Ave Residence Time	<input type="checkbox"/> Sampling Procedure Used or Other Comments: _____	
<input type="checkbox"/> Near First Customer		

*See 62-550.500(6) for requirements and restrictions.
 Note: See 62-550.512(3) for additional requirements
 for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and
 attach a results page for each site.

Sampler's Name: Dan Hostetler
 Sampler's Phone #: 727-919-0674 Sampler's Fax #: 727-849-1929
 Sampler's E-Mail Address:

CERTIFICATION (to be completed by sampler)

I, Dan Hostetler SR FACILITY OPERATOR
Print Name Print Title

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

Signature: [Signature] Date: 8-2-07

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007
 Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 7/17/07

PWS ID (From Page 1): Sample Number (From Page 1):

Lab Assigned Report Number or Job ID: 2407601002

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature *Cindy Cromer* Date: 27-Jul-07

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

REPORT OF: CHEMICAL ANALYSES

PROJECT: TCDD ANALYSES

DATE: May 14, 2007

ISSUED TO: Harbor Branch Environmental Laboratory
Attn: Don Hash
5600 US 1 North
Ft. Pierce, FL 34946

REPORT NO: 07-1050535

INTRODUCTION

This report presents the results from the analysis performed on one sample submitted by a representative of Harbor Branch Environmental Laboratory. The sample was analyzed for the presence or absence of 2,3,7,8-tetrachlorodibenzo-p-dioxin (2,3,7,8-TCDD) using USEPA Method 1613B.

SAMPLE IDENTIFICATION

<u>Client ID</u>	<u>Sample Type</u>	<u>Date Received</u>	<u>Pace ID</u>
2407516001	Water	04/26/07	1050535001

RESULTS

The results from the 2,3,7,8-TCDD analyses are summarized in the following:

Appendix A - Chain of Custody Documentation
Appendix B - 2,3,7,8-TCDD Analysis Results

DISCUSSION

The isotopically-labeled 2,3,7,8-TCDD internal standard in the sample extract was recovered at 84%. All of the labeled standard recoveries obtained for this project were within the target ranges specified in Method 1613B. Also, since the quantification of the native 2,3,7,8-TCDD was based on isotope dilution, the data were automatically corrected for recovery and accurate values were obtained.

REPORT OF LABORATORY ANALYSIS

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Pace Analytical

www.pacelabs.com

Pace Analytical Services, Inc.
1700 Elm Street
Minneapolis, MN 55414
Phone: 612.607.1700
Fax: 612.607.6444

REPORT OF: CHEMICAL ANALYSES

PROJECT: TCDD ANALYSES

DATE: May 14, 2007

PAGE: 2

REPORT NO: 07-1050535

DISCUSSION (cont.)

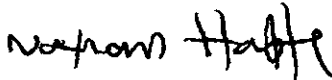
A laboratory method blank was prepared and analyzed with the sample batch as part of our routine quality control procedures. The results, included at the beginning of Appendix B, show that 2,3,7,8-TCDD was not detected at the reporting limit. This indicates that the sample processing steps were free of background levels of this congener.

Laboratory spike samples were also prepared with the sample batch using clean water that had been fortified with native standards. The results show that the spiked native 2,3,7,8-TCDD was recovered at 92-103%, with a relative percent difference of 11.3%. These results indicate high degrees of accuracy and precision for these determinations.

REMARKS

The sample extract will be retained for a period of 15 days from the date of this report and then discarded unless other arrangements are made. The raw mass spectral data will be archived for a period of not less than one year. Questions regarding the data contained in this report may be directed to the author at the number provided below.

Pace Analytical Services, Inc.



Nate Habte
Project Manager, HRMS
(612) 607-6407

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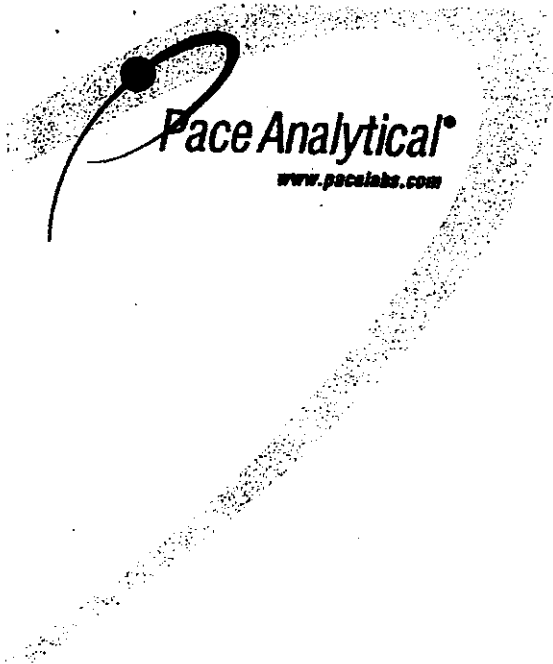
Pace Analytical Services, Inc.
1700 Elm Street
Minneapolis, MN 55414
Phone: 612.607.1700
Fax: 612.607.6444

APPENDIX A

REPORT OF LABORATORY ANALYSIS

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Minneapolis, MN 55414
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Fax: 612.607.0444

APPENDIX B

REPORT OF LABORATORY ANALYSIS

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Pace Analytical Services, Inc.
 1700 Elm Street - Suite 200
 Minneapolis, MN 55414

Tel: 612-607-1700
 Fax: 612-607-6444

Method 1613B Blank Analysis Results

Client - Harbor Branch Environmental Labs

Lab Sample ID	BLANK-13023	Matrix	Water
Filename	F70509B_05	Dilution	NA
Total Amount Extracted	922 mL	Extracted	05/08/2007
ICAL Date	04/28/2007	Analyzed	05/10/2007 01:03
CCal Filename(s)	F70509A_16	Injected By	SMT

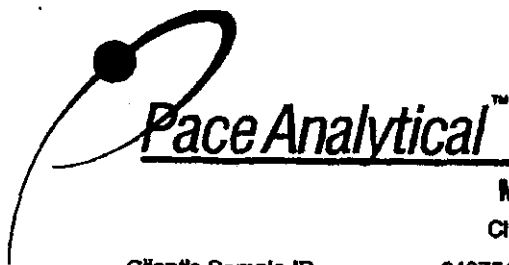
Native Isomers	Conc pg/L	EMPC pg/L	PRL pg/L	Internal Standards	ng's Added	Percent Recovery
2,3,7,8-TCDD	ND	—	11	2,3,7,8-TCDD-13C	2.00	87
				Recovery Standard 1,2,3,4-TCDD-13C	2.00	NA
				Cleanup Standard 2,3,7,8-TCDD-37C14	0.20	96

Conc = Concentration
 EMPC = Estimated Maximum Possible Concentration
 PRL = Pace Analytical Reporting Limit.
 I = Interference
 P = Recovery outside of method 1613 control limits
 ND = Not Detected
 NA = Not Applicable
 NC = Not Calculated
 * = See Discussion

Report No.....1050535

REPORT OF LABORATORY ANALYSIS

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Pace Analytical Services, Inc.
1700 Elm Street - Suite 200
Minneapolis, MN 55414

Tel: 612-607-1700
Fax: 612-607-6444

Method 1613B Analysis Results

Client - Harbor Branch Environmental Labs

Client's Sample ID	2407516001				
Lab Sample ID	1050535001				
Filename	F70510B_05				
Injected By	BAL				
Total Amount Extracted	1040 mL	Matrix	Water		
% Moisture	NA	Dilution	NA		
Dry Weight Extracted	NA	Collected	04/24/2007		
ICAL Date	04/28/2007	Received	04/28/2007		
CCal Filename(s)	F70510B_01	Extracted	05/08/2007		
Method Blank ID	BLANK-13023	Analyzed	05/11/2007 02:08		

Native Isomers	Conc pg/L	EMPC pg/L	PRL pg/L	Internal Standards	ng's Added	Percent Recovery
2,3,7,8-TCDD	ND	—	9.6	2,3,7,8-TCDD-13C	2.00	84
				Recovery Standard 1,2,3,4-TCDD-13C	2.00	NA
				Cleanup Standard 2,3,7,8-TCDD-37C4	0.20	91

Conc = Concentration
EMPC = Estimated Maximum Possible Concentration
PRL = Pace Analytical Reporting Limit
A = Limit of Detection based on signal to noise
Nn = Value obtained from additional analysis
B = Less than 10 times higher than method blank level
P = Recovery outside of method 1613 control limits

I = Interference
ND = Not Detected
NA = Not Applicable
NC = Not Calculated
* = See Discussion

Report No.....1050535

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Pace Analytical Services, Inc.
 1700 Elm Street - Suite 200
 Minneapolis, MN 55414

Tel: 612-807-1700
 Fax: 612-807-6444

Method 1613B Laboratory Control Spike Results

Client - Harbor Branch Environmental Labs

Lab Sample ID	LCS-13024			
Filename	F70509B_01	Matrx	Water	
Total Amount Extracted	916 L	Dilution	NA	
ICAL Date	04/28/2007	Extracted	05/08/2007	
CCal Filename	F70509A_16	Analyzed	05/09/2007 21:46	
Method Blank ID	BLANK-13023	Injected By	SMT	

Compound	Cs	Cr	Lower Limit	Upper Limit	% Rec.
2,3,7,8-TCDD	10	9.2	7.3	14.6	92
2,3,7,8-TCDD-37C14	10	8.9	3.7	15.8	89
2,3,7,8-TCDD-13C	100	83.0	25.0	141.0	83

Cs = Concentration Spiked (ng/mL)
 Cr = Concentration Recovered (ng/mL)
 Rec. = Recovery (Expressed as Percent)
 Control Limit Reference: Method 1613, Table 6a, 10/94 Revision
 X = Background subtracted value
 P = Recovery outside of control limits
 * = See Discussion

Report No.....1050535

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Pace Analytical Services, Inc.
 1700 Elm Street - Suite 200
 Minneapolis, MN 55414

Tel: 612-607-1700
 Fax: 612-607-8444

Method 1613B Laboratory Control Spike Results

Client - Harbor Branch Environmental Labs

Lab Sample ID	LCSD-13025	Matrix	Water
Filename	F70509B_02	Dilution	NA
Total Amount Extracted	948 mL	Extracted	05/08/2007
ICAL Date	04/28/2007	Analyzed	05/09/2007 22:34
CCal Filename	F70509A_18	Injected By	SMT
Method Blank ID	BLANK-13023		

Compound	Cs	Cr	Lower Limit	Upper Limit	% Rec.
2,3,7,8-TCDD	10	10.3	7.3	14.6	103
2,3,7,8-TCDD-37Cl4	10	8.3	3.7	15.8	83
2,3,7,8-TCDD-13C	100	77.4	25.0	141.0	77

Cs = Concentration Spiked (ng/mL)
 Cr = Concentration Recovered (ng/mL)
 Rec. = Recovery (Expressed as Percent)
 Control Limit Reference: Method 1613, Table 6a, 10/94 Revision
 X = Background subtracted value
 P = Recovery outside of control limits
 * = See Discussion

Report No.....1050535

REPORT OF LABORATORY ANALYSIS

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SPIKE RECOVERY RELATIVE PERCENT DIFFERENCE (RPD) RESULTS

Pace Analytical Services, Inc.
1700 Elm Street
Minneapolis, MN 55414
Phone: 612.607.1700
Fax: 612.607.6444

Client..... Harbor Branch Environmental Labs

SPIKE 1 ID..... LCS-13024
SPIKE 1 Filename..... F70509B_01
SPIKE 2 ID..... LCSD-13025
SPIKE 2 Filename..... F70509B_02

COMPOUND	SPIKE 1 REC,%	SPIKE 2 REC,%	RPD,%
2378-TCDD	92	103	11.3

REC = Percent Recovered

RPD = The difference between the two values divided by the average.

NA = Not Applicable

NC = Not Calculated

Report No..... 1050535

REPORT OF LABORATORY ANALYSIS

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EMSL Analytical, Inc.

5125 Adanson Street, Suite 900, Orlando, FL 32804
Phone: (407) 599-5887 Fax: (407) 599-9063 Email: orlandolab@emsl.com

**Attn: Harbor Branch Environmental Laboratory
5600 U.S. 1 North
Fort Pierce, FL 34946**

Customer ID: HARB51
Customer PO:
Received (Date/Time): 04/26/07 10:30 AM
EMSL Order: 340701705

Fax: (772) 467-1584 Phone: (772) 465-2400
Project: Palm Terrace

Collected (Date/Time): 4/24/2007 8:15am
Date Reported: 4/30/2007

**Determination of Asbestos Structures over 10um in Length in Drinking Water
Performed by the EPA 100.2 Method**

Sample ID	Prep Date/Time	Sample Volume	Dilution Factor	Total Filter Area	Effective Filter Area	# Fibers Asbestos	Analytical Non-Asbestos	Type(s) Of Asbestos	Sensitivity (MFL)	Confidence Limits	Concentration Of Asbestos Fibers (MFL)
2407516-001 340701705-001	4/28/2007 11am	100	10 ¹	0.0132	1271.7	None Detected	None Detected	None Detected	0.16	0.00-0.59	<0.16
2407517-001 340701705-002	4/28/2007 11am	100	10 ¹	0.0132	1271.7	None Detected	None Detected	None Detected	0.16	0.00-0.59	<0.16

- Sonicated at (Time): 11:15am to 11:45am on (Date): 4/26/07
- Filtered by: Randy Pruitt on (Date): 4/26/07 at (Time): 11:45am
- Analyzed by: Randy Pruitt on (Date): 4/28/07 from 2:20pm to 2:25pm and 2:25pm to 2:30pm.
- If you have any questions please call us at 407-599-5887.
- EPA number is FL-01176.

Analyst(s)
Randy Pruitt (2)

Dr. Blanca Rodriguez, Ph.D.; Laboratory Manager
or other approved signatory

Sample collection and containers provided by the client, acceptable bottle blank level is defined as <=0.01MFL>10um. ND=None Detected. This report may not be reproduced, except in full, without written permission by EMSL Analytical, Inc. The test results contained within this report meet the requirements of NELAC unless otherwise noted.
ACCREDITATIONS: FL Lab ID: E87804

Harbor Branch Environmental Laboratory

HARBOR BRANCH ENVIRONMENTAL LABORATORY
5600 U. S. 1 North, Ft. Pierce, FL 34946, 772-465-2400 ext. 292
Fax: (772) 467-1584
CHAIN OF CUSTODY RECORD

Form 001A

~~3407~~ 340701705

Receiving Laboratory: EMSL

The samples are to be shipped by 4/25 to arrive on 4/26 TAT: STANDARD

HARBOR BRANCH ENVIRONMENTAL LABORATORY						ANALYSIS REQUIRED				COLLECTION REMARKS		
PROJECT NAME: <u>PALM TRAIL</u>						PRESERVATIVE						
SAMPLE TYPE: Composite = C, Grab = G, Other = O			Preservative: HCl = H, HNO ₃ = N, Na ₂ S ₂ O ₇ = ST, H ₂ SO ₄ = S, NaOH = SH, Unpreserved = U			ASBESTOS	U					
MATRIX: Drinking Water = DW, Groundwater = GW, Surface Water = SW, Wastewater = WW, Soil or solids = S, Waste = W, Oil = O												
Client Code	MATRIX	COLLECTION DATE	TIME	TYPE	HBEL SAMPLE ID	#	Bottles	SAMPLE COMMENTS				
<u>AWF</u>	<u>WW</u>	<u>4/24/07</u>	<u>0815</u>	<u>C</u>	<u>2907516 001</u>	<u>1</u>		* RECEIVED OUT OF HOLDING TIME RUN ANYWAY PER DON HASH <u>AWF</u> 4/26/07				
RELINQUISHED BY: <u>[Signature]</u>		DATE: <u>4/25/07</u>	TIME: <u>1520</u>	RECEIVED BY: <u>[Signature]</u>		DATE: <u>4/26/07</u>	TIME: <u>10:30 AM</u>					
RELINQUISHED BY:		DATE:	TIME:	LABORATORY NAME AND RECEIVED BY:		DATE:	TIME:					

Harbor Branch
Environmental Laboratory

HARBOR BRANCH ENVIRONMENTAL LABORATORY
5600 U. S. 1 North, Ft. Pierce, FL 34946, 772-465-2400 ext. 292
Fax: (772) 467-1584
CHAIN OF CUSTODY RECORD

340701705

Receiving Laboratory: EMSL

The samples are to be shipped by 4/25 to arrive on 4/26 TAT: STANDARD

HARBOR BRANCH ENVIRONMENTAL LABORATORY						ANALYSIS REQUIRED		COLLECTION REMARKS
PROJECT NAME: <u>PAUM TERRACE</u>						PRESERVATIVE		
SAMPLE TYPE: Composite = C, Grab = G, Other = O			Preservative: HCl = H, HNO ₃ = N, Na ₂ S ₂ O ₃ = ST, H ₂ SO ₄ = S, NaOH = SH, Unpreserved = U					SAMPLE COMMENTS
MATRIX: Drinking Water = DW, Groundwater = OW, Surface Water = SW, Wastewater = WW, Soil or solids = S, Waste = W, Oil = O								
Client Code	MATRIX	COLLECTION DATE	TIME	TYPE	HBEL SAMPLE ID	# Bottles		
<u>PLC</u>	<u>WW</u>	<u>4/25/07</u>	<u>0100</u>	<u>C</u>	<u>240751705</u>	<u>1</u>	<u>ASBESTOS</u>	
* RECEIVE OUT OF HOLDING TIME. RUN ANYWAY PER DON HASTH <u>4/26/07</u>								
RELINQUISHED BY: <u>Amanda Sullivan</u>		DATE: <u>4/25/07</u>	TIME: <u>1520</u>	RECEIVED BY: <u>[Signature]</u>		DATE: <u>4/26/07</u>	TIME: <u>1030AM</u>	
RELINQUISHED BY:		DATE:	TIME:	LABORATORY NAME AND RECEIVED BY:		DATE:	TIME:	

DOH Certification #E84025
DEP COMPQAP # 870251



LABORATORY SERVICES

2742 N. Florida Ave.
P.O. Box 1833
Tampa, Florida 33601
(813) 229-2879
Fax (813) 229-0002

Report Date: May 13, 2007

Harbor Branch Environmental Labs
5600 U.S. 1 North
Ft. Pierce, FL 34946

Field Custody: Client
Client/Field ID: 2407576 001
Sample Collection: 4-24-07

Attn: Eric Charest

Lab ID No: 07.4075
Lab Custody Date: 4-26-07
Sample description: WW

CERTIFICATE OF ANALYSIS

Parameter	Units	Results	Analysis Date	Method	Detection Limit
Gross Alpha	pCi/l	1.3 ± 0.3	05-07-07/0800	EPA 00-02	0.3
Radium-226	pCi/l	0.3 ± 0.4	05-09-07/1015	EPA 903.0	1.0
Radium-228	pCi/l	0.0 ± 0.8	05-11-07/1100	EPA Ra-05	1.0

Alpha Standard: Th-230

James W. Hayes
Laboratory Manager

Test results meet all requirements of the NELAC standards.
Contact person (813) 229-2879.

Harbor Branch
Environmental Laboratory

HARBOR BRANCH ENVIRONMENTAL LABORATORY
5600 U. S. 1 North, Ft. Pierce, FL 34946, 772-465-2400 ext. 292
Fax: (772) 467-1584
CHAIN OF CUSTODY RECORD

Form 001A

Receiving Laboratory: KNL

The samples are to be shipped by 4/25 to arrive on 4/26 TAT: STANDARD

From: Heather Cote KNL Labs 8132290002 Date: 5/14/2007 Time: 11:14 am Page: 2 of 2

HARBOR BRANCH ENVIRONMENTAL LABORATORY						ANALYSIS REQUIRED				COLLECTION REMARKS		
PROJECT NAME: <u>PALM TERRACE</u>						PRESERVATIVE						
						N	N					
SAMPLE TYPE: Composite = C, Grab = G, Other = O			Preservative: HCl = H, HNO ₃ = N, Na ₂ S ₂ O ₈ = ST, H ₂ SO ₄ = S, NaOH = SH, Unpreserved = U			GROSS ALPHA-BE	GROSS BETA					
MATRIX: Drinking Water = DW, Groundwater = GW, Surface Water = SW, Wastewater = WW, Soil or solids = S, Waste = W, Oil = O												
Client Code	MATRIX	COLLECTION DATE	TIME	TYPE	HBL SAMPLE ID	#	Bottles				SAMPLE COMMENTS	
<u>AWF</u>	<u>WW</u>	<u>4/25</u>	<u>0815</u>	<u>C</u>	<u>2407516 001</u>	<u>2</u>		<u>X</u>	<u>X</u>		<u>27-407516</u>	
RELINQUISHED BY: <u>Amanda Stike</u>						DATE	TIME	RECEIVED BY:			DATE	TIME
RELINQUISHED BY:						DATE	TIME	LABORATORY NAME AND RECEIVED BY: <u>KNL</u>			DATE	TIME

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Pace Analytical Services, Inc.
1700 Elm Street
Minneapolis, MN 55414
Phone: 612.607.1700
Fax: 612.607.6444

DETERMINATION OF 2,3,7,8-TCDD

Prepared for:
Harbor Branch Environmental Laboratory
Attn: Don Hash
5600 US 1 North
Fl. Pierce, FL 34946



This report contains 11 pages.

The results reported herein conform to the most current NELAC standards, where applicable, unless otherwise narrated in the body of the report.

Project: Palm Terrace

Purchase Order Number: NA

REPORT OF LABORATORY ANALYSIS

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Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

June 27, 2007

Mr. John Lihvarcik, President
Aqua Utilities Florida, Inc.
P.O. Box 490310
Leesburg, FL 34749-0310

Re: Sanitary Survey Report
Palm Terrace
PWS-ID No. 651-1331
Pasco County

Dear Mr. Lihvarcik:

The Department recently discovered some copies of Sanitary Survey Reports may not have been sent out to system owners. Enclosed please find a copy of the Sanitary Survey Report for the above-referenced potable water system. No deficiencies were noted during the inspection.

If you have any questions, please contact me at (813) 632-7600, extension 319.

Sincerely,

Edward Watson
Environmental Specialist III
Drinking Water Section

EW/jb/dm^c

Enclosure

cc: Dennis Muldoon, Certified Operator

DOCUMENT NUMBER - DATE

04323 MAY 22 08

FPSC-COMMISSION CLERK

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

Plant Name PALM TERRACE County Pasco PWS ID # 6511331
 Plant Location _____ Phone _____
 Owner Name Mr. John M Lihvarcik, President Aqua Utilities Phone (941) 915-8778
 Owner Address P.O. Box 490310, Leesburg, FL 34749
 Contact Person Denis Muldoon Title Operator Phone (352)302-9713
 This Survey Date 1/23/07 Last Survey Date 1/27/04 Last C.I. Date 7/30/04

PWS TYPE & CLASS

- Community
 Non-transient Non-community
 Non-Community

PWS STATUS

- Approved system with approval number & date

 Unapproved system

SERVICE AREA CHARACTERISTICS

Residential
 Food Service: Yes No N/A

OPERATION & MAINTENANCE

Certified Operator: Yes No Not required
 Operator(s) & Certification Class-Number
Denis Muldoon C-5982

O & M Log: Yes No Not required
 Operator Visitation Frequency
 Hrs/day: *Required* _____ *Actual* _____
 Days/wk: *Required* N/A *Actual* 3-4/mth
 Non-consecutive Days? Yes No N/A
 MORs submitted regularly? Yes No N/A
 Data missing from MORs? No Yes N/A

Number of Service Connections *1,183
 Population Served *2,543 Basis _____
 Average Day (from MORs) _____ gpd
 Max. Day (from MORs) _____ gpd
 Max-day Design Capacity _____ gpd
 Comments * Data fro January 2007 MOR
* 14 visits made

COMET: SITE ID _____ PROJECT ID _____

RAW WATER SOURCE

- GROUND; Number of Wells NONE
 SURFACE/UDI; Source _____
 PURCHASED from PWS ID # 6511361
 Emergency Water Source _____
 Emergency Water Capacity _____

AUXILIARY POWER SOURCE

- Yes None Not Required
 Source _____
 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 1/2 max-day demand? Yes No Unk
 Comments _____

TREATMENT PROCESSES IN USE

NO re-treatment of the water from the PCUD West
 What additional treatment is needed?
N/A
 For control of what deficiencies?

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
 Meter Size & Type _____
 Backflow Prevention Devices: Yes No
 Cross-connections none noted
 Written Cross-connection Control Program: Yes
 Coliform Sampling Plan: Yes No N/A
 Comments _____

PWS ID # 6511331
 Date 1/23/07

GROUND WATER SOURCE

Well Number	None - N/A			
Year Drilled				
Depth Drilled				
Drilling Method				
Type of Grout				
Static Water Level				
Pumping Water Level				
Design Well Yield				
Test Yield				
Actual Yield (if different than rated capacity)				
Strainer				
Length (outside casing)				
Diameter (outside casing)				
Material (outside casing)				
Well Contamination History				
Is inundation of well possible?				
6' X 6' X 4" Concrete Pad				
SET BACKS	Septic Tank			
	Reuse Water			
	WW Plumbing			
	Other Sanitary Hazard			
PUMP	Type			
	Manufacturer Name			
	Model Number			
	Rated Capacity (gpm)			
	Motor Horsepower			
Well casing 12" above grade?				
Well Casing Sanitary Seal				
Raw Water Sampling Tap				
Above Ground Check Valve				
Fence/Housing				
Well Vent Protection				

COMMENTS ALL WATER (Treated) PROVIDED BY THE PASCO COUNTY UTILITIES - WEST SYSTEM.

PWS ID # 6511331
 Date 1/23/07

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make NONE Capacity gpd
 Chlorine Feed Rate
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant Remote *2.28
 Remote tap location Palm Terrace WW plant
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points
 Booster Pump Info
 Comments * combined residual

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 none Capacity
 Aerator Condition
 Bloodworm Presence
 Visible Algae Growth
 Protective Screen Condition
 Comments

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
 (B) Bladder (C) Clearwell

Tank Type/Number	NONE		
Capacity (gal)			
Material			
Gravity Drain			
By-pass Piping			
Pressure Gauge			
Sight Glass or Level Indicator			
Fittings for Sight Glass			
Protected Openings			
PRV/ARV			
On/Off Pressure			
Access Padlocked			
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments

HIGH SERVICE PUMPS

Pump Number	None		
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments

PWS ID # 6511331
Date 1/23/07

* COMPLIANCE MONITORING CONSECUTIVE (COMMUNITY) PUBLIC WATER SYSTEMS					
CONTAMINANT	No. Samples Required	Sample Location	Frequency	Sample Date	Due Date
Microbiological (Bacte)	2	Distribution	Monthly	Monthly	Monthly
Lead and Copper	10	Home Taps per plan	Annual - during June, July, August or September	2006	2007

*** This is provided as a guide. Test results or rule changes (62-550) may affect this monitoring schedule.**

NOTES:

SAMPLES REQUIRED/SAMPLING LOCATION:

Note A See Rule 62-550.515(1), F.A.C. Each system shall take four consecutive quarterly samples during its assigned year in the system's first compliance period. If no contaminant is detected, the system shall monitor annually during the next three-year compliance period. If still no contaminants are detected, systems shall take one sample during each subsequent three-year compliance period.

If the initial monitoring for contaminants listed in Rule 62-550.310(2)(b), F.A.C., was completed prior to December 31, 1992, then each system shall take one sample annually beginning January 1, 1993.

Note B 4 consecutive quarterly samples. Credit will be given for samples taken before January 1, 1993.

Note C See Rule 62-550.519, F.A.C. Compliance shall be based on the average of analyses of four consecutive quarterly samples. A maximum of two quarterly samples may be composited. Subsequent samples shall be collected once every three years.

Note D Contact the Southwest District's Drinking Water Program at (813) 744-6100 or contact the Florida Rural Water Association.

Note E Contact the Southwest District's Drinking Water Program at (813) 744-6100 to obtain an application for reduced monitoring.

Note F See Rule 62-550.511(4), F.A.C. A system without asbestos-containing components shall certify to the Department in writing, using DEP Form No. 62-555.910(10), that it is asbestos free. Certification shall satisfy subsections (1), (2), and (3) of the referenced rule, and shall be submitted each nine-year compliance cycle during the specified year the system is required to monitor.

Note G See Rule 62-550.521(4), F.A.C. Systems serving less than 150 service connections and serving fewer than 350 persons should notify the Department, by submitting DEP Form No. 62-555.910(11), that their system is available for testing. Normally, these small systems will not be required to monitor for UOCs. Do not send such samples to the Department unless required to do so by the Department.

Note H First quarter samples shall be representative of each well. Subsequent samples shall be taken at each entry point to the distribution system that is representative of each source after treatment.

FREQUENCY:

Note 1 First year of each three-year compliance period (calendar years 1993, 1996, 1999, etc.)

Note 2 Second year of each three-year compliance period (calendar years 1994, 1997, 2000, etc.)

Note 3 Third year of each three-year compliance period (calendar years 1995, 1998, 2001, etc.)

Note 4 First year of the first three-year compliance period (i.e. calendar year 1993)

Note 5 Second year of the first three-year compliance period (i.e. calendar year 1994)

Note 6 Third year of the first three-year compliance period (i.e. calendar year 1995)

Note 7 First year of each nine-year compliance cycle (calendar years 1993, 2002, etc.)

Note 8 Second year of each nine-year compliance cycle (calendar years 1994, 2003, etc.)

Note 9 Third year of each nine-year compliance cycle (calendar years 1995, 2004, etc.)

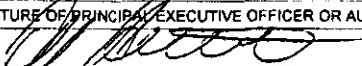
DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA012773	REPORT:	Monthly
MAILING ADDRESS:	1343 N.E. 17th Rd. Ocala, FL 34470	LIMIT:	Final	GROUP:	Domestic
FACILITY:	Palm Terrace Gardens WWTP	CLASS SIZE:	N/A		
LOCATION:	7616 Arbordale Drive Port Richey, FL 34668	MONITORING GROUP NUMBER:	R-001 and R-002		
		MONITORING GROUP DESC:	P/E Ponds and Sprayfield		
		NO DISCHARGE FROM SITE:	<input type="checkbox"/>		
COUNTY:	Pasco	MONITORING PERIOD--From:	01/01/2007	To:	01/31/2007

Parameter		Quantity of Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, total plant to ponds	Sample Measurement	0.113	0.145	mgd				0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.130 (12MADF) ¹	Report (Mo.Avg.)	mgd					Continuous	Flow meters and totalizers
Flow, from ponds to sprayfield	Sample Measurement	0.123	0.135	mgd				0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-02	Permit Requirement	Report (An.Avg.)	Report (Mo.Avg.)	mgd					Continuous	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				103%		%	0	Monthly	Calculated ³
PARM Code 00180 G Mon.Site No. FLW-01	Permit Requirement				Report (3MADF) ²		%		Monthly	Calculated ³
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.5		MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Every two weeks	Rolling 12 Month Avg. ¹
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.3	11.0	MG/L	0	Every two weeks	8-hour FPC
PARM Code 80082 I Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				35.5		MG/L	1	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Every two weeks	Rolling 12 Month Avg. ¹
Solids, Total Suspended	Sample Measurement				13.5	33.0	MG/L	0	Every two weeks	8-hour FPC
PARM Code 00530 I Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour FPC

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)
Don Hostetler / Senior Facilities Operator		352-302-9713	08/04/24

DOCUMENT NUMBER-DATE

04323 MAY 22 8

FPSC-COMMISSION CLERK

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Terrace Gardens WWTP

PERMIT NUMBER: FLA012773

MONITORING GROUP NUMBER: R-001 and R-002

Pasco

MONITORING PERIOD--From: 01/01/2007 To: 01/31/2007

Parameter		Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.4	7.5	S.U.	0	5 Days/Week	Meter/Grab
PARM Code 00400 I Mon.Site No.EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Meter/Grab
Coliform, Fecal	Sample Measurement			2.2		#/100mL	0	Every Two Weeks	Rolling 12 Month Avg. ¹
Parm Code 74055 Y Mon.Site No.EFA-01	Permit Requirement			200 (An.Avg.)		#/100mL		Every Two Weeks	Rolling 12 Month Avg. ¹
Coliform, Fecal	Sample Measurement			1.0	1.0	#/100mL	0	Every Two Weeks	Grab
Parm Code 74055 I Mon.Site No.EFA-01	Permit Requirement			Report (Mo.Geo.Mean)	800 (max)	#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.8		MG/L	0	5 Days/Week	Meter/Grab
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement			0.5 (Min)		MG/L		5 Days/Week	Meter/Grab
Nitrogen,Nitrate, Total (as N)	Sample Measurement				3.3	MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 I Mon.Site No.EFA-01	Permit Requirement				12.0 (max)	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			290		MG/L	0	Monthly	8-hour FPC
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement			Report (Mo.Avg.)		MG/L		Monthly	8-hour FPC
Solids, Total Suspended	Sample Measurement			150		MG/L	0	Monthly	8-hour FPC
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement			Report (Mo.Avg.)		MG/L		Monthly	8-hour FPC

- 1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages. For Fecal Coliform, use the monthly geometric mean.
- 2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
- 3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100. Reported as a percent.
- 4 FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA012773**

 Facility: **Palm Terrace Gardens WWTP**
 County: **Pasco**

 MONITORING PERIOD--From: 01/01/2007 To: 01/31/2007

	Flow (MGD) total plant flow to ponds	Flow (MGD) from ponds to sprayfield	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	50050	80082	74055	00620	00400	00530	50060	80082	00530
Mon. Site	FLW-01	FLW-02	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.280	0.166	11.0			7.5	33.0	2.2	290	150
2	0.123	0.097		1u	3.3	7.5		2.2		
3	0.145	0.140				7.5		2.2		
4	0.133	0.145				7.4		2.0		
5	0.139	0.142				7.5		2.2		
6	0.136	0.145								
7	0.141	0.106								
8	0.141	0.106				7.5		2.2		
9	0.146	0.150				7.5		2.2		
10	0.142	0.147				7.4		2.2		
11	0.114	0.096				7.4		2.2		
12	0.117	0.134				7.4		2.0		
13	0.154	0.133								
14	0.134	0.097								
15	0.134	0.097				7.5		2.0		
16	0.153	0.116				7.5		1.8		
17	0.132	0.144				7.5		2.0		
18	0.137	0.159				7.5		2.2		
19	0.135	0.150				7.5		2.0		
20	0.148	0.172								
21	0.141	0.126								
22	0.141	0.126				7.5	3.2	2.2		
23	0.154	0.158		1u		7.5		2.2		
24	0.132	0.148				7.5		2.2		
25	0.154	0.144				7.5		2.2		
26	0.137	0.133				7.5		2.2		
27	0.208	0.128								
28	0.120	0.143								
29	0.120	0.143	7.6			7.5	4.4	2.2		
30	0.158	0.149		1u	2.5	7.5		2.2		
31	0.143	0.135				7.5		2.2		

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8035 </u>	Name: <u> Don Hostetler </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

 Type of Effluent Disposal or Reclaimed Water Reuse: Evap. / Perc. Ponds & Spray Irrigation
 Limited Wet Weather Discharge Activated: Yes No Not Applicable: yes, cumulative days of wet weather discharge _____

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

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

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 1343 N. E. 17th Rd.
 Ocala, Fl. 34470

PERMIT NUMBER: FLA012773
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Terrace Gardens WWTP
 LOCATION: 7616 Arbordale Drive
 Port Richey, FL 34668


MONITORING GROUP NUMBER: R-001 and R-002
 MONITORING GROUP DESC: P/E Ponds and Sprayfield
 NO DISCHARGE FROM SITE:

COUNTY: Pasco

MONITORING PERIOD--From: 02/01/2007 To: 02/28/2007

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, total plant to ponds	Sample Measurement	0.121	0.086	mgd					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.130 (12MADF) ¹	Report (Mo.Avg.)	mgd						Continuous	Flow meters and totalizers
Flow, from ponds to sprayfield	Sample Measurement	0.114	0.126	mgd					0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-02	Permit Requirement	Report (An.Avg.)	Report (Mo.Avg.)	mgd						Continuous	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				93%			%	0	Monthly	Calculated ³
PARM Code 00180 G Mon.Site No. FLW-01	Permit Requirement				Report (3MADF) ²			%		Monthly	Calculated ³
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.1			MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Every two weeks	Rolling 12 Month Avg. ¹
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.6	7.6		MG/L	0	Every two weeks	8-hour FPC
PARM Code 80082 I Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				16.8			MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Every two weeks	Rolling 12 Month Avg. ¹
Solids, Total Suspended	Sample Measurement				6.1	6.2		MG/L	0	Every two weeks	8-hour FPC
PARM Code 00530 I Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour FPC

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)
Don Hostetler / Senior Facilities Operator		352-302-9713	08/04/24

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Terrace Gardens WWTP

PERMIT NUMBER: FLA012773

MONITORING GROUP NUMBER: R-001 and R-002

Pasco

MONITORING PERIOD--From: 02/01/2007 To: 02/28/2007

Parameter	Sample Measurement	Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.4	7.5	S.U.	0	5 Days/Week	Meter/Grab
PARM Code 00400 I Mon. Site No. EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Meter/Grab
Coliform, Fecal	Sample Measurement			2.3		#/100mL	0	Every Two Weeks	Rolling 12 Month Avg. ¹
Parm Code 74055 Y Mon. Site No. EFA-01	Permit Requirement			200 (An. Avg.)		#/100mL		Every Two Weeks	Rolling 12 Month Avg. ¹
Coliform, Fecal	Sample Measurement			1.0	1.0	#/100mL	0	Every Two Weeks	Grab
Parm Code 74055 I Mon. Site No. EFA-01	Permit Requirement			Report (Mo. Geo. Mean)	800 (max)	#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.0		MG/L	0	5 Days/Week	Meter/Grab
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement			0.5 (Min)		MG/L		5 Days/Week	Meter/Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.3	MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 I Mon. Site No. EFA-01	Permit Requirement				12.0 (max)	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			180		MG/L	0	Monthly	8-hour FPC
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement			Report (Mo. Avg.)		MG/L		Monthly	8-hour FPC
Solids, Total Suspended	Sample Measurement			98		MG/L	0	Monthly	8-hour FPC
PARM Code 90530 G Mon. Site No. INF-01	Permit Requirement			Report (Mo. Avg.)		MG/L		Monthly	8-hour FPC

- 1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages. For Fecal Coliform, use the monthly geometric mean.
- 2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
- 3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100. Reported as a percent.
- 4 FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012773

 Facility: Palm Terrace Gardens WWTP
 County: Pasco

MONITORING PERIOD--From: 02/01/2007 To: 02/28/2007

	Flow (MGD) total plant flow to ponds	Flow (MGD) from ponds to sprayfield	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	
Code	50050	50050	80082	74055	00620	00400	00530	50060	80082	00530	
Mon.Site	FLW-01	FLW-02	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01	
1	0.079	0.129				7.5		2.2			
2	0.054	0.109				7.5		2.0			
3	0.135	0.179									
4	0.102	0.134									
5	0.102	0.134				7.5		2.2			
6	0.087	0.126				7.5		2.2			
7	0.079	0.134				7.4		2.0			
8	0.058	0.152				7.4		2.1			
9	0.049	0.141				7.4		2.0			
10	0.042	0.139									
11	0.066	0.089									
12	0.066	0.089	3.5			7.4		2.0	180	98	
13	0.037	0.104		1.0	0.3	7.5		2.2			
14	0.104	0.096				7.5		2.2			
15	0.074	0.106				7.5		2.2			
16	0.104	0.135				7.5		2.2			
17	0.114	0.178									
18	0.097	0.102									
19	0.097	0.102				7.5		2.2			
20	0.101	0.137				7.5		2.2			
21	0.092	0.117				7.5		2.2			
22	0.100	0.144				7.5		2.2			
23	0.091	0.125				7.5		2.2			
24	0.101	0.139									
25	0.103	0.099									
26	0.103	0.099	7.6			7.5	6.0	2.2			
27	0.118	0.182		1.0	0.1	7.5		2.2			
28	0.062	0.111				7.5		2.2			
29											
30											
31											

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8035 </u>	Name: <u> Don Hostetler </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

Type of Effluent Disposal or Reclaimed Water Reuse: Perc/ Ponds & Spray Irrigation

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

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

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

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2500 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 1343 N.E. 17th Rd.
 Ocala, Fl. 34470

PERMIT NUMBER: FLA012773
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Terrace Gardens WWTP
 LOCATION: 7616 Arbordale Drive
 Port Richey, FL 34668

MONITORING GROUP NUMBER: R-001 and R-002
 MONITORING GROUP DESC: P/E Ponds and Sprayfield
 NO DISCHARGE FROM SITE:

COUNTY: Pasco

MONITORING PERIOD-From: 03/01/2007 To: 03/31/2007

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency		Sample Type
					No.	of	
Flow, total plant to ponds	Sample Measurement	0.122	0.135	mgd	0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.130 (12MADF) ¹	Report (Mo.Avg.)	mgd		Continuous	Flow meters and totalizers
Flow, from ponds to sprayfield	Sample Measurement	0.115	0.125	mgd	0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-02	Permit Requirement	Report (An.Avg.)	Report (Mo.Avg.)	mgd		Continuous	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement			94%	0	Monthly	Calculated ³
PARM Code 00180 G Mon.Site No. FLW-01	Permit Requirement			Report (3MADF) ²		Monthly	Calculated ³
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8.1	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)		Every two weeks	Rolling 12 Month Avg. ¹
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.0	0	Every two weeks	8-hour FPC
PARM Code 80082 I Mon.Site No.EFA-01	Permit Requirement			30.0 (Mo. Avg.)		Every two weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			16.3	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)		Every two weeks	Rolling 12 Month Avg. ¹
Solids, Total Suspended	Sample Measurement			3.1	0	Every two weeks	8-hour FPC
PARM Code 00530 I Mon.Site No.EFA-01	Permit Requirement			30.0 (Mo. Avg.)		Every two weeks	8-hour FPC

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

Don Hosteller Facilities operator

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE NO.

352-302-9713

DATE (YY/MM/DD)

08/05/01

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Terrace Gardens WWTP

PERMIT NUMBER: FLA012773

MONITORING GROUP NUMBER: R-001 and R-002

Pasco

P.2

Parameter		MONITORING PERIOD--From:		To:		Units	Frequency of Analysis	Sample Type
		03/01/2007	03/31/2007	03/01/2007	03/31/2007			
		Quantity of Loading	Units	Quality or Concentration			No. Ex.	
pH	Sample Measurement		7.4	7.5		S.U.	0	Meter/Grab
PARM Code 00400 Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)		S.U.		Meter/Grab
Coliform, Fecal	Sample Measurement		2.3			#/100mL	0	Rolling 12 Month Avg. ¹
ParM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)			#/100mL		Rolling 12 Month Avg. ¹
Coliform, Fecal	Sample Measurement		1.0	1.0		#/100mL	0	Grab
ParM Code 74055 Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (max)		#/100mL		Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		2.0			MG/L	0	Meter/Grab
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement		0.5 (Min)			MG/L		Meter/Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			4.7		MG/L	0	8-hour FPC
PARM Code 00020 Mon. Site No. EFA-01	Permit Requirement			12.0 (max)		MG/L		8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement					MG/L	0	8-hour FPC
PARM Code 60082 G Mon. Site No. INF-01	Permit Requirement		140 Report (Mo. Avg.)			MG/L		8-hour FPC
Solids, Total Suspended	Sample Measurement					MG/L	0	8-hour FPC
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		120 Report (Mo. Avg.)			MG/L		8-hour FPC

- 1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages. For Fecal Coliform, use the monthly geometric mean.
- 2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
- 3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100. Reported as a percent.
- 4 FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA012773**

 Facility: **Palm Terrace Gardens WWTP**
 County: **Pasco**

 MONITORING PERIOD-From: 03/01/2007 To: 03/31/2007

Code	Flow (MGD) total plant flow to ponds	Flow (MGD) from ponds to sprayfield	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Mon Site	50050	50050	80082	74055	00620	00400	00530	50060	80082	00530
	FLW-01	FLW-02	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.137	0.140				7.5		2.2		
2	0.122	0.112				7.5		2.2		
3	0.163	0.145								
4	0.139	0.112								
5	0.139	0.112				7.5		2.2		
6	0.152	0.167				7.5		2.2		
7	0.121	0.126				7.5		2.2		
8	0.105	0.142				7.5		2.2		
9	0.139	0.162				7.5		2.2		
10	0.139	0.152								
11	0.121	0.102								
12	0.121	0.102	2.5			7.5	3.1	2.2	140	120
13	0.161	0.165		1.0	4.7	7.4		2.0		
14	0.129	0.133				7.5		2.2		
15	0.115	0.116				7.5		2.2		
16	0.139	0.101				7.5		2.2		
17	0.147	0.124								
18	0.147	0.124								
19	0.125	0.112				7.5		2.2		
20	0.153	0.125				7.5		2.2		
21	0.111	0.133				7.5		2.2		
22	0.142	0.109				7.4		2.0		
23	0.126	0.103				7.5		2.2		
24	0.144	0.135								
25	0.142	0.097								
26	0.142	0.097				7.5		2.2		
27	0.135	0.137	5.5			7.5	3.1	2.2		
28	0.123	0.122		1.0	0.2	7.5		2.2		
29	0.122	0.123				7.5		2.2		
30	0.132	0.116				7.5		2.2		
31	0.145	0.123								

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8035 </u>	Name: <u> Don Hosteller </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

Type of Effluent Disposal or Reclaimed Water Reuse: Evap. / Perc. Ponds & Spray Irrigation

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

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

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

Version 5/18/98

PA File No. FLA012773-002-DW2P

Version 2-9-04

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 1343 N. E. 17th Rd.
 Ocala, Fl. 34470

PERMIT NUMBER: FLA012773
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Terrace Gardens WWTP
 LOCATION: 7616 Arbordale Drive
 Port Richey, FL 34668

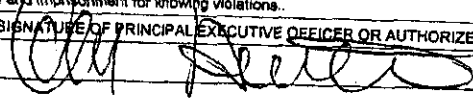
MONITORING GROUP NUMBER: R-001 and R-002
 MONITORING GROUP DESC: P/E Ponds and Sprayfield
 NO DISCHARGE FROM SITE:

COUNTY: Pasco

MONITORING PERIOD-From: 04/01/2007 To: 04/30/2007

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		0.123	0.132								
Flow, total plant to ponds	Sample Measurement	0.123	0.132	mgd					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.130 (12MADF) ¹	Report (Mo.Avg.)	mgd						Continuous	Flow meters and totalizers
Flow, from ponds to sprayfield	Sample Measurement	0.114	0.117	mgd					0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-02	Permit Requirement	Report (An.Avg.)	Report (Mo.Avg.)	mgd						Continuous	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				91%			%	0	Monthly	Calculated ³
PARM Code 00180 G Mon.Site No. FLW-01	Permit Requirement				Report (3MADF) ²			%		Monthly	Calculated ³
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.7			MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Every two weeks	Rolling 12 Month Avg. ¹
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2	2.4		MG/L	0	Every two weeks	8-hour FPC
PARM Code 80082 I Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				15.7			MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Every two weeks	Rolling 12 Month Avg. ¹
Solids, Total Suspended	Sample Measurement				7.0	11.0		MG/L	0	Every two weeks	8-hour FPC
PARM Code 00530 I Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour FPC

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)
Don Hostetler / Senior Facilities Operator		352-302-9713	07/05/21

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Terrace Gardens WWTP

PERMIT NUMBER: FLA012773

MONITORING GROUP NUMBER: R-001 and R-002

Pasco

MONITORING PERIOD--From: 04/01/2007 To: 04/30/2007

Parameter	Quantity of 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	Meter/Grab
PARM Code 00400 I Mon.Site No.EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Meter/Grab
Coliform, Fecal	Sample Measurement		2.3		#/100mL	0	Every Two Weeks	Rolling 12 Month Avg. ¹
ParM Code 74055 Y Mon.Site No.EFA-01	Permit Requirement		200 (An.Avg.)		#/100mL		Every Two Weeks	Rolling 12 Month Avg. ¹
Coliform, Fecal	Sample Measurement		1.0	1.0	#/100mL	0	Every Two Weeks	Grab
ParM Code 74055 I Mon.Site No.EFA-01	Permit Requirement		Report (Mo.Geo.Mean)	800 (max)	#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.7		MG/L	0	5 Days/Week	Meter/Grab
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement		0.5 (Min)		MG/L		5 Days/Week	Meter/Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.8	MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 I Mon.Site No.EFA-01	Permit Requirement			12.0 (max)	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement		150		MG/L	0	Monthly	8-hour FPC
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement		Report (Mo.Avg.)		MG/L		Monthly	8-hour FPC
Solids, Total Suspended	Sample Measurement		140		MG/L	0	Monthly	8-hour FPC
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement		Report (Mo.Avg.)		MG/L		Monthly	8-hour FPC

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages. For Fecal Coliform, use the monthly geometric mean.

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

3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100. Reported as a percent.

4 FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012773

Facility: Palm Terrace Gardens WWTP
County: Pasco

MONITORING PERIOD—From: 04/01/2007 To: 04/30/2007

Code	Flow (MGD) total plant flow to ponds	Flow (MGD) from ponds to sprayfield	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Mon. Site	FLW-01	FLW-02	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	80082	00530
1	0.138	0.062								
2	0.114	0.062				7.5		2.2		
3	0.146	0.152				7.5		2.2		
4	0.115	0.131				7.5		2.2		
5	0.143	0.146				7.5		2.2		
6	0.133	0.126				7.5		2.2		
7	0.163	0.134								
8	0.152	0.132								
9	0.128	0.132	2.4			7.5	11.0	2.2	150	140
10	0.134	0.121		1.0	0.8	7.5		2.2		
11	0.132	0.107				7.5		2.2		
12	0.133	0.122				7.5		2.2		
13	0.121	0.121				7.5		2.2		
14	0.141	0.108								
15	0.150	0.092								
16	0.126	0.092				7.4		2.2		
17	0.130	0.127				7.4		2.2		
18	0.126	0.132				7.5		2.2		
19	0.137	0.144				7.5		2.2		
20	0.107	0.097				7.5		2.2		
21	0.130	0.133								
22	0.146	0.102								
23	0.122	0.102	2u	1.0	0.1	7.5	3.0	2.2		
24	0.140	0.092				7.5		2.2		
25	0.112	0.127				7.5		2.2		
26	0.124	0.130				7.5		2.2		
27	0.125	0.104				7.5		2.2		
28	0.161	0.144								
29		0.114								
30	0.108	0.114								
31						7.7		1.7		

PLANT STAFFING:

Lead Operator	Class: <u>B</u>	Certification No.: <u>8035</u>	Name: <u>Don Hostetler</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Chief Day Operator	Class: _____	Certification No.: _____	Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse: Perc/ Ponds & Spray Irrigation
 Limited Wet Weather Discharge Activated: Yes No Not Applicable: yes, cumulative days of wet weather discharge _____

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

DEP Form 62-620.910(10), Effective November 29, 1994
Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 1343 N.E. 17th Rd.
 Ocala, FL 34470

PERMIT NUMBER: FLA012773
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Terrace Gardens WWTP
 LOCATION: 7616 Arbordale Drive
 Port Richey, FL 34668

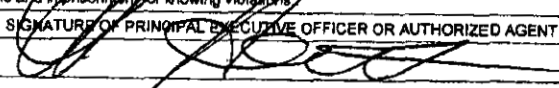
MONITORING GROUP NUMBER: R-001 and R-002
 MONITORING GROUP DESC: P/E Ponds and Sprayfield
 NO DISCHARGE FROM SITE:

COUNTY: Pasco

MONITORING PERIOD—From: 05/01/2007 To: 05/31/2007

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, total plant to ponds	Sample Measurement	0.122	0.126	mgd				0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.130 (12MADF) ¹	Report (Mo.Avg.)	mgd					Continuous	Flow meters and totalizers
Flow, from ponds to sprayfield	Sample Measurement	0.113	0.106	mgd				0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-02	Permit Requirement	Report (An.Avg.)	Report (Mo.Avg.)	mgd					Continuous	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				88%		%	0	Monthly	Calculated ³
PARM Code 00180 G Mon.Site No. FLW-01	Permit Requirement				Report (3MADF) ²		%		Monthly	Calculated ³
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.6		MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Every two weeks	Rolling 12 Month Avg. ¹
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.5	3.0	MG/L	0	Every two weeks	8-hour FPC
PARM Code 80082 I Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				15.8		MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Every two weeks	Rolling 12 Month Avg. ¹
Solids, Total Suspended	Sample Measurement				4.2	4.8	MG/L	0	Every two weeks	8-hour FPC
PARM Code 00530 I Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour FPC

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)
Don Hostetler / Senior Facilities Operator		352-302-9713	07/06/21

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Terrace Gardens WWTP

PERMIT NUMBER: FLA012773

MONITORING GROUP NUMBER: R-001 and R-002

Pasco

MONITORING PERIOD--From: 05/01/2007 To: 05/31/2007

Parameter	Quantity of 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	Meter/Grab
PARM Code 00400 I Mon.Site No.EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Meter/Grab
Coliform, Fecal	Sample Measurement		2.3		#/100mL	0	Every Two Weeks	Rolling 12 Month Avg. ¹
Parm Code 74055 Y Mon.Site No.EFA-01	Permit Requirement		200 (An.Avg.)		#/100mL		Every Two Weeks	Rolling 12 Month Avg. ¹
Coliform, Fecal	Sample Measurement		1.0	1.0	#/100mL	0	Every Two Weeks	Grab
Parm Code 74055 I Mon.Site No.EFA-01	Permit Requirement		Report (Mo.Geo.Mean)	800 (max)	#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.5		MG/L	0	5 Days/Week	Meter/Grab
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement		0.5 (Min)		MG/L		5 Days/Week	Meter/Grab
Nitrogen,Nitrate, Total (as N)	Sample Measurement			0.2	MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 I Mon.Site No.EFA-01	Permit Requirement			12.0 (max)	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement		410		MG/L	0	Monthly	8-hour FPC
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement		Report (Mo.Avg.)		MG/L		Monthly	8-hour FPC
Solids, Total Suspended	Sample Measurement		360		MG/L	0	Monthly	8-hour FPC
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement		Report (Mo.Avg.)		MG/L		Monthly	8-hour FPC

¹ Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages. For Fecal Coliform, use the monthly geometric mean.

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

³ The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100. Reported as a percent.

⁴ FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012773

 Facility: Palm Terrace Gardens WWTP
 County: Pasco

MONITORING PERIOD—From: 05/01/2007 To: 05/31/2007

	Flow (MGD) total plant flow to ponds	Flow (MGD) from ponds to sprayfield	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	
Code	50050	50050	80082	74055	00620	00400	00530	50060	80082	00530	
Mon.Site	FLW-01	FLW-02	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01	
1	0.124	0.123				7.5		2.2			
2	0.128	0.124				7.5		2.2			
3	0.113	0.121				7.5		2.2			
4	0.136	0.127				7.5		2.2			
5	0.113	0.107									
6	0.138	0.100									
7	0.138	0.100	3.0			7.5	4.8	2.2	410	360	
8	0.129	0.119		1.0	0.2	7.5		2.2			
9	0.123	0.119				7.5		2.2			
10	0.126	0.129				7.5		2.2			
11	0.132	0.122				7.5		2.2			
12	0.130	0.126									
13	0.129	0.108									
14	0.129	0.108				7.5		2.2			
15	0.131	0.137				7.5		2.2			
16	0.116	0.107				7.5		2.2			
17	0.126	0.112				7.5		2.2			
18	0.121	0.124				7.5		2.2			
19	0.136	0.108									
20	0.131	0.089									
21	0.131	0.089				7.5		2.2			
22	0.123	0.127	2u	1.0		7.5	3.5	2.2			
23	0.114	0.101				7.5		2.2			
24	0.124	0.118				7.5		2.2			
25	0.168	0.134				7.6		2.2			
26	0.104	0.064				7.4		1.5			
27	0.146	0.063									
28	0.146	0.063				7.5		2.2			
29	0.060	0.017				7.5		2.2			
30	0.133	0.110				7.5		2.2			
31	0.110	0.105				7.4		2.0			

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8035 </u>	Name: <u> Don Hostetter </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

Type of Effluent Disposal or Reclaimed Water Reuse: Evap. / Perc. Ponds & Spray Irrigation

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

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

 DEP Form 62-620.910(10), Effective November 29, 1994
 Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 1343 N. E. 17th Rd.
 Ocala, Fl. 34470

PERMIT NUMBER: FLA012773
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Terrace Gardens WWTP
 LOCATION: 7616 Arbordale Drive
 Port Richey, FL 34668

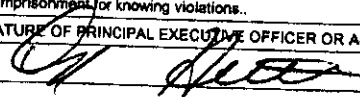
MONITORING GROUP NUMBER: R-001 and R-002
 MONITORING GROUP DESC: P/E Ponds and Sprayfield
 NO DISCHARGE FROM SITE:

COUNTY: Pasco

MONITORING PERIOD-From: 06/01/2007 To: 06/30/2007

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		0.122	0.122								
Flow, total plant to ponds	Sample Measurement	0.122	0.122	mgd					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.130 (12MADF) ¹	Report (Mo.Avg.)	mgd						Continuous	Flow meters and totalizers
Flow, from ponds to sprayfield	Sample Measurement	0.112	0.102	mgd					0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-02	Permit Requirement	Report (An.Avg.)	Report (Mo.Avg.)	mgd						Continuous	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				97%			%	0	Monthly	Calculated ³
PARM Code 00180 G Mon.Site No. FLW-01	Permit Requirement				Report (3MADF) ²			%		Monthly	Calculated ³
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.7			MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Every two weeks	Rolling 12 Month Avg. ¹
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.6		6.3	MG/L	0	Every two weeks	8-hour FPC
PARM Code 80082 I Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)		60.0 (Max.)	MG/L		Every two weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				15.5			MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Every two weeks	Rolling 12 Month Avg. ¹
Solids, Total Suspended	Sample Measurement				7.1		9.2	MG/L	0	Every two weeks	8-hour FPC
PARM Code 00530 I Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)		60.0 (Max.)	MG/L		Every two weeks	8-hour FPC

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)
Don Hostetler / Senior Facilities Operator		352-302-9713	07/07/24

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Terrace Gardens WWTP

PERMIT NUMBER: FLA012773

MONITORING GROUP NUMBER: R-001 and R-002

Pasco

MONITORING PERIOD--From: 06/01/2007 To: 06/30/2007

Parameter		Quantity of 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	Meter/Grab
PARM Code 00400 I Mon.Site No.EFA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Meter/Grab
Coliform, Fecal	Sample Measurement			1.2		#/100mL	0	Every Two Weeks	Rolling 12 Month Avg. ¹
Parm Code 74055 Y Mon.Site No.EFA-01	Permit Requirement			200 (An.Avg.)		#/100mL		Every Two Weeks	Rolling 12 Month Avg. ¹
Coliform, Fecal	Sample Measurement			1.0	1.0	#/100mL	0	Every Two Weeks	Grab
Parm Code 74055 I Mon.Site No.EFA-01	Permit Requirement			Report (Mo.Geo.Mean)	800 (max)	#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.0		MG/L	0	5 Days/Week	Meter/Grab
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement			0.5 (Min)		MG/L		5 Days/Week	Meter/Grab
Nitrogen,Nitrate, Total (as N)	Sample Measurement				0.1	MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 I Mon.Site No.EFA-01	Permit Requirement				12.0 (max)	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			420		MG/L	0	Monthly	8-hour FPC
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement			Report (Mo.Avg.)		MG/L		Monthly	8-hour FPC
Solids, Total Suspended	Sample Measurement			130		MG/L	0	Monthly	8-hour FPC
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement			Report (Mo.Avg.)		MG/L		Monthly	8-hour FPC

- 1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages. For Fecal Coliform, use the monthly geometric mean.
- 2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
- 3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100. Reported as a percent.
- 4 FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA012773

 Facility: Palm Terrace Gardens WWTP
 County: Pasco

 MONITORING PERIOD—From: 06/01/2007 To: 06/30/2007

	Flow (MGD) total plant flow to ponds	Flow (MGD) from ponds to sprayfield	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	50050	80082	74055	00620	00400	00530	50060	80082	00530
Mon. Site	FLW-01	FLW-02	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.108	0.103				7.5		2.2		
2	0.268	0.216				7.5		2.2		
3	0.120	0.093								
4	0.120	0.093	6.3			7.5	5.0	2.2		130
5	0.141	0.143		1.0	0.1	7.5		2.2		
6	0.121	0.107				7.5		2.2		
7	0.140	0.123				7.5		2.2		
8	0.101	0.090				7.5		2.2		
9	0.152	0.115								
10	0.124	0.101								
11	0.124	0.101				7.5		2.2		
12	0.138	0.119				7.5		2.2		
13	0.113	0.098				7.5		2.2		
14	0.120	0.112				7.5		2.2		
15	0.116	0.112				7.5		2.2		
16	0.113	0.019								
17	0.113	0.010								
18	0.113	0.010	2.8			7.5	9.2	2.2		
19	0.123	0.125		1.0	0.06u	7.5		2.2		
20	0.124	0.143				7.5		2.2		
21	0.104	0.117				7.5		2.2		
22	0.112	0.129				7.6		2.0		
23	0.102	0.106				7.4		2.2		
24	0.129	0.089								
25	0.129	0.089				7.5		2.2		
26	0.105	0.096				7.5		2.2		
27	0.112	0.110				7.6		2.2		
28	0.133	0.120				7.5		2.2		
29	0.118	0.115				7.5		2.2		
30	0.149	0.148								
31										

PLANT STAFFING:

Lead Operator	Class: <u>B</u>	Certification No.: <u>8035</u>	Name: <u>Don Hostetter</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Chief Day Operator	Class: _____	Certification No.: _____	Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse: Perc/ Ponds & Spray Irrigation

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

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

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

Version 5/18/98

GROUNDWATER MONITORING REPORT - PART D

County: Pasco
 Facility Name: Palm Terrace Gardens WWTP
 Permit Number: FLA012773

Monitoring Well ID: MWC-01
 Well Type: Compliance
 Description: Formerly EN2WS

Monitoring Period: From: 1/1/2007 To: 5/30/2007

Date Sample Obtained: 5/7/2007
 15.31

Was the well purged before sampling? Yes NO

Time Sample Obtained: _____

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545	9	Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Solids, Total Dissolved (TDS)	70295	520	500	MG/L	Single Sample	Quarterly	1	EPA 160.1		
Chloride as (Cl)	00940	110	250	MG/L	Single Sample	Quarterly	0.1	EPA 200.9		
Sodium, Dissolved	00930	110	160	MG/L	Single Sample	Quarterly	1	EPA 200.9		
Cadmium	01113	0.0010u	5	UG/L	Single Sample	Quarterly				
Chromium	01118	0.0018u	100	UG/L	Single Sample	Quarterly				
Lead	01114	0.0030u	15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055	1u	4	#/100ML	Single Sample	Quarterly	1	SM 9222D		
pH	00400	6.84	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	SM 4500H+B		
Sulfate, Total	00945	4.1	250	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Turbidity	00070	1.09	1	NTU	Single Sample	Quarterly	1	EPA 200.9		
Specific Conductance	00095	788.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	EPA300.0		
Temperature (C), Water	00010	22.80	Report	DEG.C	Single Sample	Quarterly	1	SM 2510B		

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 Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler		352-302-9713	17/07/07

Comments and Explanations (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

County: Pasco
 Facility Name: Palm Terrace Gardens WWTP
 Permit Number: FLA012773

Monitoring Well ID: MWC-02
 Well Type: Compliance
 Description: Formerly EN3WS

Monitoring Period: From: 1/1/2007 To: 5/30/2007

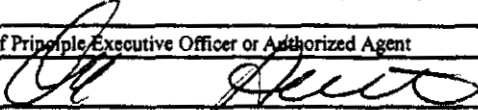
Date Sample Obtained: 5/7/2007
15.06

Was the well purged before sampling? Yes NO

Time Sample Obtained: _____

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545	11.85	Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620	2.9	10	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Solids, Total Dissolved (TDS)	70295	390	500	MG/L	Single Sample	Quarterly	1	EPA 160.1		
Chloride as (Cl)	00940	45	250	MG/L	Single Sample	Quarterly	0.1	EPA 200.9		
Sodium, Dissolved	00930	33	160	MG/L	Single Sample	Quarterly	1	EPA 200.9		
Cadmium	01113	0.0010u	5	UG/L	Single Sample	Quarterly				
Chromium	01118	0.0018u	100	UG/L	Single Sample	Quarterly				
Lead	01114	0.0030u	15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055	1.0u	4	#/100ML	Single Sample	Quarterly	1	SM 9222D		
pH	00400	7.03	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	SM 4500H+B		
Sulfate, Total	00945	13	250	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Turbidity	00070	0.64	1	NTU	Single Sample	Quarterly	1	EPA 200.9		
Specific Conductance	00095	521.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	EPA300.0		
Temperature (C), Water	00010	24.90	Report	DEG.C	Single Sample	Quarterly	1	SM 2510B		

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 Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Dennis Muldoon - Chief Operator		352-302-9713	17/07/07

Comments and Explanations (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

County: Pasco
 Facility Name: Palm Terrace Gardens WWTP
 Permit Number: FLA012773

Monitoring Well ID: MWC-03
 Well Type: Compliance
 Description: Formerly EN5WS

Monitoring Period: From: 1/1/2007 To: 5/30/2007

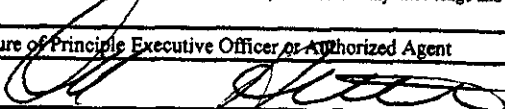
Date Sample Obtained: 5/7/2007 13.55

Was the well purged before sampling? Yes NO

Time Sample Obtained: _____

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545	8.35	Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Solids, Total Dissolved (TDS)	70295	630	500	MG/L	Single Sample	Quarterly	1	EPA 160.1		
Chloride as (Cl)	00940	130	250	MG/L	Single Sample	Quarterly	0.1	EPA 200.9		
Sodium, Dissolved	00930	120	160	MG/L	Single Sample	Quarterly	1	EPA 200.9		
Cadmium	01113	0.0010u	5	UG/L	Single Sample	Quarterly				
Chromium	01118	0.0018u	100	UG/L	Single Sample	Quarterly				
Lead	01114	0.0030u	15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055	1.0u	4	#/100ML	Single Sample	Quarterly	1	SM 9222D		
pH	00400	6.83	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	SM 4500H+B		
Sulfate, Total	00945	2.5u	250	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Turbidity	00070	1.85	1	NTU	Single Sample	Quarterly	1	EPA 200.9		
Specific Conductance	00095	1026.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	EPA300.0		
Temperature (C), Water	00010	23.20	Report	DEG.C	Single Sample	Quarterly	1	SM 2510B		

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 Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Dennis Muldoon - Chief Operator		352-302-9713	17/07/07

Comments and Explanations (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

County: Pasco
 Facility Name: Palm Terrace Gardens WWTP
 Permit Number: FLA012773

Monitoring Well ID: MWC-04
 Well Type: Compliance
 Description: Formerly EN6WS

Monitoring Period: From: 1/1/2007 To: 5/30/2007

Date Sample Obtained: 5/7/2007
 12.31

Was the well purged before sampling? Yes NO

Time Sample Obtained: _____

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545	10.15	Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620	1.4	10	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Solids, Total Dissolved (TDS)	70295	160	500	MG/L	Single Sample	Quarterly	1	EPA 160.1		
Chloride as (Cl)	00940	7.5u	250	MG/L	Single Sample	Quarterly	0.1	EPA 200.9		
Sodium, Dissolved	00930	3.7	160	MG/L	Single Sample	Quarterly	1	EPA 200.9		
Cadmium	01113	0.0010u	5	UG/L	Single Sample	Quarterly				
Chromium	01118	0.0018u	100	UG/L	Single Sample	Quarterly				
Lead	01114	0.0030u	15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055	1.0u	4	#/100ML	Single Sample	Quarterly	1	SM 9222D		
pH	00400	6.96	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	SM 4500H+B		
Sulfate, Total	00945	4.9	250	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Turbidity	00070	3.24	1	NTU	Single Sample	Quarterly	1	EPA 200.9		
Specific Conductance	00095	183.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	EPA300.0		
Temperature (C), Water	00010	23.30	Report	DEG.C	Single Sample	Quarterly	1	SM 2510B		

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Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler		352-302-9713	17/07/07

Comments and Explanations (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

County: Pasco
 Facility Name: Palm Terrace Gardens WWTP
 Permit Number: FLA012773

Monitoring Well ID: MWB-01
 Well Type: Background
 Description: Formerly EN1WS

Monitoring Period: From: 1/1/2007 To: 5/30/2007

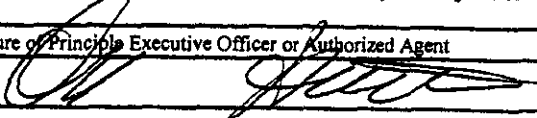
Date Sample Obtained: 5/7/2007
 16.27

Was the well purged before sampling? Yes NO

Time Sample Obtained: _____

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545	9.2	Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620	1.0	10	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Solids, Total Dissolved (TDS)	70295	550	500	MG/L	Single Sample	Quarterly	1	EPA 160.1		
Chloride as (Cl)	00940	130	250	MG/L	Single Sample	Quarterly	0.1	EPA 200.9		
Sodium, Dissolved	00930	120	160	MG/L	Single Sample	Quarterly	1	EPA 200.9		
Cadmium	01113	0.0010u	5	UG/L	Single Sample	Quarterly				
Chromium	01118	0.0018u	100	UG/L	Single Sample	Quarterly				
Lead	01114	0.0030u	15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055	1.0u	4	#/100ML	Single Sample	Quarterly	1	SM 9222D		
pH	00400	6.82	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	SM 4500H+B		
Sulfate, Total	00945	21	250	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Turbidity	00070	1.17	1	NTU	Single Sample	Quarterly	1	EPA 200.9		
Specific Conductance	00095	820.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	EPA300.0		
Temperature (C), Water	00010	22.90	Report	DEG.C	Single Sample	Quarterly	1	SM 2510B		

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Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Dennis Muldoon - Chief Operator		352-302-9713	17/07/07

Comments and Explanations (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

County: Pasco
 Facility Name: Palm Terrace Gardens WWTP
 Permit Number: FLA012773

Monitoring Well ID: MWB-02
 Well Type: Background
 Description: Formerly EN4WS

Monitoring Period: From: 1/1/2007 To: 5/30/2007

Date Sample Obtained: 5/7/2007 13.13

Was the well purged before sampling? Yes NO

Time Sample Obtained: _____

Parameter	PARAM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545	11.3	Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620	0.71	10	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Solids, Total Dissolved (TDS)	70295	580	500	MG/L	Single Sample	Quarterly	1	EPA 160.1		
Chloride as (Cl)	00940	120	250	MG/L	Single Sample	Quarterly	0.1	EPA 200.9		
Sodium, Dissolved	00930	110	160	MG/L	Single Sample	Quarterly	1	EPA 200.9		
Cadmium	01113	0.0010u	5	UG/L	Single Sample	Quarterly				
Chromium	01118	0.0018u	100	UG/L	Single Sample	Quarterly				
Lead	01114	0.0030u	15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055	1.0u	4	#/100ML	Single Sample	Quarterly	1	SM 9222D		
pH	00400	6.89	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	SM 4500H+B		
Sulfate, Total	00945	47	250	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Turbidity	00070	2.04	1	NTU	Single Sample	Quarterly	1	EPA 200.9		
Specific Conductance	00095	814.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	EPA300.0		
Temperature (C), Water	00010	22.40	Report	DEG.C	Single Sample	Quarterly	1	SM 2510B		

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Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Dennis Muldoon - Chief Operator		352-302-9713	17/07/07

Comments and Explanations (Reference all attachments here):

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 1343 N.E. 17th Rd.
 Ocala, Fl. 34470

PERMIT NUMBER: FLA012773
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Terrace Gardens WWTP
 LOCATION: 7616 Arbordale Drive
 Port Richey, FL 34668

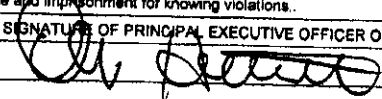
MONITORING GROUP NUMBER: R-001 and R-002
 MONITORING GROUP DESC: P/E Ponds and Sprayfield
 NO DISCHARGE FROM SITE:

COUNTY: Pasco

MONITORING PERIOD--From: 07/01/2007 To: 07/31/2007

Parameter		Quantity of Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, total plant to ponds	Sample Measurement	0.123	0.120	mgd				0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.130 (12MADF) ¹	Report (Mo.Avg.)	mgd					Continuous	Flow meters and totalizers
Flow, from ponds to sprayfield	Sample Measurement	0.111	0.098	mgd				0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-02	Permit Requirement	Report (An.Avg.)	Report (Mo.Avg.)	mgd					Continuous	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				95%		%	0	Monthly	Calculated ³
PARM Code 00180 G Mon.Site No. FLW-01	Permit Requirement				Report (3MADF) ²		%		Monthly	Calculated ³
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.6		MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Every two weeks	Rolling 12 Month Avg. ¹
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.7	3.7	MG/L	0	Every two weeks	8-hour FPC
PARM Code 80082 I Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				14.6		MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Every two weeks	Rolling 12 Month Avg. ¹
Solids, Total Suspended	Sample Measurement				4.5	5.7	MG/L	0	Every two weeks	8-hour FPC
PARM Code 00530 I Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour FPC

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 (YYMM/DD)
Don Hostetler / Senior Facilities Operator		352-302-9713	07/08/22

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Terrace Gardens WWTP

PERMIT NUMBER: FLA012773

MONITORING GROUP NUMBER: R-001 and R-002

Pasco

MONITORING PERIOD-From: 07/01/2007 To: 07/31/2007

Parameter	Sample Measurement	Quantity of Loading		Units	Quality of Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	7.5	S.U.	0	5 Days/Week	Meter/Grab
PARM Code 00400 I Mon.Site No.EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Meter/Grab
Coliform, Fecal	Sample Measurement				1.2		#/100mL	0	Every Two Weeks	Rolling 12 Month Avg. ¹
Parm Code 74055 Y Mon.Site No.EFA-01	Permit Requirement				200 (An.Avg.)		#/100mL		Every Two Weeks	Rolling 12 Month Avg. ¹
Coliform, Fecal	Sample Measurement				1.0	1.0	#/100mL	0	Every Two Weeks	Grab
Parm Code 74055 I Mon.Site No.EFA-01	Permit Requirement				Report (Mo.Geo.Mean)	800 (max)	#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.2		MG/L	0	5 Days/Week	Meter/Grab
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement				0.5 (Min)		MG/L		5 Days/Week	Meter/Grab
Nitrogen,Nitrate, Total (as N)	Sample Measurement					2.8	MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 I Mon.Site No.EFA-01	Permit Requirement					12.0 (max)	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				200		MG/L	0	Monthly	8-hour FPC
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement				Report (Mo.Avg.)		MG/L		Monthly	8-hour FPC
Solids, Total Suspended	Sample Measurement				120		MG/L	0	Monthly	8-hour FPC
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement				Report (Mo.Avg.)		MG/L		Monthly	8-hour FPC

- 1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages. For Fecal Coliform, use the monthly geometric mean.
- 2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
- 3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.
- 4 FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA012773

 Facility: Palm Terrace Gardens WWTP
 County: Pasco

 MONITORING PERIOD-From: 07/01/2007 To: 07/31/2007

	Flow (MGD) total plant flow to ponds	Flow (MGD) from ponds to sprayfield	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	50050	80082	74055	00620	00400	00530	50060	80082	00530
Mon. Site	FLW-01	FLW-02	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.111	0.095								
2	0.111	0.095				7.5		2.2		
3	0.111	0.073				7.5		2.2		
4	0.124	0.081	2.4			7.5	5.7	2.2	200	120
5	0.113	0.088		1.0	2.8	7.5		2.2		
6	0.118	0.117				7.5		2.2		
7	0.128	0.145								
8	0.123	0.126								
9	0.123	0.126				7.5		2.2		
10	0.127	0.112				7.5		2.2		
11	0.109	0.104				7.5		2.2		
12	0.113	0.092				7.5		2.2		
13	0.123	0.096				7.5		2.2		
14	0.117	0.093								
15	0.124	0.093								
16	0.124	0.093	3.7			7.5	3.4	2.2		
17	0.119	0.099		1.0	0.2	7.5		2.2		
18	0.113	0.092				7.5		2.2		
19	0.113	0.091				7.5		2.2		
20	0.114	0.106				7.4		2.2		
21	0.126	0.090								
22	0.126	0.090								
23	0.126	0.090				7.5		2.2		
24	0.118	0.084				7.5		2.2		
25	0.119	0.119				7.5		2.2		
26	0.112	0.089				7.5		2.2		
27	0.117	0.082				7.5		2.2		
28	0.131	0.105								
29	0.121	0.092								
30	0.121	0.092	2u			7.5	4.3	2.2		
31	0.143	0.095		1.0	0.2	7.5		2.2		

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8035 </u>	Name: <u> Don Hostetler </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

Type of Effluent Disposal or Reclaimed Water Reuse: Evap. / Perc. Ponds & Spray Irrigation

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

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

DEP Form 82-620.910(10), Effective November 29, 1994

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 1343 N.E. 17th Rd.
 Ocala, Fl. 34470

PERMIT NUMBER: FLA012773
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Terrace Gardens WWTP
 LOCATION: 7616 Arbordale Drive
 Port Richey, FL 34668

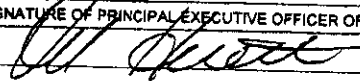
MONITORING GROUP NUMBER: R-001 and R-002
 MONITORING GROUP DESC: P/E Ponds and Sprayfield
 NO DISCHARGE FROM SITE:

COUNTY: Pasco

MONITORING PERIOD--From: 08/01/2007 To: 08/31/2007

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, total plant to ponds	Sample Measurement	0.123	0.123	mgd				0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.130 (12MADF) ¹	Report (Mo.Avg.)	mgd					Continuous	Flow meters and totalizers
Flow, from ponds to sprayfield	Sample Measurement	0.110	0.093	mgd				0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-02	Permit Requirement	Report (An.Avg.)	Report (Mo.Avg.)	mgd					Continuous	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				95%		%	0	Monthly	Calculated ³
PARM Code 00180 G Mon.Site No. FLW-01	Permit Requirement				Report (3MADF) ²		%		Monthly	Calculated ³
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.0		MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Every two weeks	Rolling 12 Month Avg. ¹
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.3	6.5	MG/L	0	Every two weeks	8-hour FPC
PARM Code 80082 I Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				13.9		MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Every two weeks	Rolling 12 Month Avg. ¹
Solids, Total Suspended	Sample Measurement				3.5	4.6	MG/L	0	Every two weeks	8-hour FPC
PARM Code 00530 I Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour FPC

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Don Hostetler / Senior Facilities Operator		352-302-9713	07/09/21

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Terrace Gardens WWTP

PERMIT NUMBER: FLA012773

MONITORING GROUP NUMBER: R-001 and R-002

Pasco

MONITORING PERIOD--From: 08/01/2007 To: 08/31/2007

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.5	7.5	S.U.	0	5 Days/Week	Meter/Grab
PARM Code 00400 I Mon.Site No.EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Meter/Grab
Coliform, Fecal	Sample Measurement		1.2		#/100mL	0	Every Two Weeks	Rolling 12 Month Avg. ¹
Parm Code 74055 Y Mon.Site No.EFA-01	Permit Requirement		200 (An.Avg.)		#/100mL		Every Two Weeks	Rolling 12 Month Avg. ¹
Coliform, Fecal	Sample Measurement		1.0	1.0	#/100mL	0	Every Two Weeks	Grab
Parm Code 74055 I Mon.Site No.EFA-01	Permit Requirement		Report (Mo.Geo.Mean)	800 (max)	#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		2.2		MG/L	0	5 Days/Week	Meter/Grab
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement		0.5 (Min)		MG/L		5 Days/Week	Meter/Grab
Nitrogen,Nitrate, Total (as N)	Sample Measurement			6.7	MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 I Mon.Site No.EFA-01	Permit Requirement			12.0 (max)	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement		200		MG/L	0	Monthly	8-hour FPC
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement		Report (Mo.Avg.)		MG/L		Monthly	8-hour FPC
Solids, Total Suspended	Sample Measurement		120		MG/L	0	Monthly	8-hour FPC
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement		Report (Mo.Avg.)		MG/L		Monthly	8-hour FPC

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages. For Fecal Coliform, use the monthly geometric mean.

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

3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100. Reported as a percent.

4 FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012773

Facility: Palm Terrace Gardens WWTP
County: Pasco

MONITORING PERIOD--From: 08/01/2007 To: 08/31/2007

	Flow (MGD) total plant flow to ponds	Flow (MGD) from ponds to sprayfield	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	50050	80082	74055	00620	00400	00530	50060	80082	00530
Mon. Site	FLW-01	FLW-02	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.120	0.079				7.5		2.2		
2	0.166	0.090				7.5		2.2		
3	0.134	0.091				7.5		2.2		
4	0.150	0.120								
5	0.121	0.092								
6	0.121	0.092				7.5		2.2		
7	0.120	0.077				7.5		2.2		
8	0.116	0.093				7.5		2.2		
9	0.120	0.097				7.5		2.2		
10	0.116	0.100				7.5		2.2		
11	0.134	0.099								
12	0.119	0.078								
13	0.119	0.078	2.1			7.5	4.6	2.2	200	120
14	0.122	0.096		1.0	0.1	7.5		2.2		
15	0.123	0.101				7.5		2.2		
16	0.114	0.100				7.5		2.2		
17	0.117	0.130				7.5		2.2		
18	0.112	0.024								
19	0.134	0.118								
20	0.134	0.118				7.5		2.2		
21	0.110	0.100				7.5		2.2		
22	0.112	0.096				7.5		2.2		
23	0.124	0.105				7.5		2.2		
24	0.112	0.092				7.5		2.2		
25	0.130	0.102								
26	0.107	0.090								
27	0.170	0.097				7.5		2.2		
28	0.079	0.062				7.5		2.2		
29	0.107	0.089	6.5			7.5	2.4	2.2		
30	0.130	0.097		1.0	6.7	7.5		2.2		
31	0.112	0.091				7.5		2.2		

PLANT STAFFING:

Lead Operator Class: B Certification No.: 8035 Name: Don Hostetler
 Day Shift Operator Class: Certification No.: Name:
 Day Shift Operator Class: Certification No.: Name:
 Day Shift Operator Class: Certification No.: Name:
 Chief Day Operator Class: Certification No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse: Evap. / Perc. Ponds & Spray Irrigation
 Limited Wet Weather Discharge Activated: Yes No Not Applicable: yes, cumulative days of wet weather discharge _____

* Attach additional sheets if necessary to list all certified operators.
 DEP Form 62-620.910(10), Effective November 29, 1994
 Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 1343 N. E. 17th Rd.
 Ocala, FL 34470

PERMIT NUMBER: FLA012773
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Terrace Gardens WWTP
 LOCATION: 7616 Arbordale Drive
 Port Richey, FL 34668

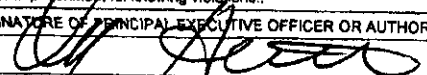
MONITORING GROUP NUMBER: R-001 and R-002
 MONITORING GROUP DESC: P/E Ponds and Sprayfield
 NO DISCHARGE FROM SITE:

COUNTY: Pasco

MONITORING PERIOD--From: 09/01/2007 To: 09/30/2007

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, total plant to ponds	Sample Measurement	0.123	0.118	mgd					0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.130 (12MADF) ¹	Report (Mo.Avg.)	mgd						Continuous	Flow meters and totalizers
Flow, from ponds to sprayfield	Sample Measurement	0.109	0.090	mgd					0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-02	Permit Requirement	Report (An.Avg.)	Report (Mo.Avg.)	mgd						Continuous	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				92%			%	0	Monthly	Calculated ³
PARM Code 00180 G Mon.Site No. FLW-01	Permit Requirement				Report (3MADF) ²			%		Monthly	Calculated ³
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.0			MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Every two weeks	Rolling 12 Month Avg. ¹
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.1	3.9		MG/L	0	Every two weeks	8-hour FPC
PARM Code 80082 I Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				12.9			MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)			MG/L		Every two weeks	Rolling 12 Month Avg. ¹
Solids, Total Suspended	Sample Measurement				10.9	16.0		MG/L	0	Every two weeks	8-hour FPC
PARM Code 00530 I Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MG/L		Every two weeks	8-hour FPC

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)
Don Hostetler / Senior Facilities Operator		352-302-9713	07/10/22

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Terrace Gardens WWTP

PERMIT NUMBER: FLA012773

MONITORING GROUP NUMBER: R-001 and R-002

Pasco

MONITORING PERIOD--From: 09/01/2007 To: 09/30/2007

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.5	7.5	S.U.	0	5 Days/Week	Meter/Grab
PARM Code 00400 I Mon.Site No.EFA-01	Permit Requirement				6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Meter/Grab
Coliform, Fecal	Sample Measurement				1.2		#/100mL	0	Every Two Weeks	Rolling 12 Month Avg. ¹
Parm Code 74055 Y Mon.Site No.EFA-01	Permit Requirement				200 (An.Avg.)		#/100mL		Every Two Weeks	Rolling 12 Month Avg. ¹
Coliform, Fecal	Sample Measurement				1.0	1.0	#/100mL	0	Every Two Weeks	Grab
Parm Code 74055 I Mon.Site No.EFA-01	Permit Requirement				Report (Mo.Geo.Mean)	800 (max)	#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.0		MG/L	0	5 Days/Week	Meter/Grab
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement				0.5 (Min)		MG/L		5 Days/Week	Meter/Grab
Nitrogen,Nitrate, Total (as N)	Sample Measurement					1.7	MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 I Mon.Site No.EFA-01	Permit Requirement					12.0 (max)	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				150		MG/L	0	Monthly	8-hour FPC
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement				Report (Mo.Avg.)		MG/L		Monthly	8-hour FPC
Solids, Total Suspended	Sample Measurement				70		MG/L	0	Monthly	8-hour FPC
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement				Report (Mo.Avg.)		MG/L		Monthly	8-hour FPC

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages. For Fecal Coliform, use the monthly geometric mean.

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

3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100. Reported as a percent.

4 FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA012773

 Facility: Palm Terrace Gardens WWTP
 County: Pasco

 MONITORING PERIOD—From: 09/01/2007 To: 09/30/2007

	Flow (MGD) total plant flow to ponds	Flow (MGD) from ponds to sprayfield	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	50050	80082	74055	00620	00400	00530	50060	80082	00530
Mon. Site	FLW-01	FLW-02	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.148	0.108								
2	0.120	0.091								
3	0.120	0.091								
4	0.146	0.095				7.5		2.2		
5	0.113	0.093				7.5		2.2		
6	0.116	0.100				7.5		2.2		
7	0.103	0.084				7.5		2.2		
8	0.130	0.107								
9	0.125	0.087								
10	0.125	0.087	2.2			7.5	5.7	2.2	150	70
11	0.135	0.091		1.0	0.1	7.5		2.2		
12	0.114	0.085				7.5		2.2		
13	0.111	0.097				7.5		2.0		
14	0.113	0.100				7.5		2.2		
15	0.133	0.109								
16	0.127	0.088								
17	0.127	0.088				7.5		2.0		
18	0.119	0.096				7.5		2.0		
19	0.109	0.089				7.5		2.2		
20	0.127	0.100				7.5		2.2		
21	0.118	0.089				7.5		2.2		
22	0.119	0.098								
23	0.135	0.091								
24	0.135	0.091	3.9			7.5	16.0	2.2		
25	0.117	0.093		1.0	1.7	7.5		2.2		
26	0.115	0.092				7.5		2.2		
27	0.108	0.094				7.5		2.2		
28	0.107	0.093				7.5		2.2		
29	0.115	0.071				7.5		2.2		
30										
31										

PLANT STAFFING:

Lead Operator	Class: <u>B</u>	Certification No.: <u>8035</u>	Name: <u>Don Hostetler</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Chief Day Operator	Class: _____	Certification No.: _____	Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse: Perc/ Ponds & Spray Irrigation

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

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

 DEP Form 62-620.910(10), Effective November 29, 1994
 Version 5/18/98

GROUNDWATER MONITORING REPORT - PART D

County: Pasco
 Facility Name: Palm Terrace Gardens WWTP
 Permit Number: FLA012773

Monitoring Well ID: MWB-02
 Well Type: Background
 Description: Formerly EN4WS

Monitoring Period: From: 1/1/2007 To: 8/1/2007

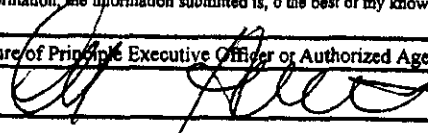
Date Sample Obtained: 8/1/2007
12.21

Was the well purged before sampling? Yes NO

Time Sample Obtained: _____

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545	8.1	Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620	1.9	10	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Solids, Total Dissolved (TDS)	70295	940	500	MG/L	Single Sample	Quarterly	1	EPA 160.1		
Chloride as (Cl)	00940	140	250	MG/L	Single Sample	Quarterly	0.1	EPA 200.9		
Sodium, Dissolved	00930	110	160	MG/L	Single Sample	Quarterly	1	EPA 200.9		
Cadmium	01113	0.0010u	5	UG/L	Single Sample	Quarterly				
Chromium	01118	0.0018u	100	UG/L	Single Sample	Quarterly				
Lead	01114	0.0030u	15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055	1.0u	4	#/100ML	Single Sample	Quarterly	1	SM 9222D		
pH	00400	6.67	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	SM 4500H+B		
Sulfate, Total	00945	200	250	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Turbidity	00070	1.19	1	NTU	Single Sample	Quarterly	1	EPA 200.9		
Specific Conductance	00095	971	Report	UMHO/CM	Single Sample	Quarterly	0.02	EPA300.0		
Temperature (C), Water	00010	27.3	Report	DEG.C	Single Sample	Quarterly	1	SM 2510B		

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 Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Chief Operator		352-302-9713	07-10-22

Comments and Explanations (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

County: Pasco
 Facility Name: Palm Terrace Gardens WWTP
 Permit Number: FLA012773

Monitoring Well ID: MWB-01
 Well Type: Background
 Description: Formerly EN1WS

Monitoring Period: From: 1/1/2007 To: 8/1/2007

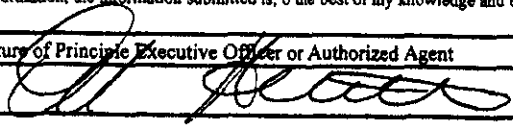
Date Sample Obtained: 8/6/2007 15.5

Was the well purged before sampling? Yes NO

Time Sample Obtained: _____

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545	7.35	Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620	0.27	10	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Solids, Total Dissolved (TDS)	70295	560	500	MG/L	Single Sample	Quarterly	1	EPA 160.1		
Chloride as (Cl)	00940	150	250	MG/L	Single Sample	Quarterly	0.1	EPA 200.9		
Sodium, Dissolved	00930	120	160	MG/L	Single Sample	Quarterly	1	EPA 200.9		
Cadmium	01113	0.0010u	5	UG/L	Single Sample	Quarterly				
Chromium	01118	0.0018u	100	UG/L	Single Sample	Quarterly				
Lead	01114	0.0030u	15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055	1.0u	4	#/100ML	Single Sample	Quarterly	1	SM 9222D		
pH	00400	6.69	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	SM 4500H+B		
Sulfate, Total	00945	28	250	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Turbidity	00070	15.30	1	NTU	Single Sample	Quarterly	1	EPA 200.9		
Specific Conductance	00095	799	Report	UMHO/CM	Single Sample	Quarterly	0.02	EPA300.0		
Temperature (C), Water	00010	26.2	Report	DEG.C	Single Sample	Quarterly	1	SM 2510B		

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 Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Chief Operator		352-302-9713	07-10-22

Comments and Explanations (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

County: Pasco
 Facility Name: Palm Terrace Gardens WWTP
 Permit Number: FLA012773

Monitoring Well ID: MWC-04
 Well Type: Compliance
 Description: Formerly EN6WS

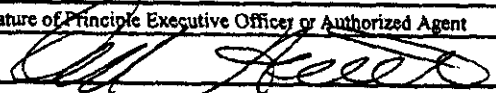
Monitoring Period: From: 1/1/2007 To: 8/1/2007

Date Sample Obtained: 8/6/2007
 Time Sample Obtained: 11.27

Was the well purged before sampling? Yes NO

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620	8.65	10	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Solids, Total Dissolved (TDS)	70295	140	500	MG/L	Single Sample	Quarterly	1	EPA 160.1		
Chloride as (Cl)	00940	12	250	MG/L	Single Sample	Quarterly	0.1	EPA 200.9		
Sodium, Dissolved	00930	1.6	160	MG/L	Single Sample	Quarterly	1	EPA 200.9		
Cadmium	01113	0.0010u	5	UG/L	Single Sample	Quarterly				
Chromium	01118	0.0018u	100	UG/L	Single Sample	Quarterly				
Lead	01114	0.0030u	15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055	1.0u	4	#/100ML	Single Sample	Quarterly	1	SM 9222D		
pH	00400	7.04	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	SM 4500H+B		
Sulfate, Total	00945	6.2	250	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Turbidity	00070	9.82	1	NTU	Single Sample	Quarterly	1	EPA 200.9		
Specific Conductance	00095	214	Report	UMHO/CM	Single Sample	Quarterly	0.02	EPA300.0		
Temperature (C), Water	00010	28.1	Report	DEG.C	Single Sample	Quarterly	1	SM 2510B		

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 Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Chief Operator		352-302-9713	07-10-07

Comments and Explanations (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

County: Pasco
 Facility Name: Palm Terrace Gardens WWTP
 Permit Number: FLA012773

Monitoring Well ID: MWC-03
 Well Type: Compliance
 Description: Formerly ENSWS

Monitoring Period: From: 1/1/2007 To: 8/1/2007

Date Sample Obtained: 8/6/2007
14.02

Was the well purged before sampling? Yes NO

Time Sample Obtained: _____

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545	7.35	Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620	0.23	10	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Solids, Total Dissolved (TDS)	70295	710	500	MG/L	Single Sample	Quarterly	1	EPA 160.1		
Chloride as (Cl)	00940	140	250	MG/L	Single Sample	Quarterly	0.1	EPA 200.9		
Sodium, Dissolved	00930	130	160	MG/L	Single Sample	Quarterly	1	EPA 200.9		
Cadmium	01113	0.0010u	5	UG/L	Single Sample	Quarterly				
Chromium	01118	0.0018u	100	UG/L	Single Sample	Quarterly				
Lead	01114	0.0030u	15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055	1.0u	4	#/100ML	Single Sample	Quarterly	1	SM 9222D		
pH	00400	6.70	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	SM 4500H+B		
Sulfate, Total	00945	7.4	250	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Turbidity	00070	6.38	1	NTU	Single Sample	Quarterly	1	EPA 200.9		
Specific Conductance	00095	1148.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	EPA300.0		
Temperature (C), Water	00010	27.6	Report	DEG.C	Single Sample	Quarterly	1	SM 2510B		

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 Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Chief Operator		352-302-9713	07-10-07

Comments and Explanations (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

County: Pasco
 Facility Name: Palm Terrace Gardens WWTP
 Permit Number: FLA012773

Monitoring Well ID: MWC-02
 Well Type: Compliance
 Description: Formerly EN3WS

Monitoring Period: From: 1/1/2007 To: 8/1/2007

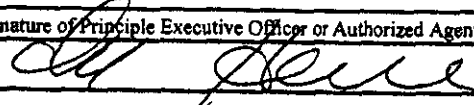
Date Sample Obtained: 8/6/2007 14.02

Was the well purged before sampling? Yes NO

Time Sample Obtained: _____

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545	9.9	Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620	1.1	10	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Solids, Total Dissolved (TDS)	70295	340	500	MG/L	Single Sample	Quarterly	1	EPA 160.1		
Chloride as (Cl)	00940	39	250	MG/L	Single Sample	Quarterly	0.1	EPA 200.9		
Sodium, Dissolved	00930	31	160	MG/L	Single Sample	Quarterly	1	EPA 200.9		
Cadmium	01113	0.0010u	5	UG/L	Single Sample	Quarterly				
Chromium	01118	0.0018u	100	UG/L	Single Sample	Quarterly				
Lead	01114	0.0053	15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055	1.0u	4	#/100ML	Single Sample	Quarterly	1	SM 9222D		
pH	00400	6.98	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	SM 4500H+B		
Sulfate, Total	00945	14	250	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Turbidity	00070	14.00	1	NTU	Single Sample	Quarterly	1	EPA 200.9		
Specific Conductance	00095	474	Report	UMHO/CM	Single Sample	Quarterly	0.02	EPA300.0		
Temperature (C), Water	00010	26.4	Report	DEG.C	Single Sample	Quarterly	1	SM 2510B		

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 Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler- Chief Operator		352-302-9713	07-10-22

Comments and Explanations (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

County: Pasco
 Facility Name: Palm Terrace Gardens WWTP
 Permit Number: FLA012773

Monitoring Well ID: MWC-01
 Well Type: Compliance
 Description: Formerly EN2WS

Monitoring Period: From: 1/1/2007 To: 8/1/2007

Date Sample Obtained: 8/6/2007
 14.39

Was the well purged before sampling? Yes NO

Time Sample Obtained: _____

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545	6.8	Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620	0.68	10	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Solids, Total Dissolved (TDS)	70295	570	500	MG/L	Single Sample	Quarterly	1	EPA 160.1		
Chloride as (Cl)	00940	150	250	MG/L	Single Sample	Quarterly	0.1	EPA 200.9		
Sodium, Dissolved	00930	120	160	MG/L	Single Sample	Quarterly	1	EPA 200.9		
Cadmium	01113	0.0010u	5	UG/L	Single Sample	Quarterly				
Chromium	01118	0.0018u	100	UG/L	Single Sample	Quarterly				
Lead	01114	0.0030u	15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055	1.0u	4	#/100ML	Single Sample	Quarterly	1	SM 9222D		
pH	00400	6.66	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	SM 4500H+B		
Sulfate, Total	00945	33	250	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Turbidity	00070	1.19	1	NTU	Single Sample	Quarterly	1	EPA 200.9		
Specific Conductance	00095	785	Report	UMHO/CM	Single Sample	Quarterly	0.02	EPA300.0		
Temperature (C), Water	00010	28.7	Report	DEG.C	Single Sample	Quarterly	1	SM 2510B		

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 Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Dennis Muldoon - Chief Operator		352-302-9713	07-10-22

Comments and Explanations (Reference all attachments here):

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 1343 N.E. 17th Rd.
 Ocala, FL 34470

PERMIT NUMBER: FLA012773
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Terrace Gardens WWTP
 LOCATION: 7616 Arbordale Drive
 Port Richey, FL 34668

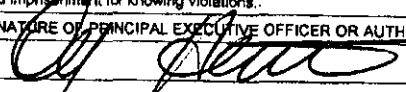
MONITORING GROUP NUMBER: R-001 and R-002
 MONITORING GROUP DESC: P/E Ponds and Sprayfield
 NO DISCHARGE FROM SITE:

COUNTY: Pasco

MONITORING PERIOD—From: 10/01/2007 To: 10/31/2007

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, total plant to ponds	Sample Measurement	0.123	0.122	mgd				0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.130 (12MADF) ¹	Report (Mo.Avg.)	mgd					Continuous	Flow meters and totalizers
Flow, from ponds to sprayfield	Sample Measurement	0.109	0.105	mgd				0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-02	Permit Requirement	Report (An.Avg.)	Report (Mo.Avg.)	mgd					Continuous	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				93%		%	0	Monthly	Calculated ³
PARM Code 00180 G Mon.Site No. FLW-01	Permit Requirement				Report (3MADF) ²		%		Monthly	Calculated ³
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.6		MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Every two weeks	Rolling 12 Month Avg. ¹
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.0	3.9	MG/L	0	Every two weeks	8-hour FPC
PARM Code 80082 I Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				12.6		MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Every two weeks	Rolling 12 Month Avg. ¹
Solids, Total Suspended	Sample Measurement				9.2	15.0	MG/L	0	Every two weeks	8-hour FPC
PARM Code 00530 I Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour FPC

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)
Don Hostetler / Senior Facilities Operator		352-302-9713	07/11/26

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Terrace Gardens WWTP

PERMIT NUMBER: FLA012773

MONITORING GROUP NUMBER: R-001 and R-002

Pasco

MONITORING PERIOD—From: 10/01/2007 To: 10/31/2007

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.5		0	5 Days/Week	Meter/Grab
PARM Code 00400 I Mon.Site No.EFA-01	Permit Requirement		6.0 (Min.)			5 Days/Week	Meter/Grab
Coliform, Fecal	Sample Measurement		1.2		0	Every Two Weeks	Rolling 12 Month Avg. ¹
Parm Code 74055 Y Mon.Site No.EFA-01	Permit Requirement		200 (An.Avg.)			Every Two Weeks	Rolling 12 Month Avg. ¹
Coliform, Fecal	Sample Measurement		1.0		0	Every Two Weeks	Grab
Parm Code 74055 I Mon.Site No.EFA-01	Permit Requirement		Report (Mo.Geo.Mean)			Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		2.2		0	5 Days/Week	Meter/Grab
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement		0.5 (Min)			5 Days/Week	Meter/Grab
Nitrogen,Nitrate, Total (as N)	Sample Measurement				0	Every Two Weeks	8-hour FPC
PARM Code 00620 I Mon.Site No.EFA-01	Permit Requirement					Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement		130		0	Monthly	8-hour FPC
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement		Report (Mo.Avg.)			Monthly	8-hour FPC
Solids, Total Suspended	Sample Measurement		65		0	Monthly	8-hour FPC
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement		Report (Mo.Avg.)			Monthly	8-hour FPC

- 1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages. For Fecal Coliform, use the monthly geometric mean.
- 2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
- 3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.
- 4 FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012773

 Facility: Palm Terrace Gardens WWTP
 County: Pasco

MONITORING PERIOD-From: 10/01/2007 To: 10/31/2007

	Flow (MGD) total plant flow to ponds	Flow (MGD) from ponds to sprayfield	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	50050	80082	74055	00620	00400	00530	50060	80082	00530
Mon. Site	FLW-01	FLW-02	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.250	0.109				7.5		2.2		
2	0.112	0.099				7.5		2.2		
3	0.114	0.106				7.5		2.2		
4	0.123	0.133				7.5		2.2		
5	0.107	0.109				7.5		2.2		
6	0.126	0.118								
7	0.128	0.117								
8	0.128	0.117	3.9			7.5	15.0	7.5	130	65
9	0.111	0.125		1.0	0.1	7.5		2.2		
10	0.111	0.108				#REF!	7.5	2.2		
11	0.106	0.108				7.5		2.2		
12	0.118	0.106				7.5		2.2		
13	0.134	0.138								
14	0.116	0.049								
15	0.116	0.049				7.5		2.2		
16	0.139	0.123				7.5		2.2		
17	0.085	0.083				7.5		#REF!	2.2	
18	0.112	0.113				7.5		2.2		
19	0.117	0.113				7.5		2.2		
20	0.121	0.113								
21	0.128	0.106								
22	0.128	0.106	2u			7.5	3.3	2.2		
23	0.111	0.104		1.0	0.3	7.5		2.2		
24	0.108	0.104				7.5		2.2		
25	0.126	0.110				7.5		2.2		
26	0.111	0.105				7.5		2.2		
27	0.106	0.102				#REF!				
28	0.127	0.096								
29	0.127	0.096				7.5		2.2		
30	0.113	0.088				7.5		2.2		
31	0.121	0.101				7.5		2.2		

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8035 </u>	Name: <u> Don Hostetler </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

Type of Effluent Disposal or Reclaimed Water Reuse: Evap. / Perc. Ponds & Spray Irrigation

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

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

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

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 1343 N. E. 17th Rd.
 Ocala, FL 34470

PERMIT NUMBER: FLA012773
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Terrace Gardens WWTP
 LOCATION: 7616 Arbordale Drive
 Port Richey, FL 34668

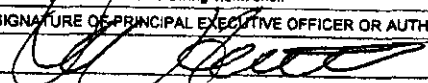
MONITORING GROUP NUMBER: R-001 and R-002
 MONITORING GROUP DESC: P/E Ponds and Sprayfield
 NO DISCHARGE FROM SITE:

COUNTY: Pasco

MONITORING PERIOD-From: 11/01/2007 To: 11/30/2007

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, total plant to ponds	Sample Measurement	0.123	0.123	mgd				0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.130 (12MADF) ¹	Report (Mo.Avg.)	mgd					Continuous	Flow meters and totalizers
Flow, from ponds to sprayfield	Sample Measurement	0.108	0.104	mgd				0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-02	Permit Requirement	Report (An.Avg.)	Report (Mo.Avg.)	mgd					Continuous	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				93%		%	0	Monthly	Calculated ³
PARM Code 00180 G Mon.Site No. FLW-01	Permit Requirement				Report (3MADF) ²		%		Monthly	Calculated ³
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.0		MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Every two weeks	Rolling 12 Month Avg. ¹
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	MG/L	0	Every two weeks	8-hour FPC
PARM Code 80082 I Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				11.6		MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Every two weeks	Rolling 12 Month Avg. ¹
Solids, Total Suspended	Sample Measurement				1.8	2.0	MG/L	0	Every two weeks	8-hour FPC
PARM Code 00530 I Mon.Site No.EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour FPC

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)
Don Hostetler / Senior Facilities Operator		352-302-9713	07/12/19

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Terrace Gardens WWTP

PERMIT NUMBER: FLA012773

MONITORING GROUP NUMBER: R-001 and R-002

Pasco

MONITORING PERIOD--From: 11/01/2007 To: 11/30/2007

Parameter	Quantity of Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.5	7.5	S.U.	0	5 Days/Week	Meter/Grab
PARM Code 00400 I Mon.Site No.EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Meter/Grab
Coliform, Fecal	Sample Measurement		1.0		#/100mL	0	Every Two Weeks	Rolling 12 Month Avg. ¹
Perm Code 74055 Y Mon.Site No.EFA-01	Permit Requirement		200 (An.Avg.)		#/100mL		Every Two Weeks	Rolling 12 Month Avg. ¹
Coliform, Fecal	Sample Measurement		1.0	1.0	#/100mL	0	Every Two Weeks	Grab
Perm Code 74055 I Mon.Site No.EFA-01	Permit Requirement		Report (Mo.Geo.Mean)	800 (max)	#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		2.2		MG/L	0	5 Days/Week	Meter/Grab
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement		0.5 (Min)		MG/L		5 Days/Week	Meter/Grab
Nitrogen,Nitrate, Total (as N)	Sample Measurement			2.2	MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 I Mon.Site No.EFA-01	Permit Requirement			12.0 (max)	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement		200		MG/L	0	Monthly	8-hour FPC
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement		Report (Mo.Avg.)		MG/L		Monthly	8-hour FPC
Solids, Total Suspended	Sample Measurement		88		MG/L	0	Monthly	8-hour FPC
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement		Report (Mo.Avg.)		MG/L		Monthly	8-hour FPC

¹ Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages. For Fecal Coliform, use the monthly geometric mean.

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

³ The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100. Reported as a percent.

⁴ FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA012773

 Facility: Palm Terrace Gardens WWTP
 County: Pasco

 MONITORING PERIOD--From: 11/01/2007 To: 11/30/2007

	Flow (MGD) total plant flow to ponds	Flow (MGD) from ponds to sprayfield	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	50050	80082	74055	00620	00400	00530	50060	80082	00530
Mon.Site	FLW-01	FLW-02	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.116	0.098				7.5		2.2		
2	0.109	0.094				7.5		2.2		
3	0.121	0.087								
4	0.121	0.093								
5	0.121	0.093	2u			7.5	1.5	2.2	200	88
6	0.113	0.078		1.0	0.1	7.5		2.2		
7	0.126	0.088				7.5		2.2		
8	0.112	0.110				7.5		2.2		
9	0.127	0.107				7.5		2.2		
10	0.114	0.122								
11	0.122	0.109								
12	0.122	0.109				7.5		2.2		
13	0.158	0.119				7.5		2.2		
14	0.114	0.086				7.5		2.2		
15	0.159	0.139				7.5		2.2		
16	0.118	0.102				7.5		2.2		
17	0.102	0.107								
18	0.110	0.103								
19	0.220	0.103	2u			7.5	2u	2.2		
20	0.110	0.081		1.0	2.2	7.5		2.2		
21	0.118	0.102				7.5		2.2		
22	0.148	0.099				7.5		2.2		
23	0.122	0.101				7.5		2.2		
24	0.123	0.105								
25	0.128	0.123								
26	0.128	0.123				7.5		2.2		
27	0.119	0.123				7.5		2.2		
28	0.115	0.131				7.5		2.2		
29	0.092	0.084				7.5		2.2		
30	0.087	0.101				7.5		2.2		
31	2.862	20.920								

PLANT STAFFING:

Lead Operator	Class: <u>B</u>	Certification No.: <u>8035</u>	Name: <u>Don Hostetter</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Chief Day Operator	Class: _____	Certification No.: _____	Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse: Perc/ Ponds & Spray Irrigation

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

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

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

Version 5/18/98

GROUNDWATER MONITORING REPORT - PART D

County: Pasco
 Facility Name: Palm Terrace Gardens WWTP
 Permit Number: FLA012773

Monitoring Well ID: MWC-01
 Well Type: Compliance
 Description: Formerly EN2WS

Monitoring Period: From: 1/1/2007 To: 12/12/2007

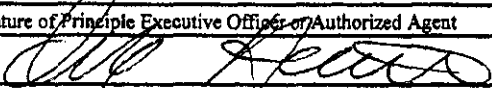
Date Sample Obtained: 11/5/2007 14

Was the well purged before sampling? Yes NO

Time Sample Obtained: _____

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545	7.5	Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620	5.7	10	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Solids, Total Dissolved (TDS)	70295	600	500	MG/L	Single Sample	Quarterly	1	EPA 160.1		
Chloride as (Cl)	00940	140	250	MG/L	Single Sample	Quarterly	0.1	EPA 200.9		
Sodium, Dissolved	00930	110	160	MG/L	Single Sample	Quarterly	1	EPA 200.9		
Cadmium	01113	0.0010u	5	UG/L	Single Sample	Quarterly				
Chromium	01118	0.0030u	100	UG/L	Single Sample	Quarterly				
Lead	01114	0.0030u	15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055	1.0u	4	#/100ML	Single Sample	Quarterly	1	SM 9222D		
pH	00400	6.87	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	SM 4500H+B		
Sulfate, Total	00945	35	250	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Turbidity	00070	0.95	1	NTU	Single Sample	Quarterly	1	EPA 200.9		
Specific Conductance	00095	825.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	EPA300.0		
Temperature (C), Water	00010	26.70	Report	DEG.C	Single Sample	Quarterly	1	SM 2510B		

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 Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Chief Operator		727-917-0674	07-19

Comments and Explanations (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

County: Pasco
 Facility Name: Palm Terrace Gardens WWTP
 Permit Number: FLA012773

Monitoring Well ID: MWC-02
 Well Type: Compliance
 Description: Formerly EN3WS

Monitoring Period: From: 1/1/2007 To: 12/12/2007

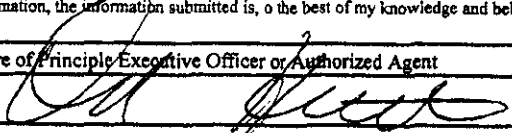
Date Sample Obtained: 11/5/2007 13.29

Was the well purged before sampling? Yes NO

Time Sample Obtained: _____

Parameter	PARAM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545	10.95	Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620	1.1	10	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Solids, Total Dissolved (TDS)	70295	360	500	MG/L	Single Sample	Quarterly	1	EPA 160.1		
Chloride as (Cl)	00940	45	250	MG/L	Single Sample	Quarterly	0.1	EPA 200.9		
Sodium, Dissolved	00930	24	160	MG/L	Single Sample	Quarterly	1	EPA 200.9		
Cadmium	01113	0.0010u	5	UG/L	Single Sample	Quarterly				
Chromium	01118	0.0018u	100	UG/L	Single Sample	Quarterly				
Lead	01114	0.0061	15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055	1.0u	4	#/100ML	Single Sample	Quarterly	1	SM 9222D		
pH	00400	7.01	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	SM 4500H+B		
Sulfate, Total	00945	11.0	250	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Turbidity	00070	13.70	1	NTU	Single Sample	Quarterly	1	EPA 200.9		
Specific Conductance	00095	529.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	EPA300.0		
Temperature (C), Water	00010	26.8	Report	DEG.C	Single Sample	Quarterly	1	SM 2510B		

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Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Chief Operator		727-919-0674	07-19

Comments and Explanations (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

County: Pasco
 Facility Name: Palm Terrace Gardens WWTP
 Permit Number: FLA012773

Monitoring Well ID: MWC-03
 Well Type: Compliance
 Description: Formerly EN5WS

Monitoring Period: From: 1/1/2007 To: 12/12/2007

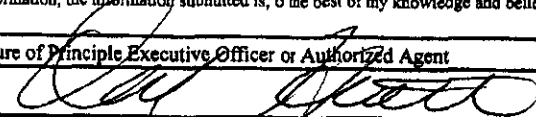
Date Sample Obtained: 11/5/2007 12:32

Was the well purged before sampling? Yes NO

Time Sample Obtained: _____

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545	7.95	Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620	0.060u	10	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Solids, Total Dissolved (TDS)	70295	540	500	MG/L	Single Sample	Quarterly	1	EPA 160.1		
Chloride as (Cl)	00940	140	250	MG/L	Single Sample	Quarterly	0.1	EPA 200.9		
Sodium, Dissolved	00930	110	160	MG/L	Single Sample	Quarterly	1	EPA 200.9		
Cadmium	01113	0.0010u	5	UG/L	Single Sample	Quarterly				
Chromium	01118	0.0018u	100	UG/L	Single Sample	Quarterly				
Lead	01114	0.0030u	15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055	1.0u	4	#/100ML	Single Sample	Quarterly	1	SM 9222D		
pH	00400	7.17	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	SM 4500H+B		
Sulfate, Total	00945	3.4	250	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Turbidity	00070	1.91	1	NTU	Single Sample	Quarterly	1	EPA 200.9		
Specific Conductance	00095	1000.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	EPA300.0		
Temperature (C), Water	00010	27.50	Report	DEG.C	Single Sample	Quarterly	1	SM 2510B		

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Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Chief Operator		727-99-0674	07-19

Comments and Explanations (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

County: Pasco
 Facility Name: Palm Terrace Gardens WWTP
 Permit Number: FLA012773

Monitoring Well ID: MWC-04
 Well Type: Compliance
 Description: Formerly EN6WS

Monitoring Period: From: 1/1/2007 To: 12/12/2007

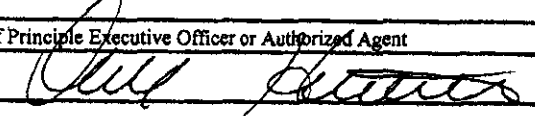
Date Sample Obtained: 11/5/2007
 11.12

Was the well purged before sampling? Yes NO

Time Sample Obtained: _____

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545	9.8	Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620	2.4	10	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Solids, Total Dissolved (TDS)	70295	140	500	MG/L	Single Sample	Quarterly	1	EPA 160.1		
Chloride as (Cl)	00940	10	250	MG/L	Single Sample	Quarterly	0.1	EPA 200.9		
Sodium, Dissolved	00930	1.0u	160	MG/L	Single Sample	Quarterly	1	EPA 200.9		
Cadmium	01113	0.0010u	5	UG/L	Single Sample	Quarterly				
Chromium	01118	0.0018u	100	UG/L	Single Sample	Quarterly				
Lead	01114	0.0030u	15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055	1.0u	4	#/100ML	Single Sample	Quarterly	1	SM 9222D		
pH	00400	6.9	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	SM 4500H+B		
Sulfate, Total	00945	5.9	250	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Turbidity	00070	4.57	1	NTU	Single Sample	Quarterly	1	EPA 200.9		
Specific Conductance	00095	168.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	EPA300.0		
Temperature (C), Water	00010	27.30	Report	DEG.C	Single Sample	Quarterly	1	SM 2510B		

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 Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Chief Operator		727-999-0674	07-19

Comments and Explanations (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

County: Pasco
 Facility Name: Palm Terrace Gardens WWTP
 Permit Number: FLA012773

Monitoring Well ID: MWB-01
 Well Type: Background
 Description: Formerly EN1WS

Monitoring Period: From: 1/1/2007 To: 12/12/2007

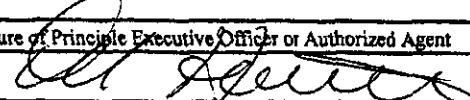
Date Sample Obtained: 11/5/2007
15.02

Was the well purged before sampling? Yes NO

Time Sample Obtained: _____

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545	7.75	Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620	21	10	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Solids, Total Dissolved (TDS)	70295	560	500	MG/L	Single Sample	Quarterly	1	EPA 160.1		
Chloride as (Cl)	00940	140	250	MG/L	Single Sample	Quarterly	0.1	EPA 200.9		
Sodium, Dissolved	00930	110	160	MG/L	Single Sample	Quarterly	1	EPA 200.9		
Cadmium	0.0010u		5	UG/L	Single Sample	Quarterly				
Chromium	0.0018u		100	UG/L	Single Sample	Quarterly				
Lead	0.0030u		15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	1.0u		4	#/100ML	Single Sample	Quarterly	1	SM 9222D		
pH	00400	6.88	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	SM 4500H+B		
Sulfate, Total	00945		250	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Turbidity	00070	1.28	1	NTU	Single Sample	Quarterly	1	EPA 200.9		
Specific Conductance	00095	848.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	EPA300.0		
Temperature (C), Water	00010	27.90	Report	DEG.C	Single Sample	Quarterly	1	SM 2510B		

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Name/Title of Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Chief Operator		707-919-6224	07-19

Comments and Explanations (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

County: Pasco
 Facility Name: Palm Terrace Gardens WWTP
 Permit Number: FLA012773

Monitoring Well ID: MWB-02
 Well Type: Background
 Description: Formerly EN4WS

Monitoring Period: From: 1/1/2007 To: 12/12/2007

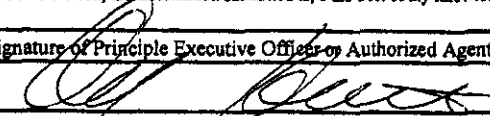
Date Sample Obtained: 11/5/2007
 11.56

Was the well purged before sampling? Yes NO

Time Sample Obtained: _____

Parameter	PARM Code	Sampling Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545	8.9	Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620	0.090	10	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Solids, Total Dissolved (TDS)	70295	520	500	MG/L	Single Sample	Quarterly	1	EPA 160.1		
Chloride as (Cl)	00940	130	250	MG/L	Single Sample	Quarterly	0.1	EPA 200.9		
Sodium, Dissolved	00930	100	160	MG/L	Single Sample	Quarterly	1	EPA 200.9		
Cadmium	01113	0.0010u	5	UG/L	Single Sample	Quarterly				
Chromium	01118	0.0018u	100	UG/L	Single Sample	Quarterly				
Lead	01114	0.0030u	15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055	1.0u	4	#/100ML	Single Sample	Quarterly	1	SM 9222D		
pH	00400	7.26	6.5 - 8.5	SU	Single Sample	Quarterly	N/A	SM 4500H+B		
Sulfate, Total	00945	20	250	MG/L	Single Sample	Quarterly	0.02	EPA 300.0		
Turbidity	00070	1.28	1	NTU	Single Sample	Quarterly	1	EPA 200.9		
Specific Conductance	00095	879.0	Report	UMHO/CM	Single Sample	Quarterly	0.02	EPA300.0		
Temperature (C), Water	00010	28.90	Report	DEG.C	Single Sample	Quarterly	1	SM 2510B		

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 Principle Executive Officer or Authorized Agent	Signature of Principle Executive Officer or Authorized Agent	Telephone No	Date (yy/mm/dd)
Don Hostetler - Chief Operator		727-978624	07-19

Comments and Explanations (Reference all attachments here):

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 1343 N.E. 17th Rd.
 Ocala, Fl. 34470

PERMIT NUMBER: FLA012773
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Terrace Gardens WWTP
 LOCATION: 7616 Arbordale Drive
 Port Richey, FL 34668

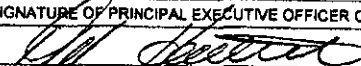
MONITORING GROUP NUMBER: R-001 and R-002
 MONITORING GROUP DESC: P/E Ponds and Sprayfield
 NO DISCHARGE FROM SITE:

COUNTY: Pasco

MONITORING PERIOD--From: 12/01/2007 To: 12/31/2007

Parameter	Sample Measurement	Quantity of Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, total plant to ponds	Sample Measurement	0.123	0.127	mgd				0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.130 (12MADF) ¹	Report (Mo.Avg.)	mgd					Continuous	Flow meters and totalizers
Flow, from ponds to sprayfield	Sample Measurement	0.106	0.092	mgd				0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon. Site No. FLW-02	Permit Requirement	Report (An.Avg.)	Report (Mo.Avg.)	mgd					Continuous	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement				95%		%	0	Monthly	Calculated ³
PARM Code 00180 G Mon. Site No. FLW-01	Permit Requirement				Report (3MADF) ²		%		Monthly	Calculated ³
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.7		MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Every two weeks	Rolling 12 Month Avg. ¹
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1	2.2	MG/L	0	Every two weeks	8-hour FPC
PARM Code 80082 I Mon. Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				9.4		MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)		MG/L		Every two weeks	Rolling 12 Month Avg. ¹
Solids, Total Suspended	Sample Measurement				3.4	3.5	MG/L	0	Every two weeks	8-hour FPC
PARM Code 00530 I Mon. Site No. EFA-01	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour FPC

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)
Don Hostetler / Senior Facilities Operator		352-302-9713	08/01/24

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Terrace Gardens WWTP

PERMIT NUMBER: FLA012773

MONITORING GROUP NUMBER: R-001 and R-002

Pasco

MONITORING PERIOD—From: 12/01/2007 To: 12/31/2007

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.8	\$U.	0	5 Days/Week	Meter/Grab
PARM Code 00400 I Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)			5 Days/Week	Meter/Grab
Coliform, Fecal	Sample Measurement		1.0	#/100mL	0	Every Two Weeks	Rolling 12 Month Avg. ¹
Parm Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)	#/100mL		Every Two Weeks	Rolling 12 Month Avg. ¹
Coliform, Fecal	Sample Measurement		1.0	#/100mL	0	Every Two Weeks	Grab
Parm Code 74055 I Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.8	MG/L	0	5 Days/Week	Meter/Grab
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement		0.5 (Min)	MG/L		5 Days/Week	Meter/Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		1.3	MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 I Mon. Site No. EFA-01	Permit Requirement		12.0 (max)	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement		340	MG/L	0	Monthly	8-hour FPC
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Report (Mo. Avg.)	MG/L		Monthly	8-hour FPC
Solids, Total Suspended	Sample Measurement		160	MG/L	0	Monthly	8-hour FPC
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Report (Mo. Avg.)	MG/L		Monthly	8-hour FPC

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages. For Fecal Coliform, use the monthly geometric mean.

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

3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100. Reported as a percent.

4 FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA012773

 Facility: Palm Terrace Gardens WWTP
 County: Pasco

 MONITORING PERIOD—From: 12/01/2007 To: 12/31/2007

	Flow (MGD) total plant flow to ponds	Flow (MGD) from ponds to sprayfield	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)	
Code	50050	50050	80082	74055	00620	00400	00530	50060	80082	00530	
Mon. Site	FLW-01	FLW-02	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01	
1	0.143	0.105									
2	0.143	0.105				7.5		2.2			
3	0.121	0.071				7.5		2.2	340	160	
4	0.122	0.087	2u			7.5	3.5	2.2			
5	0.127	0.086		1.0	0.1u	7.5		2.2			
6	0.127	0.088				7.7		2.2			
7	0.128	0.092				7.6		2.0			
8	0.129	0.093				2.0		2.0			
9	0.135	0.085									
10	0.135	0.085				7.5		2.2			
11	0.124	0.087				7.5		2.2			
12	0.111	0.084				7.5		2.2			
13	0.117	0.074				7.5		2.2			
14	0.138	0.075				7.5		2.2			
15	0.111	0.098									
16	0.128	0.101									
17	0.128	0.101				7.5		2.2			
18	0.126	0.089				7.5		2.2			
19	0.125	0.074	2.2			7.5	3.2	2.2			
20	0.128	0.095		1.0	1.3	7.5		2.2			
21	0.129	0.114				7.5		2.2			
22	0.126	0.116									
23	0.117	0.084									
24	0.117	0.084				7.7		2.0			
25	0.126	0.099				7.6		2.2			
26	0.113	0.082				7.7		2.0			
27	0.122	0.096				7.6		2.0			
28	0.131	0.119				7.8		2.0			
29	0.133	0.106				7.6		2.0			
30	0.145	0.088									
31	0.145	0.088				7.6		1.8			

PLANT STAFFING:

Lead Operator	Class: <u>B</u>	Certification No.: <u>8035</u>	Name: <u>Don Hostetler</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Chief Day Operator	Class: _____	Certification No.: _____	Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse: Evap. / Perc. Ponds & Spray Irrigation

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

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

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

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA012773
MAILING ADDRESS:	1343 N.E. 17th Rd. Ocala, FL 34470	LIMIT:	Final
		CLASS SIZE:	N/A
FACILITY:	Palm Terrace Gardens WWTP	MONITORING GROUP NUMBER:	R-001 and R-002
LOCATION:	7616 Arbordale Drive Port Richey, FL 34668	MONITORING GROUP DESC.	P/E Ponds and Sprayfield
		NO DISCHARGE FROM SITE:	<input type="checkbox"/>
COUNTY:	Pasco	MONITORING PERIOD--From:	01/01/2006 To: 01/31/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of		Sample Type
					No. Ex.	Analysis	
Flow, total plant to ponds	Sample Measurement	0.114	0.113	mgd	0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.130 (12MADF) ¹	Report (Mo. Avg.)	mgd		Continuous	Flow meters and totalizers
Flow, from ponds to sprayfield	Sample Measurement	0.109	0.123	mgd	0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon. Site No. FLW-02	Permit Requirement	Report (An. Avg.)	Report (Mo. Avg.)	mgd		Continuous	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement		83%	%	0	Monthly	Calculated ³
PARM Code 00180 G Mon. Site No. FLW-01	Permit Requirement		Report (3MADF) ²	%		Monthly	Calculated ³
BOD, Carbonaceous 5 day, 20C	Sample Measurement		5.6	MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	MG/L		Every two weeks	Rolling 12 Month Avg. ¹
BOD, Carbonaceous 5 day, 20C	Sample Measurement		7.5	MG/L	0	Every two weeks	8-hour FPC
PARM Code 80082 I Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	MG/L		Every two weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement		11.9	MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	MG/L		Every two weeks	Rolling 12 Month Avg. ¹
Solids, Total Suspended	Sample Measurement		35.5	MG/L	2	Every two weeks	8-hour FPC
PARM Code 00530 I Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	MG/L		Every two weeks	8-hour FPC

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)
Dennis Muldoon / Senior Facilities Operator		352-302-9713	08/04/24

PA File No. FLA012773-002-DW2P
Version 2-9-04

DOCUMENT NUMBER-DATE

04323 MAY 22 8

FPSC-COMMISSION CLERK

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Terrace Gardens WWTP

PERMIT NUMBER: FLA012773

MONITORING GROUP NUMBER: R-001 and R-002

Pasco

MONITORING PERIOD--From: 01/01/2006 To: 01/31/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.8	7.9	S.U.	0	5 Days/Week Meter/Grab
PARM Code 00400 I Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week Meter/Grab
Coliform, Fecal	Sample Measurement		10.3		#/100mL	0	Every Two Weeks Rolling 12 Month Avg. ¹
Parm Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL		Every Two Weeks Rolling 12 Month Avg. ¹
Coliform, Fecal	Sample Measurement		2.2	7.0	#/100mL	0	Every Two Weeks Grab
Parm Code 74055 I Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (max)	#/100mL		Every Two Weeks Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.0		MG/L	0	5 Days/Week Meter/Grab
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement		0.5 (Min)		MG/L		5 Days/Week Meter/Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			1.3	MG/L	0	Every Two Weeks 8-hour FPC
PARM Code 00620 I Mon. Site No. EFA-01	Permit Requirement			12.0 (max)	MG/L		Every Two Weeks 8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			460	MG/L	0	Monthly 8-hour FPC
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Report (Mo. Avg.)		MG/L		Monthly 8-hour FPC
Solids, Total Suspended	Sample Measurement			310	MG/L	0	Monthly 8-hour FPC
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Report (Mo. Avg.)		MG/L		Monthly 8-hour FPC

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages. For Fecal Coliform, use the monthly geometric mean.

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

3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100. Reported as a percent.

4 FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA012773

 Facility: Palm Terrace Gardens WWTP
 County: Pasco

 MONITORING PERIOD--From: 01/01/2006 To: 01/31/2006

	Flow (MGD) total plant flow to ponds	Flow (MGD) from ponds to sprayfield	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	50050	80082	74055	00620	00400	00530	50060	80082	00530
Mon. Site	FLW-01	FLW-02	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.099	0.135								
2	0.099	0.135	13.0			7.9	80.0	1.1	460	310
3	0.114	0.149		1.5U	0.2	7.8		1.0		
4	0.285	0.149				7.9		1.1		
5	0.085	0.109				7.9		1.1		
6	0.089	0.146				7.8		1.1		
7	0.001	0.001								
8	0.015	0.052								
9	0.015	0.052				7.9		1.0		
10	0.132	0.139				7.8		1.1		
11	0.135	0.154				7.9		1.0		
12	0.146	0.143				7.9		1.1		
13	0.123	0.135				7.9		1.0		
14	0.120	0.153								
15	0.120	0.145								
16	0.120	0.145	5.3			7.8	17.0	1.0		
17	0.120	0.117		1U	1.1	7.9		1.0		
18	0.120	0.146				7.8		1.1		
19	0.120	0.139				7.8		1.1		
20	0.120	0.145				7.9		1.1		
21	0.120	0.153								
22	0.120	0.112								
23	0.120	0.112				7.8		1.0		
24	0.120	0.176				7.9		1.1		
25	0.117	0.137				7.8		1.0		
26	0.134	0.114				7.8		1.1		
27	0.125	0.006				7.9		1.0		
28	0.111	0.129								
29	0.126	0.129								
30	0.126	0.129	4.2			7.9	9.5	1.0		
31	0.105	0.123		7.0	1.3	7.9		1.0		

PLANT STAFFING:

Lead Operator	Class: <u>A</u>	Certification No.: <u>6452</u>	Name: <u>Dennis Muldoon</u>
Day Shift Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Chief Day Operator	Class: _____	Certification No.: _____	Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse: Evap / Perc. Ponds & Spray Irrigation

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

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

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

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA012773	REPORT:	Monthly
MAILING ADDRESS:	1343 N. E. 17th Rd. Ocala, FL 34470	LIMIT:	Final	GROUP:	Domestic
FACILITY:	Palm Terrace Gardens WWTP	MONITORING GROUP NUMBER:	R-001 and R-002		
LOCATION:	7616 Arbordale Drive Port Richey, FL 34668	MONITORING GROUP DESC:	P/E Ponds and Sprayfield		
COUNTY:	Pasco	NO DISCHARGE FROM SITE:	<input type="checkbox"/>		
		MONITORING PERIOD--From:	02/01/2006	To:	02/28/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of		Sample Type
					No. Ex.	Analysis	
Flow, total plant to ponds	Sample Measurement	0.115	0.121	mgd	0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.130 (12MADF) ¹	Report (Mo.Avg.)	mgd		Continuous	Flow meters and totalizers
Flow, from ponds to sprayfield	Sample Measurement	0.109	0.121	mgd	0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-02	Permit Requirement	Report (An.Avg.)	Report (Mo.Avg.)	mgd		Continuous	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement			87%	%	0	Monthly Calculated ³
PARM Code 00180 G Mon.Site No. FLW-01	Permit Requirement			Report (3MADF) ²	%		Monthly Calculated ³
BOD, Carbonaceous 5 day, 20C	Sample Measurement			5.4	MG/L	0	Every two weeks Rolling 12 Month Avg. ¹
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Every two weeks Rolling 12 Month Avg. ¹
BOD, Carbonaceous 5 day, 20C	Sample Measurement			5.4	MG/L	0	Every two weeks 8-hour FPC
PARM Code 80082 I Mon.Site No.EFA-01	Permit Requirement			30.0 (Mo. Avg.)	MG/L		Every two weeks 8-hour FPC
Solids, Total Suspended	Sample Measurement			13.2	MG/L	0	Every two weeks Rolling 12 Month Avg. ¹
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)	MG/L		Every two weeks Rolling 12 Month Avg. ¹
Solids, Total Suspended	Sample Measurement			26.0	MG/L	0	Every two weeks 8-hour FPC
PARM Code 00530 I Mon.Site No.EFA-01	Permit Requirement			30.0 (Mo. Avg.)	MG/L		Every two weeks 8-hour FPC

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)
Dennis Muldoon / Senior Facilities Operator		352-302-9713	08/04/24

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Terrace Gardens WWTP

PERMIT NUMBER: FLA012773

MONITORING GROUP NUMBER: R-001 and R-002

Pasco

MONITORING PERIOD--From: 02/01/2006 To: 02/28/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.1	7.9	S.U.	0	5 Days/Week Meter/Grab
PARM Code 00400 I Mon.Site No.EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week Meter/Grab
Coliform, Fecal	Sample Measurement		11.1		#/100mL	0	Every Two Weeks Rolling 12 Month Avg. ¹
Parm Code 74055 Y Mon.Site No.EFA-01	Permit Requirement		200 (An.Avg.)		#/100mL		Every Two Weeks Rolling 12 Month Avg. ¹
Coliform, Fecal	Sample Measurement		10.9	1300.0	#/100mL	0	Every Two Weeks Grab
Parm Code 74055 I Mon.Site No.EFA-01	Permit Requirement		Report (Mo.Geo.Mean)	800 (max)	#/100mL		Every Two Weeks Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.0		MG/L	0	5 Days/Week Meter/Grab
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement		0.5 (Min)		MG/L		5 Days/Week Meter/Grab
Nitrogen,Nitrate, Total (as N)	Sample Measurement			2.1	MG/L	0	Every Two Weeks 8-hour FPC
PARM Code 00620 I Mon.Site No.EFA-01	Permit Requirement			12.0 (max)	MG/L		Every Two Weeks 8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			160	MG/L	0	Monthly 8-hour FPC
PARM Code 80062 G Mon.Site No.INF-01	Permit Requirement		Report (Mo.Avg.)		MG/L		Monthly 8-hour FPC
Solids, Total Suspended	Sample Measurement			68	MG/L	0	Monthly 8-hour FPC
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement		Report (Mo.Avg.)		MG/L		Monthly 8-hour FPC

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages. For Fecal Coliform, use the monthly geometric mean.

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

3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

4 FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA012773

 Facility: Palm Terrace Gardens WWTP
 County: Pasco

 MONITORING PERIOD--From: 02/01/2006 To: 02/28/2006

Code	Flow (MGD) total plant flow to ponds	Flow (MGD) from ponds to sprayfield	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Mon. Site	FLW-01	FLW-02	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.124	0.140				7.9		1.1		
2	0.116	0.134				7.9		1.0		
3	0.131	0.131				7.9		1.0		
4	0.114	0.131								
5	0.136	0.119								
6	0.136	0.119				7.9		1.0		
7	0.122	0.133				7.8		1.0		
8	0.120	0.129				7.1		2.2		
9	0.147	0.146				7.1		2.2		
10	0.144	0.150				7.5		2.2		
11	0.076	0.151				7.4		2.2		
12	0.150	0.084								
13	0.150	0.084				7.2		2.2		
14	0.153	0.104	4.5			7.4	39.0	2.0	160	68
15	0.101	0.018		1,300.0	1.5	7.4		2.0		
16	0.151			1U		7.4		2.2		
17	0.106					7.5		1.6		
18	0.131	0.155								
19	0.115	0.148								
20	0.115	0.148				7.4		1.6		
21	0.134	0.168				7.4		1.8		
22	0.112	0.156				7.5		1.6		
23	0.115	0.163				7.4		1.8		
24	0.120	0.162				7.4		2.0		
25	0.016	0.180								
26	0.123	0.089								
27	0.123	0.089	6.2			7.5	13.0	2.0		
28	0.120	0.150		1U	2.1	7.4		1.8		
29	0.035	0.044								
30	0.035	0.044								
31	0.035	0.044								

PLANT STAFFING:

Lead Operator	Class: <u>A</u>	Certification No.: <u>6452</u>	Name: <u>Dennis Muldoon</u>
Day Shift Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Chief Day Operator	Class: _____	Certification No.: _____	Name: _____

 Type of Effluent Disposal or Reclaimed Water Reuse: Perc/ Ponds & Spray Irrigation
 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary to list all certified operators.
 DEP Form 62-620.910(10), Effective November 29, 1994
 Version 5/18/98

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA012773

 Facility: Palm Terrace Gardens WWTP
 County: Pasco

 MONITORING PERIOD--From: 03/01/2006 To: 03/31/2006

Code	Flow (MGD) total plant flow to ponds	Flow (MGD) from ponds to sprayfield	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Mon. Site	50050 FLW-01	50050 FLW-02	80082 EFA-01	74055 EFA-01	00620 EFA-01	00400 EFA-01	00530 EFA-01	50060 EFA-01	80082 INF-01	00530 INF-01
1	0.104	0.133				7.4		2.0		
2	0.105	0.146				7.4		2.2		
3	0.115	0.104				7.5		2.2		
4	0.126	0.069								
5	0.126	0.069				7.5				
6	0.094	0.071				7.5		2.0		
7	0.119	0.089				7.4		2.2		
8	0.119	0.099				7.4		2.2		
9	0.144	0.097				7.7		2.0		
10	0.109	0.090				7.4		2.2		
11	0.135	0.107								
12	0.125	0.093								
13	0.125	0.093	3.5			7.5	12.0	2.2	220	180
14	0.114	0.092		1U	0.2	7.4		2.0		
15	0.116	0.114				7.4		2.2		
16	0.125	0.119				7.4		2.2		
17	0.103	0.106				7.5		2.0		
18	0.160	0.126				7.5		2.1		
19	0.109	0.104								
20	0.109	0.104				7.7		1.8		
21	0.133	0.132				7.6		1.8		
22	0.103	0.111				7.6		2.0		
23	0.107	0.118				7.5		2.0		
24	0.116	0.117				7.6		2.2		
25	0.113	0.155								
26	0.122	0.147								
27	0.122	0.147	3.1			7.7	7.6	1.6		
28	0.121	0.156		1U	0.4	7.6		1.8		
29	0.121	0.146				7.7		2.0		
30	0.097	0.111				7.6		1.6		
31	0.120	0.149				7.8		2.0		

PLANT STAFFING:

Lead Operator	Class: <u>A</u>	Certification No.: <u>6452</u>	Name: <u>Dennis Muldoon</u>
Day Shift Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Chief Day Operator	Class: _____	Certification No.: _____	Name: _____

 Type of Effluent Disposal or Reclaimed Water Reuse: Evap. / Perc. Ponds & Spray Irrigation
 Limited Wet Weather Discharge Activated: Yes No Not Applicable: yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary to list all certified operators.
 DEP Form 62-620.910(10), Effective November 29, 1994
 Version 5/18/98

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Terrace Gardens WWTP

PERMIT NUMBER: FLA012773

MONITORING GROUP NUMBER: R-001 and R-002

Pasco

MONITORING PERIOD--From: 04/01/2006 To: 04/30/2006

Parameter	Quantity of 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 Meter/Grab
PARM Code 00400 I Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S. U.		5 Days/Week Meter/Grab
Coliform, Fecal	Sample Measurement		11.1		#/100mL	0	Every Two Weeks Rolling 12 Month Avg. ¹
Parm Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL		Every Two Weeks Rolling 12 Month Avg. ¹
Coliform, Fecal	Sample Measurement		1.0	1.0	#/100mL	0	Every Two Weeks Grab
Parm Code 74055 I Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (max)	#/100mL		Every Two Weeks Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.2		MG/L	0	5 Days/Week Meter/Grab
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement		0.5 (Min)		MG/L		5 Days/Week Meter/Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			2.2	MG/L	0	Every Two Weeks 8-hour FPC
PARM Code 00620 I Mon. Site No. EFA-01	Permit Requirement			12.0 (max)	MG/L		Every Two Weeks 8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			240	MG/L	0	Monthly 8-hour FPC
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Report (Mo. Avg.)		MG/L		Monthly 8-hour FPC
Solids, Total Suspended	Sample Measurement			150	MG/L	0	Monthly 8-hour FPC
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Report (Mo. Avg.)		MG/L		Monthly 8-hour FPC

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages. For Fecal Coliform, use the monthly geometric mean

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

3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100. Reported as a percent.

4 FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA012773

 Facility: Palm Terrace Gardens WWTP
 County: Pasco

 MONITORING PERIOD--From: 04/01/2006 To: 04/30/2006

Code	Flow (MGD) total plant flow to ponds	Flow (MGD) from ponds to sprayfield	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Mon. Site	50050 FLW-01	50050 FLW-02	80082 EFA-01	74055 EFA-01	00620 EFA-01	00400 EFA-01	00530 EFA-01	50060 EFA-01	80082 INF-01	00530 INF-01
1	0.100	0.138								
2	0.140	0.128								
3	0.140	0.128				7.6		1.6		
4	0.119	0.141				7.7		1.8		
5	0.102	0.107				7.6		1.8		
6	0.099	0.105				7.7		1.8		
7	0.100	0.108				7.6		2.0		
8	0.116	0.140								
9	0.127	0.090								
10	0.127	0.090	9.4			7.7	5.9	1.6	240	150
11	0.138	0.162		1U	2.2	7.6		1.8		
12	0.092	0.117				7.6		1.8		
13	0.108	0.118				7.8		1.6		
14	0.115	0.148				7.7		1.5		
15	0.121	0.145								
16	0.123	0.135								
17	0.123	0.135				7.8		1.6		
18	0.114	0.131				7.8		1.5		
19	0.119	0.138				7.8		1.5		
20	0.115	0.123				7.7		1.6		
21	0.117	0.125				7.8		1.4		
22	0.127	0.065								
23	0.116	0.073								
24	0.116	0.073	4.6			7.8	21.0	1.6		
25	0.111	0.126		1U	0.4	7.7		1.5		
26	0.110	0.122				7.8		1.2		
27	0.140	0.122				7.8		1.4		
28	0.108	0.116				7.7		1.5		
29	0.159	0.172				7.8		1.6		
30	0.118	0.107								

PLANT STAFFING:

Lead Operator	Class: <u> A </u>	Certification No.: <u> 6452 </u>	Name: <u> Dennis Muldoon </u>
Day Shift Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

Type of Effluent Disposal or Reclaimed Water Reuse: Perc/ Ponds & Spray Irrigation

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

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

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

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA012773
MAILING ADDRESS:	1343 N.E. 17th Rd.	LIMIT:	Final
	Ocala, FL 34470	CLASS SIZE:	N/A
FACILITY:	Palm Terrace Gardens WWTP	MONITORING GROUP NUMBER:	R-001 and R-002
LOCATION:	7616 Arbordale Drive	MONITORING GROUP DESC.	P/E Ponds and Sprayfield
	Port Richey, FL 34668	NO DISCHARGE FROM SITE:	<input type="checkbox"/>
COUNTY:	Pasco	MONITORING PERIOD--From:	03/01/2006
		To:	03/31/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of Analysis		Sample Type
					No. Ex.		
Flow, total plant to ponds	Sample Measurement	0.111	0.118	mgd	0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.130 (12MADF) ¹	Report (Mo.Avg.)	mgd		Continuous	Flow meters and totalizers
Flow, from ponds to sprayfield	Sample Measurement	0.113	0.113	mgd	0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-02	Permit Requirement	Report (An.Avg.)	Report (Mo.Avg.)	mgd		Continuous	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement		90%	%	0	Monthly	Calculated ³
PARM Code 00180 G Mon.Site No. FLW-01	Permit Requirement		Report (3MADF) ²	%		Monthly	Calculated ³
BOD, Carbonaceous 5 day, 20C	Sample Measurement		5.3	MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L		Every two weeks	Rolling 12 Month Avg. ¹
BOD, Carbonaceous 5 day, 20C	Sample Measurement		3.3	MG/L	0	Every two weeks	8-hour FPC
PARM Code 80082 I Mon.Site No.EFA-01	Permit Requirement		30.0 (Mo. Avg.)	MG/L		Every two weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement		13.3	MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L		Every two weeks	Rolling 12 Month Avg. ¹
Solids, Total Suspended	Sample Measurement		9.8	MG/L	0	Every two weeks	8-hour FPC
PARM Code 00530 I Mon.Site No.EFA-01	Permit Requirement		30.0 (Mo. Avg.)	MG/L		Every two weeks	8-hour FPC

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
Dennis Muldoon / Senior Facilities Operator

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE NO.

352-302-9713

DATE (YY/MM/DD)

08/04/24

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA012773	REPORT:	Monthly
MAILING ADDRESS:	1343 N.E. 17th Rd. Ocala, Fl. 34470	LIMIT:	Final	GROUP:	Domestic
FACILITY:	Palm Terrace Gardens WWTP	MONITORING GROUP NUMBER:	R-001 and R-002		
LOCATION:	7616 Arbordale Drive Port Richey, FL 34668	MONITORING GROUP DESC:	P/E Ponds and Sprayfield		
COUNTY:	Pasco	NO DISCHARGE FROM SITE:	<input type="checkbox"/>		
		MONITORING PERIOD--From:	05/01/2006	To:	05/31/2006

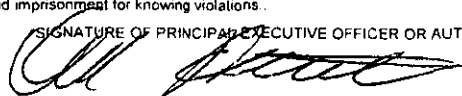
Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of Analysis	Sample Type	
							No. Ex.
Flow, total plant to ponds	Sample Measurement	0.113	0.122	mgd	0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.130 (12MADF) ¹	Report (Mo.Avg.)	mgd		Continuous	Flow meters and totalizers
Flow, from ponds to sprayfield	Sample Measurement	0.119	0.112	mgd	0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-02	Permit Requirement	Report (An.Avg.)	Report (Mo.Avg.)	mgd		Continuous	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement		92%	%	0	Monthly	Calculated ³
PARM Code 00180 G Mon.Site No. FLW-01	Permit Requirement		Report (3MADF) ²	%		Monthly	Calculated ³
BOD, Carbonaceous 5 day, 20C	Sample Measurement		5.3	MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L		Every two weeks	Rolling 12 Month Avg. ¹
BOD, Carbonaceous 5 day, 20C	Sample Measurement		3.3	MG/L	0	Every two weeks	8-hour FPC
PARM Code 80082 I Mon.Site No.EFA-01	Permit Requirement		30.0 (Mo. Avg.)	MG/L		Every two weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement		13.0	MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L		Every two weeks	Rolling 12 Month Avg. ¹
Solids, Total Suspended	Sample Measurement		11.4	MG/L	0	Every two weeks	8-hour FPC
PARM Code 00530 I Mon.Site No.EFA-01	Permit Requirement		30.0 (Mo. Avg.)	MG/L		Every two weeks	8-hour FPC

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

Dennis Muldoon / Senior Facilities Operator

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE NO.

352-302-9713

DATE (YY/MM/DD)

08/04/24

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Terrace Gardens WWTP

PERMIT NUMBER: FLA012773

MONITORING GROUP NUMBER: R-001 and R-002

Pasco

MONITORING PERIOD--From: 05/01/2006 To: 05/31/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.7	8.0	S.U.	0	5 Days/Week Meter/Grab
PARM Code 00400 I Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week Meter/Grab
Coliform, Fecal	Sample Measurement		8.9		#/100mL	0	Every Two Weeks Rolling 12 Month Avg. ¹
Parm Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL		Every Two Weeks Rolling 12 Month Avg. ¹
Coliform, Fecal	Sample Measurement		13.8	190.0	#/100mL	0	Every Two Weeks Grab
Parm Code 74055 I Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (max)	#/100mL		Every Two Weeks Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.2		MG/L	0	5 Days/Week Meter/Grab
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement		0.5 (Min)		MG/L		5 Days/Week Meter/Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.4	MG/L	0	Every Two Weeks 8-hour FPC
PARM Code 00620 I Mon. Site No. EFA-01	Permit Requirement			12.0 (max)	MG/L		Every Two Weeks 8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			190	MG/L	0	Monthly 8-hour FPC
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Report (Mo. Avg.)		MG/L		Monthly 8-hour FPC
Solids, Total Suspended	Sample Measurement		120		MG/L	0	Monthly 8-hour FPC
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Report (Mo. Avg.)		MG/L		Monthly 8-hour FPC

¹ Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages. For Fecal Coliform, use the monthly geometric mean.

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

³ The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100. Reported as a percent.

⁴ FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA012773

 Facility: Palm Terrace Gardens WWTP
 County: Pasco

 MONITORING PERIOD--From: 05/01/2006 To: 05/31/2006

Code	Flow (MGD) total plant flow to ponds	Flow (MGD) from ponds to sprayfield	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Mon.Site	50050	50050	80082	74055	00620	00400	00530	50060	80082	00530
	FLW-01	FLW-02	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.213	0.215				7.7		1.6		
2	0.117	0.126				7.8		1.8		
3	0.113	0.132				7.8		1.6		
4	0.107	0.123				7.9		2.0		
5	0.128	0.138				7.8		2.0		
6	0.153	0.156								
7	0.113	0.000								
8	0.113	0.000	2.5			7.7	9.7	1.6	190	120
9	0.141			190.0	0.4	7.8		1.4		
10	0.128	0.094				7.7		1.4		
11	0.117	0.127				8.0		1.5		
12	0.102	0.082				7.9		1.4		
13	0.102	0.088								
14	0.104	0.164								
15	0.104	0.164				7.8		1.4		
16	0.105	0.167				7.7		1.6		
17	0.129	0.130				7.8		1.6		
18	0.117	0.169				7.9		1.4		
19	0.120	0.151				7.7		1.5		
20	0.130	0.185								
21	0.128	0.120								
22	0.128	0.120	4.1			7.8	13.0	1.4		
23	0.127	0.133		1.0	0.4	7.7		1.6		
24	0.118	0.098				7.8		1.5		
25	0.122	0.092				7.7		1.2		
26	0.102	0.142				7.8		1.4		
27	0.138	0.089								
28	0.126	0.068								
29	0.126	0.068				7.9		1.2		
30	0.076	0.031				7.8		1.4		
31	0.128	0.104				7.8		1.4		

PLANT STAFFING:

Lead Operator	Class: <u>A</u>	Certification No.: <u>6452</u>	Name: <u>Dennis Muldoon</u>
Day Shift Operator	Class: <u>B</u>	Certification No.: <u>8937</u>	Name: <u>Steve Fuller</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Chief Day Operator	Class: _____	Certification No.: _____	Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse: Evap. / Perc. Ponds & Spray Irrigation

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

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

 DEP Form 62-620 910(10), Effective November 29, 1994
 Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA012773
MAILING ADDRESS:	1343 N. E. 17th Rd. Ocala, Fl. 34470	LIMIT:	Final
		CLASS SIZE:	N/A
FACILITY:	Palm Terrace Gardens WWTP	MONITORING GROUP NUMBER:	R-001 and R-002
LOCATION:	7618 Arbordale Drive Port Richey, FL 34668	MONITORING GROUP DESC:	P/E Ponds and Sprayfield
		NO DISCHARGE FROM SITE:	<input type="checkbox"/>
COUNTY:	Pasco	MONITORING PERIOD-From:	06/01/2006 To: 06/30/2006

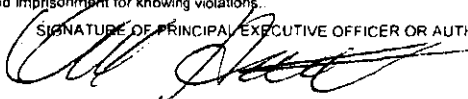
Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of Analysis	Sample Type	
							No. Ex.
Flow, total plant to ponds	Sample Measurement	0.114	0.114	mgd	0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.130 (12MADF) ¹	Report (Mo.Avg.)	mgd		Continuous	Flow meters and totalizers
Flow, from ponds to sprayfield	Sample Measurement	0.118	0.117	mgd	0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-02	Permit Requirement	Report (An.Avg.)	Report (Mo.Avg.)	mgd		Continuous	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement		91%	%	0	Monthly	Calculated ³
PARM Code 00180 G Mon.Site No. FLW-01	Permit Requirement		Report (3MADF) ²	%		Monthly	Calculated ³
BOD, Carbonaceous 5 day, 20C	Sample Measurement		5.0	MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L		Every two weeks	Rolling 12 Month Avg. ¹
BOD, Carbonaceous 5 day, 20C	Sample Measurement		3.6	MG/L	0	Every two weeks	8-hour FPC
PARM Code 80082 I Mon.Site No.EFA-01	Permit Requirement		30.0 (Mo. Avg.)	MG/L		Every two weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement		13.4	MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L		Every two weeks	Rolling 12 Month Avg. ¹
Solids, Total Suspended	Sample Measurement		15.0	MG/L	0	Every two weeks	8-hour FPC
PARM Code 00530 I Mon.Site No.EFA-01	Permit Requirement		30.0 (Mo. Avg.)	MG/L		Every two weeks	8-hour FPC

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

Dennis Muldoon / Senior Facilities Operator

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE NO

352-302-9713

DATE (YY/MM/DD)

08/04/24

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Terrace Gardens WWTP

PERMIT NUMBER: FLA012773

MONITORING GROUP NUMBER: R-001 and R-002

Pasco

		MONITORING PERIOD--From:		To:					
Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample	Type	
pH	Sample Measurement		7.7	7.9	S.U.	0	5 Days/Week	Meter/Grab	
PARM Code 00400 I Mon.Site No.EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Meter/Grab	
Coliform, Fecal	Sample Measurement		9.0		#/100mL	0	Every Two Weeks	Rolling 12 Month Avg. ¹	
Parm Code 74055 Y Mon.Site No.EFA-01	Permit Requirement		200 (An.Avg.)		#/100mL		Every Two Weeks	Rolling 12 Month Avg. ¹	
Coliform, Fecal	Sample Measurement		1.0	1.0	#/100mL	0	Every Two Weeks	Grab	
Parm Code 74055 I Mon.Site No.EFA-01	Permit Requirement		Report (Mo.Geo.Mean)	800 (max)	#/100mL		Every Two Weeks	Grab	
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.0		MG/L	0	5 Days/Week	Meter/Grab	
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement		0.5 (Min)		MG/L		5 Days/Week	Meter/Grab	
Nitrogen,Nitrate, Total (as N)	Sample Measurement			0.5	MG/L	0	Every Two Weeks	8-hour FPC	
PARM Code 00620 I Mon.Site No.EFA-01	Permit Requirement			12.0 (max)	MG/L		Every Two Weeks	8-hour FPC	
BOD, Carbonaceous 5 day, 20C	Sample Measurement		190		MG/L	0	Monthly	8-hour FPC	
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement		Report (Mo.Avg.)		MG/L		Monthly	8-hour FPC	
Solids, Total Suspended	Sample Measurement		210		MG/L	0	Monthly	8-hour FPC	
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement		Report (Mo.Avg.)		MG/L		Monthly	8-hour FPC	

- 1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages. For Fecal Coliform, use the monthly geometric mean.
- 2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
- 3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.
- 4 FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA012773

 Facility: Palm Terrace Gardens WWTP
 County: Pasco

 MONITORING PERIOD--From: 06/01/2006 To: 06/30/2006

Code	Flow (MGD) total plant flow to ponds	Flow (MGD) from ponds to sprayfield	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Mon. Site	FLW-01	FLW-02	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.113	0.061				7.7		1.2		
2	0.130	0.147				7.8		1.4		
3	0.101	0.144								
4	0.121	0.106								
5	0.121	0.106	3.2			7.9	16.0	1.0	190	210
6	0.109	0.153		1U	0.3	7.8		1.2		
7	0.100	0.152				7.7		1.2		
8	0.118	0.130				7.8		1.0		
9	0.090	0.131				7.7		1.2		
10	0.116	0.141								
11	0.118	0.111								
12	0.118	0.111				7.9		1.0		
13	0.129	0.126				7.9		1.4		
14	0.135	0.136				7.9		1.5		
15	0.091	0.122				7.8		1.9		
16	0.116	0.087				7.7		1.8		
17	0.125	0.092								
18	0.114	0.081								
19	0.114	0.081	3.9			7.8	14.0	1.2		
20	0.111	0.118		1U	0.5	7.7		1.4		
21	0.080	0.143				7.7		1.4		
22	0.116	0.133				7.8		1.6		
23	0.118	0.153				7.7		1.6		
24	0.112	0.130								
25	0.122	0.117								
26	0.122	0.117				7.8		1.5		
27	0.155	0.172				7.9		1.4		
28	0.115	0.115				7.8		1.6		
29	0.111	0.082				7.7		1.4		
30	0.092	0.000				7.8		1.5		
31	0.140	0.143								

PLANT STAFFING:

Lead Operator	Class: <u> A </u>	Certification No.: <u> 6452 </u>	Name: <u> Dennis Muldoon </u>
Day Shift Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

Type of Effluent Disposal or Reclaimed Water Reuse: Perc/ Ponds & Spray Irrigation

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

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

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

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 1343 N.E. 17th Rd.
 Ocala, FL 34470

PERMIT NUMBER: FLA012773
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Terrace Gardens WWTP
 LOCATION: 7616 Arbordale Drive
 Port Richey, FL 34668

MONITORING GROUP NUMBER: R-001 and R-002
 MONITORING GROUP DESC: P/E Ponds and Sprayfield
 NO DISCHARGE FROM SITE:

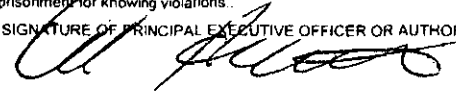
COUNTY: Pasco

MONITORING PERIOD--From: 07/01/2006 To: 07/31/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency		Sample Type
					No. Ex.	of Analysis	
Flow, total plant to ponds	Sample Measurement	0.113	0.118	mgd	0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.130 (12MADF) ¹	Report (Mo.Avg.)	mgd		Continuous	Flow meters and totalizers
Flow, from ponds to sprayfield	Sample Measurement	0.118	0.103	mgd	0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-02	Permit Requirement	Report (An.Avg.)	Report (Mo.Avg.)	mgd		Continuous	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement			91%	0	Monthly	Calculated ³
PARM Code 00180 G Mon.Site No. FLW-01	Permit Requirement			Report (3MADF) ²		Monthly	Calculated ³
BOD, Carbonaceous 5 day, 20C	Sample Measurement			5.6	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)		Every two weeks	Rolling 12 Month Avg. ¹
BOD, Carbonaceous 5 day, 20C	Sample Measurement			11.5	0	Every two weeks	8-hour FPC
PARM Code 80082 I Mon.Site No.EFA-01	Permit Requirement			30.0 (Mo. Avg.)		Every two weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			14.0	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement			20.0 (An.Avg.)		Every two weeks	Rolling 12 Month Avg. ¹
Solids, Total Suspended	Sample Measurement			12.0	0	Every two weeks	8-hour FPC
PARM Code 00530 I Mon.Site No.EFA-01	Permit Requirement			30.0 (Mo. Avg.)		Every two weeks	8-hour FPC

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
 Dennis Muldoon / Area Coordinator

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NO. 352-302-9713
 DATE (YY/MM/DD) 08/04/24

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Terrace Gardens WWTP

PERMIT NUMBER: FLA012773

MONITORING GROUP NUMBER: R-001 and R-002

Pasco

MONITORING PERIOD--From: 07/01/2006 To: 07/31/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.6	7.9	S.U.	0	5 Days/Week Meter/Grab
PARM Code 00400 I Mon.Site No.EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week Meter/Grab
Coliform, Fecal	Sample Measurement		9.0		#/100mL	0	Every Two Weeks Rolling 12 Month Avg. ¹
Parm Code 74055 Y Mon.Site No.EFA-01	Permit Requirement		200 (An.Avg.)		#/100mL		Every Two Weeks Rolling 12 Month Avg. ¹
Coliform, Fecal	Sample Measurement		1.0	1.0	#/100mL	0	Every Two Weeks Grab
Parm Code 74055 I Mon.Site No.EFA-01	Permit Requirement		Report (Mo.Geo.Mean)	800 (max)	#/100mL		Every Two Weeks Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.0		MG/L	0	5 Days/Week Meter/Grab
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement		0.5 (Min)		MG/L		5 Days/Week Meter/Grab
Nitrogen,Nitrate, Total (as N)	Sample Measurement			0.4	MG/L	0	Every Two Weeks 8-hour FPC
PARM Code 00520 I Mon.Site No.EFA-01	Permit Requirement			12.0 (max)	MG/L		Every Two Weeks 8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MG/L	0	Monthly 8-hour FPC
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement		300 Report (Mo.Avg.)		MG/L		Monthly 8-hour FPC
Solids, Total Suspended	Sample Measurement				MG/L	0	Monthly 8-hour FPC
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement		140 Report (Mo.Avg.)		MG/L		Monthly 8-hour FPC

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages. For Fecal Coliform, use the monthly geometric mean.

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

3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100. Reported as a percent.

4 FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA012773

 Facility: Palm Terrace Gardens WWTP
 County: Pasco

 MONITORING PERIOD--From: 07/01/2006 To: 07/31/2006

Code	Flow (MGD) total plant flow to ponds	Flow (MGD) from ponds to sprayfield	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Mon. Site	50050 FLW-01	50050 FLW-02	80082 EFA-01	74055 EFA-01	00620 EFA-01	00400 EFA-01	00530 EFA-01	50060 EFA-01	80082 INF-01	00530 INF-01
1	0.116	0.143								
2	0.107	0.130								
3	0.107	0.130				7.7		1.2		
4	0.129	0.144	16.0			7.8	11.0	1.4	300	140
5	0.123	0.134		1U	0.4	7.7		1.4		
6	0.139	0.158				7.8		1.5		
7	0.087	0.121				7.8		1.2		
8	0.115	0.126								
9	0.104	0.085								
10	0.104	0.085				7.7		1.4		
11	0.116	0.123				7.8		1.5		
12	0.121	0.114				7.7		1.4		
13	0.124	0.120				7.6		1.5		
14	0.110	0.070				7.8		1.5		
15	0.128	0.065								
16	0.122	0.082								
17	0.122	0.082				7.9		1.2		
18	0.117	0.086	6.9			7.6	13.0	1.4		
19	0.116	0.086		1U	0.2	7.8		1.2		
20	0.115	0.066				7.7		1.2		
21	0.104	0.072				7.6		1.2		
22	0.121	0.100								
23	0.130	0.095								
24	0.130	0.095				7.8		1.2		
25	0.127	0.112				7.8		1.0		
26	0.097	0.095				7.7		1.0		
27	0.132	0.085				7.8		2.0		
28	0.163	0.116				7.7		1.8		
29	0.094	0.086								
30	0.126	0.089								
31	0.126	0.089				7.6		1.6		

PLANT STAFFING:

Lead Operator	Class: <u> A </u>	Certification No.: <u> 6452 </u>	Name: <u> Dennis Muldoon </u>
Day Shift Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

Type of Effluent Disposal or Reclaimed Water Reuse: Evap. / Perc. Ponds & Spray Irrigation

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

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

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

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 1343 N.E. 17th Rd.
 Ocala, FL 34470

PERMIT NUMBER: FLA012773
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Terrace Gardens WWTP
 LOCATION: 7816 Arbordale Drive
 Port Richey, FL 34668

MONITORING GROUP NUMBER: R-001 and R-002
 MONITORING GROUP DESC: P/E Ponds and Sprayfield
 NO DISCHARGE FROM SITE:

COUNTY: Pasco

MONITORING PERIOD--From: 08/01/2006 To: 08/31/2006

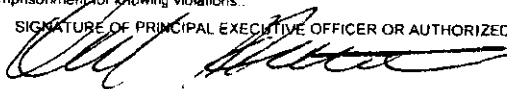
Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of Analysis		Sample Type
					No. Ex.		
Flow, total plant to ponds	Sample Measurement	0.113	0.125	mgd	0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.130 (12MADF) ¹	Report (Mo.Avg.)	mgd		Continuous	Flow meters and totalizers
Flow, from ponds to sprayfield	Sample Measurement	0.116	0.099	mgd	0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-02	Permit Requirement	Report (An.Avg.)	Report (Mo.Avg.)	mgd		Continuous	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement		91%	%	0	Monthly	Calculated ³
PARM Code 00180 G Mon Site No. FLW-01	Permit Requirement		Report (3MADF) ²	%		Monthly	Calculated ³
BOD, Carbonaceous 5 day, 20C	Sample Measurement		6.2	MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L		Every two weeks	Rolling 12 Month Avg. ¹
BOD, Carbonaceous 5 day, 20C	Sample Measurement		15.2	MG/L	0	Every two weeks	8-hour FPC
PARM Code 80082 I Mon.Site No.EFA-01	Permit Requirement		30.0 (Mo. Avg.)	MG/L		Every two weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement		14.8	MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L		Every two weeks	Rolling 12 Month Avg. ¹
Solids, Total Suspended	Sample Measurement		22.7	MG/L	0	Every two weeks	8-hour FPC
PARM Code 00530 I Mon.Site No.EFA-01	Permit Requirement		30.0 (Mo. Avg.)	MG/L		Every two weeks	8-hour FPC

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

Dennis Muldoon / Area Coordinator

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE NO

352-302-9713

DATE (YY/MM/DD)

08/04/24

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Terrace Gardens WWTP

PERMIT NUMBER: FLA012773

MONITORING GROUP NUMBER: R-001 and R-002

Pasco

		MONITORING PERIOD--From:		08/01/2006	To:	08/31/2006			
Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample	Type	
pH	Sample Measurement		7.6	7.9	S.U.	0	5 Days/Week	Meter/Grab	
PARM Code 00400 I Mon.Site No.EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Meter/Grab	
Coliform, Fecal	Sample Measurement		8.2		#/100mL	0	Every Two Weeks	Rolling 12 Month Avg. ¹	
Parm Code 74055 Y Mon.Site No.EFA-01	Permit Requirement		200 (An.Avg.)		#/100mL		Every Two Weeks	Rolling 12 Month Avg. ¹	
Coliform, Fecal	Sample Measurement		1.0	1.0	#/100mL	0	Every Two Weeks	Grab	
Parm Code 74055 I Mon.Site No.EFA-01	Permit Requirement		Report (Mo.Geo.Mean)	800 (max)	#/100mL		Every Two Weeks	Grab	
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.0		MG/L	0	5 Days/Week	Meter/Grab	
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement		0.5 (Min)		MG/L		5 Days/Week	Meter/Grab	
Nitrogen,Nitrate, Total (as N)	Sample Measurement			0.2	MG/L	0	Every Two Weeks	8-hour FPC	
PARM Code 00620 I Mon.Site No.EFA-01	Permit Requirement			12.0 (max)	MG/L		Every Two Weeks	8-hour FPC	
BOD, Carbonaceous 5 day, 20C	Sample Measurement		280		MG/L	0	Monthly	8-hour FPC	
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement		Report (Mo.Avg.)		MG/L		Monthly	8-hour FPC	
Solids, Total Suspended	Sample Measurement		140		MG/L	0	Monthly	8-hour FPC	
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement		Report (Mo.Avg.)		MG/L		Monthly	8-hour FPC	

- 1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages. For Fecal Coliform, use the monthly geometric mean.
- 2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) month's averages.
- 3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100. Reported as a percent.
- 4 FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA012773

 Facility: Palm Terrace Gardens WWTP
 County: Pasco

 MONITORING PERIOD--From: 08/01/2006 To: 08/31/2006

Code	Flow (MGD) total plant flow to ponds	Flow (MGD) from ponds to sprayfield	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Mon. Site	50050	50050	80082	74055	00620	00400	00530	50060	80082	00530
	FLW-01	FLW-02	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.122	0.120	9.5	1U	0.2	7.8	40.0	1.2	280	140
2	0.108	0.089				7.8		1.2		
3	0.126	0.107				7.9		1.2		
4	0.122	0.079				7.9		1.2		
5	0.163	0.114								
6	0.152	0.104								
7	0.152	0.104				7.8		1.0		
8	0.138	0.135				7.8		1.0		
9	0.118	0.132				7.7		1.2		
10	0.123	0.134				7.6		1.0		
11	0.138	0.147				7.7		1.0		
12	0.108	0.064								
13	0.132	0.126								
14	0.132	0.126	10.0			7.8	19.0	1.0		
15	0.120	0.104		1U	0.2	7.9		1.1		
16	0.126	0.127				7.9		1.4		
17	0.106	0.086				7.8		1.0		
18	0.125	0.121				7.7		1.1		
19	0.105	0.113								
20	0.125	0.100								
21	0.125	0.100				7.9		1.0		
22	0.108	0.035				7.8		1.0		
23	0.114	0.055				7.9		1.0		
24	0.088	0.074				7.8		1.0		
25	0.111	0.074				7.8		1.0		
26	0.149	0.092								
27	0.131	0.048								
28	0.131	0.048	26.0			7.9	9.0	1.0		
29	0.136	0.144		1U	0.1	7.9		1.0		
30	0.103	0.113				7.8		1.0		
31	0.129	0.068				7.9		1.0		

PLANT STAFFING:

Lead Operator	Class: <u> A </u>	Certification No.: <u> 6452 </u>	Name: <u> Dennis Muldoon </u>
Day Shift Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

Type of Effluent Disposal or Reclaimed Water Reuse: Evap. / Perc. Ponds & Spray Irrigation

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

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

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

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA012773	REPORT:	Monthly
MAILING ADDRESS:	1343 N. E. 17th Rd. Ocala, Fl. 34470	LIMIT:	Final	GROUP:	Domestic
FACILITY:	Palm Terrace Gardens WWTP	CLASS SIZE:	N/A		
LOCATION:	7616 Arbordale Drive Port Richey, FL 34868	MONITORING GROUP NUMBER:	R-001 and R-002		
COUNTY:	Pasco	MONITORING GROUP DESC:	P/E Ponds and Sprayfield		
		NO DISCHARGE FROM SITE:	<input type="checkbox"/>		
		MONITORING PERIOD--From:	09/01/2006	To:	09/30/2006

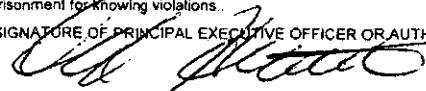
Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample	Type
Flow, total plant to ponds	Sample Measurement	0.116	0.124	mgd	0	Continuous	Flow meters and totalizers	
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.130 (12MADF) ¹	Report (Mo. Avg.)	mgd		Continuous	Flow meters and totalizers	
Flow, from ponds to sprayfield	Sample Measurement	0.114	0.106	mgd	0	Continuous	Flow meters and totalizers	
PARM Code 50050 I Mon. Site No. FLW-02	Permit Requirement	Report (An. Avg.)	Report (Mo. Avg.)	mgd		Continuous	Flow meters and totalizers	
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement		94%	%	0	Monthly	Calculated ³	
PARM Code 00180 G Mon. Site No. FLW-01	Permit Requirement		Report (3MADF) ²	%		Monthly	Calculated ³	
BOD, Carbonaceous 5 day, 20C	Sample Measurement		6.5	MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹	
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	MG/L		Every two weeks	Rolling 12 Month Avg. ¹	
BOD, Carbonaceous 5 day, 20C	Sample Measurement		7.9	MG/L	0	Every two weeks	8-hour FPC	
PARM Code 80082 I Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	MG/L		Every two weeks	8-hour FPC	
Solids, Total Suspended	Sample Measurement		15.7	MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹	
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement		20.0 (An. Avg.)	MG/L		Every two weeks	Rolling 12 Month Avg. ¹	
Solids, Total Suspended	Sample Measurement		13.0	MG/L	0	Every two weeks	8-hour FPC	
PARM Code 00530 I Mon. Site No. EFA-01	Permit Requirement		30.0 (Mo. Avg.)	MG/L		Every two weeks	8-hour FPC	

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

Dennis Muldoon / Area Coordinator

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE NO.

352-302-9713

DATE (YY/MM/DD)

08/04/24

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Terrace Gardens WWTP

PERMIT NUMBER: FLA012773

MONITORING GROUP NUMBER: R-001 and R-002

Pasco

MONITORING PERIOD--From: 09/01/2006 To: 09/30/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.7	7.9	S.U.	0	5 Days/Week Meter/Grab
PARM Code 00400 I Mon.Site No.EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week Meter/Grab
Coliform, Fecal	Sample Measurement		3.2		#/100mL	0	Every Two Weeks Rolling 12 Month Avg. ¹
Parm Code 74055 Y Mon.Site No.EFA-01	Permit Requirement		200 (An.Avg.)		#/100mL		Every Two Weeks Rolling 12 Month Avg. ¹
Coliform, Fecal	Sample Measurement		1.0	1.0	#/100mL	0	Every Two Weeks Grab
Parm Code 74055 I Mon.Site No.EFA-01	Permit Requirement		Report (Mo.Geo.Mean)	800 (max)	#/100mL		Every Two Weeks Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.0		MG/L	0	5 Days/Week Meter/Grab
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement		0.5 (Min)		MG/L		5 Days/Week Meter/Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.2	MG/L	0	Every Two Weeks 8-hour FPC
PARM Code 00620 I Mon.Site No.EFA-01	Permit Requirement			12.0 (max)	MG/L		Every Two Weeks 8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			280	MG/L	0	Monthly 8-hour FPC
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement		Report (Mo.Avg.)		MG/L		Monthly 8-hour FPC
Solids, Total Suspended	Sample Measurement			200	MG/L	0	Monthly 8-hour FPC
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement		Report (Mo.Avg.)		MG/L		Monthly 8-hour FPC

¹ Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages. For Fecal Coliform, use the monthly geometric mean.

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

³ The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100. Reported as a percent.

⁴ FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA012773

 Facility: Palm Terrace Gardens WWTP
 County: Pasco

 MONITORING PERIOD--From: 09/01/2006 To: 09/30/2006

	Flow (MGD) total plant flow to ponds	Flow (MGD) from ponds to sprayfield	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	50050	80082	74055	00620	00400	00530	50060	80082	00530
Mon. Site	FLW-01	FLW-02	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.114	0.047				7.9		1.2		
2	0.116	0.045								
3	0.145	0.059								
4	0.145	0.059				7.9		1.3		
5	0.120	0.081				7.8		1.0		
6	0.103	0.127				7.9		1.1		
7	0.116	0.125				7.9		1.1		
8	0.142	0.151				7.8		1.0		
9	0.124	0.140								
10	0.140	0.103								
11	0.140	0.103	5.7			7.9	9.0	1.0	280	200
12	0.134	0.137		1U	0.2	7.8		1.0		
13	0.097	0.110				7.9		1.0		
14	0.147	0.096				7.8		1.0		
15	0.107	0.102				7.8		1.0		
16	0.106	0.099								
17	0.138	0.099								
18	0.138	0.099				7.8		1.0		
19	0.131	0.133				7.7		1.0		
20	0.123	0.104				7.8		1.0		
21	0.152	0.195				7.7		1.0		
22	0.090	0.114				7.7		1.0		
23	0.121	0.159								
24	0.132	0.077								
25	0.132	0.077	10.0			7.9	17.0	1.0		
26	0.123	0.162		1U	0.2	7.8		1.1		
27	0.100	0.131				7.9		1.6		
28	0.120	0.102				7.9		1.5		
29	0.102	0.084				7.8		1.6		
30	0.121	0.054								
31	0.121	0.054								

PLANT STAFFING:

Lead Operator	Class: <u> A </u>	Certification No.: <u> 6452 </u>	Name: <u> Dennis Muldoon </u>
Day Shift Operator	Class: <u> B </u>	Certification No.: <u> 8937 </u>	Name: <u> Steve Fuller </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

Type of Effluent Disposal or Reclaimed Water Reuse: Perc/ Ponds & Spray Irrigation

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

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

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

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2500 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Aqua Utilities Florida
 MAILING ADDRESS: 1343 N.E. 17th Rd.
 Ocala, FL 34470

PERMIT NUMBER: FLA012773
 LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Palm Terrace Gardens WWTP
 LOCATION: 7616 Arbordale Drive
 Port Richey, FL 34668

MONITORING GROUP NUMBER: R-001 and R-002
 MONITORING GROUP DESC: P/E Ponds and Sprayfield
 NO DISCHARGE FROM SITE:

COUNTY: Pasco

MONITORING PERIOD--From: 10/01/2006 To: 10/31/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency	Sample Type
Flow, total plant to ponds	Sample Measurement	0.117	0.119	mgd	0	Continuous Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.130 (12MADF) ¹	Report (Mo.Avg.)	mgd	0	Continuous Flow meters and totalizers
Flow, from ponds to sprayfield	Sample Measurement	0.115	0.121	mgd	0	Continuous Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-02	Permit Requirement	Report (An.Avg.)	Report (Mo.Avg.)	mgd	0	Continuous Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement		94%	%	0	Monthly Calculated ³
PARM Code 00180 G Mon.Site No. FLW-01	Permit Requirement		Report (3MADF) ²	%	0	Monthly Calculated ³
BOD, Carbonaceous 5 day, 20C	Sample Measurement		7.0	MG/L	0	Every two weeks Rolling 12 Month Avg. ¹
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L	0	Every two weeks Rolling 12 Month Avg. ¹
BOD, Carbonaceous 5 day, 20C	Sample Measurement		9.7	MG/L	0	Every two weeks 8-hour FPC
PARM Code 80082 I Mon.Site No.EFA-01	Permit Requirement		30.0 (Mo. Avg.)	MG/L	0	Every two weeks 8-hour FPC
Solids, Total Suspended	Sample Measurement		16.2	MG/L	0	Every two weeks Rolling 12 Month Avg. ¹
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L	0	Every two weeks Rolling 12 Month Avg. ¹
Solids, Total Suspended	Sample Measurement		13.6	MG/L	0	Every two weeks 8-hour FPC
PARM Code 00530 I Mon.Site No.EFA-01	Permit Requirement		30.0 (Mo. Avg.)	MG/L	0	Every two weeks 8-hour FPC

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)

Donald Hostetler Senior Facility Operator



352-302-9713

08/04/24

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Terrace Gardens WWTP

PERMIT NUMBER: FLA012773

MONITORING GROUP NUMBER: R-001 and R-002

Pasco

Parameter	Quantity of Loading	Units	MONITORING PERIOD--From: 10/01/2006 To: 10/31/2006		Units	No. Ex.	Frequency of Analysis	Sample Type
			Quality or Concentration					
pH	Sample Measurement		7.4	7.9	S.U.	0	5 Days/Week	Meter/Grab
PARM Code 00400 I Mon Site No.EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week	Meter/Grab
Coliform, Fecal	Sample Measurement		3.4		#/100mL	0	Every Two Weeks	Rolling 12 Month Avg. ¹
Parm Code 74055 Y Mon.Site No.EFA-01	Permit Requirement		200 (An.Avg.)		#/100mL		Every Two Weeks	Rolling 12 Month Avg. ¹
Coliform, Fecal	Sample Measurement		3.9	15.0	#/100mL	0	Every Two Weeks	Grab
Parm Code 74055 I Mon.Site No.EFA-01	Permit Requirement		Report (Mo.Geo.Mean)	800 (max)	#/100mL		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.0		MG/L	0	5 Days/Week	Meter/Grab
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement		0.5 (Min)		MG/L		5 Days/Week	Meter/Grab
Nitrogen,Nitrate, Total (as N)	Sample Measurement			2.5	MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00520 I Mon.Site No.EFA-01	Permit Requirement			12.0 (max)	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement		180		MG/L	0	Monthly	8-hour FPC
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement		Report (Mo.Avg.)		MG/L		Monthly	8-hour FPC
Solids, Total Suspended	Sample Measurement		58		MG/L	0	Monthly	8-hour FPC
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement		Report (Mo.Avg.)		MG/L		Monthly	8-hour FPC

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages. For Fecal Coliform, use the monthly geometric mean.

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

3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100. Reported as a percent.

4 FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA012773

 Facility: Palm Terrace Gardens WWTP
 County: Pasco

 MONITORING PERIOD--From: 10/01/2006 To: 10/31/2006

Code	Flow (MGD) total plant flow to ponds	Flow (MGD) from ponds to sprayfield	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Mon Site	50050	50050	80082	74055	00620	00400	00530	50060	80082	00530
	FLW-01	FLW-02	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.242	0.108						1.1		
2	0.102	0.031				7.9		1.0		
3	0.101	0.116				7.8		1.0		
4	0.099	0.153				7.8		1.2		
5	0.097	0.146				7.9		1.1		
6	0.115	0.159				7.8		1.1		
7	0.110	0.108								
8	0.166	0.113								
9	0.166	0.113	5.4			7.8	18.0	2.2	180	58
10	0.108	0.086		1.0	2.5	7.9		2.0		
11	0.096	0.137				7.8		2.0		
12	0.110	0.145				7.8		2.2		
13	0.123	0.108				7.7		2.2		
14	0.116	0.128				7.8		2.2		
15	0.119	0.060								
16	0.119	0.060				7.8		2.2		
17	0.143	0.184				7.8		2.2		
18	0.081	0.119				7.7		2.2		
19	0.109	0.156				7.4		2.2		
20	0.133	0.161				7.5		2.2		
21	0.105	0.141								
22	0.130	0.136								
23	0.130	0.136				7.5		2.2		
24	0.085	0.105	14.0	15.0		7.4	9.2	2.2		
25	0.107	0.140			0.8	7.4		2.2		
26	0.099	0.139				7.5		2.2		
27	0.102	0.151				7.8		2.1		
28	0.144	0.135								
29	0.120	0.066								
30	0.120	0.066				7.7		2.2		
31	0.108	0.150				7.7		2.1		

PLANT STAFFING:

Lead Operator	Class: <u>B</u>	Certification No.: <u>8035</u>	Name: <u>Donald Hostetter</u>
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Day Shift Operator	Class: _____	Certification No.: _____	Name: _____
Chief Day Operator	Class: _____	Certification No.: _____	Name: _____

 Type of Effluent Disposal or Reclaimed Water Reuse: Evap / Perc. Ponds & Spray Irrigation
 Limited Wet Weather Discharge Activated: Yes No Not Applicable: yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary to list all certified operators.
 DEP Form 62-620.910(10), Effective November 29, 1994
 Version 5/18/98

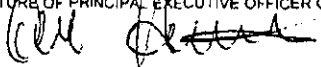
DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA012773	REPORT:	Monthly
MAILING ADDRESS:	1343 N. E. 17th Rd. Ocala, Fl. 34470	LIMIT:	Final	GROUP:	Domestic
FACILITY:	Palm Terrace Gardens WWTP	CLASS SIZE:	N/A		
LOCATION:	7616 Arbordale Drive Port Richey, FL 34668	MONITORING GROUP NUMBER:	R-001 and R-002		
		MONITORING GROUP DESC:	P/E Ponds and Sprayfield		
		NO DISCHARGE FROM SITE:	<input type="checkbox"/>		
COUNTY:	Pasco	MONITORING PERIOD--From:	11/01/2006	To:	11/30/2006

Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of		Sample Type	
					No. Ex.	Analysis		
Flow, total plant to ponds	Sample Measurement	0.119	0.126	mgd	0	Continuous	Flow meters and totalizers	
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.130 (12MADF) ¹	Report (Mo.Avg.)	mgd		Continuous	Flow meters and totalizers	
Flow, from ponds to sprayfield	Sample Measurement	0.114	0.113	mgd	0	Continuous	Flow meters and totalizers	
PARM Code 50050 I Mon.Site No. FLW-02	Permit Requirement	Report (An.Avg.)	Report (Mo.Avg.)	mgd		Continuous	Flow meters and totalizers	
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement		95%	%	0	Monthly	Calculated ³	
PARM Code 00180 G Mon.Site No. FLW-01	Permit Requirement		Report (3MADF) ²	%		Monthly	Calculated ³	
BOD, Carbonaceous 5 day, 20C	Sample Measurement		6.9	MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹	
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L		Every two weeks	Rolling 12 Month Avg. ¹	
BOD, Carbonaceous 5 day, 20C	Sample Measurement		5.1	7.2	MG/L	0	Every two weeks	8-hour FPC
PARM Code 80082 I Mon.Site No.EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement		17.7		MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement		20.0 (An.Avg.)		MG/L		Every two weeks	Rolling 12 Month Avg. ¹
Solids, Total Suspended	Sample Measurement		30.0	42.0	MG/L	0	Every two weeks	8-hour FPC
PARM Code 00530 I Mon.Site No.EFA-01	Permit Requirement		30.0 (Mo. Avg.)	60.0 (Max.)	MG/L		Every two weeks	8-hour FPC

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)
Dennis Muldoon / Area Coordinator		352-302-9713	08/04/24

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Terrace Gardens WWTP

PERMIT NUMBER: FLA012773

MONITORING GROUP NUMBER: R-001 and R-002

Pasco

MONITORING PERIOD--From: 11/01/2006 To: 11/30/2006

Parameter	Quantity of 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 Meter/Grab
PARM Code 00400 I Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week Meter/Grab
Coliform, Fecal	Sample Measurement		3.4		#/100mL	0	Every Two Weeks Rolling 12 Month Avg. ¹
Parm Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL		Every Two Weeks Rolling 12 Month Avg. ¹
Coliform, Fecal	Sample Measurement		1.0	1.0	#/100mL	0	Every Two Weeks Grab
Parm Code 74055 I Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)	800 (max)	#/100mL		Every Two Weeks Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		2.0		MG/L	0	5 Days/Week Meter/Grab
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement		0.5 (Min)		MG/L		5 Days/Week Meter/Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			2.5	MG/L	0	Every Two Weeks 8-hour FPC
PARM Code 00620 I Mon. Site No. EFA-01	Permit Requirement			12.0 (max)	MG/L		Every Two Weeks 8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			60	MG/L	0	Monthly 8-hour FPC
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Report (Mo. Avg.)		MG/L		Monthly 8-hour FPC
Solids, Total Suspended	Sample Measurement			350	MG/L	0	Monthly 8-hour FPC
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Report (Mo. Avg.)		MG/L		Monthly 8-hour FPC

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages. For Fecal Coliform, use the monthly geometric mean.

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

3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

4 FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012773

 Facility: Palm Terrace Gardens WWTP
 County: Pasco

MONITORING PERIOD--From: 11/01/2006 To: 11/30/2006

Code	Flow (MGD) total plant flow to ponds	Flow (MGD) from ponds to sprayfield	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Mon.Site	50050 FLW-01	50050 FLW-02	80082 EFA-01	74055 EFA-01	00620 EFA-01	00400 EFA-01	00530 EFA-01	50060 EFA-01	80082 INF-01	00530 INF-01
1	0.113	0.144				7.8		2.0		
2	0.096	0.132				7.7		2.2		
3	0.106	0.098				7.8		2.2		
4	0.140	0.103								
5	0.118	0.068								
6	0.118	0.068	2.9			7.7	18.0	2.2	60	350
7	0.112	0.149		1U	0.4	7.8		2.2		
8	0.132	0.158				7.7		2.2		
9	0.113	0.062				7.8		2.2		
10	0.113	0.126				7.8		2.2		
11	0.134	0.072								
12	0.119	0.145								
13	0.119	0.145				7.7		2.2		
14	0.114	0.137				7.5		2.2		
15	0.113	0.139				7.5		2.2		
16	0.127	0.106				7.5		2.2		
17	0.153	0.143				7.4		2.2		
18	0.120	0.095								
19	0.125	0.123								
20	0.125	0.123	7.2	1U	2.5	7.5	42.0	2.2		
21	0.125	0.137				7.4		2.2		
22	0.104	0.121				7.5		2.2		
23	0.164	0.152				7.4		2.2		
24	0.146	0.133				7.4		2.2		
25	0.142	0.133								
26	0.146	0.079								
27	0.146	0.079				7.5		2.2		
28	0.166	0.009				7.4		2.2		
29	0.102	0.102				7.5		2.2		
30	0.129	0.116				7.5		2.2		
31										

PLANT STAFFING:

Lead Operator	Class: <u> B </u>	Certification No.: <u> 8035 </u>	Name: <u> Donald Hostetler </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

Type of Effluent Disposal or Reclaimed Water Reuse: Perc/ Ponds & Spray Irrigation

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

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

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

Version 5/18/98

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME:	Aqua Utilities Florida	PERMIT NUMBER:	FLA012773	REPORT:	Monthly
MAILING ADDRESS:	1343 N.E. 17th Rd Ocala, Fl. 34470	LIMIT:	Final	GROUP:	Domestic
FACILITY:	Palm Terrace Gardens WWTP	CLASS SIZE:	N/A		
LOCATION:	7616 Arbordale Drive Port Richey, FL 34668	MONITORING GROUP NUMBER:	R-001 and R-002		
		MONITORING GROUP DESC:	P/E Ponds and Sprayfield		
		NO DISCHARGE FROM SITE:	<input type="checkbox"/>		
COUNTY:	Pasco	MONITORING PERIOD--From:	12/01/2006	To:	12/31/2006

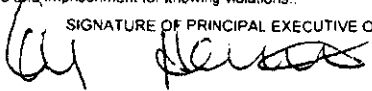
Parameter	Quantity of Loading	Units	Quality or Concentration	Units	Frequency of		Sample Type
					No.	Ex. Analysis	
Flow, total plant to ponds	Sample Measurement	0.121	0.130	mgd	0	Continuous	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.130 (12MADF) ¹	Report (Mo.Avg.)	mgd		Continuous	Flow meters and totalizers
Flow, from ponds to sprayfield	Sample Measurement	0.112	0.099	mgd	0	Continuous	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-02	Permit Requirement	Report (An.Avg.)	Report (Mo.Avg.)	mgd		Continuous	Flow meters and totalizers
Percent Capacity, (TMADF/ Permitted Capacity) X 100	Sample Measurement		96%	%	0	Monthly	Calculated ³
PARM Code 00180 G Mon.Site No. FLW-01	Permit Requirement		Report (3MADF) ²	%		Monthly	Calculated ³
BOD, Carbonaceous 5 day, 20C	Sample Measurement		7.9	MG/L	0	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 80082 Y Mon.Site No.EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L		Every two weeks	Rolling 12 Month Avg. ¹
BOD, Carbonaceous 5 day, 20C	Sample Measurement		15.5	MG/L	0	Every two weeks	8-hour FPC
PARM Code 80082 I Mon.Site No.EFA-01	Permit Requirement		30.0 (Mo. Avg.)	MG/L		Every two weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement		20.3	MG/L	1	Every two weeks	Rolling 12 Month Avg. ¹
PARM Code 00530 Y Mon.Site No.EFA-01	Permit Requirement		20.0 (An.Avg.)	MG/L		Every two weeks	Rolling 12 Month Avg. ¹
Solids, Total Suspended	Sample Measurement		41.5	MG/L	1	Every two weeks	8-hour FPC
PARM Code 00530 I Mon.Site No.EFA-01	Permit Requirement		30.0 (Mo. Avg.)	MG/L		Every two weeks	8-hour FPC

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

Don Hostetler / Senior Facilities Operator

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE NO.

727-919-0674

DATE (YY/MM/DD)

08/04/24

DISCHARGE MONITORING REPORT - PART A (Continued)

Facility Name: Palm Terrace Gardens WWTP

PERMIT NUMBER: FLA012773

MONITORING GROUP NUMBER: R-001 and R-002

Pasco

MONITORING PERIOD--From: 12/01/2006 To: 12/31/2006

Parameter	Quantity of 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 Meter/Grab
PARM Code 00400 I Mon.Site No.EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	S.U.		5 Days/Week Meter/Grab
Coliform, Fecal	Sample Measurement		3.2		#/100mL	0	Every Two Weeks Rolling 12 Month Avg. ¹
ParM Code 74055 Y Mon.Site No.EFA-01	Permit Requirement		200 (An.Avg.)		#/100mL		Every Two Weeks Rolling 12 Month Avg. ¹
Coliform, Fecal	Sample Measurement		1.0	1.0	#/100mL	0	Every Two Weeks Grab
ParM Code 74055 I Mon.Site No.EFA-01	Permit Requirement		Report (Mo.Geo.Mean)	800 (max)	#/100mL		Every Two Weeks Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		2.0		MG/L	0	5 Days/Week Meter/Grab
PARM Code 50060 A Mon.Site No.EFA-01	Permit Requirement		0.5 (Min)		MG/L		5 Days/Week Meter/Grab
Nitrogen,Nitrate, Total (as N)	Sample Measurement			0.4	MG/L	0	Every Two Weeks 8-hour FPC
PARM Code 00620 I Mon.Site No.EFA-01	Permit Requirement			12.0 (max)	MG/L		Every Two Weeks 8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MG/L	0	Monthly 8-hour FPC
PARM Code 80082 G Mon.Site No.INF-01	Permit Requirement		Report (Mo.Avg.)		MG/L		Monthly 8-hour FPC
Solids, Total Suspended	Sample Measurement		230		MG/L	0	Monthly 8-hour FPC
PARM Code 00530 G Mon.Site No.INF-01	Permit Requirement		Report (Mo.Avg.)		MG/L		Monthly 8-hour FPC

1 Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages. For Fecal Coliform, use the monthly geometric mean.

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

3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100. Reported as a percent.

4 FPC - flow proportioned composite

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012773

 Facility: Palm Terrace Gardens WWTP
 County: Pasco

 MONITORING PERIOD--From: 12/01/2006 To: 12/31/2006

Code	Flow (MGD) total plant flow to ponds	Flow (MGD) from ponds to sprayfield	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (Std. Units)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Mon. Site	50050 FLW-01	50050 FLW-02	80082 EFA-01	74055 EFA-01	00620 EFA-01	00400 EFA-01	00530 EFA-01	50060 EFA-01	80082 INF-01	00530 INF-01
1	0.147	0.127				7.5		2.2		
2	0.110	0.088								
3	0.130	0.056								
4	0.130	0.056				7.5		2.2		
5	0.136	0.201	19.0			7.5	59.0	2.2	390	230
6	0.126	0.131		1.0	0.1	7.5		2.2		
7	0.118	0.139				7.5		2.2		
8	0.124	0.112				7.5		2.2		
9	0.121	0.118								
10	0.116	0.118								
11	0.137	0.118				7.4		2.2		
12	0.110	0.108				7.5		2.2		
13	0.121	0.107				7.5		2.2		
14	0.066	0.088				7.5		2.2		
15	0.189	0.076				7.5		2.2		
16	0.157	0.099								
17	0.121	0.077								
18	0.125	0.077				7.5		2.2		
19	0.122	0.086				7.4		2.2		
20	0.153	0.078	12.0			7.5	24.0	2.2		
21	0.096	0.098		1.0	0.4	7.5		2.2		
22	0.120	0.096				7.5		2.2		
23	0.150	0.106								
24	0.147	0.090								
25	0.148	0.090				7.4		2.2		
26	0.145	0.082				7.6		2.0		
27	0.120	0.087				7.7		2.0		
28	0.134	0.087				7.5		2.2		
29	0.129	0.093				7.4		2.2		
30	0.146	0.103								
31	0.140	0.083								

PLANT STAFFING:

Lead Operator	Class: <u> A </u>	Certification No.: <u> 6452 </u>	Name: <u> Dennis Muldoon </u>
Day Shift Operator	Class: <u> B </u>	Certification No.: <u> 8035 </u>	Name: <u> Don Hostetler </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Day Shift Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>
Chief Day Operator	Class: <u> </u>	Certification No.: <u> </u>	Name: <u> </u>

Type of Effluent Disposal or Reclaimed Water Reuse: Evap. / Perc. Ponds & Spray Irrigation

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

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

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

Version 5/18/98

PA File No. FLA012773-002-DW2P

Version 2-9-04



Department of Environmental Protection

Jeb Bush
Governor

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

David B. Struhs
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Florida Water Services Corporation

PERMIT NUMBER:

FLA012773

PA FILE NUMBER:

FLA012773-002-DW2P

ISSUANCE DATE:

March 18, 2004

EXPIRATION DATE:

March 17, 2009

RESPONSIBLE AUTHORITY:

Mr. Craig J. Anderson
Vice President, Environmental Services
PO Box 609520
Orlando, FL 32860-9520

(407) 598-4199

FACILITY:

Palm Terrace Gardens WWTF
116 Arbordale Drive
Port Richey, FL 34668
(352) 302-9713
Pasco County
Latitude: 28° 19' 01" N Longitude: 82° 41' 19" 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 0.130 mgd twelve month average daily flow (12MADF) Type II extended aeration domestic wastewater treatment plant consisting of: a pumping station, flow-splitter box, and two parallel process trains each with a design capacity of 0.10 mgd. Each train consists of: two (2) aeration basins of 100,000 gallons total volume, one (1) clarifier of 182 ft² surface area and 16,300 gallons, one (1) chlorine contact chamber of 2,080 gallons, and one (1) aerobic digester of 7,500 gallons. This plant is operated to provide secondary treatment with basic disinfection.

REUSE:

Land Application: An existing 0.130 mgd twelve month average daily flow (12MADF) permitted capacity land application system consisting of a rapid infiltration basin system (R-001) which has two (2) percolation/evaporation ponds of 28,750 ft² (North Pond) and 11,250 ft² (South Pond), which pump to a 1.28 acre (55,757 ft²) slow rate restricted public access sprayfield (R-002). R-001 and R-002 are located approximately at latitude 28° 24' 30" N, longitude 82° 20' 00" W.

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

"More Protection, Less Process"

Printed on recycled paper.

DOCUMENT NUMBER-PA
04323 MAY 22 08
FPSC-COMMISSION CLERK

FACILITY: Palm Terrace Gardens WWTF
 PERMITTEE: Florida Water Services Corporation

PERMIT NUMBER: FLA012773
 COUNTY: Pasco

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse Systems R-001 and R-002. Such reclaimed water shall be limited and monitored by the permittee as specified below:

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow, R-001 - total plant to p/e ponds	MGD	Maximum	0.130 ¹	-	-	-	Continuous	Recording flow meters and totalizers	FLW-01	See Cond.I.A.3&4
Flow, R-002 - flow from ponds to sprayfield	MGD	Maximum	Report	Report	-	-	Continuous	Recording flow meters and totalizers	FLW-02	See Cond.I.A.3&4
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	45.0	60.0	Every two weeks	8-hour flow proportioned composite	EFA-01	
Solids, Total Suspended	MG/L	Maximum	20.0	30.0	45.0	60.0	Every two weeks	8-hour flow proportioned composite	EFA-01	
pH	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Meter/grab	EFA-01	
Coliform, Fecal	#/100M L	Maximum	See Permit Condition I.A.5.				Every two weeks	Grab	EFA-01	
Total Residual Chlorine (For Disinfection)	MG/L	Minimum	-	-	-	0.5	5 Days/Week	Meter/Grab	EFA-01	See Cond.I.A.6
Nitrogen, Nitrate, Total (as N)	MG/L	Maximum	-	-	-	12.0	Every two weeks	8-hour flow proportioned composite	EFA-01	

¹Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages.

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PERMITTEE: Florida Water Services Corporation

PERMIT NUMBER: FLA012773
COUNTY: Pasco

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

Monitoring Location Site Number	Description of Monitoring Location
EFA-01	After disinfection and prior to discharge to the percolation/evaporation ponds.
FLW-01	Flow measurement at the effluent of the chlorine contact chamber.
FLW-02	Flow measured at the pumps from the percolation ponds to the sprayfield.

3. The twelve-month average daily flow to reuse system R-001 shall not exceed 0.130 mgd, calculated as rolling averages.
4. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
5. The 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)]
6. 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)]

FACILITY: Palm Terrace Gardens WWTF
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PERMIT NUMBER: FLA012773
 COUNTY: Pasco

B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below:

Parameter	Units	Max/Min	Limitations				Monitoring Requirements				Notes
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number		
Flow	MGD	Maximum	0.130 ¹	-	-	-	5 Days/Week	Recording flow meters and totalizers	FLW-01	See Cond.I.B.3, 5	
Percent Capacity, (TMADF/Permitted Capacity) x 100	%	Maximum	-	Report	-	-	Monthly	Calculated	FLW-01		
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	-	Report	-	-	Monthly	8-hour flow proportioned composite	INF-01	See Cond.I.B.4	
Solids, Total Suspended	MG/L	Maximum	-	Report	-	-	Monthly	8-hour flow proportioned composite	INF-01	See Cond.I.B.4	

¹Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) month's averages.

FACILITY: Palm Terrace Gardens WWTF
PERMITTEE: Florida Water Services Corporation

PERMIT NUMBER: FLA012773
COUNTY: Pasco

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

Monitoring Location Site Number	Description of Monitoring Location
FLW-01	Flow measurement at the effluent of the chlorine contact chamber.
INF-01	At headworks, prior to treatment and ahead of return activated sludge line.

3. The twelve-month average daily flow to the treatment plant shall not exceed 0.130 mgd.
4. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4)]
5. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
6. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method in accordance with 40 CFR Part 136. Parameters which must be monitored as a result of a ground water discharge (i.e., underground injection or land application system) shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18)]
7. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]
8. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

REPORT Type	Monitoring Period	Due Date
Monthly or Toxicity	first day of month - last day of month	28 th day of following month
Quarterly	January 1 - March 31 April 1 - June 30 July 1 - September 30 October 1 - December 31	April 28 July 28 October 28 January 28
Semiannual	January 1 - June 30 July 1 - December 31	July 28 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 at the address specified in Permit Condition I.B. 11 and be postmarked by the twenty-eighth (28th) of the month following the month of operation.

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

9. During the period of operation authorized by this permit, reclaimed water or effluent shall be monitored annually for the primary and secondary drinking water standards contained in Chapter 62-550, F.A.C., (except for

FACILITY: Palm Terrace Gardens WWTF
PERMITTEE: Florida Water Services Corporation

PERMIT NUMBER: FLA012773
COUNTY: Pasco

turbidity, total coliforms, color, and corrosivity). Twenty-four hour composite samples shall be used to analyze reclaimed water or effluent for the primary and secondary drinking water standards. These monitoring results shall be reported to the Department annually on the Reclaimed Water or Effluent Analysis Report, Form 62-620.910(15), or in another format if requested by the permittee and if approved by the Department as being compatible with data entry into the Department's computer system. During years when a permit is not renewed, a certification stating that no new non-domestic wastewater dischargers have been added to the collection system since the last reclaimed water or effluent analysis was conducted may be submitted in lieu of the report. The annual reclaimed water or effluent analysis report or the certification shall be completed and submitted in a timely manner so as to be received by the Department by January 1 of each year. [62-601.300(4)][62-601.500(3)]

10. The permittee shall submit an Annual Reuse Report using DEP Form 62-610.300(4)(a)2. on or before January 1 of each year. [62-610.870(3)]
11. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department on a monthly basis Discharge Monitoring Report(s) (DMR), Form 62-620.910(10), as attached to this permit. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department by the twenty-eighth (28th) of the month following the month of operation at the address specified below: [62-620.610(18)][62-601.300(1), (2), and (3)]

Florida Department of Environmental Protection
Wastewater Facilities Regulation Section, Mail Station 3551
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

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

Southwest District Office
3804 Coconut Palm Drive
Tampa, Florida 33619-1352

Phone Number - (813)744-6100
FAX Number - (813)744-8198
Email - employeefirstname.lastname@dep.state.fl.us

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

II. RESIDUALS MANAGEMENT REQUIREMENTS

Basic Management Requirements

1. The method of residuals use or disposal by this Facility is transport to Shady Hills Residuals Management Facility-FLA012726 or disposal in a Class I or II solid waste landfill. Transportation of the residuals to an alternative RMF does not require a permit modification, however, use of an alternative RMF requires a copy of the agreement pursuant to Chapter 62-640.880(1)(c) along with a written notification to the Department at least 30 days before transport of the residuals.
2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5)]

FACILITY: Palm Terrace Gardens WWTF
PERMITTEE: Florida Water Services Corporation

PERMIT NUMBER: FLA012773
COUNTY: Pasco

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. Disposal of screenings and grit from preliminary treatment components of wastewater treatment facilities, solids from sewer line cleaning operations, and solids from lift stations and pump stations shall be in accordance with Chapter 62-701, F.A.C. and may not be processed at a permitted residuals management facility. [62-640.100(6)(k)8., 3-30-98 and 62-701.300(1)(a)]
7. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

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

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

8. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department if the storage lasts longer than 30 days. [62-640.300(4)]

III. GROUND WATER REQUIREMENTS

Operational Requirements

1. For the Part II land application system(s), all ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. The zone of discharge for this project shall extend horizontally 100 feet from the application site or to the facility's property line, whichever is less, and vertically to the base of the surficial aquifer. [62-520.200(23)][62-522.400 and 62-522.410]

FACILITY: Palm Terrace Gardens WWTF
 PERMITTEE: Florida Water Services Corporation

PERMIT NUMBER: FLA012773
 COUNTY: Pasco

2. The ground water minimum criteria specified in Rule 62-520.400 F.A.C., shall be met within the zone of discharge. [62-520.400 and 62-520.420(4)]
3. During the period of operation authorized by this permit, the permittee shall sample ground water in accordance with this permit and the approved ground water monitoring plan prepared in accordance with Rule 62-522.600, F.A.C. [62-522.600][62-610.510,]
4. The following monitoring wells shall be sampled in accordance with the monitoring frequencies specified in Permit Condition III.5. for Reuse Systems R-001 and R-002. Quarterly sampling must be reasonably spaced to be representative of potentially changing conditions.

Monitoring Well ID	Alternate Well Name and/or Description of Monitoring Location	Depth (Feet)	Aquifer Monitored	New or Existing
MWC-01	EN2WS	15	Surficial	existing
MWC-02	EN3WS	20	Surficial	existing
MWC-03	EN5WA	20	Floridan	existing
MWC-04	EN6WA	20	Floridan	existing
MWB-01	EN1WS	13	Surficial	existing
MWB-02	EN4WS	20	Surficial	existing

MWB = Background; MWI = Intermediate; MWC = Compliance

[62-522.600][62-610.513]

5. The following parameters shall be analyzed for each of the monitoring well(s) identified in Permit Condition(s) III. 4:

Parameter	Compliance Well Limit	Units	Sample Type	Monitoring Frequency
Water Level Relative to NGVD	Report	FEET	In-situ	Quarterly
Nitrogen, Nitrate, Total (as N)	10	MG/L	Grab	Quarterly
Solids, Total Dissolved (TDS)	500	MG/L	Grab	Quarterly
Chloride (as Cl)	250	MG/L	Grab	Quarterly
Sodium	160	MG/L	Grab	Quarterly
Cadmium	5	UG/L	Grab	Quarterly
Lead	15	UG/L	Grab	Quarterly
Chromium	100	UG/L	Grab	Quarterly
Coliform, Fecal	4	#/100ML	Grab	Quarterly
pH	6.5 to 8.5	SU	In-situ	Quarterly
Sulfate, Total	250	MG/L	Grab	Quarterly
Turbidity	1	NTU	Grab	Quarterly
Specific Conductance	Report	UMHO/CM	Grab	Quarterly
Temperature (C), Water	Report	DEG.C	Grab	Quarterly

[62-522.600(11)(b)] [62-601.300(3), 62-601.700, and Figure 3 of 62-601][62-601.300(6)] [62-601.300(7)][62-520.300(9)]

6. If the concentration for any constituent listed in Permit Condition III. 5. in the natural background quality of the ground water is greater than the stated maximum, or in the case of pH is also less than the minimum, the representative natural background quality shall be the prevailing standard. [62-520.420(2)]

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7. In accordance with Part D of Form 62-620.910(10), water levels shall be recorded before evacuating wells for sample collection. Elevation references shall include the top of the well casing and land surface at each well site (NGVD allowable) at a precision of plus or minus 0.1 foot. [62-610.513(2),]
8. Ground water monitoring wells shall be purged prior to sampling to obtain representative samples. [62-601.700(5)]
9. Analyses shall be conducted on unfiltered samples, unless filtered samples have been approved by the Department's Southwest District Office as being more representative of ground water conditions. [62-520.300(9)]
10. Ground water monitoring parameters shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18)]
11. Ground water monitoring test results shall be submitted on Part D of Form 62-620.910(10). For reuse or land application projects, results shall be submitted with the DMR for each month listed in the following schedule. The submitted results shall be for each year during the period of operation allowed by this permit in accordance with Permit Condition I.B.8. [62-522.600(10) and (11)(b)] [62-601.300(3), 62.601.700, and Figure 3 of 62-601] [62-620.610(18)]

SAMPLE PERIOD	REPORT DUE DATE
January - March	April 28
April - June	July 28
July - September	October 28
October - December	January 28

12. If any monitoring well becomes damaged or cannot be sampled for some reason, the permittee shall notify the Department's Southwest District Office immediately and a written report shall follow within seven days detailing the circumstances and remedial measures taken or proposed. Repair or replacement of monitoring wells shall be approved in advance by the Department's Southwest District Office. [62-522.600][62-4.070(3)]
13. The Permittee shall provide verbal notice to the Department's Southwest District Office as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department's Southwest District Office in a written report within 7 days of the sinkhole discovery. [62-4.070(3)]
14. All piezometers and wells not part of the approved ground water monitoring plan are to be plugged and abandoned in accordance with Rule 62-532.500(4), F.A.C., unless there is intent for their future use. [62-532.500(4)]

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part IV Rapid Infiltration Basins (R-001)

1. All ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. The zone of discharge for this project shall extend horizontally 100 feet from the application site or to the facility's property line, whichever is less, and vertically to the base of the surficial aquifer. [62-520.200(23)] [62-522.400 and 62-522.410]
2. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518]

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3. The annual average hydraulic loading rate to the rapid infiltration basins shall be limited to a maximum of 4.8 inches per day (as applied to the entire bottom area). [62-610.523(3)]
4. Rapid infiltration basins 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)]
5. Rapid infiltration basins shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottoms shall be maintained to be level. [62-610.523(6) and (7)]
6. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.514 and 62-610.414]
7. Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as an abnormal event to the Department's Southwest District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. [62-610.800(9)]

Part II Slow-Rate/Restricted Access System (R002)

8. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.418(1)]
9. The annual average hydraulic loading rate to the sprayfield shall be limited to a maximum of 2.0 inches per week. The hydraulic loading rate shall not produce surface runoff or ponding of the applied reclaimed water. [62-610.423(3) and (4)]
10. The crops or vegetation shall be periodically harvested and removed from the project area. [62-610.310(3)(d) and 62-610.419(1)(b)]
11. Dairy cattle whose milk is intended for human consumption shall not be allowed on the project area for a period of 15 days after the last application of reclaimed water. No restrictions are imposed on the grazing of other cattle. [62-610.425]
12. Irrigation of edible food crops is prohibited. [62-610.426]

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 ½ hour/day for 5 days/week and a weekend visit. The lead/chief operator must be Class C, 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)]

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3. A certified operator shall be on-site and in charge of each required shift and for periods of required staffing time when the lead operator is not on-site. A certified operator shall be on call during periods the plant is unattended. *[62-699.311(5), 07-05-01]*
4. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. *[62-600.405(5)]*
5. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. *[62-600.735(1)]*
6. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
 - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
 - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
 - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
 - e. A copy of the current permit;
 - f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
 - g. A copy of the facility record drawings;
 - h. Copies of the licenses of the current certified operators; and
 - i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350]

VI. SCHEDULES

The permittee shall abide by the following schedule:

	Action Required:	Schedule:
1	Establish a percolation/evaporation pond resting and rotating schedule.	No later than June 1, 2004

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VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

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

VIII. OTHER SPECIFIC CONDITIONS

1. 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)][62-640.700(2)(b)]*
3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. *[62-600.410(8) and 62-640.400(6)]*
4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. *[62-604.130(3)]*
5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. *[62-604.550] [62-620.610(20)]*
6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
 - d. Which result in treatment plant discharges having temperatures above 40°C.*[62-604.130(4)]*
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)]*

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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)]*
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)]*

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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, 62-620.420 or 62-620.450, F.A.C., as applicable, at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.300 for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. *[62-620.610(16)]*
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(4), F.A.C. 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 62-620, F.A.C.
 - e. Under Chapter 62-160, F.A.C., field procedures for sample collection and laboratory methods shall be performed by following the protocols 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, 62-160.330, and 62-160.600, 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

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corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.

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

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

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

1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the **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)]

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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
 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.

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- 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)]

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



Timothy J. Parker, P. E.
Water Facilities Administrator
Southwest District
3804 Coconut Palm Drive
Tampa, FL 33619-1352



Florida Department of Environmental Protection

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

file
Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

August 30, 2007

Mr. Jack Lihvarcik, President
Aqua Utilities Florida, Inc.
P. O. Box 490310
Leesburg, FL 34749

Re: Enforcement Reconnaissance Inspection
Palm Terrace Gardens WWTF
Facility ID No. FLA012773
Pasco County

Dear Mr. Lihvarcik:

On August 28, 2007, the Florida Department of Environmental Protection (Department) conducted an Enforcement Reconnaissance Inspection at the referenced facility to determine compliance with wastewater requirements and, overall, the facility was Significantly Out of Compliance. A copy of the inspection report is attached for your records.

You are requested to respond to this letter with the plans you have made to correct any noted deficiencies and to submit any requested information for those items indicated by an asterisk (*). Your response is requested to be in writing and should include a time frame needed to achieve compliance. This response is due to the Department by September 28, 2007. Due to the nature and severity of these deficiencies, enforcement action may be initiated to compel compliance. Please direct any questions to the undersigned at (813) 632-7600, extension 411, or e-mail: jerry.nichols@dep.state.fl.us.

Sincerely,

Jerry E. Nichols
Environmental Specialist II
Domestic Wastewater Program

Attachment

cc: Mr. Don Hostetler, Operator of Record

DOCUMENT NUMBER-DATE

04323 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 Palm Terrace Gardens WWTF 116 Arbordale Drive Port Richey, FL	WAFR ID: FLA012773	County Pasco Phone (941) 907-7400	Entry Date/Time 8/28/2007 8:01:00 AM @ Exit Date/Time 8/28/2007 8:16:00 AM
Name(s) of Field Representative(s) Don Hostetler	Title Operator of Record	Phone	
Name and Address of Permittee or Designated Representative Jack Lihvarcik P. O. Box 490310 Leesburg, FL 34749	Title President	Phone (941) 907-7400	@ Operator Certification #

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

FACILITY COMPLIANCE AREAS EVALUATED

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

PERMITS/ORDERS		SELF MONITORING PROGRAM		FACILITY OPERATIONS		EFFLUENT/DISPOSAL	
NE	1. ♦ Permit	NE	3. Laboratory	IC	6. Facility Site Review	NE	9. ♦ Effluent Quality
NE	2. ♦ Compliance Schedules	NE	4. Sampling	NE	7. Flow Measurement	SC	10. ♦ Effluent Disposal
		NE	5. ♦ Records & Reports	NE	8. ♦ Operation & Maintenance	NE	11. Residuals/Sludge
NC	13. Other:					NE	12. Groundwater

Facility and/or Order Compliance Status:	<input type="checkbox"/> In-Compliance	<input type="checkbox"/> Out-Of-Compliance	<input checked="" type="checkbox"/> Significant-Out-Of-Compliance
Recommended Actions: Letter			

Name(s) and Signature(s) of Inspector(s) Jerry E. Nichols	District Office/Phone Number SWD/(813)632-7600x411	Date 8-28-07
@ Signature of Reviewer Michele H. Duggan	District Office/Phone Number SWD/(813)632-7600x335	Date 08/29/07

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI, RI, ASI, ANI)

Transaction Code	NPDES Number	YR/MO/DA	Insp. Type	Inspector	Fac. Type
			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: Palm Terrace Gardens WWTF

Facility ID: FLA012773

Inspection Type: Reconnaissance & Enforcement Reconnaissance Inspections

Date: 8/28/2007 at 8:16:00 AM

Facility Background:

Address: 116 Arbordale Drive, Port Richey, FL , Pasco County

Permit Information: Wastewater Permit issued: 3/19/2004, and expires: 3/18/2009

Treatment Summary: Extended Aeration

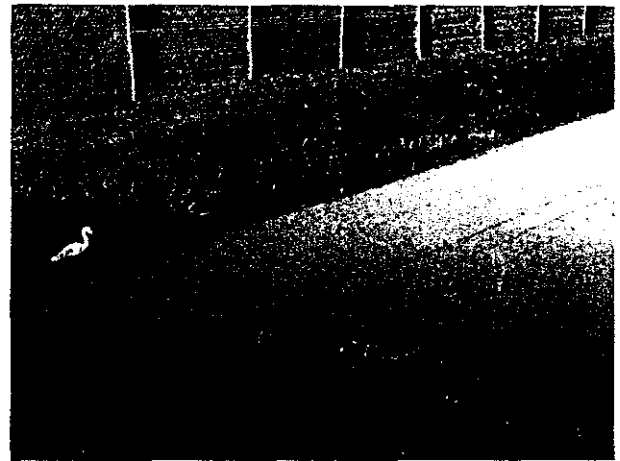
Permitted Capacity: 0.13 MGD

1. Permit: Not Evaluated
2. Compliance Schedules: Not Evaluated
3. Laboratory: Not Evaluated
4. Sampling: Not Evaluated
5. Records and Reports: Not Evaluated
6. Facility Site Review: In Compliance
 - 6.1 Observation: General - The facility grounds were secured properly.
7. Flow Measurement: Not Evaluated
8. Operation and Maintenance: Not Evaluated
9. Effluent Quality: Not Evaluated
10. Effluent Disposal: Significantly Out-of-Compliance
 - 10.1 *Observation: Department personnel observed:
 - 10.1.a The south percolation freeboard was inadequate, as depicted in photographs 1, 2 and 3.
 - 10.1.b The north percolation pond contained a significant volume of effluent, as depicted in photograph 4.
 - 10.1.c The restricted access spray field was discharging to the south, beyond the fence, as depicted in photograph 8.
 - 10.1.d The restricted access spray field had ponding around several spray heads, as depicted in photograph 11.
 - 10.1.e The restricted access spray field had three spray heads that were inoperable and one spray head that was operating at a reduced capacity, as depicted in photographs 9 and 10.
11. Residuals/Sludge: Not Evaluated
12. Groundwater Quality: Not Evaluated
13. Other: Out of Compliance
 - 13.1 *Observation: The clean up of the August 27, 2007 spill was satisfactory. However, no warning signs were posted around the storm water pond that was impacted by the spill, as depicted in photographs 5 and 6.

- Photographer: Jerry Nichols
- Facility Name: Palm Terrace Gardens WWTF
- Facility ID No.: FLA012773
- Photographed on: August 28, 2007
- Type of Camera: Sony Cyber-Shot A530
- Recording Media: Sony MemoryStick (E:)
- Digital photos copied by: Jerry Nichols
- Digital photos copied to: mydocs/Pasco /Palm Terrace/8-28-07 insp. photo
- Original copies stored: "Photo Archives" CD



1 - View of south P/E pond.



2 - View of south P/E pond.

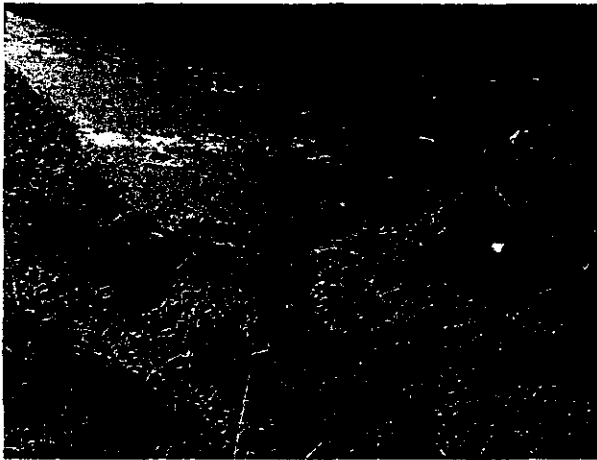


3 - View of south P/E pond.



4 - View of north P/E pond with a significant volume.

Photographer: Jerry Nichols
Facility Name: Palm Terrace Gardens WWTF
Facility ID No.: FLA012773
Photographed on: August 28, 2007
Type of Camera: Sony Cyber-Shot A530
Recording Media: Sony MemoryStick (E:)
Digital photos copied by: Jerry Nichols
Digital photos copied to: mydocs/Pasco /Palm Terrace/8-28-07 insp. photo
Original copies stored: "Photo Archives" CD



5 – View of spill entry point to pond.



6 – View pond impacted by spill.



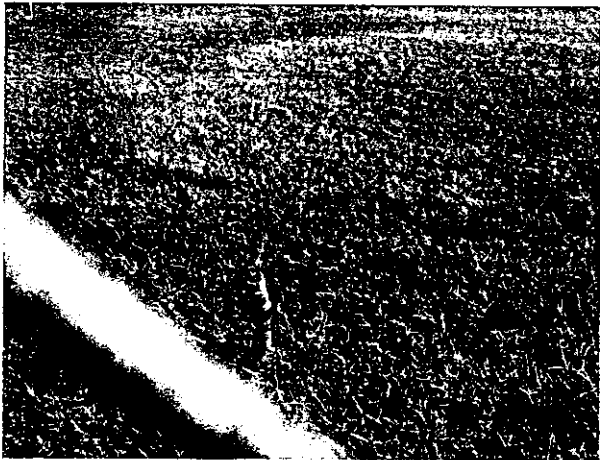
7 - View of brown grass in spray field.



8 – View of runoff between fence and Ranch Road.

Photographer:

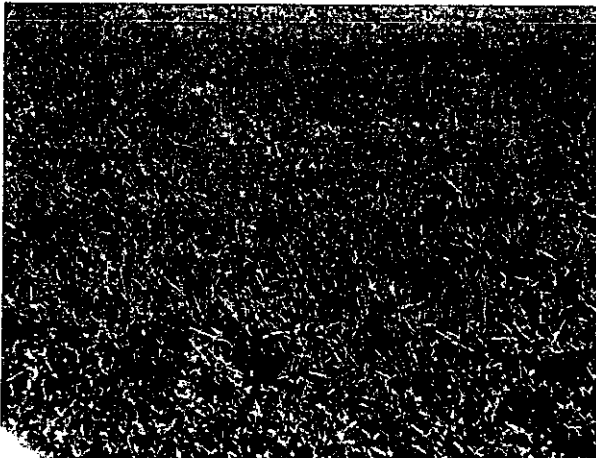
- Facility Name: Jerry Nichols
- Facility ID No.: Palm Terrace Gardens WWTF
- Photographed on: FLA012773
- Type of Camera: August 28, 2007
- Recording Media: Sony Cyber-Shot A530
- Digital photos copied by: Sony MemoryStick (E:) Jerry Nichols
- Digital photos copied to: mydocs/Pasco /Palm Terrace/8-28-07 insp. photo
- Original copies stored: "Photo Archives" CD



9 – View of inoperable spray head.



10 – View of south line of spray heads.



11- Ponding water in spray field.



12 – Stand pipe supported wooden board.



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

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

October 1, 2007

Jerry Nichols
Environmental Specialist
FDEP Southwest District Office
13051 North Telecom Parkway
Temple Terrace, FL 33637

**RE: Reply to Enforcement Reconnaissance Inspection
Palm Terrace Gardens WWTF
Facility ID No. FLA012773
Pasco County**

Dear Nichols:

Thank you for your inspection on August 28, 2007. The purpose of the correspondence is to provide a written response as requested in your letter.

1. The pond levels were high due to the power outage that had occurred the weekend prior to your inspection. Your office was notified both in writing and verbally over the phone of this incident. The pond levels have been significantly lower after power was restored and the plant returned to normal operating conditions. The sprayfield is currently under rehabilitation which should be completed by October 5, 2007.
2. Warning signs will be posted in the event of a future spill.

If you have any questions, please contact me at (352) 435-4029 or by e-mail at PAFarris@aquaaamerica.com. Thank you.

Sincerely,

Patrick Farris

Patrick A. Farris
Environmental Compliance Specialist
Aqua Utilities Florida, Inc.

cc: Dennis Muldoon, via e-mail
Bill Dean, via e-mail
Edward Pellenz, P.E., via e-mail
Michael O'Reilly, via e-mail

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



PATRICK

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Zephyrhills MHC	PWS Identification Number:	6512018
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:	213	Total Population Served at End of Month:	491
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City:	Sarasota State: Florida Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquamerica.com		

B. Water Treatment Plant Information

Plant Name:	Zephyrhills MHC	Plant Telephone Number:	863-858-2504
Plant Address:	35235 Highway 54 West	City:	Zephyrhills State: Florida Zip Code: 33810
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:	200,000		
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:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:	Jerry Hahn	C	14331	

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.

Steve Fuller 2-8-07
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

DOCUMENT NUMBER-DATE

04323 MAY 22 8

FPSC-COMMISSION CLERK

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

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "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		24.0	35,000		1.3									1.0	
2		24.0	33,000		1.2									1.0	
3		24.0	40,000		1.1									0.9	
4		24.0	39,000		1.2									1.0	
5		24.0	40,000		1.5									1.1	
6		24.0	30,000		1.3									1.0	
7		24.0	34,500												
8		24.0	34,500		1.1									0.8	
9		24.0	47,000		1.2									0.7	
10		24.0	30,000		0.8									0.6	
11		24.0	42,000		1.2									0.9	
12		24.0	36,000		1.9									0.6	
13		24.0	45,000		0.9									0.7	
14		24.0	40,500												
15		24.0	40,500		0.8									0.6	
16		24.0	47,000		1.1									0.8	
17		24.0	45,000		1.2									0.8	
18		24.0	37,000		1.0									0.8	
19		24.0	58,000		1.2									1.0	
20		24.0	30,000		1.1									0.8	
21		24.0	43,000												
22		24.0	43,000		0.5									0.4	
23		24.0	43,000		1.0									0.8	
24		24.0	42,000		1.0									0.7	
25		24.0	36,000		0.8									0.6	
26		24.0	47,000		1.7									1.1	
27		24.0	77,000		1.0									0.8	
28		24.0	32,500												
29		24.0	32,500		1.1									0.7	
30		24.0	58,000		1.3									1.0	
31		24.0	41,000		1.4									1.0	
Total			1,279,000												
Average			41,258												
Maximum			77,000												

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-555.900(3)
 Effective August 28, 2003

PATRICK



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: American Condominium PWS Identification Number: 6515213
 Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community
 Number of Service Connections at End of Month: 309 Total Population Served at End of Month: 1080
 Consecutive System Owner: Aqua Utilities Florida
 Contact Person: Bill Dean Contact Person's Title: South Region Manager
 Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: FL Zip Code: 34240
 Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7401
 Contact Person's E-Mail Address: wadean@aquaaamerica.com

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

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.9		17	0.7	
2	0.8		18	0.8	
3	0.7		19	0.9	
4	1.0		20	0.7	
5	0.8		21		
6			22	0.5	
7			23	0.7	
8	0.6		24	0.5	
9	0.7		25	0.7	
10	0.7	Water off to cap pasco interconnect BWN handed out	26	1.0	
11	1.0	Pull samples 2 days passed	27		
12	0.8	BWN Lifted	28		
13			29	0.6	
14			30	0.9	
15	0.6		31	1.1	
16	0.8				

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 2-9-07 Signature and Date
 Steve Fuller Printed or Typed Name
 B-7519 License Number or Title

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



PATRICK

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Zephyrhills MHC	PWS Identification Number:	6512018
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:	213	Total Population Served at End of Month:	491
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City:	Sarasota State: Florida Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Zephyrhills MHC	Plant Telephone Number:	863-858-2504
Plant Address:	35235 Highway 54 West	City:	Zephyrhills State: Florida Zip Code: 33810
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:	200,000		
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:	Steve Fuller	B	7519 / Days 1st Shift
Other Operators:	Jerry Hahn	C	14331

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.

Steve Fuller 3-8-07
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

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

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1	X	24.0	36,000		1.2							1.1	
2	X	24.0	42,000		1.4							1.0	
3	X	24.0	56,000		1.5							0.9	
4		24.0	31,000										
5	X	24.0	31,000		0.8							0.6	
6	X	24.0	35,000		1.0							0.9	
7	X	24.0	51,000		1.3							1.0	
8	X	24.0	47,000		1.2							1.1	
9	X	24.0	59,000		0.9							0.7	
10		24.0	44,500										
11	X	24.0	44,500		0.8							0.6	
12	X	24.0	20,000		0.7							0.6	
13	X	24.0	67,000		1.0							0.8	
14	X	24.0	21,000		1.1							0.7	
15	X	24.0	48,000		1.2							0.8	
16	X	24.0	40,000		1.4							1.0	
17	X	24.0	58,000		1.0							0.8	
18		24.0	35,500										
19	X	24.0	35,500		1.1							0.8	
20	X	24.0	49,000		1.2							0.8	
21	X	24.0	45,000		1.0							0.7	
22	X	24.0	49,000		0.9							0.6	
23	X	24.0	45,000		1.5							1.1	
24		24.0	55,500										
25	X	24.0	55,500		1.3							1.0	
26	X	24.0	29,000		1.1							0.9	
27	X	24.0	57,000		2.0							1.8	
28	X	24.0	29,000		1.8							1.4	
29													
30													
31													

Total: 1,216,000
 Average: 43,429
 Maximum: 67,000

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-55.900(3)
 Effective August 28, 2003

PATRICK



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: American Condominium PWS Identification Number: 6515213
 Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community
 Number of Service Connections at End of Month: 309 Total Population Served at End of Month: 1080
 Consecutive System Owner: Aqua Utilities Florida
 Contact Person: Bill Dean Contact Person's Title: South Region Manager
 Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: FL Zip Code: 34240
 Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7401
 Contact Person's E-Mail Address: wadean@aquaamerica.com

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

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.8		17		
2	1.0		18		
3			19	1.0	
4			20	0.7	
5	0.7		21	0.6	
6	0.8		22	0.9	
7	1.1		23	0.8	
8	0.9		24		
9	0.8		25		
10			26	0.7	
11			27	0.8	
12	0.6		28	1.0	
13	0.8		29		
14	0.9		30		
15	1.1		31		
16	0.9				

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 3-8-07
 Signature and Date

Steve Fuller
 Printed or Typed Name

B-7519
 License Number or Title

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



PATRICK

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Zephyrhills MHC			PWS Identification Number:	6512018
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:	213			Total Population Served at End of Month:	491
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East		City:	Sarasota	State: Florida Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquamerica.com				

B. Water Treatment Plant Information

Plant Name:	Zephyrhills MHC			Plant Telephone Number:	863-858-2504
Plant Address:	35235 Highway 54 West		City:	Zephyrhills	State: Florida Zip Code: 33810
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:	200,000				
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:	Steve Fuller	B	7519	Days 1st Shift	
Other Operators:	Jerry Hahn	C	14331		

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.

Steve Fuller 4-9-07
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

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

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

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	67,000		0.6									0.5	
2	X	24.0	23,000		1.2									1.0	
3	X	24.0	59,000		1.4									1.1	
4		24.0	38,500												
5	X	24.0	38,500		1.1									0.7	
6	X	24.0	50,000		1.2									1.0	
7	X	24.0	52,000		1.1									0.7	
8	X	24.0	45,000		1.0									0.6	
9	X	24.0	51,000		1.1									0.8	
10	X	24.0	67,000		1.4									1.0	
11		24.0	34,000												
12	X	24.0	34,000		1.0									0.7	
13	X	24.0	47,000		1.2									0.8	
14	X	24.0	55,000		0.4									0.4	
15	X	24.0	41,000		1.4									1.0	
16	X	24.0	40,000		1.3									1.0	
17	X	24.0	64,000		1.4									0.9	
18		24.0	37,500												
19	X	24.0	37,500		1.0									0.8	
20	X	24.0	66,000		1.2									0.8	
21	X	24.0	25,000		0.8									0.6	
22	X	24.0	51,000		2.1									1.5	
23	X	24.0	43,000		1.0									0.8	
24	X	24.0	75,000		1.1									0.7	
25		24.0	28,500												
26	X	24.0	28,500		1.2									0.8	
27	X	24.0	73,000		1.4									0.9	
28	X	24.0	23,000		1.0									0.7	
29	X	24.0	48,000		0.9									0.7	
30	X	24.0	67,000		1.2									0.9	
31	X	24.0	27,000		1.7									1.5	
Total			1,436,000												
Average			46,323												
Maximum			75,000												

* Refer to the instructions for this report to determine which plants must provide this information.
 DE Form 82-05 (9-00) Effective August 28, 2003

PATRICK



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: American Condominium PWS Identification Number: 6515213

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

Number of Service Connections at End of Month: 309 Total Population Served at End of Month: 1080

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Bill Dean Contact Person's Title: South Region Manager

Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: FL Zip Code: 34240

Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7401

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

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

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.9		17		
2	0.8		18		
3			19	0.7	
4			20	1.0	
5	0.9		21	1.1	
6	1.1		22	1.4	
7	0.8		23	1.2	
8	1.0		24		
9	0.9		25		
10			26	1.0	
11			27	0.8	
12	0.6		28	1.2	
13	0.9		29	1.4	
14	1.0		30	1.4	
15	1.2		31		
16	0.9				

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 4-9-07
 Signature and Date Printed or Typed Name

B-7519
 License Number or Title

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:	Zephyrhills MHC			PWS Identification Number:	6512018	
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:	213			Total Population Served at End of Month:	491	
PWS Owner:	Aqua Utilities Florida					
Contact Person:	Bill Dean			Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	6960 Professional Parkway East			City:	Sarasota	State: Florida Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401	
Contact Person's E-Mail Address:	wadean@aquaamerica.com					

B. Water Treatment Plant Information

Plant Name:	Zephyrhills MHC			Plant Telephone Number:	863-858-2504	
Plant Address:	35235 Highway 54 West			City:	Zephyrhills	State: Florida Zip Code: 33810
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:	200,000					
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:	Steve Fuller	B	7519	Days 1st Shift		
Other Operators:	Jerry Hahn	C	14331			

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.

Steve Fuller 5-9-07
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

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

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

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 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	52,500												
2	X	24.0	52,500		1.7									1.6	
3	X	24.0	40,000		1.3									1.1	
4	X	24.0	45,000		1.5									1.4	
5	X	24.0	44,000		1.4									1.2	
6	X	24.0	44,000		1.2									1.0	
7	X	24.0	29,000		1.2									1.0	
8		24.0	40,500												
9	X	24.0	40,500		1.1									0.7	
10	X	24.0	34,000		1.3									0.8	
11	X	24.0	40,000		1.1									0.9	
12	X	24.0	40,000		1.1									0.7	
13	X	24.0	39,000		0.8									0.6	
14	X	24.0	66,000		1.0									0.9	
15		24.0	23,500												
16	X	24.0	23,500		1.1									0.8	
17	X	24.0	40,000		1.5									1.0	
18	X	24.0	50,000		1.4									1.1	
19	X	24.0	21,000		1.2									1.0	
20	X	24.0	34,000		1.1									0.8	
21	X	24.0	62,000		1.0									0.7	
22		24.0	24,000												
23	X	24.0	24,000		1.2									0.9	
24	X	24.0	30,000		1.1									0.7	
25	X	24.0	36,000		0.7									0.5	
26	X	24.0	36,000		1.7									1.3	
27	X	24.0	46,000		1.6									1.4	
28	X	24.0	23,000		1.2									1.1	
29		24.0	42,500												
30	X	24.0	42,500		1.5									1.0	
31		24.0													
Total			1,165,000												
Average			37,581												
Maximum			66,000												

* Refer to the instructions for this report to determine which plants must provide this information.
 DE P Form 62-595 (0013)
 Effective August 28, 2003

PATRICK



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: American Condominium PWS Identification Number: 6515213

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

Number of Service Connections at End of Month: 309 Total Population Served at End of Month: 1080

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Bill Dean Contact Person's Title: South Region Manager

Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: FL Zip Code: 34240

Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7401

Contact Person's E-Mail Address: wadean@aguaamerica.com

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

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	0.8	
2	1.2		18	0.9	
3	0.9		19	0.7	
4	1.0		20	0.6	
5	0.9		21		
6	0.8		22		
7			23	0.7	
8			24	0.6	
9	0.6		25	0.4	
10	0.7		26	1.0	
11	0.8		27	1.0	
12	0.7		28		
13	0.5		29		
14			30	0.8	
15			31		
16	0.7				

Steve Fuller 5-9-07
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number or Title

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:	Zephyrhills MHC			PWS Identification Number:	6512018
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:	213			Total Population Served at End of Month:	491
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City:	Sarasota	State:	Florida
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401		
Contact Person's E-Mail Address:	wadean@aquaaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Zephyrhills MHC			Plant Telephone Number:	863-858-2504	
Plant Address:	35235 Highway 54 West			City:	Zephyrhills	
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:	200,000					
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:	Steve Fuller	B	7519	Days 1st Shift		
Other Operators:	Jerry Hahn	C	14331			

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.

Steve Fuller 6-8-07
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

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

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

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*										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	15,000		1.2									0.8	
2	X	24.0	52,500		1.0									0.6	
3	X	24.0	30,000		2.2									1.2	
4	X	24.0	32,000		1.4									0.7	
5		24.0	30,000												
6	X	24.0	30,000		1.0									0.7	
7	X	24.0	21,000		1.1									0.6	
8	X	24.0	39,000		1.2									1.0	
9	X	24.0	21,000		1.0									0.6	
10	X	24.0	29,000		0.9									0.6	
11	X	24.0	26,000		1.1									0.8	
12	X	24.0	27,000		1.2									1.0	
13	X	24.0	30,000												
14	X	24.0	30,000		1.0									0.7	
15	X	24.0	15,000		1.0									0.6	
16	X	24.0	26,000		1.7									1.0	
17	X	24.0	33,000		1.0									0.7	
18	X	24.0	10,000		0.9									0.8	
19		24.0	30,000												
20	X	24.0	30,000		0.9									0.7	
21	X	24.0	14,000		0.8									0.6	
22	X	24.0	23,000		1.0									0.7	
23	X	24.0	24,000		0.6									0.4	
24	X	24.0	30,000		1.3									0.9	
25	X	24.0	27,000		1.0									0.8	
26	X	24.0	36,000		1.1									0.7	
27		24.0	20,000												
28	X	24.0	20,000		1.0									0.7	
29	X	24.0	22,000		0.8									0.6	
30	X	24.0	25,000		1.5									1.2	
31	X	24.0	25,000		1.5									1.1	
Total			822,500												
Average			26,532												
Maximum			66,000												

* Refer to the instructions for this report to determine which plants must provide this information.
 DE 18-505-001
 Effective August 28, 2003

PATRICK



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: American Condominium PWS Identification Number: 6515213
 Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community
 Number of Service Connections at End of Month: 309 Total Population Served at End of Month: 1080
 Consecutive System Owner: Aqua Utilities Florida
 Contact Person: Bill Dean Contact Person's Title: South Region Manager
 Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: FL Zip Code: 34240
 Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7401
 Contact Person's E-Mail Address: wadear@aquaaamerica.com

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

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.0		17	0.6	
2	0.8		18	0.6	
3	1.0		19		
4			20		
5			21	0.8	
6	0.7		22	0.9	
7	0.8		23	0.5	
8	0.7		24	0.7	
9	0.6		25	0.6	
10	0.5		26		
11	0.8		27		
12			28	0.9	
13			29	0.7	
14	0.8		30	1.0	
15	0.7		31	0.8	
16	0.9				

Steve Fuller 6-8-07
 Signature and Date

Steve Fuller
 Printed or Typed Name

B-7519
 License Number or Title

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:	Zephyrhills MHC	PWS Identification Number:	6512018
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:	213	Total Population Served at End of Month:	491
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City:	Sarasota State: Florida Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Zephyrhills MHC	Plant Telephone Number:	863-858-2504
Plant Address:	35235 Highway 54 West	City:	Zephyrhills State: Florida Zip Code: 33810
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:	200,000		
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:	Steve Fuller	B	7519
Other Operators:	Jerry Hahn	C	14331

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.

Steve Fuller 7-10-07
 Signature and Date

Steve Fuller
 Printed or Typed Name

B-7519
 License Number

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

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

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 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	24,000		1.4									0.8	
2	X	24.0	24,000		1.5									1.2	
3		24.0	21,000												
4	X	24.0	21,000		1.0									0.7	
5	X	24.0	24,000		1.2									0.7	
6	X	24.0	21,000		1.0									0.6	
7	X	24.0	29,000		1.1									0.8	
8	X	24.0	13,000		1.2									0.7	
9	X	24.0	27,000		1.1									0.9	
10		24.0	19,500												
11	X	24.0	19,500		1.1									0.8	
12	X	24.0	25,000		0.6									0.4	
13	X	24.0	19,000		0.7									0.5	
14	X	24.0	28,000		1.0									0.7	
15	X	24.0	11,000		0.8									0.6	
16	X	24.0	22,000		1.0									0.6	
17		24.0	21,000												
18	X	24.0	21,000		0.7									0.6	
19	X	24.0	21,000		1.1									0.7	
20	X	24.0	23,000		1.1									0.6	
21	X	24.0	32,000		1.2									0.8	
22	X	24.0	11,000		1.1									0.8	
23	X	24.0	29,000		1.1									0.7	
24		24.0	18,500												
25	X	24.0	18,500		0.6									0.4	
26	X	24.0	19,000		1.1									0.6	
27	X	24.0	21,000		0.6									0.6	
28	X	24.0	21,000		0.5									0.5	
29	X	24.0	20,000		0.5									0.4	
30	X	24.0	33,000		1.3									1.1	
31		24.0													
Totals			657,000												
Average			21,900												
Maximum			66,000												

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

PATRICK



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: American Condominium PWS Identification Number: 6515213

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

Number of Service Connections at End of Month: 309 Total Population Served at End of Month: 1080

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Bill Dean Contact Person's Title: South Region Manager

Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: FL Zip Code: 34240

Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7401

Contact Person's E-Mail Address: wadean@aguaamerica.com

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

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.7		17		
2			18	0.5	
3			19	0.7	
4	0.6		20	0.8	
5	0.8		21	0.6	
6	0.7		22	0.7	
7	0.7		23		
8	0.8		24		
9			25	0.5	
10			26	0.9	
11	0.7		27	0.6	
12	0.5		28	0.5	
13	0.8		29	0.7	
14	0.7		30		
15	0.6		31		
16					

Steve Fuller 7-10-07
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number or Title

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:	Zephyrhills MHC			PWS Identification Number:	6512018
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:	213			Total Population Served at End of Month:	491
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City:	Sarasota	State:	Florida
Contact Person's Telephone Number:	941-907-7444			Zip Code:	34240
Contact Person's E-Mail Address:	wadean@aquaaamerica.com				
Contact Person's Fax Number:	941-907-7401				

B. Water Treatment Plant Information

Plant Name:	Zephyrhills MHC			Plant Telephone Number:	863-858-2504	
Plant Address:	35235 Highway 54 West			City:	Zephyrhills	
		State:	Florida	Zip Code:	33810	
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:	200,000					
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:	Steve Fuller	B	7519	Days 1st Shift		
Other Operators:	Jerry Hahn	C	14331			

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.

Steve Fuller 8-7-07
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

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

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

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 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	27,500													
2	X	24.0	27,500		1.1										0.9	
3	X	24.0	20,000		1.3										1.1	
4	X	24.0	21,000		1.4										1.1	
5	X	24.0	16,000		1.5										1.3	
6	X	24.0	22,000		1.4										1.2	
7	X	24.0	13,000		1.4										1.1	
8		24.0	20,500													
9	X	24.0	20,500		0.9										0.7	
10	X	24.0	21,000		1.0										0.8	
11	X	24.0	20,000		0.8										0.5	
12	X	24.0	25,000		0.8										0.6	
13	X	24.0	17,000		1.0										0.8	
14	X	24.0	20,000		1.0										0.7	
15		24.0	19,000													
16	X	24.0	19,000		1.0										0.7	
17	X	24.0	20,000		1.0										0.9	
18	X	24.0	14,000		0.6										0.5	
19	X	24.0	19,000		1.6										1.1	
20	X	24.0	24,000		1.4										0.9	
21	X	24.0	19,000		1.2										1.0	
22		24.0	17,500													
23	X	24.0	17,500		1.3										0.8	
24	X	24.0	22,000		1.6										1.0	
25	X	24.0	20,000		1.5										1.0	
26	X	24.0	28,000		1.4										1.0	
27	X	24.0	15,000		1.4										0.9	
28	X	24.0	29,000		1.2										0.8	
29		24.0	18,000													
30	X	24.0	18,000		1.2										0.8	
31	X	24.0	13,000		1.3										0.9	
Total			623,000													
Average			20,097													
Maximum			29,000													

* Refer to the instructions for this report to determine which plants must provide this information.
 DE-Form 2005-0001
 Effective August 28, 2003

PATRICK



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: American Condominium PWS Identification Number: 6515213

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

Number of Service Connections at End of Month: 309 Total Population Served at End of Month: 1080

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Bill Dean Contact Person's Title: South Region Manager

Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: FL Zip Code: 34240

Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7401

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

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

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	0.8	
2	0.8		18	0.6	
3	0.9		19	1.0	
4	1.0		20	0.9	
5	1.0		21		
6	1.1		22		
7			23	0.7	
8			24	1.1	
9	0.7		25	0.9	
10	0.9		26	0.8	
11	0.6		27	1.0	
12	0.9		28		
13	0.7		29		
14			30	0.9	
15			31	0.7	
16	0.6				

Steve Fuller 8-7-07

Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number or Title

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



PATRICK

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Zephyrhills MHC			PWS Identification Number:	6512018
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:	213			Total Population Served at End of Month:	491
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East		City:	Sarasota	State: Florida Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444			Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Zephyrhills MHC			Plant Telephone Number:	863-858-2504
Plant Address:	35235 Highway 54 West			City:	Zephyrhills State: Florida Zip Code: 33810
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:	200,000				
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:	Steve Fuller	B	7519	Days 1st Shift	
Other Operators:	Jerry Rahn	C	14331		

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.

Steve Fuller 9-8-07
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

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

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

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*							Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L			Lowest Operating UV Dose, mW-sec/cm ²
1	X	24.0	18,000		1.0							0.7	
2	X	24.0	27,500		1.0							0.8	
3	X	24.0	22,000		1.2							0.9	
4	X	24.0	15,000		1.1							0.9	
5		24.0	20,000										
6	X	24.0	20,000		1.0							0.7	
7	X	24.0	23,000		1.1							0.7	
8	X	24.0	22,000		0.7							0.5	
9	X	24.0	20,000		1.0							0.7	
10	X	24.0	22,000		1.0							0.6	
11	X	24.0	29,000		0.9							0.6	
12		24.0	19,500										
13	X	24.0	19,500		3.5							3.2	
14	X	24.0	28,000		1.0							0.9	
15	X	24.0	25,000		1.9							1.5	
16	X	24.0	23,000		1.0							0.9	
17	X	24.0	20,000		0.9							0.9	
18	X	24.0	21,000		1.1							0.7	
19		24.0	23,500										
20	X	24.0	23,500		1.3							0.9	
21	X	24.0	27,000		0.1							0.8	
22	X	24.0	22,000		1.0							0.8	
23	X	24.0	28,000		1.2							0.8	
24	X	24.0	27,000		1.1							0.7	
25	X	24.0	29,000		1.2							0.7	
26		24.0	21,500										
27	X	24.0	21,500		0.7							0.6	
28	X	24.0	25,000		1.0							0.7	
29	X	24.0	23,000		1.0							0.8	
30	X	24.0	21,000		0.8							0.6	
31	X	24.0	21,000		1.2							0.8	
Total			707,500										
Average			22,823										
Maximum			29,000										

* Refer to the instructions for this report to determine which plants must provide this information.
 Effective August 29, 2003

PATRICK



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: American Condominium PWS Identification Number: 6515213

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

Number of Service Connections at End of Month: 309 Total Population Served at End of Month: 1080

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Bill Dean Contact Person's Title: South Region Manager

Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: FL Zip Code: 34240

Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7401

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

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

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.6		1	0.7	
2	0.7		2		
3	0.7		3		
4			4		
5			5	1.1	
6	0.8		6	1.0	
7	0.7		7	0.8	
8	0.6		8	0.9	
9	0.8		9	0.8	
10	0.7		10		
11			11		
12			12	0.6	
13	2.5		13	0.8	
14	0.8		14	0.6	
15	1.0		15	0.5	
16	0.8		16	0.6	

Steve Fuller 9-8-07
 Signature and Date

Steve Fuller
 Printed or Typed Name

B-7519
 License Number or Title

PATRICK

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-07

A. Public Water System (PWS) Information

PWS Name: Zephyrhills MHC, PWS Identification Number: 6512018, PWS Type: Community, Number of Service Connections at End of Month: 213, Total Population Served at End of Month: 491, PWS Owner: Aqua Utilities Florida, Contact Person: Bill Dean, Contact Person's Title: Area Manager, Contact Person's Mailing Address: 6960 Professional Parkway East, City: Sarasota, State: Florida, Zip Code: 34240, Contact Person's Telephone Number: 941-907-7444, Contact Person's Fax Number: 941-907-7401, Contact Person's E-Mail Address: wadean@aquaaamerica.com

B. Water Treatment Plant Information

Plant Name: Zephyrhills MHC, Plant Address: 35235 Highway 54 West, City: Zephyrhills, State: Florida, Zip Code: 33810, Type of Water Treatment by Plant: Raw Ground Water, Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200,000, Plant Category: V, Plant Class: C, Licensed Operators table with columns: Name, License Class, License Number, Day(s) / Shift(s) Worked. Includes entries for Steve Fuller (B, 7519, Days 1st Shift) and Jerry Hahn (C, 14331).

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: Steve Fuller 10-10-07

Printed or Typed Name: Steve Fuller

License Number: B-7519

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

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demostate Four-Log Virus Inactivation, if Applicable*										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	21,000		1.1										0.8
2		24.0	27,500												
3	X	24.0	30,000		0.9										0.6
4	X	24.0	26,000		1.0										0.7
5	X	24.0	29,000		1.1										0.8
6	X	24.0	24,000		1.2										0.7
7	X	24.0	23,000		0.9										0.6
8	X	24.0	18,000		1.0										0.6
9		24.0	20,000												
10	X	24.0	20,000		0.5										0.5
11	X	24.0	31,000		1.0										0.6
12	X	24.0	28,000		0.9										0.5
13	X	24.0	29,000		1.1										0.7
14	X	24.0	25,000		0.5										0.3
15	X	24.0	15,000		1.0										0.6
16		24.0	20,500												
17	X	24.0	20,500		1.2										0.6
18	X	24.0	30,000		1.1										0.7
19	X	24.0	19,000		1.0										0.6
20	X	24.0	22,000		1.7										0.9
21	X	24.0	28,000		2.0										0.9
22	X	24.0	26,000		1.0										0.7
23		24.0	20,500												
24	X	24.0	20,500		1.7										1.0
25	X	24.0	27,000		1.4										0.8
26	X	24.0	23,000		1.8										0.9
27	X	24.0	23,000		1.6										0.8
28	X	24.0	29,000		1.7										1.0
29	X	24.0	27,000		1.8										1.1
30		24.0	28,500												
Total			731,000												
Average			24,367												
Maximum			29,000												

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

PATRICK



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: American Condominium PWS Identification Number: 6515213

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

Number of Service Connections at End of Month: 309 Total Population Served at End of Month: 1080

Consecutive System Owner: Agua Utilities Florida

Contact Person: Bill Dean Contact Person's Title: South Region Manager

Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: FL Zip Code: 34240

Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7401

Contact Person's E-Mail Address: wadean@aguamenca.com

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

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			1	0.5	
2			2	0.8	
3	0.8		3	0.9	
4	0.7		4	0.8	
5	0.6		5	1.0	
6	0.6		6		
7	0.7		7		
8			8	1.1	
9			9	0.9	
10	0.5		10	0.6	
11	0.7		11	0.7	
12	0.6		12	0.9	
13	0.8		13		
14	0.4		14		
15			15		
16			16		

Steve Fuller 10-10-07
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number or Title

PASKIEN

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-07

A. Public Water System (PWS) Information

PWS Name: Zephyrhills MHC		PWS Identification Number: 6512018	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 213		Total Population Served at End of Month: 491	
PWS Owner: Aqua Utilities Florida			
Contact Person: Bill Dean		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: 6960 Professional Parkway East		City: Sarasota	State: Florida
Contact Person's Telephone Number: 941-907-7444		Zip Code: 34240	
Contact Person's E-Mail Address: wadean@aquaaamerica.com		Contact Person's Fax Number: 941-907-7401	

B. Water Treatment Plant Information

Plant Name: Zephyrhills MHC		Plant Telephone Number: 863-858-2504	
Plant Address: 35235 Highway 54 West		City: Zephyrhills	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: 200,000		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
Lead/Chief Operator:	Steve Fuller	B	7519
Other Operators:	Jerry Hahn	C	14331

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.

Steve Fuller 11-9-07
 Signature and Date

Steve Fuller
 Printed or Typed Name

B-7519
 License Number

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

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

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 Demstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations				UV Dose						
				Peak Flow Rate, gpd.	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1	X	24.0	28,500		1.7								1.0	
2	X	24.0	27,500		1.8								1.2	
3	X	24.0	26,000		1.6								0.9	
4	X	24.0	25,000		1.3								0.7	
5	X	24.0	35,000		1.0								0.8	
6	X	24.0	22,000		1.7								1.2	
7		24.0	27,000											
8	X	24.0	27,000		1.5								0.8	
9	X	24.0	36,000		1.3								0.9	
10	X	24.0	35,000		1.4								0.8	
11	X	24.0	41,000		1.3								0.7	
12	X	24.0	46,000		1.4								0.8	
13		24.0	57,000											
14	X	24.0	57,000		1.2								0.8	
15	X	24.0	60,000		1.3								0.8	
16	X	24.0	54,000		1.7								1.0	
17	X	24.0	41,000		1.4								0.9	
18	X	24.0	54,000		2.2								1.6	
19	X	24.0	60,000		2.0								1.2	
20	X	24.0	57,000		1.9								1.3	
21		24.0	62,000											
22	X	24.0	62,000		1.7								1.0	
23	X	24.0	43,000		1.6								1.0	
24	X	24.0	55,000		1.4								1.1	
25	X	24.0	67,000		0.7								0.6	
26	X	24.0	64,000		1.4								1.0	
27	X	24.0	79,000		1.6								1.1	
28		24.0	72,000											
29	X	24.0	72,000		1.2								0.8	
30	X	24.0	14,000		1.4								1.0	
31	X	24.0	30,000		1.6								1.1	
Total			1,434,000											
Average			46,258											
Maximum			79,000											

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-555 900(3)
 Effective August 28, 2013

PAIKUK

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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: American Condominium PWS Identification Number: 6515213

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

Number of Service Connections at End of Month: 309 Total Population Served at End of Month: 1080

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Bill Dean Contact Person's Title: South Region Manager

Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: FL Zip Code: 34240

Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7401

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

II. Daily Data for the Month/Year of: **October-07**

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.9		17	1.1	
2	1.0		18	1.4	
3	0.8		19	1.1	
4	0.6		20	1.4	
5	0.7		21		
6	1.0		22	1.1	
7			23	0.9	
8	0.9		24	1.0	
9	1.1		25	0.7	
10	0.8		26	0.8	
11	0.7		27	1.0	
12	0.9		28		
13			29	0.9	
14	0.9		30	1.1	
15	0.9		31	1.2	
16	1.1				

Steve Fuller 11-9-07
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number or Title

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-07

A. Public Water System (PWS) Information

PWS Name: Zephyrhills MHC		PWS Identification Number: 6512018	
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: 213		Total Population Served at End of Month: 491	
PWS Owner: Aqua Utilities Florida			
Contact Person: Bill Dean		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: 6960 Professional Parkway East		City: Sarasota	State: Florida
		Zip Code: 34240	
Contact Person's Telephone Number: 941-907-7444		Contact Person's Fax Number: 941-907-7401	
Contact Person's E-Mail Address: wadean@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Zephyrhills MHC		Plant Telephone Number: 863-858-2504	
Plant Address: 35235 Highway 54 West		City: Zephyrhills	State: Florida
		Zip Code: 33810	
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: 200,000			
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
Lead/Chief Operator: Steve Fuller			License Number
Other Operators: Jerry Hahn			Day(s) / Shift(s) Worked

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.

Steve Fuller 12-10-07
 Signature and Date

Steve Fuller
 Printed or Typed Name

B-7519
 License Number

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

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

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

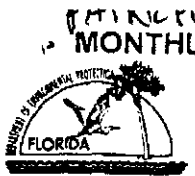
Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

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

CT Calculations, or UV Dose, to Demostate 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			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 if Applicable	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		Minimum UV Dose Required, mW-sec/cm ²
1	X	24.0	33,000		1.6							1.0	
2	X	24.0	27,500		1.8							1.1	
3	X	24.0	15,000		1.7							1.1	
4		24.0	29,000										
5	X	24.0	29,000		1.8							1.0	
6	X	24.0	35,000		1.7							0.9	
7	X	24.0	29,000		1.4							0.8	
8	X	24.0	39,000		1.6							1.0	
9	X	24.0	22,000		1.5							0.8	
10	X	24.0	31,000		1.2							0.7	
11		24.0	28,500										
12	X	24.0	28,500		1.6							1.0	
13	X	24.0	38,000		1.2							1.2	
14	X	24.0	38,000		1.8							1.2	
15	X	24.0	28,000		1.5							1.0	
16	X	24.0	20,000		1.7							1.1	
17	X	24.0	25,000		1.6							1.0	
18		24.0	32,000										
19	X	24.0	32,000		1.5							1.0	
20	X	24.0	50,000		1.2							0.8	
21	X	24.0	20,000		1.1							0.8	
22	X	24.0	40,000		1.3							1.0	
23	X	24.0	32,000		1.5							1.1	
24	X	24.0	19,000		1.7							1.3	
25		24.0	36,000										
26	X	24.0	36,000		1.8							1.3	
27	X	24.0	33,000		1.8							1.4	
28	X	24.0	29,000		1.7							1.3	
29	X	24.0	34,000		1.4							1.0	
30	X	24.0	36,000		1.7							1.2	
Total			924,500										
Average			30,817										
Maximum			29,000										

* Refer to the instructions for this report to determine which plants must provide this information.
DEP Form 82-555 900(3)
Effective August 28, 2003



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: December, 2007

A. Public Water System (PWS) Information

PWS Name:	Zephyrhills MHC			PWS Identification Number:	6512018
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:	213			Total Population Served at End of Month:	491
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean			Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City:	Sarasota	State:	Florida
Contact Person's Telephone Number:	941-907-7444	Zip Code:	34240		
Contact Person's E-Mail Address:	wadean@aguaamerica.com			Contact Person's Fax Number:	941-907-7401

B. Water Treatment Plant Information

Plant Name:	Zephyrhills MHC			Plant Telephone Number:	863-858-2504
Plant Address:	35235 Highway 54 West			City:	Zephyrhills
Type of Water Treatment by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	State:	Florida	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	200,000			Zip Code:	33810
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:	Steve Fuller	B	7519	Days 1st Shift	
Other Operators:	Jerry Hahn	C	14331		

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.

Steve Fuller 1-9-08
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

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

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

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 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	20,000		1.7									1.3	
2		24.0	29,000												
3	X	24.0	29,000		1.8									1.1	
4	X	24.0	43,000		1.4									1.0	
5	X	24.0	30,000		1.2									0.7	
6	X	24.0	30,000		1.3									1.0	
7	X	24.0	35,000		1.2									0.7	
8	X	24.0	49,000		1.3									0.9	
9		24.0	31,000												
10	X	24.0	31,000		1.2									0.7	
11	X	24.0	43,000		1.4									0.8	
12	X	24.0	19,000		1.6									0.9	
13	X	24.0	38,000		1.5									0.9	
14	X	24.0	50,000		1.5									1.0	
15	X	24.0	24,000		1.7									1.5	
16		24.0	35,000												
17	X	24.0	35,000		1.6									1.3	
18	X	24.0	37,000		1.5									1.1	
19	X	24.0	37,000		1.9									0.9	
20	X	24.0	26,000		1.8									1.0	
21	X	24.0	30,000		1.7									0.9	
22	X	24.0	31,000		1.5									0.8	
23		24.0	30,500												
24	X	24.0	30,500		1.7									0.9	
25	X	24.0	32,000		1.4									0.8	
26	X	24.0	31,000		1.8									1.0	
27	X	24.0	39,000		1.6									0.9	
28	X	24.0	40,000		0.9									0.6	
29	X	24.0	39,000		1.4									0.7	
30		24.0	35,000												
31	X	24.0	35,000		1.7									1.0	
Total			1,044,000												
Average			33,677												
Maximum			29,000												

* Refer to the instructions for this report to determine which plants must provide this information.
 Effective August 28, 2003

PATRICK



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: American Condominium PWS Identification Number: 6515213
 Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community
 Number of Service Connections at End of Month: 309 Total Population Served at End of Month: 1080
 Consecutive System Owner: Agua Utilities Florida
 Contact Person: Bill Dean Contact Person's Title: South Region Manager
 Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: FL Zip Code: 34240
 Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7401
 Contact Person's E-Mail Address: wadean@aguaamerica.com

II. Daily Data for the Month/Year of November-07

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.2		17		
2	0.9		18		
3			19	1.1	
4			20	0.9	
5	1.2		21	0.7	
6	0.8		22	1.1	
7	0.9		23	0.8	
8	1.0		24		
9	0.7		25		
10			26	1.2	
11			27	1.4	
12	0.9		28	1.0	
13	1.0		29	0.8	
14	1.2		30	0.9	
15	0.8		31		
16	0.9				

Steve Fuller 12-10-07
 Signature and Date

Steve Fuller
 Printed or Typed Name

B-7519
 License Number or Title

PATRICK



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: American Condominium PWS Identification Number: 6515213
 Consecutive System Type: Community Non-Transient, Non-Community Transient Non-Community
 Number of Service Connections at End of Month: 309 Total Population Served at End of Month: 1080
 Consecutive System Owner: Aqua Utilities Florida
 Contact Person: Bill Dean Contact Person's Title: South Region Manager
 Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: FL Zip Code: 34240
 Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7401
 Contact Person's E-Mail Address: wadean@aquaaamerica.com

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

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	0.8	
2			18	1.2	
3	0.7		19	0.9	
4	0.8		20	0.7	
5	0.7		21	1.1	
6	1.1		22		
7	0.9		23		
8			24	1.1	
9			25	0.9	
10	1.0		26	1.2	
11	0.9		27	0.7	
12	0.7		28	0.8	
13	1.2		29		
14	0.8		30		
15			31	0.9	
16					

Steve Fuller 1-9-08
 Signature and Date

Steve Fuller
 Printed or Typed Name

B-7519
 License Number or Title

CANON

MONTHLY OPERATION REPORT FOR PWSs TREATING SURFACE OR 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

Form section A containing PWS Name, PWS Type, Number of Service Connections, PWS Owner, Contact Person, and other details.

B. Water Treatment Plant Information

Form section B containing Plant Name, Plant Address, Type of Water Treatment, Permitted Maximum Day Operating Capacity, and a table for Licensed Operators.

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.

Signature and Date: Steve Fuller 2-9-06

Printed or Typed Name: Steve Fuller

License Number: B-1515

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

PWS Identification Number: 6512018 Plant Name: Zephyrhills, MHC

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	Day Plant Started or Operation (Place)	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Out of Operation		
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
	X	24.0	28,000		2.0											
	X	24.0	44,000		0.6											
	X	24.0	22,000		2.0											
	X	24.0	28,000		2.0											
	X	24.0	33,000		1.8											
	X	24.0	46,000		2.0											
	X	24.0	31,500		2.5											
	X	24.0	40,000		1.7											
	X	24.0	38,000		1.2											
	X	24.0	60,000		1.5											
	X	24.0	21,000		0.6											
	X	24.0	55,000		1.9											
	X	24.0	37,500													
	X	24.0	37,500		1.8											
	X	24.0	27,000		1.5											
	X	24.0	50,000		1.7											
	X	24.0	35,000		1.3											
	X	24.0	41,000		1.6											
	X	24.0	50,000		1.6											
	X	24.0	37,000													
	X	24.0	37,000		1.4											
	X	24.0	40,000		1.0											
	X	24.0	45,000		0.9											
	X	24.0	34,000		1.5											
	X	24.0	35,000		1.8											
	X	24.0	47,000		2.0											
	X	24.0	44,000													
	X	24.0	44,000		2.2											
	X	24.0	32,000		0.7											
			1,179,000													
			38,032													
			61,000													

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 82-645,900(3)
 Effective August 28, 2003

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: Zephyrus VHC PWS Identification Number: 6312014
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: 2102 Total Population Served at End of Month: 4815
 PWS Owner: Aqua Utilities Florida
 Contact Person: Bill Dean Contact Person's Title: Area Manager
 Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: Florida Zip Code: 34240
 Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7401
 Contact Person's E-Mail Address: wadean@aquaaamerica.com

B. Water Treatment Plant Information

Plant Name: Zephyrus VHC Plant Telephone Number: 361-958-2504
 Plant Address: 5225 Highway 54 West City: Zephyrus State: Florida Zip Code: 33500
 Type of Water Treatment by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200,000
 Plant Category (per subsection 62-699.310(4), F.A.C.): Licensed Operators Other Operators
 Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators Other Operators

Operator Name	License Class	License Number	Days 1st Shift Worked
Steve Fuller	B	7519	

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 feedrates, 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.

Steve Fuller 3-7-06
 Signature and Date

Steve Fuller
 Printed or Typed Name

7519
 License Number

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

PWS Identification Number: 16512018 Plant Name: Zephyrhills MHC

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

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

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

Day of Month	Plant Served (Place)	Hours plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations for Disinfection (for all applicable)				Temperature of Water (°C)	pH of Water (if applicable)	Minimum CT Required, mg-min/L	Minimum UV Dose Required, mW-sec/cm ²	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 Service or Out of Operation
				Lowest Residual Disinfectant Concentration (C) Before or at First Customer Peak Flowing (mg/L)	Disinfectant Contact Time (T) at Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer Peak Flowing (mg-min/L)	Minimum CT Required (mg-min/L)						
1	X	24.0	46,000	1.7							1.2		
2	X	24.0	39,000	1.9							1.4		
3	X	24.0	39,000	1.8							1.4		
4	X	24.0	35,000	0.6							0.5		
5	X	24.0	41,500	1.8							1.4		
6	X	24.0	63,000	1.7							1.2		
7	X	24.0	46,000	1.6							1.1		
8	X	24.0	19,000	1.2							1.0		
9	X	24.0	44,000	1.2							0.8		
10	X	24.0	51,500										
11	X	24.0	51,500	1.4							1.0		
12	X	24.0	23,000	1.3							1.0		
13	X	24.0	60,000	1.4							1.0		
14	X	24.0	47,000	2.0							1.6		
15	X	24.0	54,000	1.6							1.2		
16	X	24.0	35,000	1.5							1.0		
17	X	24.0	57,000	1.8							1.5		
18	X	24.0	50,500										
19	X	24.0	50,500	0.9							0.6		
20	X	24.0	42,000	1.8							1.2		
21	X	24.0	52,000	1.4							1.0		
22	X	24.0	53,000	0.8							0.6		
23	X	24.0	45,000	0.7							0.6		
24	X	24.0	47,000	0.9							0.7		
25	X	24.0	44,000										
26	X	24.0	44,000	0.9							0.8		
27	X	24.0	50,000	2.0							1.4		
28	X	24.0											
29	X	24.0											
30	X	24.0											
31	X	24.0											
			1,271,000										
			1,045,333										
			63,000										

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-355.900(3)
 Effective August 28, 2003



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: Zephyrhills WPC, PWS Identification Number: 6512018, PWS Type: Community, Number of Service Connections at End of Month: 213, Total Population Served at End of Month: 49,000, PWS Owner: Aqua Utilities Florida, Contact Person: Bill Dean, Contact Person's Title: Area Manager, Contact Person's Mailing Address: 6960 Professional Parkway East, Sarasota, Florida 34240, Contact Person's Telephone Number: 941-907-7400, Contact Person's Fax Number: 941-907-7400, Contact Person's E-Mail Address: wadean@aguaamerica.com

B. Water Treatment Plant Information

Plant Name: Zephyrhills WPC, Plant Telephone Number: 888-888-2504, Plant Address: 5375 Highway 44 West, Zephyrhills, Florida 33560, Type of Water Treatment by Plant: Raw Ground Water, Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200,000, Plant Category (per subsection 62-699.310(4), F.A.C.): [blank], Plant Class (per subsection 62-699.310(4), F.A.C.): [blank], Licensed Operator: Steve Fuller, License Class: B, License Number: 7519, 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.

Steve Fuller 4/10/06
Signature and Date

Steve Fuller
Printed or Typed Name

7519
License Number

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

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

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	Days Plant Started or Visited by Operator	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	Ct Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation (if Applicable)				UV Dose				Emergency or Approximate Conditions, Repair or Maintenance Involves Making Water System Components Inoperable (if Applicable)	
				Peak Flow Rate, gpm	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	51,000		1.8							1.2	
2	X	24.0	38,000		1.5							1.2	
3	X	24.0	55,000		1.9							1.4	
4	X	24.0	74,000		1.2							1.0	
5	X	24.0	45,500										
6	X	24.0	45,500		1.9							1.5	
7	X	24.0	79,000		1.7							1.2	
8	X	24.0	54,000		1.7							1.0	
9	X	24.0	74,000		1.6							1.1	
10	X	24.0	97,000		1.4							1.0	
11	X	24.0	97,000		0.8							0.4	
12	X	24.0	85,000									0.7	
13	X	24.0	85,000		1.0							0.7	
14	X	24.0	130,000		1.6							1.1	
15	X	24.0	24,000		0.8							0.7	
16	X	24.0	50,000		0.6							0.6	
17	X	24.0	100,000		0.7							0.6	
18	X	24.0	53,000		2.0							1.2	
19	X	24.0	56,000										
20	X	24.0	56,000		0.8							0.6	
21	X	24.0	81,000		0.6							0.6	
22	X	24.0	63,000		0.8							0.6	
23	X	24.0	53,000		1.9							1.2	
24	X	24.0	61,000		0.8							0.7	
25	X	24.0	64,000		1.3							1.0	
26	X	24.0	38,000										
27	X	24.0	38,000		1.3							0.9	
28	X	24.0	73,000		1.3							0.8	
29	X	24.0	28,000		1.2							0.9	
30	X	24.0	1,000		0.8							0.9	
31	X	24.0	7,000		1.0							0.9	
			50,000										
			63,000										
			30,000										

* Refer to the instructions for this report to determine which plants must provide this information.
DEP Form 62-655,900(3)
Effective August 28, 2003

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



Cardice

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Zephyrus MHC	PWS Identification Number:	6807018
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:	2100	Total Population Served at End of Month:	49100
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City:	Sarasota
		State:	Florida
		Zip Code:	34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Zephyrus MHC	Plant Telephone Number:	863-862-2504	
Plant Address:	8523 Highway 54 West	City:	Zephyrus	
		State:	Florida	
		Zip Code:	34900	
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:	200000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	200000	Plant Class (per subsection 62-699.310(4), F.A.C.):	200000	
Licensed Operator	Name	License Class	License Number	Day(s) Shift(s) Work
Lead/Chief Operator	Steve Fuller	B	7519	Days 1st Shift
Other Operators				

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.

Steve Fuller 5-8-06
Signature and Date

Steve Fuller
Printed or Typed Name

7519
License Number

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

PWS Identification Number: 6512018 Plant Name: Zephyrus MHC

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 Month	Days Plant Staffed or Visited by Operator	Hours plant in Operation	Net Quantity of Finished Water Produced (gal)	Calculations of UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repairs or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flowing (mg/l)	Disinfectant Contact Time (T) at First Customer Measurement Point During Peak Flowing (minutes)	Lowest CT Provided Before or at First Customer During Peak Flowing (min. or sec)	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	1,000		0.9									0.9	
	X	24.0	500												
	X	24.0	1,000		0.9									0.9	
	X	24.0	1,000		0.8									1.1	
	X	24.0	1,000		0.7									1.0	
	X	24.0	1,000		0.6									0.8	
	X	24.0	1,000		2.2									1.4	
	X	24.0	1,000		2.2									1.6	
	X	24.0	500												
	X	24.0	500		1.3									1.2	
	X	24.0			1.1									1.2	
	X	24.0			1.1									1.4	
	X	24.0			1.0									1.2	
		24.0													
		24.0													
		24.0													
		24.0													
	X	24.0			1.4									1.1	
	X	24.0			1.2									1.4	
	X	24.0			1.0									1.1	
	X	24.0			0.9									1.0	
	X	24.0			1.1									1.1	
		24.0													
	X	24.0			1.2									1.2	
	X	24.0			1.1									1.2	
	X	24.0			0.9									1.1	
	X	24.0			1.2									1.1	
	X	24.0			0.9									1.0	
		24.0													
		24.0													
		24.0													

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

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



See Pages 4 for Instructions.

I. General Information for the Month/Year of: May 2008

A. Public Water System (PWS) Information

PWS Name: Zephyr Hills MHC PWS Identification Number: 2008
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: 273 Total Population Served at End of Month: 457
 PWS Owner: Aqua Utilities Florida
 Contact Person: Bill Dean Contact Person's Title: Area Manager
 Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: Florida Zip Code: 34240
 Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7500
 Contact Person's E-Mail Address: wadean@aquameerica.com

B. Water Treatment Plant Information

Plant Name: Zephyr Hills MHC Plant Telephone Number: 941-907-7500
 Plant Address: 5235 Highway 54 West City: Zephyr Hills State: Florida Zip Code: 34206
 Type of Water Treatment by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200,000
 Plant Category (per subsection 62-699.310(4), F.A.C.): 2 Plant Class (per subsection 62-699.310(4), F.A.C.): 2

Licensed Operators	Name	License Class	License Number	Day(s) / Shift(s) Worked
Lead/Chief Operator	Steve Fuller	B	7519	Days-1st Shift
Chief Operator				

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: Steve Fuller 6-8-08

Printed or Typed Name: Steve Fuller

License Number: 7519

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

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

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 of Month	Days Plant Staffed or Visited by Operator	Hours plant in operation	Net Quantity of Finished Water Produced (gal)	CT Calculations for UV Dose to Demonstrate Four Log Virus Inactivation, if Applicable				UV Dose				Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Service, if Applicable	
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) or 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 (min/L)	Lowest Operating UV Dose (mW-sec/cm ² -sec/entry)		Minimum UV Dose Required (mW-sec/entry)
X	X	24.0	1,000		0.9							1.0	
X	X	24.0	1,000		0.8							1.0	
X	X	24.0	1,000		0.9							1.2	
X	X	24.0	500		0.9							1.0	
X	X	24.0	333										
X	X	24.0	500		0.5							0.8	
X	X	24.0	1,000		0.6							0.9	
X	X	24.0	1,000		0.7							0.9	
X	X	24.0	1,000		0.8							0.9	
X	X	24.0	1,000		0.9							1.0	
X	X	24.0	1,000		0.8							1.1	
X	X	24.0	500										
X	X	24.0	1,000		1.0							1.1	
X	X	24.0	1,000		0.9							1.2	
X	X	24.0	1,000		0.8							1.1	
X	X	24.0	1,000		1.2							1.2	
X	X	24.0	1,000		0.8							0.9	
X	X	24.0	1,000		0.9							1.0	
X	X	24.0	500										
X	X	24.0	500		0.5							0.9	
X	X	24.0	500		0.6							0.8	
X	X	24.0	1,000		0.6							0.9	
X	X	24.0	1,000		0.8							0.9	
X	X	24.0	1,000		1.0							0.7	
X	X	24.0											
X	X	24.0			0.6							0.8	
X	X	24.0	1,000		0.7							0.9	
X	X	24.0	1,000		0.8							0.9	
X	X	24.0	1,000		0.7							0.8	

* Refer to the instructions for this report to determine which plants must provide this information. DEP Form 62-569.900(3) Effective August 28, 2003

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



CANDICE

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Zephyr Hills, FL	PWS Identification Number:	6520
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:	213	Total Population Served at End of Month:	19,311
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City:	Sarasota State: Florida Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquamerica.com		

B. Water Treatment Plant Information

Plant Name:	Zephyr Hills, FL	Plant Telephone Number:	863-555-2664
Plant Address:	3523 Ringway SW	City:	Zephyr Hills State: Florida Zip Code: 3300
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:	200,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	B		
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Steve Fuller	B	7519
Other Operator:			

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.

Steve Fuller 7-8-06
Signature and Date

Steve Fuller
Printed or Typed Name

7519
License Number

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

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

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 Was in Operation	Hours plant in Operation	Net Quantity of Finished Water Produced (gal)	Calculations to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/l)	Disinfectant Contact Time (T) at C-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)			
X		24.0	1,000		0.7											
X		24.0	1,000		0.9											
X		24.0	1,000		1.0											
X		24.0	500													
X		24.0	500		0.6											
X		24.0			0.5											
X		24.0	1,000		0.6											
X		24.0	1,000		2.0											
X		24.0	1,000		1.6											
X		24.0			1.1											
X		24.0	500													
X		24.0	500		1.2											
X		24.0	1,000		0.7											
X		24.0	1,000		0.8											
X		24.0	1,000		0.5											
X		24.0	1,000		0.8											
X		24.0			0.9											
X		24.0	500													
X		24.0	500		1.0											
X		24.0	1,000		1.0											
X		24.0	1,000		1.6											
X		24.0			1.2											
X		24.0			1.0											
X		24.0			1.2											
X		24.0	500													
X		24.0	500		1.1											
X		24.0	1,000		0.9											
X		24.0	1,000		0.9											
X		24.0	1,000		0.8											
X		24.0	1,000													
X		24.0	20,000													
X		24.0	1,649													
X		24.0	1,000													

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

MC HLY OPERATION REPORT FOR PWSs TREATING W GROUND WATER OR PURCHASED FINISHED WATER



Condice

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Zephyrhills MHC	PWS Identification Number:	512018572
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:	273	Total Population Served at End of Month:	4018
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City:	Sarasota
		State:	Florida
		Zip Code:	34230
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-507-7444
Contact Person's E-Mail Address:	wadean@aquamerica.com		

B. Water Treatment Plant Information

Plant Name:	Zephyrhills MHC	Plant Telephone Number:	855-853-5041
Plant Address:	5525 Highway 54 West	City:	Zephyrhills
		State:	Florida
		Zip Code:	33511
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:	200,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	Class 1	Plant Class (per subsection 62-699.310(4), F.A.C.):	Class 1

Licensed Operator	Name	License Class	License Number	Day(s) Shift(s) Worked
Licensed Operator	Steve Fuller	B	7519	Days 1st Shift
Other Operators				

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.

Steve Fuller 8-9-06
Signature and Date

Steve Fuller
Printed or Typed Name

7519
License Number

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

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

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	Hours plant operated	Net Quantity of Finished Water Produced, gal	Calculations for 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 Service or 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, °F	pH of Water, if Applicable	Minimum CT Required, mg-min/L		
		24.0										
	X	24.0			0.8						0.9	
	X	24.0	1,000		0.5						1.0	
	X	24.0	1,000		0.8						1.1	
	X	24.0			0.7						1.0	
	X	24.0	1,000		0.8						1.1	
	X	24.0	1,000		0.6						0.9	
	X	24.0			0.7						1.1	
	X	24.0			0.8						1.1	
	X	24.0	1,000		0.9						1.2	
	X	24.0	1,000		0.8						1.0	
	X	24.0	1,000		0.9						1.2	
	X	24.0	1,000		0.8						1.0	
	X	24.0	1,000		1.1						1.0	
	X	24.0	500		0.6						0.8	
	X	24.0	1,000		1.0						1.0	
	X	24.0	1,000		1.1						0.8	
	X	24.0	1,000		0.8						0.7	
	X	24.0	1,000		1.0						1.1	
	X	24.0	1,000		0.5						0.7	
	X	24.0	500									
	X	24.0	500		0.6						0.9	
	X	24.0	1,000		0.7						0.8	
	X	24.0	1,000		1.0						1.0	
	X	24.0	1,000		0.8						0.9	
	X	24.0	1,000		0.8						0.8	
	X	24.0	500		0.9						1.0	
	X	24.0	500		0.9						0.8	
		21,000										
		17,140										
		10,000										

* Refer to the instructions for this report to determine which plants must provide this information.
DEP Form 82-555.900(3)
Effective August 28, 2003

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



Candice

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name:	Zephyr Hills MHC	PWS Identification Number:	120
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:		Total Population Served at End of Month:	
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City:	Sarasota Florida Zip Code: 34240
Contact Person's Telephone Number:	941-907-7449	Contact Person's Fax Number:	941-907-7400
Contact Person's E-Mail Address:	wadean@aquafameca.com		

B. Water Treatment Plant Information

Plant Name:	Zephyr Hills MHC	Plant Telephone Number:	888-858-2804	
Plant Address:	5735 Highway 94 West	City:	Zephyr Hills Florida Zip Code: 33901	
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:	200,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Days on Shift (1/2/3/4/5/6/7)
Lead Chief Operator:	Steve Fuller	B	7519	Days 1st Shift
Other Operators:				

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.

Steve Fuller 9-7-06
Signature and Date

Steve Fuller
Printed or Typed Name

7519
License Number

MONTHLY OPERATION REPORT FOR PWS'S TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

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 Month	Days Plant Started/Visited by Operator	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations for 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	
				Peak Flow Rate, gpm	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	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				0.7									0.8
	X	24.0	1,000			0.9									1.0
	X	24.0	1,000			0.8									1.1
	X	24.0	1,000			0.7									0.9
	X	24.0				0.7									0.9
	X	24.0	1,000			0.8									0.9
	X	24.0	1,000			0.9									1.2
	X	24.0	1,000			0.8									1.0
	X	24.0	4,000			0.4									0.6
	X	24.0	1,000			0.8									0.8
	X	24.0				0.8									0.9
	X	24.0				0.6									0.9
	X	24.0	1,000			1.0									0.9
	X	24.0	1,000			1.4									1.0
	X	24.0	1,000			0.8									1.1
	X	24.0	1,000			0.6									0.8
	X	24.0	1,000			0.7									0.9
	X	24.0				0.7									0.9
	X	24.0	1,000			0.7									0.9
	X	24.0	1,000			0.6									0.9
	X	24.0	1,000			0.8									0.9
	X	24.0	1,000			0.8									1.0
	X	24.0	1,000			0.6									0.9
	X	24.0				0.8									0.9
	X	24.0				2.5									1.2
	X	24.0				2.4									1.1
	X	24.0				2.5									1.4
	X	24.0	1,000			2.5									1.2
			21,000												
			852												
			1,400												

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-655.800(3)
 Effective August 28, 2003

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, 2006

A. Public Water System (PWS) Information

PWS Name:	Zephyrhills MHC	PWS Identification Number:	6512018
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:	213	Total Population Served at End of Month:	491
PWS Owner:	Aqua-Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City:	Sarasota State: Florida Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401
Contact Person's E-Mail Address:	wadean@aquaaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Zephyrhills MHC	Plant Telephone Number:	863-858-2504
Plant Address:	35235 Highway 54 West	City:	Zephyrhills State: Florida Zip Code: 33810
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:	200,000		
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
Steve Fuller	B	7519	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.

Steve Fuller 10-4-06
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

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

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

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

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

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

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		
X		24.0	1,000		2.4									1.4	
X		24.0			2.2									1.2	
		24.0													
X		24.0			2.4									0.9	
X		24.0	1,000		2.5									1.2	
X		24.0	1,000		2.0									1.4	
X		24.0	1,000		1.2									1.0	
X		24.0	1,000		1.4									1.1	
X		24.0			1.3									1.2	
		24.0	500												
X		24.0	500		1.4									1.0	
X		24.0	1,000		1.2									1.2	
X		24.0	1,000		1.1									1.0	
X		24.0			0.9									0.8	
X		24.0	1,000		0.8									0.9	
X		24.0			0.9									1.0	
		24.0	500												
X		24.0	500		1.0									0.9	
X		24.0			0.9									0.9	
X		24.0			0.8									0.9	
X		24.0	1,000		0.9									0.7	
X		24.0			0.8									1.0	
		24.0													
X		24.0			0.6									1.0	
X		24.0	6,000		0.7									1.1	
X		24.0			1.1									0.9	
X		24.0			0.8									1.1	
X		24.0			0.9									0.8	
X		24.0			0.8									0.9	
		24.0													
			17,000												
			607												
			6,000												

* Refer to the instructions for this report to determine which plants must provide this information.
 DEP Form 62-555.900(3)
 Effective August 28, 2003

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



CANDICE

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Zephyrhills MHC		PWS Identification Number: 6512018	
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: 213		Total Population Served at End of Month: 491	
PWS Owner: Aqua Utilities Florida			
Contact Person: Bill Dean		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: 6960 Professional Parkway East		City: Sarasota	State: Florida
Contact Person's Telephone Number: 941-907-7444		Contact Person's Fax Number: 941-907-7401	
Contact Person's E-Mail Address: wadean@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Zephyrhills MHC		Plant Telephone Number: 863-858-2804	
Plant Address: 35235 Highway 54 West		City: Zephyrhills	State: Florida
Type of Water Treatment by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		Zip Code: 33810	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200,000			
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 Worked
Steve Fuller	B	7519	
Jerry Hahn	C	14331	

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.

Steve Fuller 10-9-06
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

MONTHLY OPERATION REPORT FOR PWS'S TREATING GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

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 of the Month	Days Plant Staffed or Visited by Operator (Place "X" in Day)	Hours plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	UV Dose:		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
											Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
		24.0												
X		24.0			0.7								0.7	
X		24.0			0.6								0.8	
X		24.0			0.5								0.9	
X		24.0			0.6								0.7	
X		24.0			0.6								0.8	
X		24.0			0.5								0.7	
X		24.0	1,000		1.4								1.2	
X		24.0	31,000		1.0								0.7	
X		24.0	36,000		1.1								0.7	
X		24.0	20,000		1.4								0.8	
X		24.0	49,000		0.9								0.6	
X		24.0	24,000		0.9								0.8	
X		24.0	18,500		0.5								0.5	
X		24.0	27,000		0.7								0.6	
X		24.0	21,000		0.6								0.5	
X		24.0	31,000		0.7								0.5	
X		24.0	23,000		0.6								0.4	
X		24.0	45,000		0.4								0.4	
X		24.0	19,000		0.5								0.4	
X		24.0	31,000		0.6								0.5	
X		24.0	24,000		0.6								0.6	
X		24.0	25,000		0.6								0.5	
X		24.0	35,000		0.6								0.5	
X		24.0	26,500		0.6								0.5	
X		24.0	26,500		0.6								0.5	
X		24.0	15,000		0.8								0.6	
X		24.0	34,000		0.6								0.5	
			595,000											
			19,194											
			45,000											

* Refer to the instructions for this report to determine which plants must provide this information. Effective August 28, 2003

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



Candice

See Pages 4 for Instructions.

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

A. Public Water System (PWS) Information

PWS Name: Zephyrhills MHC PWS Identification Number: 6512018
 PWS Type: Community Non-Transient Non-Community Transient Non-Community Consecutive
 Number of Service Connections at End of Month: 213 Total Population Served at End of Month: 491
 PWS Owner: Aqua Utilities Florida
 Contact Person: Bill Dean Contact Person's Title: Area Manager
 Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: Florida Zip Code: 34240
 Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7401
 Contact Person's E-Mail Address: wadean@aquaaamerica.com

B. Water Treatment Plant Information

Plant Name: Zephyrhills MHC Plant Telephone Number: 863-858-2504
 Plant Address: 35235 Highway 54 West City: Zephyrhills State: Florida Zip Code: 33810
 Type of Water Treatment by Plant: Raw Ground Water Purchased Finished Water
 Permitted Maximum Day Operating Capacity of Plant, gallons per day: 200,000
 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/Year Worked
Steve Fuller	B	7519	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.

Steve Fuller 12-7-06
 Signature and Date

Steve Fuller
 Printed or Typed Name

B-7519
 License Number

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

PWS Identification Number: 6512018 Plant Name: Zephyrhills MHC

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

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

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

Day of the Month	Days Plant Started or Visited by Operator (Place)	Hours plant was 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 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	18,000		1.0									0.8	
	X	24.0	32,000		0.9									0.6	
	X	24.0	41,000		1.0									0.7	
	X	24.0	16,000		0.9									0.6	WATER OUT 11/1/06 FOR VALVE Replacement
	X	24.0	49,000		1.1									0.8	B.W.V. Put out
	X	24.0	36,000		1.5									1.0	Samples Pelled + Pos'd
	X	24.0	18,000		1.2									0.9	ARC Reported
	X	24.0	22,000		1.5									1.0	
	X	24.0	41,000		1.2									0.8	
	X	24.0	43,000		1.3									0.7	
	X	24.0	22,000		1.0									0.8	
	X	24.0	33,000		1.2									0.7	
	X	24.0	26,000		1.5									0.9	
	X	24.0	24,000		0.6									0.5	
	X	24.0	29,000		1.2									0.8	
	X	24.0	64,000		1.3									1.0	
	X	24.0	19,000		0.8									0.7	
	X	24.0	34,000		1.3									1.0	
	X	24.0	30,000		1.4									0.9	
	X	24.0	47,000		1.3									0.9	
	X	24.0	43,000		1.4									1.0	
	X	24.0	23,000		1.2									0.9	
	X	24.0	64,000		1.1									0.9	
	X	24.0	50,000		1.4									1.0	
	X	24.0	29,000		1.4									0.8	
	X	24.0	27,000		1.5									1.0	
			880,000												
			29,333												
			64,000												

* Refer to the instructions for this report to determine which plants must provide this information. Effective August 28, 2003

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



CANDICE

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:	Zephyrhills MHC		PWS Identification Number:	6512018
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:	213	Total Population Served at End of Month:	491	
PWS Owner:	Aqua Utilities Florida			
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager	
Contact Person's Mailing Address:	6960 Professional Parkway East	City:	Sarasota	State: Florida Zip Code: 34240
Contact Person's Telephone Number:	941-907-7444	Contact Person's Fax Number:	941-907-7401	
Contact Person's E-Mail Address:	wadean@aquamerica.com			

B. Water Treatment Plant Information

Plant Name:	Zephyrhills MHC		Plant Telephone Number:	863-858-2504			
Plant Address:	35235 Highway 54 West	City:	Zephyrhills	State: Florida Zip Code: 33810			
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:	200,000						
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:	Steve Fuller	License Class:	B	License Number:	7519	Day(s) / Shift(s) Worked:	Days 1st Shift
Licensed Operator Name:	Jerry Hahn	License Class:	C	License Number:	14331	Day(s) / Shift(s) Worked:	

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.

Steve Fuller 1-9-07
Signature and Date

Steve Fuller
Printed or Typed Name

B-7519
License Number

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

PWS Identification Number: **6512018** Plant Name: **Zephyrhills MHC**

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

Days/Plant Started or Visited by Operator	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/cm²	Minimum UV Dose Required, mW-sec/cm²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	
X	24.0	39,000		1.6								1.2	
X	24.0	49,000		1.4								1.1	
	24.0	22,000											
X	24.0	22,000		1.5								1.0	
X	24.0	57,000		1.1								0.8	
X	24.0	16,000		1.0								1.6	
X	24.0	13,000		0.7								0.5	
X	24.0	10,000		1.1								0.7	
X	24.0	17,000		0.9								0.7	
	24.0	5,500											
X	24.0	5,500		1.2								1.0	
X	24.0	14,000		1.4								1.1	
X	24.0			1.1								0.9	
X	24.0			1.0								1.0	
X	24.0			0.8								1.0	
X	24.0			0.6								1.0	
	24.0												
X	24.0			1.6								1.2	
X	24.0	4,000		1.3								1.0	
X	24.0	5,000		1.2								0.9	
X	24.0	5,000		1.3								1.1	
X	24.0	6,000		1.0								0.7	
X	24.0	2,000		1.2								1.0	
	24.0												
X	24.0	1,000		1.0								1.1	
X	24.0	2,000		1.1								0.9	
X	24.0	32,000		0.9								0.8	
X	24.0	30,000		1.2								1.0	
X	24.0	40,000		0.5								0.4	
X	24.0	54,000		1.4								1.0	
	24.0												
		437,000											
		15,552											
		54,000											

* Refer to the instructions for this report to determine which plants must provide this information.
 Effective August 28, 2003



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		January, 2006	
System Name: American Condominium		PWS Identification Number: 6515213	
Sys. Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 309		Total Population Served at End of Month: 1080	
System Owner: Aqua Utilities Florida		Contact Person's Title: Area Supervisor	
Contact Person: Bill Dean			
Contact Person's Mailing Address: 6960 Professional Parkway East		City: Sarasota	State: FL Zip Code: 34240
Contact Person's E-Mail Address: Wadean@aquaaamerica.com		Contact Person's Telephone Number: (409) 41-907-7444	

I, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Steve Fuller 2-9-06

Signature and Date	Steve Fuller Printed or Typed Name	B 7519 License Number or Title
--------------------	---------------------------------------	-----------------------------------

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:					January, 2006						
Type of Disinfectant Residual Maintained in Distribution System:					Free Chlorine		Combined Chlorine (Chloramines)				
Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC Measured	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 300/ml	Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC Measured	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 300/ml
1	1					1					
2	1					1					
3	1					1					
4	1					1					
5	1					1					
6	1					1					
7	1					1					
8	1					1					
9	1					1					
10	1					1					
11	1					1					
12	1					1					
13	1					1					
14	1					1					
15	1					1					
16	1					1					
17	1					1					
18	1					1					
19	1					1					
20	1					1					
21	1					1					
22	1					1					
23	1					1					
24	1					1					
25	1					1					
26	1					1					
27	1					1					
28	1					1					
29	1					1					
30	1					1					
31	1					1					

V = percentage of samples in which disinfectant residual is undetectable = (c+d+e)/(a+b) x 100 =

For previous month, V = %



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

I. General Water System Information for the Month/Year of March, 2006	
System Name: American Condominium	PWS Identification Number: 6515213
System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 309	Total Population Served at End of Month: 1080
System Owner: Aqua Utilities Florida	
Contact Person: Bill Dean	Contact Person's Title: Title Area Manager
Contact Person's Mailing Address: 6960 Professional Parkway East	City: Sarasota State: FL Zip Code: 34240
Contact Person's E-Mail Address: wadean@aquamerica.com	Contact Person's Telephone Number: (40941) 907-7400

I, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Steve Fuller 4/10/06 Steve Fuller B7519
 Signature and Date Printed or Typed Name License Number or Title

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of March, 2006											
Type of Disinfectant Residual Maintained in Distribution System:					Free Chlorine		Combined Chlorine (Chloramines)				
Day of the Month	No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 300µg/L	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500µg/L	Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 300µg/L	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500µg/L
	1	1	1	1	1		1	1	1	1	1
2	1	1	1	1	1	2	1	1	1	1	1
3	1	1	1	1	1	3	1	1	1	1	1
4	1	1	1	1	1	4	1	1	1	1	1
5	1	1	1	1	1	5	1	1	1	1	1
6	1	1	1	1	1	6	1	1	1	1	1
7	1	1	1	1	1	7	1	1	1	1	1
8	1	1	1	1	1	8	1	1	1	1	1
9	1	1	1	1	1	9	1	1	1	1	1
10	1	1	1	1	1	10	1	1	1	1	1
11	1	1	1	1	1	11	1	1	1	1	1
12	1	1	1	1	1	12	1	1	1	1	1
13	1	1	1	1	1	13	1	1	1	1	1
14	1	1	1	1	1	14	1	1	1	1	1
15	1	1	1	1	1	15	1	1	1	1	1
16	1	1	1	1	1	16	1	1	1	1	1
17	1	1	1	1	1	17	1	1	1	1	1
18	1	1	1	1	1	18	1	1	1	1	1
19	1	1	1	1	1	19	1	1	1	1	1
20	1	1	1	1	1	20	1	1	1	1	1
21	1	1	1	1	1	21	1	1	1	1	1
22	1	1	1	1	1	22	1	1	1	1	1
23	1	1	1	1	1	23	1	1	1	1	1
$V = \text{percentage of samples in which disinfectant residual is undetectable} = (c+d+e)/(a+b) \times 100 =$ For previous month, V = _____ %											

Condice



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

I. General Water System Information for the Month/Year of:		April, 2006	
System Name:	American Condominium	PWS Identification Number:	6515213
System Type:	Community <input checked="" type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/>		
Number of Service Connections at End of Month:	309	Total Population Served at End of Month:	1080
System Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City: Sarasota	State: FL Zip Code: 34240
Contact Person's E-Mail Address:	wadean@aguaamerica.com	Contact Person's Telephone Number:	(40 (941) 907-7400

I, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Steve Fuller 5-8-06
Signature and Date

Steve Fuller
Printed or Typed Name

B7519
License Number or Title

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:						April, 2006					
Type of Disinfectant Residual Maintained in Distribution System:						Free Chlorine					
Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 200/ml	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 200/ml	Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 200/ml	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 200/ml
							1				
							1				
	1						1				
	1						1				
	1						1				
							1				
							1				
	1						1				
	1						1				
	1						1				
	1						1				
							20				

V = percentage of samples in which disinfectant residual is undetectable = (c+d+e)/(a+b) x 100 =
For previous month, V = %

0 - C DICK



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

General Water System Information for the Month/Year of:		June, 2006			
System Name:	American Condominium	PWS Identification Number:	6515213		
System Type:	Community	Non-Transient Non-Community	Transient Non-Community		
Number of Service Connections at End of Month:	309	Total Population Served at End of Month:	1080		
System Owner:	Aqua Utilities Florida				
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager		
Contact Person's Mailing Address:	6960 Professional Parkway East	City:	Sarasota	State:	FL Zip Code: 34240
Contact Person's E-Mail Address:	wadean@aquaaamerica.com	Contact Person's Telephone Number:	(409) 907-7400		

I, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Steve Fuller 7-8-06
Signature and Date

Steve Fuller
Printed or Typed Name

B7519
License Number or Title

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

Level of Disinfectant Residual Maintained in Distribution System: **Free Chlorine**

Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL	Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC Measured	c = No. of Sites Where Disinfectant Residual Not Detected and HPC Not Measured	d = No. of Sites Where Disinfectant Residual Not Detected and HPC > 500/mL	e = No. of Sites Where Disinfectant Residual Not Measured and HPC > 500/mL
1	1					1					
2	1					1					
3	1					1					
4	1					1					
5	1					1					
6	1					1					
7	1					1					
8	1					1					
9	1					1					
10	1					1					
11	1					1					
12	1					1					
13	1					1					
14	1					1					
15	1					1					
16	1					1					
17	1					1					
18	1					1					
19	1					1					
20	1					1					
21	1					1					
22	22					22					

V = percentage of samples in which disinfectant residual is undetectable = $(c+d+e)/(a+b) \times 100 =$
For previous month, V = %

Conroe



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

General Water System Information for the Month/Year of:		June, 2006 July 2006	
System Name:	American Condominium	PWS Identification Number:	6515213
System Type:	Community Non-Transient Non-Community Transient Non-Community		
Number of Service Connections at End of Month:	309	Total Population Served at End of Month:	1080
System Owner:	Aqua Utilities Florida		
Contact Person:	Bill Dean	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	6960 Professional Parkway East	City:	Sarasota
		State:	FL
		Zip Code:	34240
Contact Person's E-Mail Address:	wadean@aquaamerica.com	Contact Person's Telephone Number:	(40 (941) 907-7400

I, the undersigned lead/chief operator or authorized representative of this consecutive system, certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Steve Fuller 8-9-06
 Signature and Date Printed or Typed Name License Number or Title

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:						July, 2006					
Type of Disinfectant Residual Maintained in Distribution System:						Free Chlorine					
Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC	c = No. of Sites Where Disinfectant Residual Not Detected and HPC	d = No. of Sites Where Disinfectant Residual Not Detected and HPC	e = No. of Sites Where Disinfectant Residual Not Measured and HPC	Day of the Month	a = No. of Sites Where Disinfectant Residual Was Measured	b = No. of Sites Where Disinfectant Residual Not Measured but HPC	c = No. of Sites Where Disinfectant Residual Not Detected and HPC	d = No. of Sites Where Disinfectant Residual Not Detected and HPC	e = No. of Sites Where Disinfectant Residual Not Measured and HPC
1	1					1	1				
2	1					2	1				
3	1					3	1				
4	1					4	1				
5	1					5	1				
6	1					6	1				
7	1					7	1				
8	1					8	1				
9	1					9	1				
10	1					10	1				
11	1					11	1				
12	1					12	1				
13	1					13	1				
14	1					14	1				
15	1					15	1				
16	1					16	1				
17	1					17	1				
18	1					18	1				
19	1					19	1				
20	1					20	1				
21	1					21	1				
V = percentage of samples in which disinfectant residual is undetectable = (c+d+e)/(a+b) x 100 =											
For previous month, V =						%					



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

cancelou

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

Consecutive System Name: American Condominium PWS Identification Number: 6515213

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

Number of Service Connections at End of Month: 309 Total Population Served at End of Month: 1080

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Bill Dean Contact Person's Title: South Region Manager

Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: FL Zip Code: 34240

Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7401

Contact Person's E-Mail Address: wadean@aquamerica.com

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

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
	1.4				
	1.0				
				0.9	
	0.9			0.8	
	1.2			0.7	
	1.1			0.6	
	1.2			0.5	
	1.1				
				0.8	
				0.7	
	1.2			0.8	
	0.9			0.7	
	1.0			0.6	
	0.9				
	0.8				

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 10-4-06 Steve Fuller B-7519

Signature and Date Printed or Typed Name License Number or Title

CANDICE



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: American Condominium PWS Identification Number: 651-5213

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

Number of Service Connections at End of Month: 309 Total Population Served at End of Month: 1080

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Bill Dean Contact Person's Title: South Region Manager

Contact Person's Mailing Address: 6960 Professional Parkway East City: Sarasota State: FL Zip Code: 34240

Contact Person's Telephone Number: 941-907-7444 Contact Person's Fax Number: 941-907-7401

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

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

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
17	0.5		17	0.5	
18	0.6		18	0.7	
19	0.7		19	0.5	
20	0.6		20	0.6	
21	0.5		21		
22			22	0.4	
23			23	0.5	
24	0.9		24	0.6	
25	0.7		25	0.5	
26	0.6		26	0.6	
27	0.6		27		
28	0.5		28	0.7	
29			29		
30	0.6		30		

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 10-10-06 Steve Fuller B-7519

Signature and Date Printed or Typed Name License Number or Title

Cardiac



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

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

Consecutive System Name: American Condominium | PWS Identification Number: 6515213

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

Number of Service Connections at End of Month: 309 | Total Population Served at End of Month: 1080

Consecutive System Owner: Aqua Utilities Florida

Contact Person: Bill Dean | Contact Person's Title: South Region Manager

Contact Person's Mailing Address: 6960 Professional Parkway East | City: Sarasota | State: FL | Zip Code: 34240

Contact Person's Telephone Number: 941-907-7444 | Contact Person's Fax Number: 941-907-7401

Contact Person's E-Mail Address: wadean@aquamerica.com

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

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.7		1	0.6	
2	0.6		2		
3	0.6		3		
4			4	0.9	
5	0.6		5	0.6	
6	0.5		6	0.5	
7	0.9		7	0.8	
8	1.0		8	0.7	
9	0.8		9		
10			10	1.1	
11			11	0.8	
12	0.5		12	0.7	
13	0.7		13	1.0	
14	0.8		14		
15	0.5		15		

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 12-6-06 | Steve Fuller | B-7519

Signature and Date | Printed or Typed Name | License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

CANDICE

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

Consecutive System Name: American Condominium	PWS Identification Number: 6515213
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
Number of Service Connections at End of Month: 309	Total Population Served at End of Month: 1080
Consecutive System Owner: Aqua Utilities Florida	
Contact Person: Bill Dean	Contact Person's Title: South Region Manager
Contact Person's Mailing Address: 6960 Professional Parkway East	City: Sarasota State: FL Zip Code: 34240
Contact Person's Telephone Number: 941-907-7444	Contact Person's Fax Number: 941-907-7401
Contact Person's E-Mail Address: wadean@aquaamerica.com	

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

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
	1.0				
				0.9	
				0.8	
	0.9			0.8	
	0.8			0.7	
	0.8			0.6	
	0.6				
	0.7				
				1.1	
				0.8	
	1.0			0.7	
	0.8			0.8	
	0.9			0.5	
	0.7				
	1.2				

I am duly authorized to sign this report on behalf of the consecutive system 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.

Steve Fuller 1-9-07 Steve Fuller B-7519
 Signature and Date Printed or Typed Name License Number or Title



An Equal Opportunity Employer

Southwest Florida Water Management District

2379 Broad Street, Brooksville, Florida 34604-6899
(352) 796-7211 or 1-800-423-1476 (FL only)
SUNCOM 628-4150 TDD only 1-800-231-6103 (FL only)
On the Internet at: WaterMatters.org

Bartow Service Office
170 Century Boulevard
Bartow, Florida 33830-7700
(863) 534-1448 or
1-800-492-7862 (FL only)
SUNCOM 572-6200

Lecanto Service Office
Suite 226
3600 West Sovereign Path
Lecanto, Florida 34461-8070
(352) 527-8131

Sarasota Service Office
6750 Fruitville Road
Sarasota, Florida 34240-9711
(941) 377-3722 or
1-800-320-3503 (FL only)
SUNCOM 531-6900

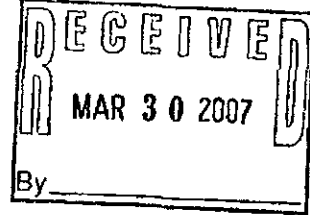
Tampa Service Office
7601 Highway 301 North
Tampa, Florida 33637-6759
(813) 985-7481 or
1-800-836-0797 (FL only)
SUNCOM 578-2070

- Talmadge G. "Jerry" Rice**
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Hillsborough
- Patsy C. Symons**
DeSoto

- David L. Moore**
Executive Director
- William S. Blenky**
General Counsel

March 22, 2007

Jack Lihvarcik
Aqua Utilities Florida, Inc.
Post Office Box 490310
Leesburg, FL 34749-0310



**Subject: Final Agency Action Transmittal Letter - Approval
Modification of Permit by Letter**
Water Use Permit No.: 20011082.001
Project Name: Aqua Utilities Florida, Inc./Zephyr Shores
County: Pasco
Sec/Twp/Rge: 17-26-21

Reference: Rule 40D-2.331(2)(b), Florida Administrative Code

Dear Mr. Lihvarcik:

This letter constitutes Final Agency Action (FAA) on the request received by the District on December 18, 2006, to modify Water Use Permit (WUP) No. 20011082.000 by letter. The specific modifications are listed in Attachment A and are considered a part of your WUP.

You or any person whose substantial interests are affected by the District's action regarding a permit may request an administrative hearing in accordance with Sections 120.569 and 120.57, Florida Statutes, (F.S.), and Chapter 28-106, F.A.C., of the Uniform Rules of Procedure. A request for hearing must: (1) explain how the substantial interests of each person requesting the hearing will be affected by the District's action, or proposed action, (2) state all material facts disputed by the person requesting the hearing or state that there are no disputed facts, and (3) otherwise comply with Chapter 28-106, F.A.C. Copies of Sections 28-106.201 and 28-106.301, F.A.C., are enclosed for your reference. A request for hearing must be filed with (received by) the Agency Clerk of the District at the District's Brooksville address within 21 days of receipt of this notice. Receipt is deemed to be the fifth day after the date on which this notice is deposited in the United States mail. Failure to file a request for hearing within this time period shall constitute a waiver of any right you or such person may have to request a hearing under Sections 120.569 and 120.57, F.S. Mediation pursuant to Section 120.573, F.S., to settle an administrative dispute regarding the District's action in this matter is not available prior to the filing of a request for hearing.

Enclosed is a "Noticing Packet" that provides information regarding the District Rule 40D-1.1010, F.A.C., which addresses the notification of persons whose substantial interests may be affected by the District's action in this matter. The packet contains guidelines on how to provide notice of the District's action, and a notice that you may use.

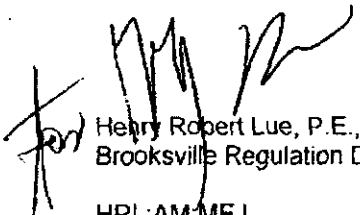
DOCUMENT NUMBER - DATE

04323 MAY 22 08

FPSC-COMMISSION CLERK

If you have questions regarding this permit modification, please contact Angel Martin at the Brooksville Service Office, extension 4324. If you have any questions regarding the Noticing Packet, please contact Debra Webster, at extension 4360, in the Regulation Performance Management Department at the Brooksville office.

Sincerely,



Henry Robert Lue, P.E., Director
Brooksville Regulation Department

HRL:AM:MEJ

Enclosure: Attachment A
Noticing Packet (42.00-039)
Sections 28-106.201 and 28-106.301, F.A.C.

cc: File of Record 20011082.001
Data Room, Regulation Performance Management Department
Sandy Semegen, Field Technician Supervisor

**LETTER MODIFICATION
WUP NO. 20011082.001
ATTACHMENT A**

MODIFICATIONS

Effective March 22, 2007, the following constitutes modifications to the terms and conditions of Water Use Permit No. 20011082.000. The modification is the addition of a 8-inch well (DID-5) that will be pumped (cycled) along with the existing 6-inch well (DID-1). The status/permited quantity for the 6-inch well (DID-1) is changed. DID-5 is located approximately 85 feet northwest of DID-1 at Latitude/Longitude 28°13' 30.20";82°14' 02.10".

1. Total quantities authorized under this permit (in gpd) are unchanged:

Annual Average: 28,500
Peak Month: 57,000
Crop Protection: NA

2. Water Use: Public Supply
3. The following withdrawal point is added.

I.D. NO. PERMITTEE/ DISTRICT	DIAM. (IN.)	DEPTH (FT.) TOTAL/CASED	U S E	GALLONS PER DAY		
				ANNUAL AVERAGE	PEAK MONTH	CROP PROTECTION
5	8	160/80	B	14,250	28,500	NA

4. For DID-1, the permitted quantities for the following withdrawal point used for public supply are changed:

I.D. NO. PERMITTEE/ DISTRICT	DIAM. (IN.)	DEPTH (FT.) TOTAL/CASED	STATUS	GALLONS PER DAY		
				ANNUAL AVERAGE	PEAK MONTH	CROP PROTECTION
1	6	159/64	EX	14,250	28,500	NA

5. Special Condition No. 2 is modified as:

The Permittee shall continue to maintain and operate the existing non-resettable, totalizing flow meter(s), or other flow measuring device(s) as approved by the Permitting Department Director, Resource Regulation, for District ID No(s). 1, Permittee ID No(s). 1, and District ID No(s). 5, Permittee No(s). 5. Such device(s) shall maintain an accuracy within five percent of the actual flow as installed. Total withdrawal and meter readings from each metered withdrawal shall be recorded on a monthly basis and reported to the Permit Data Section (using District forms) on or before the tenth day of the following month. If a metered withdrawal is not utilized during a given month, a report shall be submitted to the Permits Data Section indicating zero gallons.

All other terms and conditions of this permit shall remain as stated on WUP No. 20011082.000, unless specifically modified by this Letter Modification, and this permit will expire on April 11, 2017.



An Equal Opportunity Employer

Southwest Florida Water Management District

2379 Broad Street, Brooksville, Florida 34604-6899

(352) 796-7211 or 1-800-423-1476 (FL only)

SUNCOM 628-4150 TDD only 1-800-231-6103 (FL only)

On the Internet at: WaterMatters.org

Bartow Service Office
170 Century Boulevard
Bartow, Florida 33830-7700
(863) 534-1448 or
1-800-492-7862 (FL only)
SUNCOM 572-6200

Lecanto Service Office
Suite 226
3600 West Sovereign Path
Lecanto, Florida 34461-8070
(352) 527-8131

Sarasota Service Office
6750 Fruitville Road
Sarasota, Florida 34240-9711
(941) 377-3722 or
1-800-320-3503 (FL only)
SUNCOM 531-6900

Tampa Service Office
7601 Highway 301 North
Tampa, Florida 33637-6759
(813) 985-7481 or
1-800-836-0797 (FL only)
SUNCOM 578-2070

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Chair, Pasco

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Vice Chair, Hernando

Neil Combee
Secretary, Polk

Jennifer E. Closshey
Treasurer, Hillsborough

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Sarasota

Heidi B. McCree
Hillsborough

Sally Parks
Pinellas

Todd Pressman
Pinellas

Maritza Rovira-Forino
Hillsborough

Patsy C. Symons
DeSoto

David L. Moore
Executive Director

William S. Blenky
General Counsel

NOTICING PACKET PUBLICATION INFORMATION

PLEASE SEE THE REVERSE SIDE OF THIS NOTICE FOR A LIST OF FREQUENTLY ASKED QUESTIONS (FAQ)

The District's action regarding the issuance or denial of a permit, a petition or qualification for an exemption only becomes closed to future legal challenges from members of the public ("third parties"), if 1.) "third parties" have been properly notified of the District's action regarding the permit or exemption, and 2.) no "third party" objects to the District's action within a specific period of time following the notification.

Notification of "third parties" is provided through publication of certain information in a newspaper of general circulation in the county or counties where the proposed activities are to occur. Publication of notice informs "third parties" of their right to challenge the District's action. If proper notice is provided by publication, "third parties" have a 21-day time limit in which to file a petition opposing the District's action. A shorter 14-day time limit applies to District action regarding Environmental Resource Permits linked with an authorization to use Sovereign Submerged Lands. However, if no notice to "third parties" is published, there is no time limit to a party's right to challenge the District's action. The District has not published a notice to "third parties" that it has taken or intends to take final action on your application. If you want to ensure that the period of time in which a petition opposing the District's action regarding your application is limited to the time frames stated above, you may publish, at your own expense, a notice in a newspaper of general circulation. A copy of the Notice of Agency Action the District uses for publication and guidelines for publishing are included in this packet.

Guidelines for Publishing a Notice of Agency Action

1. Prepare a notice for publication in the newspaper. The District's Notice of Agency Action, included with this packet, contains all of the information that is required for proper noticing. However, you are responsible for ensuring that the form and the content of your notice comply with the applicable statutory provisions.
2. Your notice must be published in accordance with Chapter 50, Florida Statutes. A copy of the statute is enclosed.
3. Select a newspaper that is appropriate considering the location of the activities proposed in your application, and contact the newspaper for further information regarding their procedures for publishing.
4. You only need to publish the notice for one day.
5. Obtain an "affidavit of publication" from the newspaper after your notice is published.
6. Immediately upon receipt send the ORIGINAL affidavit to the District at the address below, for the file of record. Retain a copy of the affidavit for your records.

Southwest Florida Water Management District
Records and Data Supervisor
2379 Broad Street
Brooksville, Florida 34604-6899

Note: If you are advertising a notice of the District's proposed action, and the District's final action is different, publication of an additional notice may be necessary to prevent future legal challenges. If you need additional assistance, please contact us at ext. 4360, at the Brooksville number listed above. (Your question may be on the FAQ list).

**NOTICE OF FINAL AGENCY ACTION BY
THE SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT**

Notice is given that the District's Final Agency Action is approval of the _____

on _____ acres to serve _____ known as _____.

The project is located in _____ County, Section(s) _____,

Township _____ South, Range _____ East. The permit applicant

is _____ whose address is _____.

The permit No. is _____.

The file(s) pertaining to the project referred to above is available for inspection Monday through Friday except for legal holidays, 8:00 a.m. to 5:00 p.m., at the Southwest Florida Water Management District (District) _____.

NOTICE OF RIGHTS

Any person whose substantial interests are affected by the District's action regarding this permit may request an administrative hearing in accordance with Sections 120.569 and 120.57, Florida Statutes (F.S.), and Chapter 28-106, Florida Administrative Code (F.A.C.), of the Uniform Rules of Procedure. *A request for hearing must (1) explain how the substantial interests of each person requesting the hearing will be affected by the District's action, or final action; (2) state all material facts disputed by each person requesting the hearing or state that there are no disputed facts; and (3) otherwise comply with Chapter 28-106, F.A.C.* A request for hearing must be filed with and received by the Agency Clerk of the District at the District's Brooksville address, 2379 Broad Street, Brooksville, FL 34604-6899 within 21 days of publication of this notice (or within 14 days for an Environmental Resource Permit with Proprietary Authorization for the use of Sovereign Submerged Lands). Failure to file a request for hearing within this time period shall constitute a waiver of any right such person may have to request a hearing under Sections 120.569 and 120.57, F.S.

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

Mediation pursuant to Section 120.573, F.S., to settle an administrative dispute regarding the District's final action in this matter is not available prior to the filing of a request for hearing.

NAME OF NEWSPAPER
Published (Weekly or Daily)
(Town or City) (County) FLORIDA

STATE OF FLORIDA
COUNTY OF _____

Before the undersigned authority personally appeared _____, who on oath says that he or she is _____ of the _____, a _____ newspaper published at _____ in _____ County, Florida; that the attached copy of advertisement, being a _____ in the matter of _____ in the _____ Court, was published in said newspaper in the issues of _____.

Affiant further says that the said _____ is a newspaper published at _____, in said _____ County, Florida, and that the said newspaper has heretofore been continuously published in said _____ County, Florida, each _____ and has been entered as _____ second-class mail matter at the post office in _____, in said _____ County, Florida, for a period of 1 year next preceding the first publication of the attached copy of advertisement; and affiant further says that he or she has neither paid nor promised any person, firm or corporation any discount, rebate, commission or refund for the purpose of securing this advertisement for publication in the said newspaper. Sworn to and subscribed before me this _____ day of _____, 19____, by _____, who is personally known to me or who has produced (type of identification) as identification.

_____(Signature of Notary Public)_____

_____(Print, Type, or Stamp Commissioned Name of Notary Public)_____

_____(Notary Public)_____

History.-s. 2, ch. 19290, 1939; CGL 1940 Supp. 4668(2); s. 6, ch. 67-254; s. 1, ch. 93-62; s. 291, ch. 95-147.

¹Note.¥Redesignated as "Periodicals" by the United States Postal Service, see 61 F.R. 10123-10124, March 12, 1996.

Note.-Former s. 49.05.

50.061 Amounts chargeable.¥

(1) The publisher of any newspaper publishing any and all official public notices or legal advertisements shall charge therefore the rates specified in this section without rebate, commission or refund.

(2) The charge for publishing each such official public notice or legal advertisement shall be 70 cents per square inch for the first insertion and 40 cents per square inch for each subsequent insertion, except that:

(a) In all counties having a population of more than 304,000 according to the latest official decennial census, the charge for publishing each such official public notice or legal advertisement shall be 80 cents per square inch for the first insertion and 60 cents per square inch for each subsequent insertion.

(b) In all counties having a population of more than 450,000 according to the latest official decennial census, the charge for publishing each such official public notice or legal advertisement shall be 95 cents per square inch for the first insertion and 75 cents per square inch for each subsequent insertion.

(3) Where the regular established minimum commercial rate per square inch of the newspaper publishing such official public notices or legal advertisements is in excess of the rate herein stipulated, said minimum commercial rate per square inch may be charged for all such legal advertisements or official public notices for each insertion, except that a governmental agency publishing an official public notice or legal advertisement may procure publication by soliciting and accepting written bids from newspapers published in the county, in which case the specified charges in this section do not apply.

(4) All official public notices and legal advertisements shall be charged and paid for on the basis of 6-point type on 6-point body, unless otherwise specified by statute.

(5) Any person violating a provision of this section, either by allowing or accepting any rebate, commission, or refund, commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

(6) Failure to charge the rates prescribed by this section shall in no way affect the validity of any official public notice or legal advertisement and shall not subject same to legal attack upon such grounds.

History.-s. 3, ch. 3022, 1877; RS 1298; GS 1729; RGS 2944; s. 1, ch. 12215, 1927; CGL 4668; ss. 1, 2, 2A, 2B, ch. 20264, 1941; s. 1, ch. 23663, 1947; s. 1, ch. 57-160; s. 1, ch. 63-50; s. 1, ch. 65-569; s. 6, ch. 67-254; s. 15, ch. 71-136; s. 35, ch. 73-332; s. 1, ch. 90-279.

Note.¥Former s. 49.06.

50.071 Publication costs; court docket fund.¥

(1) There is established in Broward, Dade, and Duval Counties a court docket fund for the purpose of paying the cost of the publication of the fact of the filing of any civil case in the circuit court in those counties by their counties by their style and of the calendar relating to such cases. A newspaper qualified under the terms of s. 50.011 shall be designated as the record newspaper for such publication by an order of a majority of the judges in the judicial circuit in which the subject county is located and such order shall be filed and recorded with the clerk of the circuit court for the subject county. The court docket fund shall be funded by a service charge of \$1 added to the filing fee for all civil actions, suits, or proceedings filed in the circuit court of the subject county. The clerk of the circuit court shall maintain such funds separate and apart, and the aforesaid fee shall not be diverted to any other fund or for any purpose other than that established herein. The clerk of the circuit court shall dispense the fund to the designated record newspaper in the county on a quarterly basis. The designated record newspaper may be changed at the end of any fiscal year of the county by a majority vote of the judges of the judicial circuit of the county so ordering 30 days prior to the end of the fiscal year, notice of which order shall be given to the previously designated record newspaper.

(2) The board of county commissioners or comparable or substituted authority of any county in which a court docket fund is not specifically established in subsection (1) may, by local ordinance, create such a court docket fund on the same terms and conditions as established in subsection (1).

(3) The publishers of any designated record newspapers receiving the court docket fund established in subsection (1) shall, without charge, accept legal advertisement for the purpose of service of process by publication under s. 49.011(4), (10), and (11) when such publication is required of persons authorized to proceed as insolvent and poverty-stricken persons under s. 57.081.

History.-s. 1, ch. 75-206.

**PART II HEARINGS INVOLVING
DISPUTED ISSUES OF MATERIAL FACT**

28-106.201 Initiation of Proceedings.

(1) Unless otherwise provided by statute, initiation of proceedings shall be made by written petition to the agency responsible for rendering final agency action. The term "petition" includes any document that requests an evidentiary proceeding and asserts the existence of a disputed issue of material fact. Each petition shall be legible and on 8 ½ by 11 inch white paper. Unless printed, the impression shall be on one side of the paper only and lines shall be double-spaced.

(2) All petitions filed under these rules shall contain:

(a) The name and address of each agency affected and each agency's file or identification number, if known;

(b) The name, address, and telephone number of the petitioner; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the agency determination;

(c) A statement of when and how the petitioner received notice of the agency decision;

(d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;

(e) A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the agency's proposed action;

(f) A statement of the specific rules or statutes the petitioner contends require reversal or modification of the agency's proposed action; and

(g) A statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the agency to take with respect to the agency's proposed action.

(3) Upon receipt of a petition involving disputed issues of material fact, the agency shall grant or deny the petition, and if granted shall, unless otherwise provided by law, refer the matter to the Division of Administrative Hearings with a request that an administrative law judge be assigned to conduct the hearing. The request shall be accompanied by a copy of the petition and a copy of the notice of agency action.

(4) A petition shall be dismissed if it is not in substantial compliance with subsection (2) of this rule or it has been untimely filed. Dismissal of a petition shall, at least once, be without prejudice to petitioner's filing a timely amended petition curing the defect, unless it conclusively appears from the face of the petition that the defect cannot be cured.

(5) The agency shall promptly give written notice to all parties of the action taken on the petition, shall state with particularity its reasons if the petition is not granted, and shall state the deadline for filing an amended petition if applicable.

Specific Authority 120.54(3), (5) F.S. Law Implemented 120.54(5), 120.569, 120.57 F.S. History—New 4-1-97, Amended 9-17-98.

**PART III PROCEEDINGS AND HEARINGS
NOT INVOLVING DISPUTED ISSUES OF
MATERIAL FACT**

28-106.301 Initiation of Proceedings

(1) Initiation of a proceeding shall be made by written petition to the agency responsible for rendering final agency action. The term "petition" includes any document which requests a proceeding. Each petition shall be legible and on 8 ½ by 11 inch white paper or on a form provided by the agency. Unless printed, the impression shall be on one side of the paper only and lines shall be double-spaced.

(2) All petitions filed under these rules shall contain:

(a) The name and address of each agency affected and each agency's file or identification number, if known;

(b) The name, address, and telephone number of the petitioner; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the agency determination;

(c) A statement of when and how the petitioner received notice of the agency decision;

(d) A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the agency's proposed action;

(e) A statement of the specific rules or statutes the petitioner contends require reversal or modification of the agency's proposed action; and

(f) A statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the agency to take with respect to the agency's proposed action.

(3) If the petition does not set forth disputed issues of material fact, the agency shall refer the matter to the presiding officer designated by the agency with a request that the matter be scheduled for a proceeding not involving disputed issues of material fact. The request shall be accompanied by a copy of the petition and a copy of the notice of agency action.

(4) A petition shall be dismissed if it is not in substantial compliance with subsection (2) of this Rule or it has been untimely filed. Dismissal of a petition shall, at least once, be without prejudice to petitioner's filing a timely amended petition curing the defect, unless it conclusively appears from the face of the petition that the defect cannot be cured.

(5) The agency shall promptly give written notice to all parties of the action taken on the petition, shall state with particularity its reasons if the petition is not granted, and shall state the deadline for filing an amended petition if applicable.

Specific Authority 120.54(5) F.S. Law Implemented 120.54(5), 120.569, 120.57 F.S. History—New 4-1-97, Amended 9-17-98.



An Equal Opportunity Employer

Southwest Florida Water Management District

2379 Broad Street, Brooksville, Florida 34604-6899
(352) 796-7211 or 1-800-423-1476 (FL only)
SUNCOM 628-4150 TDD only 1-800-231-6103 (FL only)
On the Internet at: WaterMatters.org

Bartow Service Office
170 Century Boulevard
Bartow, Florida 33830-7700
(863) 534-1448 or
1-800-492-7862 (FL only)
SUNCOM 572-6200

Lecanto Service Office
3600 West Sovereign Path
Suite 226
Lecanto, Florida 34461-8070
(352) 527-8131
SUNCOM 667-3271

Sarasota Service Office
6750 Fruitville Road
Sarasota, Florida 34240-9711
(941) 377-3722 or
1-800-320-3503 (FL only)
SUNCOM 531-6900

Tampa Service Office
7601 Highway 301 North
Tampa, Florida 33637-6759
(813) 985-7481 or
1-800-836-0797 (FL only)
SUNCOM 578-2070

- Watson L. Haynes II**
Chair, Pinellas
- Heidi B. McCree**
Vice Chair, Hillsborough
- Judith C. Whitehead**
Secretary, Hernando
- Talmadge G. "Jerry" Rice**
Treasurer, Pasco
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- Thomas G. Dabney**
Sarasota
- Maggie N. Dominguez**
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- Ronnie E. Duncan**
Pinellas
- Ronald C. Johnson**
Polk
- Janet D. Kovach**
Hillsborough
- Patsy C. Symons**
DeSoto

- David L. Moore**
Executive Director
- Gene A. Heath**
Assistant Executive Director
- Williams S. Bilenky**
General Counsel

October 4, 2004

RECEIVED

OCT - 5 2004

Aqua Utilities
Florida Inc.

Glenn P. LaBrecque
Aqua Utilities Florida, Inc.
6960 Professional Parkway East
Sarasota, FL 34240

Subject: Transfer Water Use Permit No. 20011082.000

Reference: Chapter 40D-2.351, Florida Administrative Code

Dear Mr. LaBrecque:

Your Water Use Permit Transfer has been approved. Final approval is based on all contingencies stated in the enclosed copy of your permit.

Water conservation is required at all times, including but not necessarily limited to those activities specified by Standard Conditions 10 and 11. In addition, Standard Conditions 4, 8 and 9 require further water conservation activities to manage, reduce, or cease withdrawals under certain hydrologic circumstances. Standard Condition 4 is activated during droughts and other water supply shortages, pursuant to Chapter 40D-21 (the District's Water Shortage Plan). Standard Conditions 8 and 9 are activated if the flow or level of an applicable lake, stream, or aquifer falls below an established amount, pursuant to Chapter 40D-8 (the District's Minimum Flows and Levels Rule).

We are mailing the well tag to you for installation together with well tag installation instructions. If you prefer District staff to install the tag, please contact us. If you have any questions or concerns regarding your tag, please contact Sandy Semegen at extension 4349, in the Brooksville Regulation Department.

If you have any questions or concerns regarding your permit or any other information, please contact this office at extension 4293 or 4356.

Sincerely,

BJ Jarvis, Director
Records and Data Department

BJJ:mlc

Enclosures: Approved Permit, Assignment Form, Well Tag and Well Tag Instructions
cc: Craig J. Anderson, Vice President, Florida Water Services, Inc.

Southwest Florida Water Management District
2379 Broad Street (U.S. 41 South) Brooksville, Florida 34609-6899
(352)796-7211 or 1-800-423-1476(Florida Only) (SUNCOM 628-4150)

PLEASE ATTACH TO THE FACE OF YOUR PERMIT

07/28/98

FLORIDA WATER SERVICES CORP

PO BOX 609520
ORLANDO, FL 32860-9520

TRANSFERRED ON: October 4, 2004
TO: Aqua Utilities Florida, Inc.
6960 Professional Parkway East
Suite 400
Sarasota, FL 34240
NEW EXPIRATION DATE: APRIL 11, 2017

Subject: EXTENSION - Water Use Permit No. 11082.00

Dear Permittee:

We are pleased to inform you that THE EXPIRATION DATE OF YOUR ABOVE REFERENCED WATER USE PERMIT HAS BEEN EXTENDED TO 04/11/17. Through a process of random selections by computer, the District has extended the expiration date of certain permits with annual average daily withdrawals of less than 500,000 gallons. This process will ensure that the number of renewal applications received in any one year does not exceed our capacity to evaluate and process the applications.

This extension of permit duration does not require any action on your part and is at no cost to you. However, you will need to update your records so that you will file an application for renewal during the year prior to the new expiration date.

Although the expiration date of your permit has been extended, you are still required to comply with all the terms and conditions of your permit. For example, if your permit was issued with conditions requiring data, reports, etc. to be submitted, you must continue to submit all such required information at the regular intervals specified in the conditions of your permit. For any permit condition that has the expiration date as the date by which action, report submission or other compliance is required, the previous expiration date applies, not the newly extended expiration date.

As a further reminder, your extended permit is still subject to and must comply with all applicable District rules, including those relating to:

- the conditions of issuance for water use permits, and
 - relevant established minimum flows and levels and associated prevention and recovery strategies,
- and can be modified or revoked for noncompliance with the permit, District rules, and Chapter 373, Florida Statutes.

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
WATER USE
GENERAL
PERMIT NO. 2011082.00

EXPIRATION DATE: April 11, 2005

PERMIT ISSUE DATE: April 11, 1995

THE PERMITTEE IS RESPONSIBLE FOR APPLYING FOR A RENEWAL OF THIS PERMIT PRIOR TO THE EXPIRATION DATE WHETHER OR NOT THE PERMITTEE RECEIVES PRIOR NOTIFICATION BY MAIL. FAILURE TO DO SO AND CONTINUED USE OF WATER AFTER EXPIRATION DATE IS A VIOLATION OF DISTRICT RULES AND MAY RESULT IN A MONETARY PENALTY AND/OR LOSS OF WATER. APPLICATION FOR RENEWAL PRIOR TO THE EXPIRATION DATE IS SUBJECT TO DISTRICT EVALUATION AND APPROVAL.

This permit, issued under the provision of Chapter 373, Florida Statutes and Florida Administrative Code 40D-2, authorizes the Permittee to withdraw the quantities outlined herein, and may require various activities to be performed by the Permittee as outlined by the Special Conditions. This permit, subject to all terms and conditions, meets all District permitting criteria.

GRANTED TO: Southern States Utilities, Inc.
1000 Color Place
Apopka, FL 32703

TRANSFERRED ON: October 4, 2004
TO: Aqua Utilities Florida, Inc.
6960 Professional Parkway East
Suite 400
Sarasota, FL 34240
NEW EXPIRATION DATE: APRIL 11, 2017

TOTAL QUANTITIES AUTHORIZED UNDER THIS PERMIT (in gpd)

AVERAGE: 28,500 PEAK MONTHLY: 57,000

<u>Use</u>	<u>Average</u>	<u>Peak Monthly</u>
Public Supply:	28,500 gpd	57,000 gpd

See Withdrawal Table for quantities permitted for each withdrawal point.

PROPERTY LOCATION: Pasco County, approximately 2 miles west of Zephyrhills.

TYPE OF APPLICATION: New WATER USE CAUTION AREA: N/A

APPLICATION FILED: March 25, 1994 ACRES: 1.5 Owned
150.5 Serviced
152.0 Total

APPLICATION AMENDED: N/A

Permit No.: 2011082.00

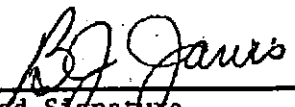
Permittee: Southern States Utilities, Inc.

Page 3

2. The Permittee shall continue to maintain and operate the existing non-resettable, totalizing flow meter(s), or other flow measuring device(s) as approved by the Permitting Department Director, Resource Regulation, for District ID No(s). 1, Permittee ID No(s). 1. Such device(s) shall maintain an accuracy within five percent of the actual flow as installed. Total withdrawal and meter readings from each metered withdrawal shall be recorded on a monthly basis and reported to the Permits Data Section (using District forms) on or before the tenth day of the following month. If a metered withdrawal is not utilized during a given month, a report shall be submitted to the Permits Data Section indicating zero gallons.

STANDARD CONDITIONS:

- 1.- The Permittee shall comply with the Standard Conditions attached hereto, incorporated herein by reference as Exhibit "A" and made a part hereof.



Authorized Signature
SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

Permit No.: 2011082.00

Permittee: Southern States Utilities, Inc.

Page 5

10. The Permittee shall practice water conservation to increase the efficiency of transport, application, and use, as well as to decrease waste and to minimize runoff from the property. At such time as the Governing Board adopts specific conservation requirements for the Permittee's water use classification, this permit shall be subject to those requirements upon notice and after a reasonable period for compliance.
11. The District may establish special regulations for Water Use Caution Areas. At such time as the Governing Board adopts such provisions, this permit shall be subject to them upon notice and after a reasonable period for compliance.
12. The Permittee shall mitigate, to the satisfaction of the District, any adverse impact to existing legal uses caused by withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include:
 - a. A reduction in water levels which impairs the ability of a well to produce water;
 - b. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams or other watercourses; or
 - c. Significant inducement of natural or manmade contaminants into a water supply or into a usable portion of any aquifer or water body.
13. The Permittee shall mitigate to the satisfaction of the District any adverse impact to environmental features or offsite land uses as a result of withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include the following:
 - a. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams, or other watercourses;
 - b. Sinkholes or subsidence caused by reduction in water levels;
 - c. Damage to crops and other vegetation causing financial harm to the owner; and
 - d. Damage to the habitat of endangered or threatened species.
14. When necessary to analyze impacts to the water resource or existing users, the District shall require the Permittee to install flow metering or other measuring devices to record withdrawal quantities and submit the data to the District.
15. A District identification tag shall be prominently displayed at each withdrawal point by permanently affixing the tag to the withdrawal facility.
16. The Permittee shall notify the District within 30 days of the sale or conveyance of permitted water withdrawal facilities or the land on which the facilities are located.
17. All permits issued pursuant to these Rules are contingent upon continued ownership or legal control of all property on which pumps, wells, diversions or other water withdrawal facilities are located.



**NOTIFICATION AND REQUEST
FOR TRANSFER OF A WATER USE PERMIT
SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT**

2379 Broad Street • Brooksville, FL 34604-6899 (352) 796-7211; (800) 423-1476 (FL only);
Suncom 628-4150; TDD only (800) 231-6103 <http://www.swfwmd.state.fl.us>

Permits issued by the District are contingent upon the continued ownership or other legal control of the property and water withdrawal facilities described on the Permit. All holders of a Water Use Permit (Permit) are required to notify the District within 30 days of the sale or conveyance of any permitted water withdrawal facilities or the land on which the facilities are located. The District will transfer the Permit to the transferee or transferees (party or parties subsequently owning the permitted water withdrawal facilities) up to the renewal date of the Permit provided the water source, use, and withdrawal quantities remain the same. This transfer is subject to all terms and conditions contained in the Permit, the provisions of Chapter 373, Florida Statutes (F.S.), and Chapter 40D, Florida Administrative Code (F.A.C.), including but not limited to Chapters 40D-1, 40D-2, 40D-8, and 40D-80, F.A.C.

UNTIL THE SUBJECT PERMIT IS TRANSFERRED OR ISSUED IN THE TRANSFEREES' NAME(S),
WITHDRAWALS FROM THESE FACILITIES BY ANYONE IS A VIOLATION OF CHAPTER 373, F.S. & CHAPTER 40D-2, F.A.C.

DO NOT USE THIS FORM FOR THE FOLLOWING THREE CASES.

TRANSFER WITH MODIFICATION OR RENEWAL OF THE PERMIT. If a Permit needs to be renewed or modified, the appropriate Permit application form, supplemental information form(s), and fee must be submitted to renew or modify it. With proof of new ownership, the transfer will be effected at the same time as the renewal or modification. *Renewal:* Transferee(s) are encouraged to submit an application for renewal at the time of notification to the District of the transfer if less than a year remains on the Permit term. *Modification examples:* change in use (e.g., agriculture to industrial), quantities needed (e.g., change in crop type or irrigation method, population served) and source (e.g., change in amounts per withdrawal on existing permit, addition of new withdrawals).

TRANSFER OF ONLY A PORTION OF THE PERMIT. If only some of the permitted water withdrawal facilities or a portion of the land on which the facilities are located was sold or conveyed, the appropriate Permit application form, supplemental form(s), and application fee with proof of ownership of the portion of the property to be transferred must be submitted.

COMBINE WITH AN EXISTING PERMIT. If there is a Permit in the transferee(s)' name(s) on contiguous land, and the two water uses will be integrated or combined, the contiguous Permit must be modified to incorporate the transferred Permit. The appropriate Permit application form, supplemental form(s), and application fee with proof of ownership of the property to be transferred must be submitted.

PLEASE TYPE OR PRINT ALL INFORMATION ON THIS FORM

All blanks on this form must be completed, and the request must be signed by all transferees. **AN AUTHORIZED AGENT MUST PROVIDE A LETTER OF AUTHORIZATION** from the Transferee(s) authorizing the Agent to execute this transfer. Attach additional pages if necessary and identify the water use permit number and the purpose of the additional pages on the additional pages themselves. No fee is required. Failure to complete all blanks will cause a delay in the processing of this request.

Water Use Permit No.: 2011082.00 County: Pasco Section-Township-Range: 17/26/21

Current Permittee(s): Craig J. Anderson, V.P., Environmental Services

Permittee(s) Current Address: Florida Water Services Corporation, P.O. Box 609520

City, State, Zip: Orlando, Florida 32860-9520 Telephone: (407) 598-4199

Current Permittee's Signatures (A copy of the legally recorded deed to all of the land covered by this Permit, bearing the signatures of all former landowners, may be substituted for the permittee(s)' signature(s) on this form.) The permittee(s), by signing below or on an attached page identified as authorization signatures for the transfer of this Permit, request transfer of all rights and obligations for this Permit to the transferee(s) named on page 2. If an agent signs for the permittees, a letter of authorization that is signed by all permittees for the agent to sign this document in their behalf must be attached.

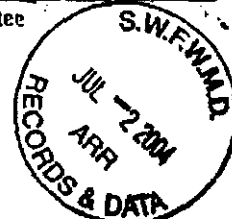
Signature of Permittee or Authorized Agent

Date

Signature of Permittee

Date

Craig J. Anderson, V.P., Environmental Services
(Optional) Name and Title of Authorized Agent



6-21-04

TRANSFEEE INFORMATION

2001082.000

Attach a separate page for names, addresses and signatures of all transferees (new owner/permittee if there are multiple transferees).

Transferee(s): Glenn P. LaBrecque, VP., COO Aqua Utilities Florida, Inc.

Transferee Address: 6960 Professional Parkway East, Ste. 400

City, State, Zip: Sarasota, FL 34240 Telephone: (.941) 907-7420

If the transferee(s) have an existing Permit serving contiguous land at the time of transfer, and the transferred water use operation will not be combined or integrated into the water use operation on the contiguous Permit, the District will transfer this Permit to the New Owners under the existing Permit number, recording them as separate Permits. Please indicate if there is a contiguous Permit in the transferee(s)' name(s), but that the water uses will not be combined or integrated.

There is a Contiguous Permit: There is a contiguous Permit in our names(s), but that water use will not be integrated with the water use on this transferred Permit.

Not Applicable: There is not a contiguous Permit in the transferee(s)' name(s).

SIGNATURES

By signing this document or giving an agent a signed letter of authorization to sign this document, the transferee or transferees attest to his/her or their (a) ownership of all of the permitted water withdrawal facilities, all lands described in the Permit or the lands on which the facility is located, and that the recorded deed to this property, which is attached to this request as proof of ownership, is a true and accurate copy; (b) acceptance of their responsibility to comply with all terms and conditions of the Permit as well as to provisions of Chapter 373 of the Florida Statutes including but not limited to Chapters 40D-1, 40D-2, 40D-8, F.A.C.; and (c) acceptance of their liability for any corrective actions required by the District as a result of any Permit violations that occurred prior to or after the purchase, conveyance or transfer.

Signature of Transferee or Authorized Agent

Date

Signature of Transferee

Date

[Handwritten signature and date 6/21/04]

Glenn P. LaBrecque, Vice President and Chief Operating Officer
Name and Title of Authorized Agent (ATTACH A LETTER OF AUTHORIZATION SIGNED BY ALL TRANSFEREES)

Check here to indicate that all required documents in support of this transfer are attached:

- Copy of the recorded deed to this property showing proof of ownership,
Legal description and current blue-line aerial, labeled with section, township and range with delineated transfer acreage,
Copy of Permit to be transferred,
Letter(s) of authorization for Authorized Agent(s) if this document is executed by an agent.

AGENCY USE ONLY

Based upon the information furnished by the permittee(s) and the transferee(s), the transfer of this Permit is approved.

Signature of Authorized District Representative

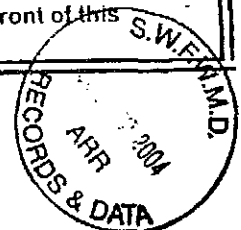
BJ Jarvis, Director, Records and Data Department

Name and Title of District Representative

October 4, 2004

Effective Date (Enter month and day, two-digits each; and year, four digits.)

The District does not discriminate based on disability. Anyone requiring reasonable accommodation under the Americans with Disabilities Act should contact the District at any of the numbers listed on the front of this document.



SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

INSTRUCTIONS FOR APPLYING WITHDRAWAL/WELL TAG

Enclosed are the necessary metal tags for the withdrawal points as indicated on your permit. Please display tags in a visible location.

The tags are to be permanently affixed by using the enclosed wire or by gluing to water withdrawal structure. Each withdrawal, well or surface, has been numbered in the same order as that shown on the permit column labeled District ID Number.

Proper care should be taken in the placing of these tags. We suggest placing the tag in one of the following locations.

1. Apply tag to the electrical panel box if one is located adjacent to the facility, or to a permanent structure next to withdrawal (block wall, post, etc.).
2. Apply tag to the base of the pump, that portion of the pump installation that is not normally removed when servicing the pump.
3. Apply tag to the well casing only when sufficient space is available between the ground surface and the base of the pump.
4. For a portable facility, the tag must be placed on the pump.
5. For public supply systems, apply tag where other licenses or permits are displayed.

Withdrawal quantity amounts are no longer required on well tags. Please refer to permit for quantities authorized at each withdrawal.

The following F.A.C. rules apply.

40D-2.401 Identification Tags

(1) When a Water Use Permit is issued, the Governing Board will issue a permanent tag bearing a use identification number, which tag shall be prominently displayed at the site of withdrawal by permanently affixing such tag to the pump, headgate, valve, or other withdrawal facility. If the Water Use Permit covers several facilities, such as a well field, a tag will be issued for each facility.

(2) Failure to display a permit tag as prescribed herein shall constitute a violation of these rules and may be grounds for suspension or revocation of the permit. The Permittee shall be allowed 10 days after notice to obtain a replacement tag. Upon failure of the Permittee to display such tag within 10 days, the Governing Board may cause the replacement of such tag and charge the Permittee one hundred dollars (\$100) for such service.

If you have any questions about placement of this tag, please contact Sandy Semegen, at extension 4349, in the Brooksville Regulation Department. The District does not discriminate based on disability. Anyone requiring reasonable accommodation under the ADA should contact the Records and Data Department at (352) 796-7211 or 1-800-423-1476; TDD only 1-800-231-6103.

20011082.000

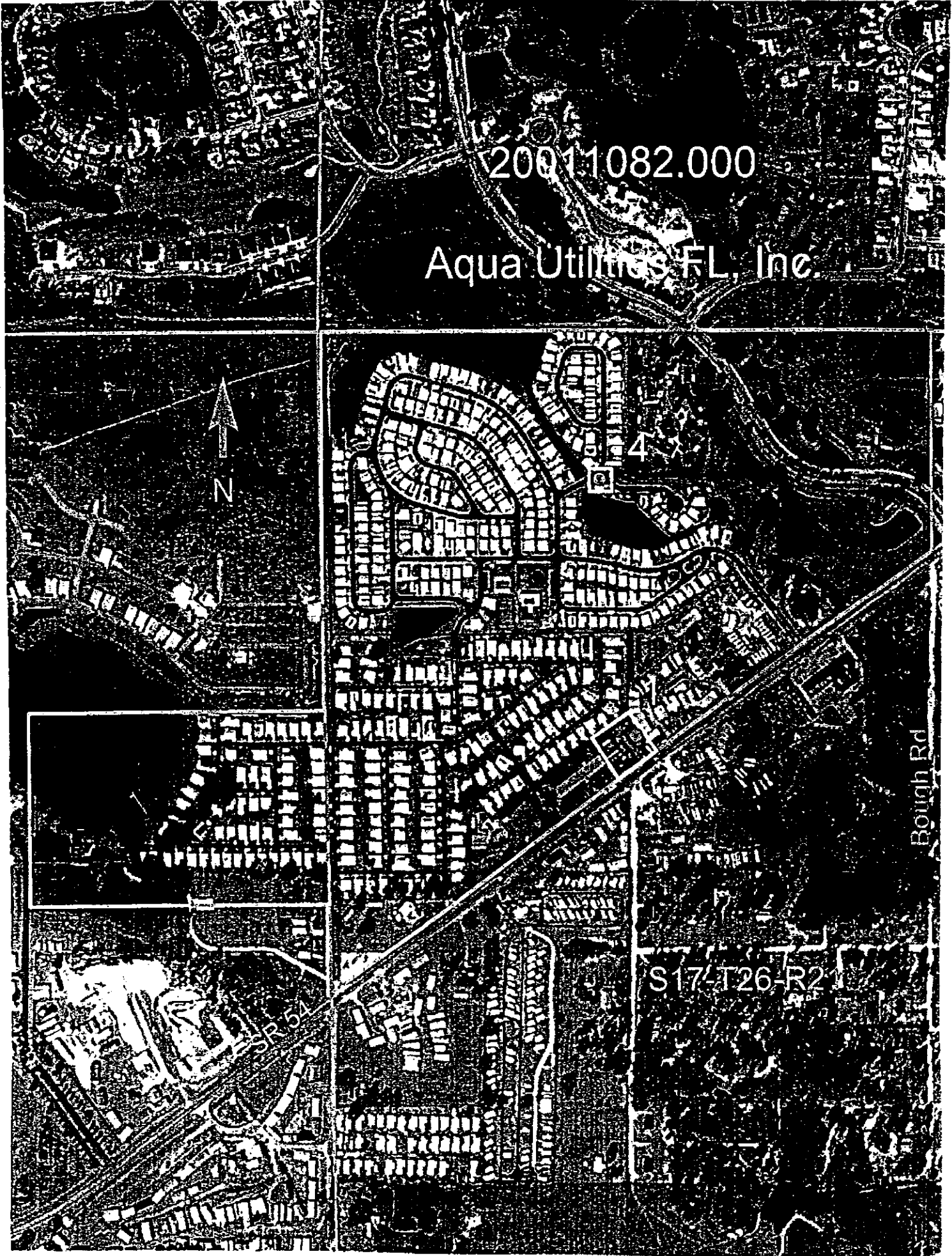
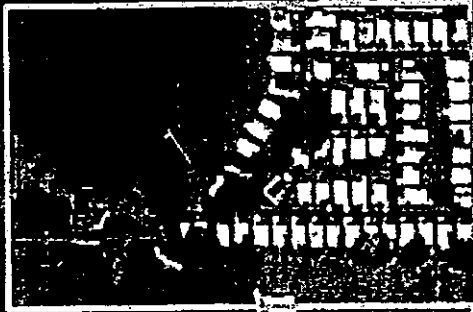
Aqua Utilities FL, Inc



4

Bough Rd

S17-T26-R21



DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5800 US 1 North Fort Pierce, FL 34946 FDOH # E98080
 4155 St. Johns Parkway Suite 1300 Sanford, FL 32771 FDOH # E83509
 307 Coakley Ave. Lighthouse Acres, FL 33938 FDOH # E85370
 18331 Cortez Blvd. Brooksville, FL 34600 FDOH # E84418

5800 U.S. 1 North, Fort Pierce FL 34946
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5844

HBEL Report Number: 2407727 Sub-Contract Lab ID: _____

Lab Receipt Date and Time: 12/6/07 1255

Analysis Method Requested:

Received for Laboratory By: M Bonometti

Colibert Membrane Filtration PWS I.D. 6512018

Analysis Date and Time: 12/6/07 1304

System Name: Zephyrshores M.H.P

Sample Acceptance Criteria:

System Address: 35235 Hwy 54 (East Pasco)

Sample Preservation On Ice Not On Ice -8 °C
 Disinfectant Check Not Detected >0.1 mg/l

City: Zephyrhills, FLA System or Owner's Phone #: 863-858-2504 Fax #: 863-853-4937

Collector: Steve Fuller Collector's Phone #: 813-267-2074

Relinquished By: Steve Fuller Received By: [Signature] Relinquished By: [Signature]

Date/Time: 12-6-07 1145AM Date/Time: 12-6-07 Date/Time: 12-6-07 12:55

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): 12-6-07

LABORATORY CERTIFICATE OF ANALYSIS

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

Fecal (MF) SM9221E E. coli (MF) EC-MUG (Colibert) 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
1	Well One	830AM	R	0	
2	35148 ADA	920AM	D	0.8	
3	4601 Wendy	930AM	D	0.6	

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. *	Lab Sample Number
A	A			2407727 001
A	A			002
A	A			003

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

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

Disinfectant Residual Analysis Method: DPD Colorimetric Other
 Person performing analysis is: A certified operator (# B7519) Employed by a certified lab
 Supervised by a certified operator (# _____) Employed by DEP or DOH

Report authorized by: M Bonometti Technical Director or Designee

Date: 12/7/07 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
Steve Fuller
415 W. Daughtery Rd
LAKE LAND FL 33809



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 - CA 04323 MAY 22 08 FPSC-COMMISSION CLERK

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5800 US 1 North Fort Pierce, FL 34948 FDOH # E96080
 4155 St. Johns Parkway Suite 1300 Sanford, FL 32771 FDOH # E83509
 307 Coolidge Ave. Lehigh Acres, FL 33936 FDOH # E85370
 18331 Cortez Blvd. Brooksville, FL 34609 FDOH # E84418

5800 U.S. 1 North, Fort Pierce FL 34948
 Phone (772) 465-2400, Ext. 265 Fax (772) 467-584

HBEL Report Number: 2407728 Sub-Contract Lab ID: _____

Lab Receipt Date and Time: 12/6/07 1255

Analysis Method Requested:
 Colibert Membrane Filtration PWS I.D. 6515213

Received for Laboratory By: M. Bonometti

System Name: American Condors M.H.P.
 System Address: 35235 Highway 54 East Pasco

Analysis Date and Time: 12/6/07 1304

Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 8°C
 Disinfectant Check: Not Detected >0.1 mg/l

City: Zephyrhills Fla System or Owner's Phone #: 863-858-2504

Fax #: 863-853-4937

Collector: Steve Fuller

Collector's Phone #: 813-267-2074

Relinquished By: Steve Fuller Received By: [Signature]

Relinquished By: [Signature]

Date/Time: 12-6-07 1145AM Date/Time: 12-6-07

Date/Time: 12-6-07 12:55

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): 12-6-07

LABORATORY CERTIFICATE OF ANALYSIS

Total Coliform Analyte Method: (MF) SM9222B (Colibert) SM9223B

Fecal (MF) SM9221E E. coli (MF) EC-MUX (Colibert) SM9223B

Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd mg/L	pH
1	Lot 13	850AM	D	0.7	
2	Lot 289	900AM	D	1.0	

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual.	Lab Sample Number
	A			2407728 001
	A			2407728 002

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) .85

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

Disinfectant Residual Analysis Method: DPD Colorimetric Other
 Person performing analysis is: A certified operator (# 87519) Employed by a certified lab
 Supervised by a certified operator (# 8) Employed by DEP or DOH

Report authorized by: M. Bonometti
 Technical Director or Designee

Date: 12/7/07 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
Steve Fuller
415 W. Daugherty Rd
LAKE LAND FL, 33809



Page 1 of 1

Satisfactory Repeat Samples Required
 Incomplete Collection Information Replacement Samples Required
 Date Reviewed by DEPIDOH: _____
 DEPIDOH Reviewing Official: _____

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-684

Date issued: October 23, 2006

To: Bill Dean
Aqua Utilities Florida, Inc.
415 W. Daughtry
Lakeland, FL 33809

Client: Aqua Utilities Florida, Inc.
Workorder ID: American Condos DW THM/HAA5 [2025908]
Received: 9/29/06 10:30

Dear Bill Dean;

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: 10/23/2006



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) 467-584

DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID: American Condos DW THM/HAA5
 Sample Location: 4832 Elwana Way Grab Disinfectant Residual (mg/L) 0.6
 Sample Number: 2025908001 PWS ID 651-5213
 Sampling Date: 9/28/06 11:02
 Date Received: 9/29/06 10:30

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2450	Monochloroacetic Acid	[N/A]	ug/L	0.88	U	EPA 552.1	0.88	10/06/06	3:34 AM	E96080
2451	Dichloroacetic Acid	[N/A]	ug/L	2.5	I	EPA 552.1	0.66	10/06/06	3:34 AM	E96080
2452	Trichloroacetic acid	[N/A]	ug/L	1.1		EPA 552.1	0.20	10/06/06	3:34 AM	E96080
2453	Monobromoacetic Acid	[N/A]	ug/L	0.28	U	EPA 552.1	0.28	10/06/06	3:34 AM	E96080
2454	Dibromoacetic Acid	[N/A]	ug/L	0.88		EPA 552.1	0.18	10/06/06	3:34 AM	E96080
2456	Total Haloacetic Acids (HAA5)	[60]	ug/L							
2941	Chloroform	[N/A]	ug/L	7.4		EPA 524.2	0.25	10/10/06	4:23 AM	E96080
2942	Bromoform	[N/A]	ug/L	0.89	I	EPA 524.2	0.41	10/10/06	4:23 AM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	6.8		EPA 524.2	0.25	10/10/06	4:23 AM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	5.4		EPA 524.2	0.30	10/10/06	4:23 AM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

Reporting Format 62-550.730
 Effective January 1995, Revised January 2004

Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-180, Table 1. Results Qualified with A, F, H, N, O, T, Z, ? , * are acceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

5600 US 1 North
 Fort Pierce, FL 34946
 OH # E96080
 Updated: 10/23/2006

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 Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET*

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 9/29/2006

PWS ID (From Page 1): 651-5213

Sample Number (From Page 1): 2025908001

Lab Assigned Report Number or Job ID: 2025908001

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

Were any analyses subcontracted? ___ Yes X No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

CERTIFICATION

I, Cindy Cromer Laboratory Director
(Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 23-Oct-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

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

System Name: American Condor PWS I.D. #: 6515213

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: 35235 Hwy 54 East

City: Zephyr hills State: FL ZIP Code: 33544

Phone #: 863-858-2504 Fax #: 863-853-4937

E-Mail Address: slfuller@agua.america.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 2025908001 Location Code (if known): _____

Sample Date: 09/28/06 Sample Time: 11:02 AM

Sample Location (be specific): 4832 Etwana Way Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.6 mg/L Field pH: _____

Sample Type (Check Only One)

Reason(s) for Sample (Check all that apply)

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

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements
for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and
attach a results page for each site.

Sampler's Name: Steve Fuller

Sampler's Phone #: 863-858-2504 Sampler's Fax #: 863-853-4937

Sampler's E-Mail Address: slfuller@agua.america.com

CERTIFICATION (to be completed by sampler)

I, Steve Fuller Senior Operator
Print Name Print Title

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

Signature: Steve Fuller Date: 10-27-06

**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
[2025908]

Client: Aqua Utilities Florida, Inc.

Workorder ID: American Condos DW THM/HAA5

Parameter	Qualifier	Result ¹	Units	Detection Limit	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2025908001						Sampled: 09/28/06 11:02 Received: 09/29/06 10:30					
Sample ID: 4832 Ehwana Way Grab						Matrix: Water Results reported on Wet Weight Basis					
Bromodichloromethane		6.8	ug/L	0.25	1.0	EPA 524.2	VOC2705		10/10/06 4:23	WR	E96080
Bromoform		0.89 I	ug/L	0.41	1.8	EPA 524.2	VOC2705		10/10/06 4:23	WR	E96080
Chloroform		7.4	ug/L	0.25	1.8	EPA 524.2	VOC2705		10/10/06 4:23	WR	E96080
Dibromochloromethane		5.4	ug/L	0.30	1.2	EPA 524.2	VOC2705		10/10/06 4:23	WR	E96080
Total THMs		20	ug/L	0.50	2.0	EPA 524.2	VOC2705		10/10/06 4:23	WR	E96080
Dibromoacetic Acid		0.88	ug/L	0.18	0.72	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 3:34	JL	E96080
Dichloroacetic Acid		2.6 I	ug/L	0.66	2.8	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 3:34	JL	E96080
Monobromoacetic Acid		0.28 U	ug/L	0.28	1.1	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 3:34	JL	E96080
Monochloroacetic Acid		0.88 U	ug/L	0.88	3.5	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 3:34	JL	E96080
Total HAAs		4.5	ug/L	0.18	0.72	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 3:34	JL	E96080
Trichloroacetic acid		1.1	ug/L	0.20	0.80	EPA 552.1	PEST4800	10/5/06 13:50	10/6/06 3:34	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

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



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

18331 Cortez Blvd.
Brooksville, FL 34601
FDOH # E84418

Printed: 10/23/2006

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: American Condos DW THM/HAA5
Received: 9/29/06 10:30

[2025908]

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>
2025908001	4832 Elwana Way Grab	EPA 552.1	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>

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd.
Brooksville, FL 34601
FDOH # E84418

Printed: 10/23/2006



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: September 13, 2006

To: Bill Dean
Aqua Utilities Florida, Inc.
415 W. Daughtry
Lakeland, FL 33809

Client: Aqua Utilities Florida, Inc.

Workorder ID: Zephyr Shores DW Recollect

[2025548]

Received: 8/23/06 10:00

Dear Bill Dean;

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: 9/13/06



Page 1 of 4

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 225 Fax: (772) 467-584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Zephyr Shores DW Recollect
Received: 8/23/06 10:00

[2025548]

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

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

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

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

4155 St. Johns Pkwy Suite 1300
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Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 9/13/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

INORGANIC CONTAMINANTS

62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc. Workorder: Zephyr Shores DW Recollect
Sample Location: POE Grab
Sample Number: 2025548001
Sampling Date: 8/22/06 12:00
Date Received: 8/23/06 10:00

ID	Parameter	MCL	Result	Units	Qual.*	Method	MDL	Date/Time	Lab ID
1024	Cyanide	[0.2]	0.0047 U	mg/L		SM4500CN E	0.0047	9/01/06 17:21	E96080

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # EB3509



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34607
FDOH # E84418

Printed: 9/13/06

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-684

SECONDARY CHEMICAL ANALYSIS

62 - 550.320

(PWS031)

Client: Aqua Utilities Florida, Inc. Workorder: Zephyr Shores DW Recollect
 Sample Location: POE Grab
 Sample Number: 2025548001
 Sampling Date: 8/22/06 12:00
 Preservative: Nitric Acid or None
 Date Received: 8/23/06 10:00

ID	Parameter	MCL	Result	Method	MDL	Date	Lab ID
1028	Iron	[0.3]	0.69	mg/L EPA 200.7	0.025	9/11/06	E96080
1920	Odor - Dechlorinated [3]		1.2	T.O.N. SM2150 B	1.0	8/23/06 11:50	E96080

Southeast Florida
FDOH # E96080

Central Florida
FDOH # E83509

Southwest Florida
FDOH # E85370

West Central Florida
FDOH # E84418

Printed: 9/13/06





HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.
 5600 US 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext 265 Fax: (772) 467-584

Chain-of-Custody

and
 Agreement to Perform Services

USE BALL POINT PEN
 PRESS HARD
 COMPLETELY FILL OUT
 ALL NON GREYED AREAS
 PRINT LEGIBLY

Laboratory not responsible for omitted information
 FDOH # E96080 FDOH # E85370
 5600 U.S. 1 North 307 Coolidge Avenue
 Fort Pierce, FL 34946 Lehigh Acres, FL 33936

Company: AQUA Utilities
 Address: 415 W. Daughtery Rd
LAKE LAND FL Zip: 33809
 Phone: 888-858-2504 Fax: 888-853-4937
 Client Contact: Steve Fuller
 Project Name: Zephyrshore MHP
 Sampled By: SUF

Method(s) of D.H.L.
 Shipment:



FDOH # E83509 FDOH # EB4418
 255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.
 Deltona, FL 32725 Spring Hill, FL 34807

e-mail:
 Standard Laboratory Turn Around Time
 Or
 Rush in Business Days
 Requires Laboratory Approval

Temperature
 Checked
 LAB # 202554

PRESERVATIVE							Preservation Key			
U	NACH	U	U	HNO3	NH4CL	NH2		H=Hydrochloric Acid	P=Phosphoric Acid	
ANALYSES REQUESTED									N=Nitric Acid	ST=Sodium
A	B			C	A	SIZE		S=Sulfuric Acid	Thio sulfate	
								SH=Sodium Hydroxide	U=Unpreserved	

LAB ID	COLLECTION DATE	COLLECTION TIME	Sample Type	MATRIX	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	ODOR	CN	Pb/Cu	Pb/Cu	FE	HAAS	TTHMS	COMMENTS
1	8/22/06	1200AM	G	DW	1	P.O.E CL2 0.6	X							
2	8/22/06	1150AM	G	DW	1	P.O.E CL2 0.6		X						
3	8/22/06	830AM	G	DW	1	35127 ADA CL2 0.6			X					
4	8/22/06	1000AM	G	DW	1	35134 ADA CL2 0.8			X					
5	8/22/06	1130AM	G	DW	1	P.O.E CL2 0.6				X				
6	8/22/06	1030AM	G	DW	1	4644 Six Mile Pond CL2 0.9					X			
7	8/22/06	1022AM	G	DW	3	4644 Six mile Pond CL2 0.9							X	
8					3	TRIP BLANK								X

* Sample Type: G=Grab C=Composite ** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page 4	RELINQUISHED BY <u>Steve Fuller</u>	RELINQUISHED BY	RELINQUISHED BY
	DATE/TIME <u>8/22/06 3:15pm</u>	DATE/TIME	DATE/TIME
	RECEIVED BY	RECEIVED BY	RECEIVED FOR HBEL CUSTODY BY <u>Mark</u>
	DATE/TIME	DATE/TIME	DATE/TIME <u>8-23-06 1000</u>

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

INORGANIC CONTAMINANTS

62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc. Workorder: Zephyr Shores DW Recollect
 Sample Location: 35127 ADA Grab
 Sample Number: 2025548002
 Sampling Date: 8/22/06 8:30
 Date Received: 8/23/06 10:00

ID	Parameter	MCL	Result	Units	Qual.* Method	MDL	Date/Time	Lab ID
1030	Lead	[0.015]	0.0016	mg/L	EPA 200.9	0.00081	9/11/06 14:16	E96080

Reporting Format 62-550.730
 Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, 7, * are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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 34607
 FDOH # E84418

Printed: 9/13/06

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

SECONDARY CONTAMINANTS

62 - 550.320

Client: Aqua Utilities Florida, Inc. Workorder: Zephyr Shores DW Recollect
Sample Location: 35127 ADA Grab
Sample Number: 2025548002
Sampling Date: 8/22/06 8:30
Date Received: 8/23/06 10:00

ID	Parameter	MCL	Result	Units	Qual.*	Method	MDL	Date/Time	Lab ID
1022	Copper	[1]	0.016	mg/L		EPA 200.7	0.0014	9/11/06 13:20	E96080

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, 7, * are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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 34607
FDOH # E84418

Printed: 9/13/06

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Zephyr Shores DW Recollect
 Sample Location: 4484 Six Mile Pond Grab Disinfectant Residual (mg/L _____
 Sample Number: 2025548004 PWS ID _____
 Sampling Date: 8/22/06 10:32
 Date Received: 8/23/06 10:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2941	Chloroform	[NA]	ug/L	15		EPA 524.2	0.25	8/27/06	11:12 PM	E96080
2942	Bromoform	[NA]	ug/L	0.57		EPA 524.2	0.41	8/27/06	11:12 PM	E96080
2943	Bromodichloromethane	[NA]	ug/L	9.5		EPA 524.2	0.25	8/27/06	11:12 PM	E96080
2944	Dibromochloromethane	[NA]	ug/L	5.0		EPA 524.2	0.30	8/27/06	11:12 PM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-180, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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 3460
FDOH # E84418

Printed: 8/13/06



SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Harbor Branch Environmental Laboratory
Don Hash
5600 US 1 North
Fort Pierce, FL 34946-

September 6, 2006
Project No: 62904

Laboratory Report


FDEP Report form attached for the following samples:

Client Project Description: HBL #2025648

<u>Sample Number</u>	<u>Sample Description</u>	<u>Date & Time Collected</u>		<u>Date & Time Received</u>	
62904.01	4844 Six Mile Pond	08/22/06	10:30	09/01/06	08:25

Test results presented in this report meet all the requirements of the NELAC standards.

FDOH Laboratory No. 294129
NELAP Accredited


Approved By: Francis I. Daniels, Laboratory Director
Leslie C. Boardman, Q.A. Manager

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 B13-F55-1844 fax 013-355-2219



Harbor Branch Environmental Laboratory

HBL #2025548

Sample ID: 4644 Six Mile Pond

September 6, 2006

Sample No.: 62904.01

PWS ID: _____

Disinfectant Residual (mg/L): _____

Disinfection Byproducts 62-550.310(3)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	08/06/06	00:55	E84129
2451	Dichloroacetic Acid	N/A	µg/L	4.1		EPA 552.2	1	08/06/06	00:55	E84129
2452	Trichloroacetic Acid	N/A	µg/L	5.8		EPA 552.2	1	08/06/06	00:55	E84129
2453	Monobromoacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	08/06/06	00:55	E84129
2454	Dibromoacetic Acid	N/A	µg/L	1.0	I	EPA 552.2	1	08/06/06	00:55	E84129
2456	Total Haloacetic Acids	60	µg/L	10.9		EPA 552.2	1	08/06/06	00:55	E84129

* Qualifiers:

- I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit
- U Analysis was undetected. Indicated concentration is method detection limit.

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

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

System Name: Zephyrshores M.H.P. PWS I.D. #: 6512018

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: 35235 Hwy 54 East Pasco

City: Zephyr hills State: FL ZIP Code: 33544

Phone #: 863-858-2504 813-267-2074 Fax #: 863-853-4937

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 20255/8005 Location Code (if known): _____

Sample Date: 08/22/06 Sample Time: 12:00 AM

Sample Location (be specific): Trip Blank

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

Reason(s) for Sample (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which Qtr? _____) |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedence* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap not for compliance with 62-550 | <input type="checkbox"/> Composite of Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Max Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave Residence Time | Sampling Procedure Used or Other Comments: _____ | |
| <input type="checkbox"/> Near First Customer | | |

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements
for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and
attach a results page for each site.

Sampler's Name: _____

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, _____, _____
Print Name Print Title

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

Signature: _____ Date: _____

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Zephyr Shores DW Recollect
Sample Location: Trip Blank Disinfectant Residual (mg/L _____
Sample Number: 2025548005 PWS ID _____
Sampling Date: 8/22/06 0:00
Date Received: 8/23/06 10:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2941	Chloroform	[N/A]	ug/L	0.25 U		EPA 524.2	0.25	8/27/06	11:46 PM	E96080
2942	Bromoform	[N/A]	ug/L	0.41 U		EPA 524.2	0.41	8/27/06	11:46 PM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	0.25 U		EPA 524.2	0.25	8/27/06	11:46 PM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	0.30 U		EPA 524.2	0.30	8/27/06	11:46 PM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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 3460
FDOH # E84418

Printed: 8/13/06



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

**INORGANIC CONTAMINANTS
62 - 550.310 (1)**

Client: Aqua Utilities Florida, Inc. Workorder: Zephyr Shores DW Recollect
 Sample Location: 35134 ADA Grab
 Sample Number: 2025548003
 Sampling Date: 8/22/06 10:00
 Date Received: 8/23/06 10:00

ID	Parameter	MCL	Result	Units	Qual. Method	MDL	Date/Time	Lab ID
1030	Lead	(0.015)	0.0038	mg/L	EPA 200.9	0.00061	9/11/06 14:18	E96080

Reporting Format 62-560.730
 Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, 7, *, are unacceptable for compliance with 62-650. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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 34607
 FDOH # E84418

Printed: 9/13/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 225 Fax: (772) 467-5884

SECONDARY CONTAMINANTS

62 - 550.320

Client: Aqua Utilities Florida, Inc. Workorder: Zephyr Shores DW Recollect
Sample Location: 35134 ADA Grab
Sample Number: 2025548003
Sampling Date: 8/22/08 10:00
Date Received: 8/23/08 10:00

ID	Parameter	MCL	Result	Units	Qual.	Method	MDL	Date/Time	Lab ID
1022	Copper	[1]	0.057	mg/L		EPA 200.7	0.0014	9/11/06 13:26	E98080

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ? , * are acceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. In the event of a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

10 US 1 North
Fort Pierce, FL 34946
Lab # 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 34607
FDOH # E84418

Printed: 9/13/08

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

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

System Name: Zephyrshores MHP PWS I.D. #: 6512018

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: 35235 Hwy 54 West EAST Pasco

City: Zephyr hills State: FLA ZIP Code: 33544

Phone #: 863-858-2504 Fax #: 863-853-4937

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 2025548001 Location Code (if known): _____

Sample Date: 08/22/06 Sample Time: 12:00 PM

Sample Location (be specific): POE Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.6 mg/L Field pH: _____

Sample Type (Check Only One)

Reason(s) for Sample (Check all that apply)

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

*See 62-550.500(8) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements
for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and
attach a results page for each site.

Sampler's Name: Steve Fuller

Sampler's Phone #: 863-858-2504 813-267-2704 Sampler's Fax #: 863-853-4937

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Steve Fuller, Senior Operator
Print Name Print Title

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

Signature: Steve Fuller Date: 9-18-06

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 8/23/06
 PWS ID (From Page 1): 651-2018 Sample Number (From Page 1): 2025548001
 Lab Assigned Report Number or Job ID: 2025548001

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 13-Sep-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

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

System Name: Zephyrshores MHP PWS I.D. #: 6512018

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: 35235 Hwy 54 (East Pasco)

City: Zephyrhills State: FL ZIP Code: 33544

Phone #: 863-858-2504 813-267-2074 Fax #: 863-853-4937

E-Mail Address: 5/filler.st aquaamerica.com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 2025548002 Location Code (if known): _____

Sample Date: 08/22/06 Sample Time: 8:30 AM

Sample Location (be specific): 35127 ADA Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.6 mg/L Field pH: _____

Sample Type (Check Only One)

Reason(s) for Sample (Check all that apply)

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

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements
for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and
attach a results page for each site.

Sampler's Name: Steve Fuller

Sampler's Phone #: 863-858-2504 813-267-2074 Sampler's Fax #: 863-853-4937

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Steve Fuller
Print Name

Senior Operator
Print Title

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

Signature: Steve Fuller Date: 9-18-06

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 8/23/06
 PWS ID - (From Page 1): 651-2018 Sample Number (From Page 1): 2025548002
 Lab Assigned Report Number or Job ID: 2025548002

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
(Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 13-Sep-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

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

System Name: Zephyrshores M.H.P PWS I.D. #: 6512018

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: 35235 Hwy 54 (East Pasco)

City: Zephyrhills State: FL ZIP Code: 33544

Phone #: 863-858-2504 813-267-2074 Fax #: 863-853-4937

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 2025548003 Location Code (if known): _____

Sample Date: 08/22/06 Sample Time: 10:00 AM

Sample Location (be specific): 35134 ADA Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.8 mg/L Field pH: _____

Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)

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

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Steve Fuller

Sampler's Phone #: 863-858-2504 813-267-2074 Sampler's Fax #: 863-853-4937

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Steve Fuller, Senior Operator
Print Name Print Title

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

Signature: Steve Fuller Date: 9-18-06

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 8/23/06
 PWS ID (From Page 1): 651 2018 Sample Number (From Page 1): 2025548003
 Lab Assigned Report Number or Job ID: 2025548003

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 13-Sep-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

System Name: Zephyrshores MHP PWS I.D. #: 6512018

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: 32535 Hwy 54 (East Pasco)

City: Zephyrshore State: WA ZIP Code: 99344

Phone #: 863-858-2504 813-267-2074 Fax #: 863-853-4937

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 2025548004 Location Code (if known): _____

Sample Date: 08/22/06 Sample Time: 10:32 AM

Sample Location (be specific): 4464 Six Mile Pond Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.9 mg/L Field pH: _____

Sample Type (Check Only One)

Reason(s) for Sample (Check all that apply)

Distribution

Entry Point (to Distribution)

Plant Tap (not for compliance with 62-550)

Raw (at well or intake)

Max Residence Time

Ave Residence Time

Near First Customer

Routine Compliance (with 62-550)

Confirmation of MCL Exceedence*

Composite of Multiple Sites**

Clearance (permitting)

Other: _____

Quarterly (Which Qtr? _____)

Special (not for compliance with 62-550)

Violation Resolution

Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements
for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and
attach a results page for each site.

Sampler's Name: Steve Fuller

Sampler's Phone #: 863-858-2504 813-267-2074 Sampler's Fax #: 863-853-4937

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Steve Fuller

Print Name

Senior Operator

Print Title

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

Signature: Steve Fuller

Date: 9-18-06

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 8/23/06
 PWS ID (From Page 1): 651 2018 Sample Number (From Page 1): 2025448004
 Lab Assigned Report Number or Job ID: 2025548004

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: E84129
 ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 13-Sep-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5800 US 1 North Certification Expiration Date: 06/30/2007
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received: 8/23/06
 PWS ID (From Page 1): 651 2018 Sample Number (From Page 1): 2025548005 TRIP BLANK

Lab Assigned Report Number or Job ID: 2025548005

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 13-Sep-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

Client: Aqua Utilities Florida, Inc.

Workorder ID: Zephyr Shores DW Recollect

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2025548001					Sampled: 08/22/06 12:00					
Sample ID: POE Grab					Received: 08/23/06 10:00					
					Matrix: Water					
					Results reported on Wet Weight Basis					
Iron		0.09	mg/L	0.025	EPA 200.7	META8120		09/11/06 13:13	DM	E96080
Odor - Dechlorinated		1.2	T.O.N.	1.0	SM2150 B	WCGE28153		08/23/06 11:50	GG	E96080
Cyanide		0.0047 U	mg/L	0.0047	SMA500CN E	WCGE28234	09/1/06 11:45	09/1/06 17:21	GG	E96080
Laboratory ID: 2025548002					Sampled: 08/22/06 8:30					
Sample ID: 35127 ADA Grab					Received: 08/23/06 10:00					
					Matrix: Water					
					Results reported on Wet Weight Basis					
Copper		0.016	mg/L	0.0014	EPA 200.7	META8120		09/11/06 13:20	DM	E96080
Lead		0.0016	mg/L	0.00061	EPA 200.9	META8117		09/11/06 14:18	DM	E96080
Laboratory ID: 2025548003					Sampled: 08/22/06 10:00					
Sample ID: 35134 ADA Grab					Received: 08/23/06 10:00					
					Matrix: Water					
					Results reported on Wet Weight Basis					
Copper		0.057	mg/L	0.0014	EPA 200.7	META8120		09/11/06 13:26	DM	E96080
Lead		0.0038	mg/L	0.00061	EPA 200.9	META8117		09/11/06 14:18	DM	E96080
Laboratory ID: 2025548004					Sampled: 08/22/06 10:32					
Sample ID: 4464 Six Mile Pond Grab					Received: 08/23/06 10:00					
					Matrix: Water					
					Results reported on Wet Weight Basis					
Bromodichloromethane		9.8	ug/L	0.25	EPA 524.2	VOC2885		08/27/06 23:12	WR	E96080
Bromoform		0.57	ug/L	0.41	EPA 524.2	VOC2885		08/27/06 23:12	WR	E96080
Chloroform		15	ug/L	0.25	EPA 524.2	VOC2885		08/27/06 23:12	WR	E96080
Dibromochloromethane		5.0	ug/L	0.30	EPA 524.2	VOC2885		08/27/06 23:12	WR	E96080
Total THMs		30	ug/L	0.50	EPA 524.2	VOC2885		08/27/06 23:12	WR	E96080
Laboratory ID: 2025548005					Sampled: 08/22/06 0:00					
Sample ID: Trip Blank					Received: 08/23/06 10:00					
					Matrix: Water					
					Results reported on Wet Weight Basis					
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2885		08/27/06 23:48	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2885		08/27/06 23:48	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2885		08/27/06 23:48	WR	E96080
Dibromochloromethane		0.30 U	ug/L	0.30	EPA 524.2	VOC2885		08/27/06 23:48	WR	E96080
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2885		08/27/06 23:48	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.



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Date issued: September 5, 2006

To: Bill Dean
Aqua Utilities Florida, Inc.
415 W. Daughtry
Lakeland, FL 33809

Client: Aqua Utilities Florida, Inc.
Workorder ID: ZEPHYRSHORES DW SCAN HAA THM [2025335]
Received: 8/01/06 10:15

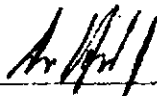
Dear Bill Dean:

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: 9/5/06



Page 1 of 6

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: ZEPHYRSHORES DW SCAN HAA THM
Received: 8/01/06 10:15

[2025335]

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
2025335001	POE C121.1	EPA 525.2	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue
EPA 505	PEST4765		
2025335001	Decachlorobiphenyl		Surrogate - Outside acceptance Limits.

Total Cyanide

Method	HBEL Batch	Analyte	Analytical Issue
	WCGE26045		
2025335001	Cyanide		Accuracy - Outside acceptance limits in the MS.
2025335001	Cyanide		Accuracy - Outside acceptance limits in the MSD.

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

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

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418





HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.
 5600 US 1 North, Fort Pierce, FL 34946
 Phone (772) 465-2400, Ext. 285 Fax (772) 467-684

Chain-of-Custody

and
 Agreement to Perform Services

USE BALL POINT PEN
 PRESS HARD
 COMPLETELY FILL OUT
 ALL NON GREYED AREAS
 PRINT LEGIBLY

Laboratory not responsible for omitted information
 FDOH # E96080 _____ FDOH # E85370
 5600 U.S. 1 North 307 Coolidge Avenue
 Fort Pierce, FL 34946 Lehigh Acres, FL 33936
 _____ FDOH # E83509 _____ FDOH # E84418
 255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.
 Deltona, FL 32725 Spring Hill, FL 34607



Company: Aqua Utilities of Fla
 Address: 415 W Daugherty Rd
Lakeland, Fla Zip: 33809
 Phone: 863-858-2504 Fax: 863-853-4937
 Client Contact: Steve Fuller
 Project Name: Zephyr Stiles WTP
 Sampled By: Steve Fuller

Method(s) of DHL
 Shipment: OVER NIGHT

e-mail: _____
 Standard Laboratory Turn Around Time
 Or
 Rush in _____ Business Days
 Requires Laboratory Approval

Temperature Checked		pH Checked		LAB # <u>2025335</u>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PRESERVATIVE					
N	SH	U	U	U	H ST
ANALYSES REQUESTED					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
H ₂ Meth	Cyanide	NO ₂ /NO ₃ /CL	SO ₄ F	PH Color TDS	MBAS
					VOCs
					504
COMMENTS					
ODOR BOTTLE WAS DRIPPED + BRKE. C1211					

LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report
	DATE	TIME				
<u>001</u> <u>3</u>	<u>7/31/06</u>	<u>1200-1230 PM</u>	<u>G</u>	<u>DW</u>	<u>1</u>	<u>P.O.E C1211</u> <u>3 TRIP BLANK</u>

* Sample Type: G=Grab C=Composite ** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page 6 of 6	RELINQUISHED BY <u>Steve Fuller</u>	RELINQUISHED BY _____	RELINQUISHED BY _____
	DATE/TIME <u>7/31/06</u>	DATE/TIME _____	DATE/TIME _____
	RECEIVED BY _____	RECEIVED BY _____	RECEIVED FOR HBEL CUSTODY BY <u>CHUD</u>
DATE/TIME _____	DATE/TIME _____	DATE/TIME <u>8-1-06 1015</u>	



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

Chain-of-Custody

and
Agreement to Perform Services

USE BALL POINT PEN
PRESS HARD
COMPLETELY FILL OUT
ALL NON-GRADED AREAS
PRINT LEGIBLY

Laboratory not responsible for omitted information

FDH # E96080 FDH # E85370
5600 U.S. 1 North 307 Coolidge Avenue
Fort Pierce, FL 34946 Lehigh Acres, FL 33936

FDH # E83509 FDH # E84418
255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.
Deltona, FL 32725 Spring Hill, FL 34607



Company: Aqua Utilities of Fla
Address: 415 W. Daugherty Rd
Lakeland, Fla Zip: 33809
Phone: 863-858-2504 Fax: 863-853-4937
Client Contact: Steve Fuller
Project Name: Zephyr Shores WTP
Sampled By: Steve Fuller

Method(s) of Shipment: DHL
overnight

e-mail: _____
 Standard Laboratory Turn Around Time
Or
Rush In _____ Business Days
Requires Laboratory Approval

LAB # 200511

PRESERVATIVE

ST	ST	MCA	ST	ST	S	ST
----	----	-----	----	----	---	----

ANALYSES REQUESTED

+	+	+	+	+	+	+
---	---	---	---	---	---	---

Preservation Key
H=Hydrochloric Acid P=Phosphoric Acid
N=Nitric Acid ST=Sodium
S=Sulfuric Acid Thio sulfate
SH=Sodium Hydroxide U=Unpreserved

LAB ID	COLLECTION		Sample Type	MATRIX	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	ANALYSES REQUESTED						COMMENTS	
	DATE	TIME					ST	ST	MCA	ST	ST	S		ST
<u>001</u>	<u>7/31/06</u>	<u>1200-280</u>	<u>G</u>	<u>DW</u>	<u>11</u>	<u>P.O.E C12 1.1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>3</u>	<u>1</u>	<u>3</u>	<u>C12 = 0.1</u>

Sample Type: G=Grab C=Composite Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

RELINQUISHED BY <u>Steve Fuller</u>	RELINQUISHED BY _____	RELINQUISHED BY _____	
	DATE/TIME <u>7/31/06</u>	DATE/TIME _____	DATE/TIME _____
	RECEIVED BY _____	RECEIVED BY _____	RECEIVED FOR HBEL CUSTODY BY <u>Fuller</u>
DATE/TIME _____	DATE/TIME _____	DATE/TIME <u>8-1-06 1015</u>	



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Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Chain-of-Custody
Department of Environmental Services

USE BALL POINT PEN
PRESS HARD
COMPLETELY FILL OUT
ALL NON-GREYED AREAS
PRINT LEGIBLY

Laboratory not responsible for omitted information
 FDOH # E96080
5600 U.S. 1 North Fort Pierce, FL 34946

FDOH # E85370
307 Coolidge Avenue Lehigh Acres, FL 33936
 FDOH # E83509
255 Enterprise Rd., Suite 1 Deltona, FL 32725
 FDOH # E84418
2514 Osawaw Blvd. Spring Hill, FL 34607



Company: Aqua Utilities of Fla
Address: 415 W. Daugherty Rd
Lakeland, Fla Zip: 33809
Phone: 863-858-2504 Fax: 863-4937
Client Contact: Steve Fuller
Project Name: Leptyshores WTP
Sampled By: Steve Fuller

Method(s) of Shipment: DHL
OVERNIGHT

e-mail: _____
 Standard Laboratory Turn Around Time
Or
Rush in _____ Business Days
Requires Laboratory Approval

Temperature Checked N
Preservative Checked N
LAB # 2005395

PRESERVATIVE		ANALYSES REQUESTED	
NYCL	ST	K	S

Preservation Key
H=Hydrochloric Acid P=Phosphoric Acid
N=Nitric Acid ST= Sodium
S=Sulfuric Acid Thioculfate
SH= Sodium Hydroxide U=Unpreserved

LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	HAAS	TTHMS	COMMENTS
	DATE	TIME							
0025	7/31/06	1000h	G	DW	1	4644 Six Mile Pond	X		CL2 0.9
		1000pm	G	DW	3	4644 Six Mile Pond		X	
3						TRIP BLANK SAME AS VOC			

* Sample Type: G=Grab C=Composite ** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page 65 of 6	RELINQUISHED BY <u>Steve Fuller</u>	RELINQUISHED BY	RELINQUISHED BY
	DATE/TIME <u>7/31/06</u>	DATE/TIME	DATE/TIME
	RECEIVED BY	RECEIVED BY	RECEIVED FOR HREL CUSTODY BY <u>[Signature]</u>
DATE/TIME	DATE/TIME	DATE/TIME <u>8-1-06 1015</u>	

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

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

VOLATILE ORGANICS

62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc. Workorder: ZEPHYRSHORES DW SCAN HAA
Sample Location: POE C121.1
Sample Number: 2025335001
Sampling Date: 7/31/06 12:50
Date Received: 8/01/06 10:15

ID	Parameter	MCL	Result	Units	Qual.	Method	MDL	Date/Time	Lab ID
2378	1,2,4-Trichlorobenzene	[70]	0.41 U	ug/L		EPA 524.2	0.41	8/07/06 19:08	E96080
2380	cis-1,2-Dichloroethene	[70]	0.21 U	ug/L		EPA 524.2	0.21	8/07/06 19:8	E96080
2955	Total Xylenes	[10000]	0.46 U	ug/L		EPA 524.2	0.46	8/07/06 19:8	E96080
2964	Methylene chloride	[5]	0.23 U	ug/L		EPA 524.2	0.23	8/07/06 19:8	E96080
2968	1,2-Dichlorobenzene	[600]	0.21 U	ug/L		EPA 524.2	0.21	8/07/06 19:8	E96080
2969	1,4-Dichlorobenzene	[75]	0.23 U	ug/L		EPA 524.2	0.23	8/07/06 19:8	E96080
2976	Vinyl chloride	[1]	0.32 U	ug/L		EPA 524.2	0.32	8/07/06 19:8	E96080
2977	1,1-Dichloroethene	[7]	0.23 U	ug/L		EPA 524.2	0.23	8/07/06 19:8	E96080
2979	trans-1,2-Dichloroethene	[100]	0.35 U	ug/L		EPA 524.2	0.35	8/07/06 19:8	E96080
2980	1,2-Dichloroethane	[3]	0.29 U	ug/L		EPA 524.2	0.29	8/07/06 19:8	E96080
2981	1,1,1-Trichloroethane	[200]	0.21 U	ug/L		EPA 524.2	0.21	8/07/06 19:8	E96080
2982	Carbon tetrachloride	[3]	0.24 U	ug/L		EPA 524.2	0.24	8/07/06 19:8	E96080
2983	1,2-Dichloropropane	[5]	0.40 U	ug/L		EPA 524.2	0.40	8/07/06 19:8	E96080
2984	Trichloroethene	[3]	0.36 U	ug/L		EPA 524.2	0.36	8/07/06 19:8	E96080
2985	1,1,2-Trichloroethane	[5]	0.44 U	ug/L		EPA 524.2	0.44	8/07/06 19:8	E96080
2987	Tetrachloroethene	[3]	0.24 U	ug/L		EPA 524.2	0.24	8/07/06 19:8	E96080
2988	Chlorobenzene	[100]	0.30 U	ug/L		EPA 524.2	0.30	8/07/06 19:8	E96080
2990	Benzene	[1]	0.20 U	ug/L		EPA 524.2	0.20	8/07/06 19:8	E96080
2991	Toluene	[1000]	0.22 U	ug/L		EPA 524.2	0.22	8/07/06 19:8	E96080
2992	Ethylbenzene	[700]	0.21 U	ug/L		EPA 524.2	0.21	8/07/06 19:8	E96080
2996	Styrene	[70]	0.21 U	ug/L		EPA 524.2	0.21	8/07/06 19:8	E96080

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83609

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

18331 Cortez Blvd
Brookaville, FL 34607
FDOH # E84418

Printed: 8/5/06



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

INORGANIC CONTAMINANTS

62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc. Workorder: ZEPHYRSHORES DW SCAN HAA TH
Sample Location: POE C121.1
Sample Number: 2025335001
Sampling Date: 7/31/06 12:50
Date Received: 8/01/06 10:15

ID	Parameter	MCL	Result	Units	Qual.	Method	MDL	Date/Time	Lab ID
1040	Nitrate as N	[10]	0.55	mg/L		EPA 300.0	0.0030	8/01/06 17:51	E96080
1041	Nitrite as N	[1]	0.0022 U	mg/L		EPA 300.0	0.0022	8/01/06 17:51	E96080
1005	Arsenic	[0.01]	0.0010 U	mg/L		SM 3113 B	0.0010	8/10/06 15:20	E84129
1010	Barium	[2]	0.0098	mg/L		EPA 200.7	0.0018	8/09/06 3:21	E96080
1015	Cadmium	[0.005]	0.00070 U	mg/L		EPA 200.7	0.00070	8/09/06 3:21	E96080
1020	Chromium	[0.1]	0.0018 U	mg/L		EPA 200.7	0.0018	8/09/06 3:21	E96080
1024	Cyanide	[0.2]	0.0047 U	mg/L	Y	SM4500CN E	0.0047	8/04/06 15:22	E96080
1025	Fluoride	[4]	0.55	mg/L		EPA 300.0	0.011	8/01/06 17:51	E96080
1030	Lead	[0.015]	0.0011	mg/L		EPA 200.9	0.00061	8/15/06 23:55	E96080
1035	Mercury	[0.002]	0.000060 U	mg/L		EPA 245.1	0.000060	8/10/06 20:11	E96080
1036	Nickel	[0.1]	0.0020 U	mg/L		EPA 200.7	0.0020	8/09/06 3:21	E96080
1045	Selenium	[0.05]	0.0022 U	mg/L		EPA 200.8	0.0022	8/04/06 15:23	E96080
1052	Sodium	[160]	21	mg/L		EPA 200.7	0.50	8/09/06 3:21	E96080
1074	Antimony	[0.006]	0.0010 U	mg/L		SM 3113 B	0.0010	8/14/06 14:37	E84129
1075	Beryllium	[0.004]	0.00010 U	mg/L		EPA 200.7	0.00010	8/09/06 3:21	E96080
1085	Thallium	[0.002]	0.0010 U	mg/L		EPA 200.9	0.0010	8/05/06 9:53	E96080

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-180, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are acceptable for compliance with 62-560. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

100 US 1 North
Fort Pierce, FL 34946
DOH # E96080

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



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E86370

16331 Cortez Blvd
Brooksville, FL 34607
FDOH # E84418

Printed: 9/5/06

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LABORATORIES, INC.**

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SECONDARY CONTAMINANTS

62 - 550.320

Client: Aqua Utilities Florida, Inc. Workorder: ZEPHYRSHORES DW SCAN HAA THM
Sample Location: POE C121.1
Sample Number: 2025335001
Sampling Date: 7/31/06 12:50
Date Received: 8/01/06 10:15

ID	Parameter	MCL	Result	Units	Qual. [*]	Method	MDL	Date/Time	Lab ID
1002	Aluminum	[0.2]	0.0030 U	mg/L		EPA 200.7	0.0030	8/09/06 3:21	E96080
1017	Chloride	[250]	31	mg/L		EPA 300.0	5.0	8/02/06 19:58	E96080
1022	Copper	[1]	0.017	mg/L		EPA 200.7	0.0014	8/09/06 3:21	E96080
1025	Fluoride	[2]	0.55	mg/L		EPA 300.0	0.011	8/01/068/01/06	E96080
1028	Iron	[0.3]	1.4	mg/L		EPA 200.7	0.025	8/09/06 3:21	E96080
1032	Manganese	[0.05]	0.011	mg/L		EPA 200.7	0.0037	8/09/06 3:21	E96080
1050	Silver	[0.1]	0.0010 U	mg/L		EPA 200.7	0.0010	8/09/06 3:21	E96080
1055	Sulfate	[250]	4.0	mg/L		EPA 300.0	1.4	8/02/06 19:58	E96080
1095	Zinc	[5]	0.056	mg/L		EPA 200.7	0.010	8/09/06 3:21	E96080
1905	Color	[15]	3.0	CU		SM2120 B	1.8	8/01/06 19:43	E96080
1925	pH	[6.5-8.5]	7.92	SU		EPA 150.1	0.200	8/03/06 18:35	E96080
1930	Total Dissolved Solids	[500]	270	mg/L		SM2540 C	16	8/02/06 17:30	E96080
2905	Foaming Agents	[0.5]	0.022 U	mg/L		SM5540 C	0.022	8/02/06 14:55	E96080

Reporting Format 82-560.730
Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ? , are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

5600 US 1 North
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FDOH # E84418



Printed: 9/5/06

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Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

SYNTHETIC ORGANICS 62 - 550.310 (4) (b)

Client: Aqua Utilities Florida, Inc. Workorder: ZEPHYRSHORES DW SCAN HAA THM
Sample Location: POE C121.1
Sample Number: 2025335001
Sampling Date: 7/31/06 12:50
Date Received: 8/01/06 10:15

ID	Parameter	MCL	Result	Units	Qual.	Method	MDL	Extracted Date	Analyzed Date/Time	Lab ID
2005	Endrin	[2]	0.10 U	ug/L		EPA 505	0.10	8/03/06	8/03/06 23:02	E96080
2010	gamma-BHC (Lindane)	[0.2]	0.020 U	ug/L		EPA 505	0.020	8/03/06	8/03/06 23:02	E96080
2015	Methoxychlor	[40]	0.044 U	ug/L		EPA 505	0.044	8/03/06	8/03/06 23:02	E96080
2020	Toxaphene	[3]	0.61 U	ug/L		EPA 505	0.61	8/03/06	8/03/06 23:02	E96080
2031	Dalapon	[200]	2.3 U	ug/L		EPA 515.1	2.3	8/02/06	8/03/06 23:52	E96080
2032	Diquat	[20]	4.8 U	ug/L		EPA 549.2	4.8	8/03/06	8/10/06 11:43	E96080
2033	Endothal	[100]	2.8 U	ug/L		EPA 548.1	2.8	8/02/06	8/03/06 20:31	E96080
2034	Glyphosate	[700]	26 U	ug/L		EPA 547	26		8/08/06 15:51	E96080
2035	Di(2-ethylhexyl)adipate	[400]	0.70 U	ug/L		EPA 525.2	0.70	8/04/06	8/18/06 18:00	E96080
2036	Oxamyl	[200]	0.41 U	ug/L		EPA 531.1	0.41		8/01/06 20:37	E96080
2037	Simazine	[4]	0.65 U	ug/L		EPA 525.2	0.65	8/04/06	8/18/06 18:00	E96080
2039	bis(2-ethylhexyl)phthalate	[6]	0.88 U	ug/L		EPA 525.2	0.88	8/04/06	8/18/06 18:00	E96080
2040	Picloram	[500]	0.23 U	ug/L		EPA 515.1	0.23	8/02/06	8/03/06 23:52	E96080
2041	Dinoseb	[7]	0.23 U	ug/L		EPA 515.1	0.23	8/02/06	8/03/06 23:52	E96080
2042	Hexachlorocyclopentadiene	[50]	0.25 U	ug/L		EPA 525.2	0.25	8/04/06	8/18/06 18:00	E96080
2046	Carbofuran	[40]	0.18 U	ug/L		EPA 531.1	0.18		8/01/06 20:37	E96080
2050	Atrazine	[3]	0.50 U	ug/L		EPA 525.2	0.50	8/04/06	8/18/06 18:00	E96080
2051	Alachlor	[2]	0.63 U	ug/L		EPA 525.2	0.63	8/04/06	8/18/06 18:00	E96080
2065	Heptachlor	[0.4]	0.036 U	ug/L		EPA 505	0.036	8/03/06	8/03/06 23:02	E96080
2067	Heptachlor epoxide	[.2]	0.028 U	ug/L		EPA 505	0.028	8/03/06	8/03/06 23:02	E96080
2105	2,4-D	[70]	0.22 U	ug/L		EPA 515.1	0.22	8/02/06	8/03/06 23:52	E96080
2110	2,4,5-TP	[50]	0.19 U	ug/L		EPA 515.1	0.19	8/02/06	8/03/06 23:52	E96080
2274	Hexachlorobenzene	[1]	0.32 U	ug/L		EPA 525.2	0.32	8/04/06	8/18/06 18:00	E96080
2306	Benzo(a)pyrene	[.2]	0.073 U	ug/L		EPA 525.2	0.073	8/04/06	8/18/06 18:00	E96080
2326	Pentachlorophenol	[1]	0.39 U	ug/L		EPA 515.1	0.39	8/02/06	8/03/06 23:52	E96080
2383	PCB	[.5]	0.14 U	ug/L		EPA 505	0.14	8/03/06	8/03/06 23:02	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	0.0021 U	ug/L		EPA 504.1	0.0021	8/07/06	8/07/06 22:59	E96080
2946	1,2-Dibromoethane	[.02]	0.0049 U	ug/L		EPA 504.1	0.0049	8/07/06	8/07/06 22:59	E96080
2959	Chlordane	[2]	0.13 U	ug/L		EPA 505	0.13	8/03/06	8/03/06 23:02	E96080

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

NOTE: Effective 1/1/2004, results indicating a non-detection with a reported MDL >50% of the MCL will not be accepted for compliance work with 62-550.310(4)(b)

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-180, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period

5600 US 1 North
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FDOH # E96080

4156 St. Johns Pkwy Suite 1300
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307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 3460
FDOH # E84418

Printed: 8/5/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

**DISINFECTION BYPRODUCTS ANALYSES
62-550.310(3)**

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID ZEPHYRSHORES DW SCAN HA
Sample Location: 4644 SIX MILE POND Disinfectant Residual (mg/L) _____
Sample Number: 2025335002 PWS ID _____
Sampling Date: 7/31/06 13:00
Date Received: 8/01/06 10:15

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2941	Chloroform	[N/A]	ug/L	28		EPA 524.2	0.25	8/07/06	7:42 PM	E96080
2942	Bromoform	[N/A]	ug/L	0.41 U		EPA 524.2	0.41	8/07/06	7:42 PM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	9.6		EPA 524.2	0.25	8/07/06	7:42 PM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	4.1		EPA 524.2	0.30	8/07/06	7:42 PM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

Reporting Format 82-550.730
Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 82-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ? , * are unacceptable for compliance with 82-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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 3460
FDOH # E84418

Printed: 9/5/06



SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Harbor Branch Oceanographic Institution Inc.
Don Hash
5600 US 1 North
Fort Pierce, FL 34946-

September 1, 2006
Project No: 62692

Laboratory Report

FDEP Report form attached for the following samples:

Client Project Description: HBL#2025335

<u>Sample Number</u>	<u>Sample Description</u>	<u>Date & Time Collected</u>		<u>Date & Time Received</u>	
62692.01	4844 Six Mile Pond	07/31/06	13:00	08/24/06	08:35

Test results presented in this report meet all the requirements of the NELAC standards.



FD0H Laboratory No. E84129
NELAP Accredited

Approved By: Francis I. Daniels, Laboratory Director
Leslie C. Boardman, Q.A. Manager

SOUTHERN ANALYTICAL LABORATORIES, INC.

11115 VICTORVILLE AVENUE, SUITE 100, MARLBOROUGH, MASSACHUSETTS 01902-1111



Harbor Branch Oceanographic Institution Inc.
 HBL#2025335
 Sample ID: 4644 Six Mile Pond

September 1, 2006
 Sample No.: 62692.01
 PWS ID: _____

Disinfectant Residual (mg/L): _____

Disinfection Byproducts 62-560.310(3)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	1	U,Q1	EPA 552.2	1	08/30/06	07:49	E84129
2451	Dichloroacetic Acid	N/A	µg/L	7.6	Q	EPA 552.2	1	08/30/06	07:49	E84129
2452	Trichloroacetic Acid	N/A	µg/L	6.8	Q	EPA 552.2	1	08/30/06	07:49	E84129
2453	Monobromoacetic Acid	N/A	µg/L	1	U,Q1	EPA 552.2	1	08/30/06	07:49	E84129
2454	Dibromoacetic Acid	N/A	µg/L	1	U,Q1	EPA 552.2	1	08/30/06	07:49	E84129
2456	Total Haloacetic Acids	60	µg/L	14.5	Q	EPA 552.2	1	08/30/06	07:49	E84129

* Qualifiers:

- Q Sample held beyond the accepted holding time.
- U,Q1 Analyte was not detected; indicated concentration is method detection limit. Sample received beyond the accepted holding limit, analyzed at client's request.



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.
 5600 US 1 North, Fort Pierce, FL 34946
 Phone: (772) 469-2400, Ext. 285 Fax: (772) 467-4584

Chain-of-Custody
 and
 Agreement to Perform Services

USE BALL POINT PEN
 PRESS HARD
 COMPLETELY FILL OUT
 ALL NON GREYED AREAS
 PRINT LEGIBLY

20072
 Laboratory not responsible for omitted information
 FDOH # E96080 FDOH # E85370
 5600 U.S. 1 North 307 Coolidge Avenue
 Fort Pierce, FL 34946 High Acres, FL 33936
 FDOH # E83509 FDOH # E84418
 255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.
 Deltona, FL 32725 Spring Hill, FL 34607



Company: Aqua Utilities of Fla
 Address: 415 W. Daugherty Rd
Lakeland, Fla Zip: 33809
 Phone: 863-858-2504 Fax: 863-853-4937
 Client Contact: Steve Fuller
 Project Name: Leptys shores WTP
 Sampled By: Steve Fuller

Method(s) of Shipment: DHL
Overnight
 e-mail: _____
 Standard Laboratory Turn Around Time
 Or
 Rush in _____ Business Days
 Requires Laboratory Approval

For Lab Use Only

Temperature Checked N Y N
 Custody Seals Intact Y N
 pH Checked Y N

LAB # 2025335

PRESERVATIVE

NH4Cl	ST						
K	SI						

ANALYSES REQUESTED

Preservation Key
 H-Hydrochloric Acid P-Phosphoric Acid
 N-Nitric Acid ST-Sodium
 S-Sulfuric Acid Th-Thiourea
 SH-Sodium Hydroxide U-Unpreserved

LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	COMMENTS
	DATE	TIME					
<u>002</u>	<u>7/31/06</u>	<u>100am</u>	<u>G</u>	<u>DW</u>	<u>1</u>	<u>4644 Six mile Pond</u>	<u>CL2 0.9</u>
		<u>100pm</u>	<u>G</u>	<u>DW</u>	<u>3</u>	<u>4644 Six mile Pond</u>	
<u>3</u>						<u>TRIP BLANK SAME AS VDC</u>	<u>DW Format</u>
							<u>1x 500ml ea G NH4Cl</u>

* Sample Type: G=Grab C=Composite ** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page	RELINQUISHED BY <u>Steve Fuller</u>	RELINQUISHED BY <u>[Signature]</u>	RELINQUISHED BY <u>Fred Ex</u>
	DATE/TIME <u>7/31/06</u>	DATE/TIME <u>8/2/06 11:00</u>	DATE/TIME _____
	RECEIVED BY <u>Fred Ex</u>	RECEIVED BY <u>K. [Signature]</u>	RECEIVED FOR HBEL CUSTODY BY <u>[Signature]</u>
	DATE/TIME _____	DATE/TIME <u>3/24/06 0:035</u>	DATE/TIME <u>8.1.06 10:15</u>

Don Hash

From: Eric Charest
Sent: Thursday, August 31, 2006 3:18 PM
To: Don Hash
Subject: FW: Holding time question

-----Original Message-----

From: Lable, Silky [mailto:Silky.Lable@dep.state.fl.us]
Sent: Sunday, August 27, 2006 5:38 PM
To: Steve_Arms@doh.state.fl.us; Eric Charest
Subject: RE: Holding time question

Eric - I agree with Steve.

-----Original Message-----

From: Steve_Arms@doh.state.fl.us [mailto:Steve_Arms@doh.state.fl.us]
Sent: Tue 8/22/2006 12:47 PM
To: Charest@hbol.edu; Lable, Silky
Cc:
Subject: RE: Holding time question

Eric,

I am pretty sure that Silky will agree when I say that, as you know, your obligation is to qualify the results if the holding time is exceeded. The data user can then make a decision about the usability of the data. I'm not sure whether the reason for the exceedance has much bearing on that decision except to understand that it could not be helped; the goal in the decision-making process is not to assess blame, but takes into account a number of other factors, including the value of the results, by how much the holding time was exceeded, the difficulty and applicability of a second sampling event, etc.

Depending on the client and their particular needs, you might want to direct them to Silky as the DEP contact and primary resource in helping to decide how to proceed.

Thanks,
Steve

Mission: To promote and protect the health and safety of all people in Florida through the delivery of quality public health services and promotion of health care standards.

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request.

Your e-mail communications may therefore be subject to public disclosure.

-----Original Message-----

From: Eric Charest [mailto:Charest@hbol.edu]
Sent: Monday, August 21, 2006 2:51 PM
To: Arms, Steve A.; Lable, Silky
Subject: Holding time question

The HARBOR BRANCH Environmental Laboratories, Inc. in the Fort Pierce facility has been running the EPA 552.1 method for the Total Haloacetic Acid compounds for quite some time now. For our extraction approach on this method, we utilize a Speedisk designed for the extraction - and apparently only available from one manufacturer - JT Baker (product is Bakerbond Speedisk SAX).

Use of this method allows for a 28 day holding time – as opposed to the shorter 14 days for the 552.2 Method which HBEL does not maintain certification for.

We ordered our supply of Speedisks back in the first week of July – but due to manufacturer shortages – we still have not received any of our items. We have sought out other vendors and have been told that there is a National Shortage of the product. Our backordered supply was supposed to be received last week – and now they (JT Baker) has told us that they had additional manufacturer delays, so now we are bumped into next week.

The concern now is that we (HBEL) has subcontracted out several of our samples that are within the 14 day holding time window to a certified laboratory capable of running the 552.2 Method. By searching the State's database for certified laboratories capable of running the 552.1 method, I see there is only one other laboratory in the database capable of running the analysis – and they are in the same boat as we are in – lack of supply.

I am now faced with several samples that will have their holding time expire in advance of my shipment of supplies being delivered. I do see in the method that it states 28 days for a holding time. I was sending this e-mail to your offices in the situation where there is a national shortage of the necessary supplies, to see if your offices would evaluate qualified data (qualified with the FDEP Q Qualifier) with any leniency towards accepting the results based on this supply shortage.

I have been in constant communication with my clients regarding the supply shortage and the status of their samples, and it was only recently that I was told by the manufacturer that my promised ship date for materials was not going to be met. I have asked for a letter from the manufacturer and their reps explaining this shortage and can forward that to your offices should that be needed in any decision making.

We have also tried numerous other laboratories, even outside of the NELAC network to see if we could purchase some of their supplies, but everyone we are aware of utilizing these disks are all in the same position.

If any consideration on missed holding times for this analysis can be made during this supply shortage, please let me know, otherwise if qualified data would not meet any needs for my clients, I can ask for re-samples, but those may fall outside of any timeframes necessary for my clients?

Thank you for your consideration in this matter,

Eric Charest

HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North

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

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

System Name: Zephyr shores M.H.P PWS I.D. #: 6512018

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: 35235 Hwy 54 (East Pasco)

City: Zephyrhills State: FL ZIP Code: 33544

Phone #: 863-858-2504 813-267-2074 Fax #: 863-853-4937

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 07/31/06 Sample Time: 1:00 PM

Sample Location (be specific): TRIP BLANKS

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which Qtr? _____) |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedence* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Max Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave Residence Time | Sampling Procedure Used or Other Comments: _____ | |
| <input type="checkbox"/> Near First Customer | | |

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements
for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and
attach a results page for each site.

Sampler's Name: _____

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, _____, _____
Print Name Print Title

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

Signature: _____ Date: _____

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

**DISINFECTION BYPRODUCTS ANALYSES
62-550.310(3)**

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID ZEPHYRSHORES DW SCAN HA
Sample Location: TRIP BLANKS Disinfectant Residual (mg/L) _____
Sample Number: 2025335003 PWS ID _____
Sampling Date: 7/31/06 13:00
Date Received: 8/01/06 10:15

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2941	Chloroform	[NA]	ug/L	0.25 U		EPA 524.2	0.25	8/07/06	8:16 PM	E96080
2942	Bromoform	[NA]	ug/L	0.41 U		EPA 524.2	0.41	8/07/06	8:16 PM	E96080
2943	Bromodichloromethane	[NA]	ug/L	0.25 U		EPA 524.2	0.25	8/07/06	8:16 PM	E96080
2944	Dibromochloromethane	[NA]	ug/L	0.30 U		EPA 524.2	0.30	8/07/06	8:16 PM	E96080
2950	Total Trihalomethanes	[B0]	ug/L							

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

Reporting Format 62-550.730
Effective January 1996, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

5600 US 1 North
Fort Pierce, FL 34948
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 3460
FDOH # E84418

Printed: 9/5/06

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

VOLATILE ORGANICS

62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc. Workorder: ZEPHYRSHORES DW SCAN HAA
Sample Location: TRIP BLANKS
Sample Number: 2025335003
Sampling Date: 7/31/06 13:00
Date Received: 8/01/06 10:15

ID	Parameter	MCL	Result	Units	Qual.	Method	MDL	Date/Time	Lab ID
2378	1,2,4-Trichlorobenzene	[70]	0.41 U	ug/L		EPA 524.2	0.41	8/07/06 20:16	E96080
2380	cis-1,2-Dichloroethene	[70]	0.21 U	ug/L		EPA 524.2	0.21	8/07/06 20:16	E96080
2955	Total Xylenes	[10000]	0.46 U	ug/L		EPA 524.2	0.46	8/07/06 20:16	E96080
2964	Methylene chloride	[5]	0.23 U	ug/L		EPA 524.2	0.23	8/07/06 20:16	E96080
2968	1,2-Dichlorobenzene	[600]	0.21 U	ug/L		EPA 524.2	0.21	8/07/06 20:16	E96080
2969	1,4-Dichlorobenzene	[75]	0.23 U	ug/L		EPA 524.2	0.23	8/07/06 20:16	E96080
2976	Vinyl chloride	[1]	0.32 U	ug/L		EPA 524.2	0.32	8/07/06 20:16	E96080
2977	1,1-Dichloroethene	[7]	0.23 U	ug/L		EPA 524.2	0.23	8/07/06 20:16	E96080
2979	trans-1,2-Dichloroethene	[100]	0.35 U	ug/L		EPA 524.2	0.35	8/07/06 20:16	E96080
2980	1,2-Dichloroethane	[3]	0.29 U	ug/L		EPA 524.2	0.29	8/07/06 20:16	E96080
2981	1,1,1-Trichloroethane	[200]	0.21 U	ug/L		EPA 524.2	0.21	8/07/06 20:16	E96080
2982	Carbon tetrachloride	[3]	0.24 U	ug/L		EPA 524.2	0.24	8/07/06 20:16	E96080
2983	1,2-Dichloropropane	[5]	0.40 U	ug/L		EPA 524.2	0.40	8/07/06 20:16	E96080
2984	Trichloroethene	[3]	0.36 U	ug/L		EPA 524.2	0.36	8/07/06 20:16	E96080
2985	1,1,2-Trichloroethane	[5]	0.44 U	ug/L		EPA 524.2	0.44	8/07/06 20:16	E96080
2987	Tetrachloroethene	[3]	0.24 U	ug/L		EPA 524.2	0.24	8/07/06 20:16	E96080
2989	Chlorobenzene	[100]	0.30 U	ug/L		EPA 524.2	0.30	8/07/06 20:16	E96080
2990	Benzene	[1]	0.20 U	ug/L		EPA 524.2	0.20	8/07/06 20:16	E96080
2991	Toluene	[1000]	0.22 U	ug/L		EPA 524.2	0.22	8/07/06 20:16	E96080
2992	Ethylbenzene	[700]	0.21 U	ug/L		EPA 524.2	0.21	8/07/06 20:16	E96080
2996	Styrene	[70]	0.21 U	ug/L		EPA 524.2	0.21	8/07/06 20:16	E96080

Reporting Format 62-550.730
Effective January 1996, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period

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

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83609

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

18331 Cortez Blvd
Brooksville, FL 34607
FDOH # E84418

Printed: 8/5/06



SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Harbor Branch Oceanographic Institution Inc.
Don Hash
5600 US 1 North
Fort Pierce, FL 34948-

August 16, 2006
Project No: 62016

Laboratory Report

FDEP Report form attached for the following samples:

Client Project Description: Drinking Water As, Sb

<u>Sample Number</u>	<u>Sample Description</u>	<u>Date & Time Collected</u>		<u>Date & Time Received</u>	
62016.01	2025335 001	07/31/06	12:50	08/02/06	08:10

Test results presented in this report meet all the requirements of the NELAC standards.



FDOH Laboratory No. E84129
NELAP Accredited

Approved By: Francis I. Daniels, Laboratory Director
Leslie C. Boardman, Q.A. Manager

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218



Harbor Branch Oceanographic Institution Inc.
Drinking Water As, Sb
Sample ID: 2025335 001

August 16, 2006
Sample No.: 62016.01
PWS ID: _____

Inorganic Contaminants 62-550.310(1)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1005	Arsenic	0.01	mg/L	0.001	U	SM 3113 B	0.001	08/10/06	15:20	E84129
1074	Antimony	0.006	mg/L	0.001	U	SM 3113 B	0.001	08/14/06	14:37	E84129

* Qualifiers:

U Analyte was undetected. Indicated concentration is method detection limit.

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

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

System Name: Zephyrshores M. H. P PWS I.D. #: 6512018

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: 35235 Hwy 54 (East Pasco)

City: Zephyr Hills State: FL ZIP Code: 33544

Phone #: 863-858-2504 813-267-2074 Fax #: 863-853-4937

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 2025335001 Location Code (if known): _____

Sample Date: 07/31/08 Sample Time: 12:50 PM

Sample Location (be specific): POE C121.1

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.1 mg/L Field pH: _____

Sample Type (Check Only One)

Reason(s) for Sample (Check all that apply)

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

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements
for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and
attach a results page for each site.

Sampler's Name: Steve Fuller

Sampler's Phone #: 863-858-2504 813-267-2074 Sampler's Fax #: 863-853-4937

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Steve Fuller

Print Name

Senior Operator

Print Title

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

Signature: Steve Fuller

Date: 9-18-06

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
Address: 5600 US 1 North Certification Expiration Date: 06/30/2007
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 8/1/06
PWS ID (From Page 1): 651 2018 Sample Number (From Page 1): 2025335001
Lab Assigned Report Number or Job ID: 2025335001

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
(Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 05-Sep-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates/locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

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

System Name: Zephyrshores M. H.P. PWS I.D. #:

6	5	1	2	0	1	8
---	---	---	---	---	---	---

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: 35235 Hwy 54 (East Pasco)

City: Zephyr hills State: FL ZIP Code: 33544

Phone #: 863-858-2504 813-267-2014 Fax #: 863-853-4937

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 2025335002 Location Code (if known): _____

Sample Date: 07/31/06 Sample Time: 1:00 PM

Sample Location (be specific): 4644 SIX MILE POND

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 0.9 mg/L Field pH: _____

Sample Type (Check Only One)

Reason(s) for Sample (Check all that apply)

- Distribution
- Entry Point (to Distribution)
- Plant Tap not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

- Routine Compliance (with 62-550)
- Confirmation of MCL Exceedence*
- Composite of Multiple Sites**
- Clearance (permitting)
- Other: _____
- Quarterly (which Qtr? _____)
- Special (not for compliance with 62-550)
- Violation Resolution
- Replacement (of invalidated Sample)

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Steve Fuller

Sampler's Phone #: 863-858-2504 Sampler's Fax #: 863-853-4937

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Steve Fuller
Print Name

Senior Operator
Print Title

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

Signature: Steve Fuller Date: 9-18-06

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
Address: 5600 US 1 North Certification Expiration Date: 06/30/2007
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 8/1/06
PWS ID (From Page 1): 651-2018 Sample Number (From Page 1): 2025335002
Lab Assigned Report Number or Job ID: 2025335002

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: EB4129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer, Laboratory Director
(Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 05-Sep-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5800 US 1 North Certification Expiration Date: 06/30/2007
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 8/1/06
 PWS ID (From Page 1): 651 2018 Sample Number (From Page 1): 2025335003 *TRUP BL AN*
 Lab Assigned Report Number or Job ID: 2025335003

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 05-Sep-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 205 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2025335]

Client: Aqua Utilities Florida, Inc.

Workorder ID: ZEPHYRSHORES DW SCAN HAA TH

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2025335001						Sampled: 07/31/06 12:50		Received: 08/01/06 10:15			
Sample ID: POE C121.1						Matrix: Water		Results reported on Wet Weight Basis			
pH (6.5-8.5)	Q	7.92	SU	0.200	EPA 150.1	WCGE26036		08/3/06 18:35	GS	E96080	
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META8058		08/9/06 3:21	DM	E96080	
Barium		0.0098	mg/L	0.0018	EPA 200.7	META8058		08/9/06 3:21	DM	E96080	
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8058		08/9/06 3:21	DM	E96080	
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8058		08/9/06 3:21	DM	E96080	
Chromium		0.0018 U	mg/L	0.0018	EPA 200.7	META8058		08/9/06 3:21	DM	E96080	
Copper		0.017	mg/L	0.0014	EPA 200.7	META8058		08/9/06 3:21	DM	E96080	
Iron		1.4	mg/L	0.025	EPA 200.7	META8058		08/9/06 3:21	DM	E96080	
Manganese		0.011	mg/L	0.0037	EPA 200.7	META8058		08/9/06 3:21	DM	E96080	
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8058		08/9/06 3:21	DM	E96080	
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8058		08/9/06 3:21	DM	E96080	
Sodium		21	mg/L	0.50	EPA 200.7	META8058		08/9/06 3:21	DM	E96080	
Zinc		0.056	mg/L	0.010	EPA 200.7	META8058		08/9/06 3:21	DM	E96080	
Lead		0.0011	mg/L	0.00081	EPA 200.9	META8075		08/15/06 23:55	SP	E96080	
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8048		08/4/06 15:23	DM	E96080	
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8048		08/5/06 9:53	DM	E96080	
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8064	08/9/06 18:48	08/10/06 20:11	DM	E96080	
Chloride		31	mg/L	5.0	EPA 300.0	IC6878		08/2/06 19:58	JL	E96080	
Fluoride		0.55	mg/L	0.011	EPA 300.0	IC6889		08/1/06 17:51	JL	E96080	
Nitrate as N		0.55	mg/L	0.0030	EPA 300.0	IC6889		08/1/06 17:51	JL	E96080	
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6889		08/1/06 17:51	JL	E96080	
Sulfate		4.0	mg/L	1.4	EPA 300.0	IC6876		08/2/06 19:58	JL	E96080	
1,2-Dibromo-3-chloropropane		0.0021 U	ug/L	0.0021	EPA 504.1	PEST4766	08/7/06 13:48	08/7/06 22:58	JL	E96080	
1,2-Dibromoethane		0.0049 U	ug/L	0.0049	EPA 504.1	PEST4766	08/7/06 13:48	08/7/06 22:58	JL	E96080	
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4765	08/3/06 12:53	08/3/06 23:02	JL	E96080	
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST4765	08/3/06 12:53	08/3/06 23:02	JL	E96080	
gamma-BHC (Lindane)		0.020 U	ug/L	0.020	EPA 505	PEST4765	08/3/06 12:53	08/3/06 23:02	JL	E96080	
Heptachlor		0.036 U	ug/L	0.036	EPA 505	PEST4765	08/3/06 12:53	08/3/06 23:02	JL	E96080	
Heptachlor epoxide		0.028 U	ug/L	0.028	EPA 505	PEST4765	08/3/06 12:53	08/3/06 23:02	JL	E96080	
Methoxychlor		0.044 U	ug/L	0.044	EPA 505	PEST4765	08/3/06 12:53	08/3/06 23:02	JL	E96080	
PCB		0.14 U	ug/L	0.14	EPA 505	PEST4765	08/3/06 12:53	08/3/06 23:02	JL	E96080	
Toxaphene		0.61 U	ug/L	0.61	EPA 505	PEST4765	08/3/06 12:53	08/3/06 23:02	JL	E96080	
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4769	08/2/06 13:53	08/3/06 23:52	JL	E96080	
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4769	08/2/06 13:53	08/3/06 23:52	JL	E96080	
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4769	08/2/06 13:53	08/3/06 23:52	JL	E96080	
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4769	08/2/06 13:53	08/3/06 23:52	JL	E96080	
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4769	08/2/06 13:53	08/3/06 23:52	JL	E96080	
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4769	08/2/06 13:53	08/3/06 23:52	JL	E96080	
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2674		08/7/06 19:08	WR	E96080	
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2674		08/7/06 19:08	WR	E96080	
1,1-Dichloroethane		0.23 U	ug/L	0.23	EPA 524.2	VOC2674		08/7/06 19:08	WR	E96080	

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

4166 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509



307 Coaldge Avenue
Lehigh Acres, FL 33936
FDOH # E86370

16331 Cortez Blvd
Brooksville, FL 34801
FDOH # E84418

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5284

CERTIFICATE OF ANALYSIS

[2025335]

Client: Aqua Utilities Florida, Inc.

Workorder ID: ZEPHYRSHORES DW SCAN HAA TH

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PE874769	08/2/06 13:53	08/3/06 23:52	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2674		08/7/06 19:08	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2674		08/7/06 19:08	WR	E96080
1,1-Dichloroethane		0.23 U	ug/L	0.23	EPA 524.2	VOC2674		08/7/06 19:08	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2674		08/7/06 19:08	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2674		08/7/06 19:08	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2674		08/7/06 19:08	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2674		08/7/06 19:08	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2674		08/7/06 19:08	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2674		08/7/06 19:08	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2674		08/7/06 19:08	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2674		08/7/06 19:08	WR	E96080
cis-1,2-Dichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2674		08/7/06 19:08	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2674		08/7/06 19:08	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2674		08/7/06 19:08	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2674		08/7/06 19:08	WR	E96080
Tetrachloroethane		0.24 U	ug/L	0.24	EPA 524.2	VOC2674		08/7/06 19:08	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2674		08/7/06 19:08	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2674		08/7/06 19:08	WR	E96080
trans-1,2-Dichloroethane		0.35 U	ug/L	0.35	EPA 524.2	VOC2674		08/7/06 19:08	WR	E96080
Trichloroethane		0.36 U	ug/L	0.36	EPA 524.2	VOC2674		08/7/06 19:08	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2674		08/7/06 19:08	WR	E96080
Alachlor		0.83 U	ug/L	0.83	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 18:00	WR	E96080
Atrazine		0.50 U	ug/L	0.50	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 18:00	WR	E96080
Benzo(a)pyrene		0.073 U	ug/L	0.073	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 18:00	WR	E96080
bis(2-ethylhexyl)phthalate		0.88 U	ug/L	0.88	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 18:00	WR	E96080
Di(2-ethylhexyl)adipate		0.70 U	ug/L	0.70	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 18:00	WR	E96080
Hexachlorobenzene		0.32 U	ug/L	0.32	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 18:00	WR	E96080
Hexachlorocyclopentadiene		0.25 U	ug/L	0.25	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 18:00	WR	E96080
Simazine		0.65 U	ug/L	0.65	EPA 525.2	SVOC2431	08/4/06 15:24	08/18/06 18:00	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2319		08/1/06 20:37	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2319		08/1/06 20:37	JJM	E96080
Glyphosate		26 U	ug/L	26	EPA 547	HPLC2321		08/4/06 15:51	JJM	E96080
Endothal		2.8 U	ug/L	2.8	EPA 548.1	SVOC2427	08/2/06 13:52	08/3/06 20:31	WR	E96080
Diquat		4.8 U	ug/L	4.8	EPA 549.2	HPLC2322	08/3/06 8:26	08/10/06 11:43	JJM	E96080
Color		3.0	CU	1.8	SM2120 B	WCGE26019		08/1/06 19:43	GS	E96080
Total Dissolved Solids		270	mg/L	18	SM2540 C	WCGE26023		08/2/06 17:30	EE	E96080
Cyanide	Y	0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26045	08/4/06 8:30	08/4/06 15:22	GG	E96080
Surfactants as LAS, Mol.wt.340		0.022 U	mg/L	0.022	SM5540 C	WCGE26027	08/2/06 11:30	08/2/06 14:55	GG	E96080

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 34801
FDOH # E84418

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946
Phone: (888) 465-5000, Ext. 225 Fax: (888) 465-5284

CERTIFICATE OF ANALYSIS

[2025335]

Client: Aqua Utilities Florida, Inc.

Workorder ID: ZEPHYRSHORES DW SCAN HAA TH

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Data/Time	Analyzed Data/Time	Analyst	Lab ID
Laboratory ID: 2025335002					Sampled: 07/31/06 13:00		Received: 08/01/06 10:15			
Sample ID: 4644 SDX MILE POND					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		9.6	ug/L	0.25	EPA 524.2	VOC2674		08/7/06 19:42	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2674		08/7/06 19:42	WR	E96080
Chloroform		26	ug/L	0.25	EPA 524.2	VOC2674		08/7/06 19:42	WR	E96080
Dibromochloromethane		4.1	ug/L	0.30	EPA 524.2	VOC2674		08/7/06 19:42	WR	E96080
Total THMs		40	ug/L	0.50	EPA 524.2	VOC2674		08/7/06 19:42	WR	E96080
Laboratory ID: 2025335003					Sampled: 07/31/06 13:00		Received: 08/01/06 10:15			
Sample ID: TRIP BLANKS					Matrix: Water		Results reported on Wet Weight Basis			
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2674		08/7/06 20:16	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2674		08/7/06 20:16	WR	E96080
1,1-Dichloroethane		0.23 U	ug/L	0.23	EPA 524.2	VOC2674		08/7/06 20:16	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2674		08/7/06 20:16	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2674		08/7/06 20:16	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2674		08/7/06 20:16	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2674		08/7/06 20:16	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2674		08/7/06 20:16	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2674		08/7/06 20:16	WR	E96080
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2674		08/7/06 20:16	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2674		08/7/06 20:16	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2674		08/7/06 20:16	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2674		08/7/06 20:16	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2674		08/7/06 20:16	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2674		08/7/06 20:16	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2674		08/7/06 20:16	WR	E96080
Total THMs		0.50 U	ug/L	0.50	EPA 524.2	VOC2674		08/7/06 20:16	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2674		08/7/06 20:16	WR	E96080
Trichloroethene		0.38 U	ug/L	0.38	EPA 524.2	VOC2674		08/7/06 20:16	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.
- Y Analysis performed on an Unpreserved, or Improperly Preserved sample.

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

18331 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: September 5, 2006

To: Bill Dean
Aqua Utilities Florida, Inc.
415 W. Daughtry
Lakeland, FL 33809

Operator

Client: Aqua Utilities Florida, Inc.
Workorder ID: AMERICAN CONDO HAA THM [2025336]
Received: 8/01/06 10:15

Dear Bill Dean;

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 1301
Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 9/5/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: AMERICAN CONDO HAA THM
Received: 8/01/06 10:15

[2025336]

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

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

Quality Control Summary

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

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

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83609

307 Coolidge Avenue
Lehigh Acres, FL 33938
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34801
FDOH # E84418



Printed: 9/5/06



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.
 5600 US 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

CHAIN OF CUSTODY

USE BALLPOINT PEN
 PRESS HARD
 DO NOT WRITE OUT

Laboratory not responsible for omitted information
 FDOH # E86080 ___ FDOH # E85370
 5600 U.S. 1 North 307 Coolidge Avenue
 Fort Pierce, FL 34946 Lehigh Acres, FL 33936
 ___ FDOH # E83509 ___ FDOH # E84418
 255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.
 Deltona, FL 32725 Spring Hill, FL 34507



Company: Aqua utilities of Fla.
 Address: 415 W. Daugherty Rd
Lakeland, Fla Zip: 33809
 Phone: 863-858-2504 Fax: 863-853-4937
 Client Contact: Steve Fuller
 Project Name: American Condo's
 Sampled By: Steve Fuller

Method(s) of Shipment: DHL
Over Night

e-mail:
 Standard Laboratory Turn Around Time
 Or
 Rush In ___ Business Days
 Requires Laboratory Approval

PRESERVATIVE										Preservation Key	
HAAS	THM									H=Hydrochloric Acid	P=Phosphoric Acid
ANALYSES REQUESTED										N=Nitric Acid	ST=Sodium
										S=Sulfuric Acid	ThioSulfate
										SH=Sodium Hydroxide	U=Unpreserved
										COMMENTS	
X											C12 1,2
	X										
	X										

LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	HAAS	THM				
	DATE	TIME										
	7/31/06	115PM	G	DW	1	4832 EIWANA WAY	X					
	7/31/06	115PM	G	DW	3	4832 EIWANA WAY		X				
						Trip Blk		X				

RELINQUISHED BY <u>Steve Fuller</u>	RELINQUISHED BY	RELINQUISHED BY
DATE/TIME <u>7/31/06</u>	DATE/TIME	DATE/TIME
RECEIVED BY	RECEIVED BY	RECEIVED BY
DATE/TIME	DATE/TIME	DATE/TIME

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID AMERICAN CONDO HAA THM
 Sample Location: 4832 ELWARA WAY Disinfectant Residual (mg/L) _____
 Sample Number: 2025336001 PWS ID _____
 Sampling Date: 7/31/06 11:15
 Date Received: 8/01/06 10:15

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
-----------	-------------	-----	-------	-----------------	-----------	-------------------	---------	---------------	---------------	--------

2941	Chloroform	[NA]	ug/L	26		EPA 524.2	0.25	8/07/06	8:49 PM	E96080
2942	Bromoform	[NA]	ug/L	0.41	U	EPA 524.2	0.41	8/07/06	8:49 PM	E96080
2943	Bromodichloromethane	[NA]	ug/L	9.9		EPA 524.2	0.25	8/07/06	8:49 PM	E96080
2944	Dibromochloromethane	[NA]	ug/L	4.3		EPA 524.2	0.30	8/07/06	8:49 PM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are acceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080
Printed: 8/5/06

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



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E86370

16331 Cortez Blvd
Brooksville, FL 3460
FDOH # E84418

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Harbor Branch Oceanographic Institution Inc.
Don Hash
5800 US 1 North
Fort Pierce, FL 34946

September 1, 2006
Project No: 62693

Laboratory Report


FDEP Report form attached for the following samples:

Client Project Description: HBL#2025336

<u>Sample Number</u>	<u>Sample Description</u>	<u>Date & Time Collected</u>		<u>Date & Time Received</u>	
62693.01	4832 Etwana Way	07/31/06	13:15	08/24/06	08:35

Test results presented in this report meet all the requirements of the NELAC standards.

FD0H Laboratory No. E84128
NELAP Accredited


Approved By: Francis I. Daniels, Laboratory Director
Leslie C. Boardman, Q.A. Manager

SOUTHERN ANALYTICAL LABORATORIES, INC.

1000 W. WILSON AVENUE, SUITE 100, TAMPA, FL 33607-1222 TEL: 813-988-5100 FAX: 813-988-2211



Harbor Branch Oceanographic Institution Inc.
 HBL#2025336
 Sample ID: 4832 Elwana Way

September 1, 2006
 Sample No.: 62693.01
 PWS ID: _____

Disinfectant Residual (mg/L): _____

Disinfection Byproducts 62-550.310(3)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	61	Q	EPA 552.2	1	08/30/06	08:08	E84129
2451	Dichloroacetic Acid	N/A	µg/L	6.7	Q	EPA 552.2	1	08/30/06	08:08	E84129
2452	Trichloroacetic Acid	N/A	µg/L	6.1	Q	EPA 552.2	1	08/30/06	08:08	E84129
2453	Monobromoacetic Acid	N/A	µg/L	1	U,Q1	EPA 552.2	1	08/30/06	08:08	E84129
2454	Dibromoacetic Acid	N/A	µg/L	1	U,Q1	EPA 552.2	1	08/30/06	08:08	E84129
2456	Total Haloacetic Acids	60	µg/L	73.8	Q	EPA 552.2	1	08/30/06	08:08	E84129

* Qualifiers:

- Q Sample held beyond the accepted holding time.
- U,Q1 Analyte was not detected; indicated concentration is method detection limit. Sample received beyond the accepted holding limit, analyzed at client's request.



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

Chain-of-Custody

and
Agreement to Perform Services

USE BALL POINT PEN
PRESS HARD
COMPLETELY FILL OUT
ALL NON GREYED AREAS
PRINT LEGIBLY

Laboratory not responsible for omitted information
FD0H # E96080
5600 U.S. 1 North
Fort Pierce, FL 34946
FD0H # E85370
307 Coolidge Avenue
Lehigh Acres, FL 3393
FD0H # E83509
255 Enterprise Rd., Suite 1
Deltona, FL 32725
FD0H # E84416
2514 Osawaw Blvd.
Spring Hill, FL 34607

Company: Aqua utilities of Fla.

Address: 415 W. Daugherty Rd

Lakeland, Fla zip: 33809

Phone: 863-858-2504 Fax 863-853-4937

Client Contact: Steve Fuller

Project Name: American Condo's

Sampled By: Steve Fuller

Method(s) of Shipment: DHL
Over Night

e-mail: _____
 Standard Laboratory Turn Around Time
Or
Rush in _____ Business Days
Requires Laboratory Approval



For Lab Use Only

Temperature Checked N
Custody Seals Intact Y N
pH Checked Y N

LAB # 2025336

PRESERVATIVE		ANALYSES REQUESTED	
HAAS	ST	1	623

Preservation Key
H=Hydrochloric Acid P=Phosphoric A
N=Nitric Acid ST=Stannous
S=Sulfuric Acid Thiourea
SH=Sodium Hydroxide U=Unpreserved

LAB ID	COLLECTION		Bottle Type	MATRIX	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	HAAS	ST	COMMENTS
	DATE	TIME							
001	7/31/06	115PM	G	DW	1	4832 ELWANA WAY	X		C12 1,2
	7/31/06	115PM	G	DW	3	4832 ELWANA WAY		X	
						Trip Blk		X	

Over Format

* Sample Type: G=Grab C=Composite

** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page	RELINQUISHED BY <u>Steve Fuller</u>	RELINQUISHED BY <u>PAH</u>	RELINQUISHED BY <u>Fed Ex</u>
	DATE/TIME <u>7/31/06</u>	DATE/TIME <u>8/13/06 11:00</u>	DATE/TIME _____
	RECEIVED BY <u>Fed Ex</u>	RECEIVED BY <u>K. [unclear]</u>	RECEIVED FOR HBEL CUSTODY BY <u>[unclear]</u>
	DATE/TIME _____	DATE/TIME <u>8/12/06 0335</u>	DATE/TIME <u>8-1-06 1615</u>

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

CHAIN PAGE 1 of 1

Don Hash

From: Eric Charest
Sent: Thursday, August 31, 2006 3:18 PM
To: Don Hash
Subject: FW: Holding time question

-----Original Message-----

From: Lable, Silky [mailto:Silky.Lable@dep.state.fl.us]
Sent: Sunday, August 27, 2006 5:38 PM
To: Steve_Arms@doh.state.fl.us; Eric Charest
Subject: RE: Holding time question

Eric - I agree with Steve.

-----Original Message-----

From: Steve_Arms@doh.state.fl.us [mailto:Steve_Arms@doh.state.fl.us]
Sent: Tue 8/22/2006 12:47 PM
To: Charest@hbol.edu; Lable, Silky
Cc:
Subject: RE: Holding time question

Eric,

I am pretty sure that Silky will agree when I say that, as you know, your obligation is to qualify the results if the holding time is exceeded. The data user can then make a decision about the usability of the data. I'm not sure whether the reason for the exceedance has much bearing on that decision except to understand that it could not be helped; the goal in the decision-making process is not to assess blame, but takes into account a number of other factors, including the value of the results, by how much the holding time was exceeded, the difficulty and applicability of a second sampling event, etc.

Depending on the client and their particular needs, you might want to direct them to Silky as the DEP contact and primary resource in helping to decide how to proceed.

Thanks,
Steve

Mission: To promote and protect the health and safety of all people in Florida through the delivery of quality public health services and promotion of health care standards.

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request.

Your e-mail communications may therefore be subject to public disclosure.

-----Original Message-----

From: Eric Charest [mailto:Charest@hbol.edu]
Sent: Monday, August 21, 2006 2:51 PM
To: Arms, Steve A.; Lable, Silky
Subject: Holding time question

The HARBOR BRANCH Environmental Laboratories, Inc. in the Fort Pierce facility has been running the EPA 552.1 method for the Total Haloacetic Acid compounds for quite some time now. For our extraction approach on this method, we utilize a Speedisk designed for the extraction - and apparently only available from one manufacturer - JT Baker (product is Bakerbond Speedisk SAX).

Use of this method allows for a 28 day holding time – as opposed to the shorter 14 days for the 552.2 Method which HBEL does not maintain certification for.

We ordered our supply of Speedisks back in the first week of July – but due to manufacturer shortages – we still have not received any of our items. We have sought out other vendors and have been told that there is a National Shortage of the product. Our backordered supply was supposed to be received last week – and now they (JT Baker) has told us that they had additional manufacturer delays, so now we are bumped into next week.

The concern now is that we (HBEL) has subcontracted out several of our samples that are within the 14 day holding time window to a certified laboratory capable of running the 552.2 Method. By searching the State's database for certified laboratories capable of running the 552.1 method, I see there is only one other laboratory in the database capable of running the analysis – and they are in the same boat as we are in – lack of supply.

I am now faced with several samples that will have their holding time expire in advance of my shipment of supplies being delivered. I do see in the method that it states 28 days for a holding time. I was sending this e-mail to your offices in the situation where there is a national shortage of the necessary supplies, to see if your offices would evaluate qualified data (qualified with the FDEP Q Qualifier) with any leniency towards accepting the results based on this supply shortage.

I have been in constant communication with my clients regarding the supply shortage and the status of their samples, and it was only recently that I was told by the manufacturer that my promised ship date for materials was not going to be met. I have asked for a letter from the manufacturer and their reps explaining this shortage and can forward that to your offices should that be needed in any decision making.

We have also tried numerous other laboratories, even outside of the NELAC network to see if we could purchase some of their supplies, but everyone we are aware of utilizing these disks are all in the same position.

If any consideration on missed holding times for this analysis can be made during this supply shortage, please let me know, otherwise if qualified data would not meet any needs for my clients, I can ask for re-samples, but those may fall outside of any timeframes necessary for my clients?

Thank you for your consideration in this matter,

Eric Charest

HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 225 Fax: (772) 467-5884

**DISINFECTION BYPRODUCTS ANALYSES
62-550.310(3)**

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID AMERICAN CONDO HAA THM
Sample Location: TRIP BLANKS Disinfectant Residual (mg/L) _____
Sample Number: 2025336002 PWS ID _____
Sampling Date: 7/31/06 11:15
Date Received: 8/01/06 10:15

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2941	Chloroform	[N/A]	ug/L	0.25 U		EPA 524.2	0.25	8/07/06	9:23 PM	E96080
2942	Bromoform	[N/A]	ug/L	0.41 U		EPA 524.2	0.41	8/07/06	9:23 PM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	0.25 U		EPA 524.2	0.25	8/07/06	9:23 PM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	0.30 U		EPA 524.2	0.30	8/07/06	9:23 PM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-180, Table 1. Results Qualified with A, F, H, N, O, T, Z, ? , * are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

5600 US 1 North
Fort Pierce, FL 34946
DOH # E96080
Printed: 9/5/06

4156 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 3460
FDOH # E84418

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 467-2400, Ext. 285 Fax: (772) 467-2584

CERTIFICATE OF ANALYSIS

[2025336]

Client: Aqua Utilities Florida, Inc.

Workorder ID: AMERICAN CONDO HAA THM

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2025336001						Sampled: 07/31/06 11:15 Received: 08/01/06 10:15 Matrix: Water Results reported on Wet Weight Basis				
Sample ID: 4832 ELWAZA WAY										
Bromodichloromethane		9.9	ug/L	0.25	EPA 524.2	VOC2674		08/07/06 20:49	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2674		08/07/06 20:49	WR	E96080
Chloroform		28	ug/L	0.25	EPA 524.2	VOC2674		08/07/06 20:49	WR	E96080
Dibromochloromethane		4.3	ug/L	0.30	EPA 524.2	VOC2674		08/07/06 20:49	WR	E96080
Total THMs		41	ug/L	0.50	EPA 524.2	VOC2674		08/07/06 20:49	WR	E96080
Laboratory ID: 2025336002						Sampled: 07/31/06 11:15 Received: 08/01/06 10:15 Matrix: Water Results reported on Wet Weight Basis				
Sample ID: TRIP BLANKS										
Bromodichloromethane		0.25 U	ug/L	0.25	EPA 524.2	VOC2674		08/07/06 21:23	WR	E96080
Bromoform		0.41 U	ug/L	0.41	EPA 524.2	VOC2674		08/07/06 21:23	WR	E96080
Chloroform		0.25 U	ug/L	0.25	EPA 524.2	VOC2674		08/07/06 21:23	WR	E96080

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

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

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



307 Coolidge Avenue
Lehigh Acres, FL 33836
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

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

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

System Name: American Condo M.H.P. PWS I.D. #: 6515213

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: 35235 Hwy 54 East Pasco

City: Zephyrhills

State: FL

ZIP Code: 33544

Phone #: 863-858-2504

Fax #: 863-853-4937

E-Mail Address: 912 s1fuller@aquamerica DOT com

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: 2025336001

Location Code (if known): _____

Sample Date: 07/31/06

Sample Time: 11:15 AM

Sample Location (be specific): 4832 ELWANA WAY

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.2 mg/L Field pH: _____

Sample Type (Check Only One)

- Distribution
- Entry Point (to Distribution)
- Plant Tap not for compliance with 62-550
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

Reason(s) for Sample (Check all that apply)

- Routine Compliance (with 62-550)
- Quarterly (which are 3rd)
- Confirmation of MCL Exceedence*
- Special (not for compliance with 62-550)
- Composite of Multiple Sites**
- Violation Resolution
- Clearance (permitting)
- Replacement (of invalidated Sample)
- Other: _____

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(8) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements
for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and
attach a results page for each site.

Sampler's Name: Steve Fuller

Sampler's Phone #: 813-267-2074

Sampler's Fax #: 863-888 853-4937

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, Steve Fuller

Print Name

Senior Operator

Print Title

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

Signature: Steve Fuller

Date: 9-18-06

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
Address: 5600 US 1 North Certification Expiration Date: 06/30/2007
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 8/1/06

PWS ID (From Page 1): 651 5213 Sample Number (From Page 1): 2025336001

Lab Assigned Report Number or Job ID: 2025336001

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: E84129
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
(Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 05-Sep-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates/locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 8/1/06

PWS ID (From Page 1): 6515213 Sample Number (From Page 1): 2025336002

Lab Assigned Report Number or Job ID: TRIP BLUMS 2025336002

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

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

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 05-Sep-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates/locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1884

Date issued: August 10, 2006

To: Bill Dean
Aqua Utilities Florida, Inc.
415 W. Daughtry
Lakeland, FL 33809

Client: Aqua Utilities Florida, Inc.

Workorder ID: American Condos DW Pb/Cu

[2025260]

Received: 7/26/06 11:00

Dear Bill Dean;

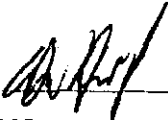
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory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

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

E96080, E83509, E85370, E84418

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

Respectfully submitted,



Cindy Cromer
Technical Director or Designee

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

5600 US 1 North
Fort Pierce, FL 34948
FDOH # E96080

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

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 8/10/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: American Condos DW Pb/Cu
Received: 7/26/06 11:00

[2025260]

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

4156 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 8/10/06





HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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

Chain-of-Custody

Method(s) of Shipment: _____

USE BALL POINT PEN
PRESS HARD
COMPLETELY FILL OUT
ALL NON-SHADOWED AREAS
PRINT LEGIBLY

Laboratory not responsible for omitted information
 FDOH # E96080
 5600 U.S. 1 North Fort Pierce, FL 34946
 FDOH # E83509
 255 Enterprise Rd., Suite 1 Deltona, FL 32725
 FDOH # E85370
 307 Coolidge Avenue Lehigh Acres, FL 33931
 FDOH # E84418
 2514 Osawaw Blvd. Spring Hill, FL 34607

Company: AQUA Utilities

Address: 415 W. Daughtery Rd

LAKE LAND FL Zip: 33809

Phone: 863-858-2504 Fax: 863-853-4937

Client Contact: Steve Fuller

Project Name: American Condys MHP PWS # 651-5213

Sampled By: Resident/SUF

e-mail: _____
 Standard Laboratory Turn Around Time
 Or
 Rush in _____ Business Days
 Requires Laboratory Approval



For Lab Use Only

Temperature Checked: _____ pH Checked: _____
 LAB # 2025260

PRESERVATIVE

ANALYSES REQUESTED

Preservation Key
 H=Hydrochloric Acid P=Phosphoric Acid
 N=Nitric Acid ST=Sodium
 S=Sulfuric Acid Thio=Thiosulfate
 SH=Sodium Hydroxide U=Unpreserved

LAB ID	COLLECTION		Sample Type	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	Pb + Cu
	DATE	TIME					
001	7/18/06	630AM	G	DW	1	Lot 3	X
2	7/18/06	500AM	G	DW	1	Lot 41	X
3	7/18/06	700AM	G	DW	1	Lot 42	X
4	7/18/06	1030PM	G	DW	1	Lot 28	X
5	7/18/06	800AM	G	DW	1	Lot 26	X
6	7/18/06	745AM	G	DW	1	Lot 66	X
7	7/18/06	715AM	G	DW	1	Lot 64	X
8	7/18/06	630AM	G	DW	1	Lot 96	X
9	7/18/06	900AM	G	DW	1	Lot 106	X
10	7/18/06	702AM	G	DW	1	Lot 109	X

Report Page 5 of 9

RELINQUISHED BY: Steve Fuller DATE/TIME: 7-25-06

RECEIVED BY: _____ DATE/TIME: _____

RELINQUISHED BY: _____ DATE/TIME: _____

RECEIVED BY: _____ DATE/TIME: _____

RECEIVED FOR HBEL CUSTODY BY: [Signature] DATE/TIME: 7-26-06 1100

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone (772) 465-2400 Ext. 265 Fax (772) 467-5844

Chain-of-Custody

and
Agreement to Perform Services

USE BALL POINT PEN
PRESS HARD
COMPLETELY FILL OUT
ALL NON GREYED AREAS
PRINT LEGIBLY

Laboratory not responsible for omitted information
 FDOH # E96080 FDOH # E85370
 5600 U.S. 1 North 307 Coolidge Avenue
 Fort Pierce, FL 34946 Lehigh Acres, FL 33936
 FDOH # E83509 FDOH # E84418
 255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.
 Deltona, FL 32725 Spring Hill, FL 34607

Company: AQUA Utilities
 Address: 415 W. Daughtery Rd
LAKELAND FL Zip: 33609
 Phone: 863-858-2504 Fax: 863-853-4937
 Client Contact: Steve Fuller
 Project Name: American Condos PWS# 651-543
 Sampled By: Resident of Address / S/F

Method(s) of Shipment: _____
 e-mail: _____
 Standard Laboratory Turn Around Time
 Or
 Rush in _____ Business Days
 Requires Laboratory Approval

For Lab Use Only

Temperature Checked: Y N
 Custody Seal: Y N
 pH Checked: Y N

LAB # 2045260

PRESERVATIVE

ANALYSES REQUESTED

Preservation Key
 H=Hydrochloric Acid P=Phosphoric Acid
 N=Nitric Acid ST=Sodium Thiosulfate
 S=Sulfuric Acid
 SH=Sodium Hydroxide U=Unpreserved

LAB ID	DATE	TIME	Sample Type	MATRIX	# Containers	SAMPLE DESCRIPTION	As Will Appear On Report	COMMENTS
11	7/18/06	700 AM	G	DW	1	11	Lot 76	
12	7/18/06	615 AM	G	DW	1	12	Lot 73	
13	7/18/06	400 AM	G	DW	1	13	Lot 270	
14	7/18/06	700 AM	G	DW	1	14	Lot 269	
15	7/18/06	430 AM	G	DW	1	15	Lot 261	
16	7/18/06	630 AM	G	DW	1	16	Lot 302	
17	7/19/06	656 AM	G	DW	1	17	Lot 242	
18	7/18/06	810 AM	G	DW	1	18	Lot 251	
19	7/18/06	703 AM	G	DW	1	19	Lot 194	
20	7/18/06	730 AM	G	DW	1	20	Lot 184	

Report Page 6 of 6

RELINQUISHED BY <u>Steve Fuller</u>	RELINQUISHED BY _____	RELINQUISHED BY _____
DATE/TIME <u>7-25-06</u>	DATE/TIME _____	DATE/TIME _____
RECEIVED BY _____	RECEIVED BY _____	RECEIVED FOR HBEL CUSTODY BY <u>[Signature]</u>
DATE/TIME _____	DATE/TIME _____	DATE/TIME _____

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

HARBOR BRANCH Environmental Laboratory

5600 U.S. 1 North, Fort Pierce, FL 34946

(772) 465-2400, Ext. 285



Lead and Copper Tap Sample Analysis And Result Ranking Report Format

System Name: AMERICAN CONDS MHP Date Submitted to Lab: 07/26/06
 PWS-ID: 6515213 Analysis Date: 08/07/06
 Laboratory Name: HARBOR BRANCH Environmental Lab Lab Analysis Method: EPA 200.9
 Lab-ID: E96080 Lead or Copper (list one): Lead
 Contact: Cindy Cromer Method Detection Limit: 0.00061
 Phone: 772-465-2400 x285 90th Percentile Value: 0.0069

A	RANK (ascending)	Location Code	TIER	LAB SAMPLE ID	DATE SITE SAMPLED	LEAD (mg/L)	COPPER (mg/L)
	1	Lot 194 Grab		2025260019	07/18/06	0.00080	
	2	Lot 109 Grab		2025260010	07/18/06	0.00080	
	3	Lot 78 Grab		2025260011	07/18/06	0.00090	
	4	Lot 28 Grab		2025260005	07/18/06	0.0015	
	5	Lot 86 Grab		2025260006	07/18/06	0.0015	
	6	Lot 269 Grab		2025260014	07/18/06	0.0015	
	7	Lot 261 Grab		2025260015	07/18/06	0.0015	
	8	Lot 64 Grab		2025260007	07/18/06	0.0017	
	9	Lot 106 Grab		2025260009	07/18/06	0.0018	
	10	Lot 28 Grab		2025260004	07/18/06	0.0023	
	11	Lot 184 Grab		2025260020	07/18/06	0.0026	
	12	Lot 270 Grab		2025260013	07/18/06	0.0030	
	13	Lot 42 Grab		2025260003	07/18/06	0.0037	
	14	Lot 302 Grab		2025260016	07/18/06	0.0039	
	15	Lot 41 Grab		2025260002	07/18/06	0.0045	
	16	Lot 73 Grab		2025260012	07/18/06	0.0046	
	17	Lot 242 Grab		2025260017	07/19/06	0.0049	
	18	Lot 3 Grab		2025260001	07/18/06	0.0069	
	19	Lot 96 Grab		2025260008	07/18/06	0.0078	
	20	Lot 251 Grab		2025260018	07/18/06	0.011	

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

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE: 

NAME (Please Print): Don Hash

TITLE and DATE: Project Manager 8/13/06

Southeast Florida
Fort Pierce, FL 34946
FDOH # E96080

Central Florida
Sanford, FL 32771
FDOH # E83509

Fort Myers Area
Lehigh Acres, FL 33936
FDOH # E85370

West Central Florida
Brooksville, FL 34601
FDOH # E84418

HARBOR BRANCH Environmental Laboratory

5600 U.S. 1 North, Fort Pierce, FL 34946

(772) 465-2400, Ext. 285



Lead and Copper Tap Sample Analysis And Result Ranking Report Format

System Name:	AMERICAN CONDS MHP	Date Submitted to Lab:	07/26/06
PWS-ID:	6515213	Analysis Date:	08/08/06
Laboratory Name:	HARBOR BRANCH Environmental Lab	Lab Analysis Method:	SM-3111B
Lab-ID:	E96080	Lead or Copper (list one):	Copper
Contact:	Cindy Cromer	Method Detection Limit:	0.0051
Phone:	772-465-2400 x285	90th Percentile Value:	0.31

A	RANK (ascending)	Location Code	TIER	LAB SAMPLE ID	DATE SITE SAMPLED	LEAD (mg/L)	COPPER (mg/L)
	1	Lot 76 Grab		2025260011	07/18/06		0.021
	2	Lot 41 Grab		2025260002	07/18/06		0.068
	3	Lot 251 Grab		2025260018	07/18/06		0.074
	4	Lot 64 Grab		2025260007	07/18/06		0.075
	5	Lot 261 Grab		2025260015	07/18/06		0.093
	6	Lot 242 Grab		2025260017	07/18/06		0.11
	7	Lot 66 Grab		2025260006	07/18/06		0.12
	8	Lot 194 Grab		2025260019	07/18/06		0.13
	9	Lot 26 Grab		2025260005	07/18/06		0.15
	10	Lot 106 Grab		2025260009	07/18/06		0.18
	11	Lot 269 Grab		2025260014	07/18/06		0.22
	12	Lot 42 Grab		2025260003	07/18/06		0.22
	13	Lot 3 Grab		2025260001	07/18/06		0.23
	14	Lot 302 Grab		2025260016	07/18/06		0.26
	15	Lot 28 Grab		2025260004	07/18/06		0.27
	16	Lot 270 Grab		2025260013	07/18/06		0.28
	17	Lot 109 Grab		2025260010	07/18/06		0.30
	18	Lot 73 Grab		2025260012	07/18/06		0.31
	19	Lot 184 Grab		2025260020	07/18/06		0.32
	20	Lot 96 Grab		2025260008	07/18/06		0.37

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

SIGNATURE OF AUTHORIZED LABORATORY REPRESENTATIVE: _____

NAME (Please Print): Don Hash

TITLE and DATE: Project Manager *8/10/06*

Southeast Florida
Fort Pierce, FL 34946
FDOH # E96080

Central Florida
Sanford, FL 32771
FDOH # E83509

Fort Myers Area
Lehigh Acres, FL 33936
FDOH # E85370

West Central Florida
Brooksville, FL 34801
FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone (772) 467-2400, Ext. 222 Fax (772) 467-5946

CERTIFICATE OF ANALYSIS

[2025260]

Client: Aqua Utilities Florida, Inc.

Workorder ID: American Condos DW Pb/Cu

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2025260001					Sampled: 07/18/06 6:30		Received: 07/26/06 11:00			
Sample ID: Lot 3 Grab					Matrix: Water		Results reported on Wet Weight Basis			
Lead		0.0060	mg/L	0.00061	EPA 200.9	META8052		08/7/06 19:33	DM	E96080
Copper		0.23	mg/L	0.0051	SM-3111B	META8056		08/8/06 23:50	DM	E96080
Laboratory ID: 2025260002					Sampled: 07/18/06 5:00		Received: 07/26/06 11:00			
Sample ID: Lot 41 Grab					Matrix: Water		Results reported on Wet Weight Basis			
Lead		0.0045	mg/L	0.00061	EPA 200.9	META8052		08/7/06 19:37	DM	E96080
Copper		0.066	mg/L	0.0051	SM-3111B	META8056		08/8/06 23:50	DM	E96080
Laboratory ID: 2025260003					Sampled: 07/18/06 7:00		Received: 07/26/06 11:00			
Sample ID: Lot 42 Grab					Matrix: Water		Results reported on Wet Weight Basis			
Lead		0.0037	mg/L	0.00061	EPA 200.9	META8052		08/7/06 19:49	DM	E96080
Copper		0.22	mg/L	0.0051	SM-3111B	META8056		08/8/06 23:50	DM	E96080
Laboratory ID: 2025260004					Sampled: 07/18/06 10:30		Received: 07/26/06 11:00			
Sample ID: Lot 28 Grab					Matrix: Water		Results reported on Wet Weight Basis			
Lead		0.0023	mg/L	0.00061	EPA 200.9	META8052		08/7/06 19:53	DM	E96080
Copper		0.27	mg/L	0.0051	SM-3111B	META8056		08/8/06 23:50	DM	E96080
Laboratory ID: 2025260005					Sampled: 07/18/06 8:00		Received: 07/26/06 11:00			
Sample ID: Lot 26 Grab					Matrix: Water		Results reported on Wet Weight Basis			
Lead		0.0015	mg/L	0.00061	EPA 200.9	META8052		08/7/06 19:57	DM	E96080
Copper		0.15	mg/L	0.0051	SM-3111B	META8056		08/8/06 23:50	DM	E96080
Laboratory ID: 2025260006					Sampled: 07/18/06 7:45		Received: 07/26/06 11:00			
Sample ID: Lot 66 Grab					Matrix: Water		Results reported on Wet Weight Basis			
Lead		0.0016	mg/L	0.00061	EPA 200.9	META8052		08/7/06 20:01	DM	E96080
Copper		0.12	mg/L	0.0051	SM-3111B	META8056		08/8/06 23:50	DM	E96080
Laboratory ID: 2025260007					Sampled: 07/18/06 7:15		Received: 07/26/06 11:00			
Sample ID: Lot 64 Grab					Matrix: Water		Results reported on Wet Weight Basis			
Lead		0.0017	mg/L	0.00061	EPA 200.9	META8053		08/7/06 20:21	DM	E96080
Copper		0.075	mg/L	0.0051	SM-3111B	META8056		08/8/06 23:50	DM	E96080
Laboratory ID: 2025260008					Sampled: 07/18/06 6:30		Received: 07/26/06 11:00			
Sample ID: Lot 96 Grab					Matrix: Water		Results reported on Wet Weight Basis			
Lead		0.0078	mg/L	0.00061	EPA 200.9	META8053		08/7/06 20:25	DM	E96080
Copper		0.37	mg/L	0.0051	SM-3111B	META8056		08/8/06 23:50	DM	E96080
Laboratory ID: 2025260009					Sampled: 07/18/06 9:00		Received: 07/26/06 11:00			
Sample ID: Lot 106 Grab					Matrix: Water		Results reported on Wet Weight Basis			
Lead		0.0018	mg/L	0.00061	EPA 200.9	META8053		08/7/06 20:37	DM	E96080
Copper		0.18	mg/L	0.0051	SM-3111B	META8056		08/8/06 23:50	DM	E96080

5600 US 1 North
Fort Pierce, FL 34946
FNOH # F0999

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FNOH # E83506



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946
Phone (772) 465-2400, Ext. 255 Fax (772) 467-8884

CERTIFICATE OF ANALYSIS

[2025260]

Client: Aqua Utilities Florida, Inc.

Workorder ID: American Condos DW Pb/Cu

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2025260010					Sampled: 07/18/06 7:02		Received: 07/26/06 11:00			
Sample ID: Lot 109 Grab					Matrix: Water		Results reported on Wet Weight Basis			
Lead		0.00080	mg/L	0.00061	EPA 200.9	META8053		08/7/06 20:41	DM	E96080
Copper		0.30	mg/L	0.0051	SM-3111B	META8056		08/8/06 23:50	DM	E96080
Laboratory ID: 2025260011					Sampled: 07/18/06 7:00		Received: 07/26/06 11:00			
Sample ID: Lot 78 Grab					Matrix: Water		Results reported on Wet Weight Basis			
Lead		0.00090	mg/L	0.00061	EPA 200.9	META8053		08/7/06 20:45	DM	E96080
Copper		0.021	mg/L	0.0051	SM-3111B	META8057		08/8/06 23:50	DM	E96080
Laboratory ID: 2025260012					Sampled: 07/18/06 6:15		Received: 07/26/06 11:00			
Sample ID: Lot 73 Grab					Matrix: Water		Results reported on Wet Weight Basis			
Lead		0.0046	mg/L	0.00061	EPA 200.9	META8053		08/7/06 20:48	DM	E96080
Copper		0.31	mg/L	0.0051	SM-3111B	META8057		08/8/06 23:50	DM	E96080
Laboratory ID: 2025260013					Sampled: 07/18/06 4:00		Received: 07/26/06 11:00			
Sample ID: Lot 270 Grab					Matrix: Water		Results reported on Wet Weight Basis			
Lead		0.0030	mg/L	0.00061	EPA 200.9	META8053		08/7/06 20:52	DM	E96080
Copper		0.28	mg/L	0.0051	SM-3111B	META8057		08/8/06 23:50	DM	E96080
Laboratory ID: 2025260014					Sampled: 07/18/06 7:00		Received: 07/26/06 11:00			
Sample ID: Lot 269 Grab					Matrix: Water		Results reported on Wet Weight Basis			
Lead		0.0015	mg/L	0.00061	EPA 200.9	META8053		08/7/06 20:56	DM	E96080
Copper		0.22	mg/L	0.0051	SM-3111B	META8057		08/8/06 23:50	DM	E96080
Laboratory ID: 2025260015					Sampled: 07/18/06 4:30		Received: 07/26/06 11:00			
Sample ID: Lot 261 Grab					Matrix: Water		Results reported on Wet Weight Basis			
Lead		0.0015	mg/L	0.00061	EPA 200.9	META8053		08/7/06 21:00	DM	E96080
Copper		0.093	mg/L	0.0051	SM-3111B	META8057		08/8/06 23:50	DM	E96080
Laboratory ID: 2025260016					Sampled: 07/18/06 6:30		Received: 07/26/06 11:00			
Sample ID: Lot 302 Grab					Matrix: Water		Results reported on Wet Weight Basis			
Lead		0.0039	mg/L	0.00061	EPA 200.9	META8053		08/7/06 21:04	DM	E96080
Copper		0.26	mg/L	0.0051	SM-3111B	META8057		08/8/06 23:50	DM	E96080
Laboratory ID: 2025260017					Sampled: 07/19/06 6:56		Received: 07/26/06 11:00			
Sample ID: Lot 242 Grab					Matrix: Water		Results reported on Wet Weight Basis			
Lead		0.0048	mg/L	0.00061	EPA 200.9	META8053		08/7/06 21:08	DM	E96080
Copper		0.11	mg/L	0.0051	SM-3111B	META8057		08/8/06 23:50	DM	E96080
Laboratory ID: 2025260018					Sampled: 07/18/06 8:10		Received: 07/26/06 11:00			
Sample ID: Lot 251 Grab					Matrix: Water		Results reported on Wet Weight Basis			
Lead		0.011	mg/L	0.00061	EPA 200.9	META8053		08/7/06 21:12	DM	E96080
Copper		0.074	mg/L	0.0051	SM-3111B	META8057		08/8/06 23:50	DM	E96080

6600 US 1 North
Fort Pierce, FL 34946

4156 St. Johns Pkwy Suite 1300
Sanford, FL 32771
EPA # 819200



307 Coolidge Avenue
Lehigh Acres, FL 33938
FDOH # E85370

18331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 467-2400, Ext. 200 Fax: (772) 467-6884

CERTIFICATE OF ANALYSIS

[2025260]

Client: Aqua Utilities Florida, Inc.

Workorder ID: American Condos DW Pb/Cu

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2025260019					Sampled: 07/18/06 7:03					
Sample ID: Lot 184 Grab					Received: 07/26/06 11:00					
					Matrix: Water					
					Results reported on Wet Weight Basis					
Lead		0.00080	mg/L	0.00061	EPA 200.9	META8053		08/7/06 21:24	DM	E96080
Copper		0.13	mg/L	0.0051	SM-3111B	META8057		08/8/06 23:50	DM	E96080
Laboratory ID: 2025260020					Sampled: 07/18/06 7:30					
Sample ID: Lot 184 Grab					Received: 07/26/06 11:00					
					Matrix: Water					
					Results reported on Wet Weight Basis					
Lead		0.0026	mg/L	0.00061	EPA 200.9	META8053		08/7/06 21:28	DM	E96080
Copper		0.32	mg/L	0.0051	SM-3111B	META8057		08/8/06 23:50	DM	E96080

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

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

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83609



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E86370

18331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418



Jeb Bush
 Governor

Department of Environmental Protection

Southwest District
 3904 Coconut Palm Drive
 Tampa, Florida 33619

Colleen M. Cardle
 Secretary

March 17, 2005

RECEIVED
 MAR 18 2005
 Aqua Utilities
 Florida Inc.

Ms. Carolyn McFalls
 Regional Compliance Supervisor
 Aqua Utilities Florida, Inc.
 6960 Professional Parkway East, Suite 400
 Sarasota, FL 34240

Re: Sanitary Survey Report
 Zephyr Shores MHP
 PWS-ID No. 651-2018
 Pasco County

Dear Ms. McFalls:

Enclosed please find a copy of the Sanitary Survey Report for the above referenced potable water system. No deficiencies were noted during the recent inspection.

If you have any questions or concerns, please contact me at (813) 744-6100, extension 319.

Sincerely,

Edward Watson
 Environmental Specialist III
 Drinking Water Section

EW

Enclosure

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

Plant Name ZEPHYR SHORES ESTATES County PASCO PWS ID # 6512018
 Plant Location SR 54 West of Zephyrhills Phone 941-907-747
 Owner Name Aqua Utilities Florida, Inc. Phone _____
 Owner Address 6960 Professional Pkwy. East, Suite 400 Sarasota, FL 34240
 Contact Person Carolyn McPalls Title Compliance Sup. Phone _____
 This Survey Date 2/25/05 Last Survey Date 9/5/01 Last C.I. Date _____

PWS TYPE & CLASS

- Community (SD)
- Non-transient Non-community
- Non-Community

PWS STATUS

- Approved system with approval number & date
permit 13515-11-3-71 & WC-51-1146 10-2-78
- 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
David Rodriguez 7880-A

O & M Log: Yes No Not required

Operator Visitation Frequency
 Hrs/day: Required _____ Actual _____
 Days/wk: Required 2 Actual 5
 Non-consecutive Days? Yes No N/A
 MORs submitted regularly? Yes No N/A
 Data missing from MORs? No Yes N/A

Number of Service Connections 215
 Population Served 140 Basis Jan 2005 MOR
 Average Day (from MORs) 37129 gpd
 Max. Day (from MORs) 49000 gpd
 Max-day Design Capacity _____ gpd
 Comments _____

COMET: SITE ID _____ PROJECT ID _____

RAW WATER SOURCE

- GROUND; Number of Wells 1
- SURFACE/UDI; Source _____
- PURCHASED from PWS ID # 6512685
- Emergency Water Source _____
 Emergency Water Capacity _____

AUXILIARY POWER SOURCE

- Yes None Not Required
- Source _____
- 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 1/2 max-day demand? Yes No Unk
- Comments Has interconnect with PCTID SR #1

TREATMENT PROCESSES IN USE

Chlorination
 What additional treatment is needed?

 For control of what deficiencies?

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
 Meter Size & Type Water Spec.
 Backflow Prevention Devices: Yes No
 Cross-connections None
 Written Cross-connection Control Program: Yes
 Coliform Sampling Plan: Yes No N/A
 Comments _____

PWS ID # 6512018
 Date 3/16/05

GROUND WATER SOURCE

Well Number	1 / AAC0104		
Year Drilled	Unk		
Depth Drilled	Unk		
Drilling Method	Unk		
Type of Grout	Unk		
Static Water Level	Unk		
Pumping Water Level	Unk		
Design Well Yield	Unk		
Test Yield	Unk		
Actual Yield (if different than rated capacity)	Unk		
Strainer	Unk		
Length (outside casing)	Unk		
Diameter (outside casing)	Unk		
Material (outside casing)	Unk		
Well Contamination History	None		
Is Inundation of well possible?	No		
6' X 6' X 4" Concrete Pad	Yes		
SET BACKS	Septic Tank	-	
	Reuse Water	-	
	WW Plumbing	-	
	Other Sanitary Hazard	-	
PUMP	Type	Submersible	
	Manufacturer Name	Unk	
	Model Number	Unk	
	Rated Capacity (gpm)	Unk	
	Motor Horsepower	Unk	
Well casing 12" above grade?	Yes		
Well Casing Sanitary Seal	Ok		
Raw Water Sampling Tap	Yes		
Above Ground Check Valve	Yes		
Fence/Housing	Yes		
Well Vent Protection	Yes		

COMMENTS _____

PWS ID # 0512018
 Date 3/16/05

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Chem Tech Capacity 15 gal
 Chlorine Feed Rate _____
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 4.28 Remote 1.67
 Remote tap location lift station water tap
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points _____
 Booster Pump info _____
 Comments _____

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 _____
 Bloodworm Presence _____
 Visible Algae Growth _____
 Protective Screen Condition _____
 Comments _____

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
 (B) Bladder (C) Clearwell

Tank Type/Number	H-1		
Capacity (gal)	7512		
Material	steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass			
Protected Openings	N/A		
PRV/ARV	PRV		
On/Off Pressure	60 psi		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank			
Height to Max. Water Level			
Comments			

HIGH SERVICE PUMPS

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

PWS ID # 6512018
 Date 03/16/05

03/22/2005 TUE 10:31 FAX

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS									
CONTAMINANT	PWS Screen	# Samples Required	Sampling Location	C > 3300			C ≤ 3300		
				Frequency	Sample Date	Due Date	Frequency	Sample Date	Due Date
Microbiological (Bacte)	024	1	Each well	monthly			monthly		monthly
		2	Distribution						
Volatile Organics	028	<i>(Note A)</i>	<i>(Note H)</i>	<i>(Notes A, 1)</i>			<i>(Notes A, 2)</i>	2003	2006
Pesticides & PCBs	029	<i>(Notes B, E)</i>	<i>(Note H)</i>	3 years <i>(Note 1)</i>			3 years <i>(Note 2)</i>	2003	2006
Nitrate & Nitrite (as N)	030	1	POE	annually			annually	2004	2005
Inorganics	030	1	POE	3 years <i>(Note 1)</i>			3 years <i>(Note 2)</i>	2003	2006
Asbestos	030	1 <i>(Note F)</i>	Distribution	9 years <i>(Note 7)</i>			9 years <i>(Note 8)</i>	Waiver	
Secondaries	031	1	POE	3 years <i>(Note 1)</i>			3 years <i>(Note 2)</i>	2003	2006
Radionuclides	033	<i>(Note C)</i>	POE	3 years <i>(Note 1)</i>			3 years <i>(Note 2)</i>	2003	2009
Group I UOCs	036	<i>(Notes B, E, G)</i>	POE	<i>(Note 4)</i>			<i>(Note 5)</i>		
Group II UOCs	034	1 <i>(Notes E, G)</i>	POE	3 years <i>(Note 1)</i>			3 years <i>(Note 2)</i>		
Group III UOCs	036, 037	1 <i>(Note G)</i>	POE	<i>(Note 4)</i>			<i>(Note 5)</i>		
Lead and Copper	047	<i>(Note D)</i>	—	—			—	2003	2006
DBPs	027	1	Distribution				Annual	2004	2005

POE = Point of Entry (Samples shall be taken at each entry point to the distribution system that is representative of each source after treatment.)

See Page 5 for description of italicized notes.

PWS ID # 6512018
Date 3/16/05

NOTES:**# SAMPLES REQUIRED/SAMPLING LOCATION:**

Note A See Rule 62-550.515(1), F.A.C. Each system shall take four consecutive quarterly samples during its assigned year in the system's first compliance period. If no contaminant is detected, the system shall monitor annually during the next three-year compliance period. If still no contaminants are detected, systems shall take one sample during each subsequent three-year compliance period.

If the initial monitoring for contaminants listed in Rule 62-550.510(2)(b), F.A.C., was completed prior to December 31, 1992, then each system shall take one sample annually beginning January 1, 1993.

Note B 4 consecutive quarterly samples. Credit will be given for samples taken before January 1, 1993.

Note C See Rule 62-550.519, F.A.C. Compliance shall be based on the average of analyses of four consecutive quarterly samples. A maximum of two quarterly samples may be composited. Subsequent samples shall be collected once every three years.

Note D Contact the Southwest District's Drinking Water Program at (813) 744-8100 or contact the Florida Rural Water Association.

Note E Contact the Southwest District's Drinking Water Program at (813) 744-8100 to obtain an application for reduced monitoring.

Note F See Rule 62-550.511(4), F.A.C. A system without asbestos-containing components shall certify to the Department in writing, using DEP Form No. 62-555.910(10), that it is asbestos free. Certification shall satisfy subsections (1), (2), and (3) of the referenced rule, and shall be submitted each nine-year compliance cycle during the specified year the system is required to monitor.

Note G See Rule 62-550.521(4), F.A.C. Systems serving less than 150 service connections and serving fewer than 350 persons should notify the Department, by submitting DEP Form No. 62-555.910(11), that their system is available for testing. Normally, these small systems will not be required to monitor for UOCs. Do not send such samples to the Department unless required to do so by the Department.

Note H First quarter samples shall be representative of each well. Subsequent samples shall be taken at each entry point to the distribution system that is representative of each source after treatment.

FREQUENCY:

Note 1 First year of each three-year compliance period (calendar years 1993, 1996, 1999, etc.)

Note 2 Second year of each three-year compliance period (calendar years 1994, 1997, 2000, etc.)

Note 3 Third year of each three-year compliance period (calendar years 1995, 1998, 2001, etc.)

Note 4 First year of the first three-year compliance period (i.e. calendar year 1993)

Note 5 Second year of the first three-year compliance period (i.e. calendar year 1994)

Note 6 Third year of the first three-year compliance period (i.e. calendar year 1995)

Note 7 First year of each nine-year compliance cycle (calendar years 1993, 2002, etc.)

Note 8 Second year of each nine-year compliance cycle (calendar years 1994, 2003, etc.)

Note 9 Third year of each nine-year compliance cycle (calendar years 1995, 2004, etc.)

PWS ID # 6512018
Date 03/16/05

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

No deficiencies noted at the time of inspection

**CCR needs to contain information from sampling of Zephyr Shores and Pasco County Utilities interconnect.

* Operator indicated at inspection interconnect valve is kept 1/4 turn open at all times and no operational meter present to determine exact amount of water Pasco is providing.

Inspector *[Signature]* Title Env. Specialist II Date 3/16/05
 Approved by *[Signature]* Title Env. Manager Date 3/16/05



Florida Department of Environmental Protection

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

file
Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

September 10, 2007

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

Re: Compliance Inspection
American Condo
PWS-ID No. 651-5213
Pasco County

Dear Mr. Farris:

The attached Compliance Inspection was conducted on the referenced public water system. No deficiencies were noted during the recent inspection.

If you have any questions or concerns, please contact me at (813) 632-7600, extension 317.

Regards,

Margie DeBerry
Environmental Specialist
Drinking Water Section

MD/dsm

Attachment

cc: Steve Fuller, Certified Operator

COMPLIANCE INSPECTION

Supervisor Initials: GF
Date Reviewed: 9-7-07
Inspectors Initials: MD

OWNER/ADDRESS: Patrick Farris
Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748

SYSTEM NAME: American Condo
ID# 6515213
SYSTEM TYPE: C
COUNTY: Pasco

SUPERVISOR: Gerald Foster
INSPECTOR: Margie DeBerry
INSPECTION DATE: 9/5/07

Check List:

- Well Protection - Housing Security Fencing
- * Sanitary Seal/Disinfection Port
- * 6' x 6' x 4" Concrete Apron - Cracked Missing Inadequate size
- Raw Water Tap - Missing Threaded Wrong location
- * Check Valve - Inoperable Missing Wrong location
- Time Clock / Flow Meter - Missing Broken Make _____
- * Sanitary Hazard _____
- Water Pressure Gauge - Missing Broken/Cracked On/Off _____ P.S.I.
- * Disinfection Free Cl₂ Plant _____ mg/l Remote 0.22 mg/l Chlorinator _____ gpd
- * Gas Chlorination: Need Separate Room Cross-Ventilation
Scales; Safety Equipment; Dual Gas; Cylinders Chained; Breathing Apparatus;
Ammonia; Wrenches Auto Switch Over; Lack of Chlorination Capability Alarm
- * Cross-Connection - Location: _____
- * Auxiliary Power/Second Well Operated Monthly - Yes No
- Certified Operator Name: Steve Fuller Number B-7519
- Maintenance Logs Yes
- NSF or UL Approved Chlorine Yes No
- OTHER TREATMENT - Softeners Filters Aerators Other _____
- Tanks checked annually Yes No Date Cleaned _____ Date Inspected _____
- O & M manual Yes No Distribution Map Yes No N/A
- Emergency/response Plan Yes No N/A
- System flushing plan Yes No System flushed Yes No
- Preventative maintenance plan Yes No
- ARV/PRV testing on Hydro tank Yes No
- Exercising of isolation valves Yes No
- Miscellaneous See comments
- NO DEFICIENCIES THIS DATE

*(X) REQUIRES REINSPECTION COMMENTS

This is a consecutive water system that purchases water from Zephyr Shores Mobile Home Estates (PWS ID# 6512018).



Florida Department of Environmental Protection

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


Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

September 18, 2007

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

Re: Compliance Inspection
Zephyr Shores Mobile Home Estates
PWS-ID No. 651-2018
Pasco County

Dear Mr. Farris:

The attached Compliance Inspection was conducted on the referenced public water system. You are requested to correct all listed deficiencies and to notify this office within 30 days, in writing, of your action.

If you have any questions or concerns, please contact me at (813) 632-7600, extension 317.

Regards,



Margie DeBerry
Environmental Specialist
Drinking Water Section

MD/dsm

Attachment

cc: Steve Fuller, Certified Operator

COMPLIANCE INSPECTION

Supervisor Initials: SFDate Reviewed: 9-17-07Inspectors Initials: MVD

OWNER/ADDRESS SYSTEM NAME Zephyr Shores Mobile
Patrick Farris Home Estates
Aqua Utilities Florida, Inc. ID# 6512018
1100 Thomas Avenue SYSTEM TYPE C
Leesburg, FL 34748 COUNTY Pasco

SUPERVISOR: Gerald Foster
INSPECTOR: Margie DeBerry
INSPECTION DATE: 9/5/07

Check List:

- Well Protection - Housing Security Fencing
- * Sanitary Seal/Disinfection Port
- * 6' x 6' x 4" Concrete Apron - Cracked Missing Inadequate size
- Raw Water Tap - Missing Threaded Wrong location
- * Check Valve - Inoperable Missing Wrong location
- Time Clock / Flow Meter - Missing Broken Make Water Specialties
- * Sanitary Hazard _____
- Water Pressure Gauge - Missing Broken/Cracked On/Off 50 (on) P.S.I.
- * Disinfection Free Cl₂ Plant 0.97 mg/l Remote 0.50 mg/l Chlorinator Stenner 40 gpd
- * Gas Chlorination: Need Separate Room Cross-Ventilation
Scales; Safety Equipment; Dual Gas; Cylinders Chained; Breathing Apparatus;
Ammonia; Wrenches Auto Switch Over; Lack of Chlorination Capability Alarm
- * Cross-Connection - Location: _____
- * Auxiliary Power/Second Well Operated Monthly - Yes No
- Certified Operator Name: Steve Fuller Number B-7519
- Maintenance Logs Yes
- NSF or UL Approved Chlorine Yes No
- OTHER TREATMENT - Softeners Filters Aerators Other _____
- Tanks checked annually Yes No Date Cleaned _____ Date Inspected 9/2006
- O & M manual Yes No Distribution Map Yes No N/A
- Emergency/response Plan Yes No N/A
- System flushing plan Yes No System flushed Yes No
- Preventative maintenance plan Yes No
- ARV/PRV testing on Hydro tank Yes No
- Exercising of isolation valves Yes No
- Miscellaneous See comments
- NO DEFICIENCIES THIS DATE

***(X)** REQUIRES REINSPECTION

COMMENTS

This system is under formal enforcement [Zephyr Shores Consent Order, OGC File No. 07-0339-51-PW (June 18, 2007)].

A 2nd well has been constructed since the last inspection; however the well has not been connected to the system. An auto-dialer for the auxiliary power source has been installed since the last inspection. The generator is operated every week for 1 hour.

Currently, the Department is awaiting documentation from the utility in response to the LFCO. These documents include (1) additional information requested as part of the application for a permit to construct a well (these were received by the Department on September 14, 2007) and (2) documentation that the auxiliary power unit (generator) meets the requirements of Rule 62-555.320(14), Florida Administrative Code (Dale Arnsbarger will provide this to the Department).

A re-inspection and sanitary survey will follow once the 2nd well has been permitted and connected to the system.

DIGITAL PHOTOGRAPHIC LOG

- 1. Facility Name: Zephyr Shores Mobile Home Estates
- 2. County / PWS ID#: Pasco/ 651-2018
- 3. Inspection Type: Compliance Inspection
- 4. Inspection Date: 09/05/2007
- 5. Type of Camera Used: Fujifilm FinePix A800 8.3 Megapixels
- 6. Digital Recording Media: Transcend 1 GB SD Card
- 7. All Digital Photos Were Copied To: Y:\Pasco\PASCO ACTIVE FILES\Zephyr Shores MH Estates PWS 6512018\Photos\09-2007
- 8. Original Copy Is Stored In/On: C:\Documents and Settings\Deberry_M\My Documents\East Pasco Active Files\Zephyr Shores MH Estates PWS 6512018\Photos\09-2007
- 9. Were the photos altered?: NO X YES___ explain yes:
- 10. Photographer: Margie DeBerry
- 11. Signature of Photographer: *Margie DeBerry*

